



For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Clintch 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 Georgia, and has been such continuously since the 1<sup>st</sup> 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 E, of 5<sup>th</sup> 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 2<sup>nd</sup> day of October 1864, he was wounded as follows: by a minie ball in the hand which caused 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 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 ten

Dollars for said disability.

Sworn to and subscribed before me this the 5<sup>th</sup> day of November 1892,

George Comstock.

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,

Clintch County,

Know all Men by these Presents, That I,

L. C. Mattox  
of Clinch

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

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

day of April 1892.

L. C. Mattox

L. S.

Executed in the presence of us:

H. A. Johnson, Jr.  
George Comstock

DIRECTION.

Send money to me as follows, by

Express  
to Hennsville Ga

P. O.

Clinch

County, Georgia.

L. C. Mattox

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Clintch 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 1<sup>st</sup> 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 E, of 5<sup>th</sup> 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 second day of October 1864, he was wounded as follows: on the left hand by a minie ball which caused the loss of the little finger and the first joint of the next passing through the hand to the thumb breaking the metacarpus bone 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

ten dollars, for loss of fingers.

Sworn to and subscribed before me, this the

3<sup>rd</sup> day of April 1893,

George Comstock.

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,

Clintch County,

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

I further certify that the above affidavit was made before me in the presence of me, and before whom the foregoing affidavit was made and power of attorney was signed, is of the age of 21 years, and is of sound mind, and that the said affidavit and signatures thereto are genuine, and therefore I make and declare on my honor that he will be entitled to receive the sum of \$10.00 per month for the year ending October 26, 1893.

Given under my official signature and seal, this 3<sup>rd</sup> day of April 1893.

George Comstock, Ordinary of Clinch County.

STATE OF GEORGIA,

POWER OF ATTORNEY.

# POWER OF ATTORNEY.

STATE OF GEORGIA,

*Clinch* COUNTY.

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

of *Glenly*, County, State of Georgia, do hereby appoint *W. A. Wright*

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 8<sup>th</sup>* day of *March* 1894.

Executed in the presence of us

*L. C. Mather*

*George L. Mather Attorney*

## DIRECTIONS.

Send money to me as follows, by

*express*

to *Homerville*  
County, Georgia.

A.P.O.

(For Those Already Enrolled.)

No. 552

## Soldier's Pension.

**1894.**

Name: *L. C. Mather*  
County: *Clinch*  
Disability: *Loss of fingers*  
Amount: \$ *10*

1894.

W. H. HARRISON,

Secretary Executive Department.

WARRANT HANDED TO

*L. C. Mather*

Done at the State Printer, Atlanta.

# POWER OF ATTORNEY.

STATE OF GEORGIA,

*Clinch* County.

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

of *Glenly*, County, State of Georgia, do hereby appoint *W. A. Wright* *Compt. Genl*

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 *28<sup>th</sup>*

day of *January* 1895.

Executed in presence of us

*C. H. Smith*

*George L. Mather Attorney*

## DIRECTIONS.

Send money to me as follows, by

*Express* to *Homerville* P.O.

*Clinch* County, Georgia.

*L. C. Mather*

## Soldier's Pension.

**1895.**

Name: *L. C. Mather*  
County: *Clinch*  
Disability: *Loss of fingers*  
Amount: \$ *10*

1895.

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDED TO

*Act*

Done at the State Printer, Atlanta.

*M. L. Mather*

## For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Blair County.

PERSONALLY appears L. C. Mattox of Blair County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the day of January 1859; 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 C, of 5th Regiment of Calvary Volunteers Robinson's Brigade; that whilst engaged in such military service at the battle of Chancellorsville in the State of Virginia, on the 2nd day of October 1864, he was wounded as follows: In the hand by a ball carrying the toes of the little finger and the 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 ten dollars, for the year 1894.

Sworn to and subscribed before me, this, the 5<sup>th</sup> day of March 1894. L. C. Mattox  
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,

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 5<sup>th</sup> day of March 1894.



George Cornelius  
Ordinary Blair County.

## For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Blair County.

Personally appears L. C. Mattox of Blair County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the day of January 1859; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a private in Company D, of 5th Regiment of Calvary Volunteers Robinson's Brigade; that whilst engaged in such military service at the battle of Chancellorsville in the State of Virginia, on the 2nd day of October 1864, he was wounded as follows: In the hand by a ball carrying the toes of the little finger and the 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 26th, 1895. I have heretofore been allowed a pension of ten dollars, for the year 1894.

Sworn to and subscribed before me, this, the 28<sup>th</sup> day of January 1895. L. C. Mattox  
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,

Blair 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 28<sup>th</sup> day of January 1895.

George Cornelius  
Ordinary Blair County.



## POWER OF ATTORNEY.

STATE OF GEORGIA,

Clint L. County,

I, L. C. Mottor 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. Mottor by Express  
at Honesville.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 4<sup>th</sup> day of February 1896.

L. C. Mottor [L. S.]

Executed in presence of us

S. P. Miller  
George Cornelius  
Brumley

Mottor L. C.  
Atlanta, Ga.

ATTORNEY IN  
(For Those Already Enrolled.)

No. 727

## SOLDIER'S PENSION.

1896.

Name L. C. Mottor  
County Clint L.  
Disability 2 fingers  
Amount, \$ 10

1896

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDED TO

W. A. Wright

Geo. W. Harrison, State Printer, Atlanta.

No date

Mottor L. C.

Atlanta, Ga.  
(For Those Already Enrolled.)

No. 727

## INVALID

## SOLDIER'S PENSION.

1897.

Name L. C. Mottor  
County Clint L.  
Disability 2 fingers  
Amount, \$ 10

1897

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDED TO

W. A. Wright

Geo. W. Harrison, State Printer, Atlanta.

No date

## POWER OF ATTORNEY.

STATE OF GEORGIA,

Clint L. County,

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

to receive and receipt for the pension paid hereon and request that he remit same to  
W. A. Wright by express  
at Honesville.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 4<sup>th</sup> day of January 1897.

L. C. Mottor [L. S.]

Executed in presence of

N. T. Kinney  
George Cornelius  
Brumley

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,  
Clint County.

Personally appears L.C. Mather of Clinton  
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<sup>st</sup> day of January 1857; 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 9, of 5<sup>th</sup> Regiment of Confederate Volunteers, Robinson's Brigade; that whilst engaged in such military service in the State of Virginia, on the 2<sup>nd</sup> day of October 1864, he was wounded, injured or diseased as follows:  
*Wounded 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, 1897. I have heretofore as a resident of Clinton county been allowed a pension of ten dollars, for the year 1894.

Sworn to and subscribed before me, this, the 4<sup>th</sup> day of February 1897. } L.C. Mather

Now—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,  
Clinton County.

I, George Comnelius Ordinary of said County, do certify that I am well acquainted with L.C. Mather 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 4<sup>th</sup> day of February 1897.

George Comnelius  
Ordinary Clinton County.

Affix  
your  
seal  
here.

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,  
Clinton County.

Personally appears L.C. Mather of Clinton  
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 1857; 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 9, of 5<sup>th</sup> Regiment of Confederate Volunteers, Robinson's Brigade; that whilst engaged in such military service in the State of Virginia, on the 2<sup>nd</sup> 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 of 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 Clinton county been allowed an invalid pension of ten Dollars, for the year 1894.

Sworn to and subscribed before me, this, the 4<sup>th</sup> day of January 1897. } L.C. Mather  
POST OFFICE Homerville

Now—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,  
Clinton County.

I, George Comnelius Ordinary of said County, do certify that I am well acquainted with L.C. Mather 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 4<sup>th</sup> day of January 1897.

George Comnelius  
Ordinary Clinton County.

## POWER OF ATTORNEY.

STATE OF GEORGIA,

*Clinch* County,

I, L. C. Mattox hereby authorize W. A. Right  
Compt'l Genl of Atlanta Ga  
to receive and receipt for the pension paid hereon and request that he remit same to  
L. C. Mattox by express  
at Homerville

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 2<sup>nd</sup>  
day of February 1888.

*L. C. Mattox* [L. S.]

Executed in presence of

*L. C. Mattox*  
*J. C. Kinsland*  
*Geo. Connel*

Warrant No. 1635  
*Clinch*  
ACT OF  
1888  
(For Those Already Enrolled)

### INVALID SOLDIER'S PENSION. 1898.

Name	L. C. Mattox
County	Clinch
Disability	2 fingers lost
Amount	\$10.00
	2/15 - 1888.

RICHARD JOHNSON,  
Commissioner of Pensions

WARRANT HANDED TO

*W. A. Right*

*Mattox*

Audited May 28 1889.

*W. A. Right*  
COMPTROLLER GENERAL

*Clinch*

Maimed Soldiers.

Voucher No 2,260

Amount, \$ 10

Paid to L. C. Mattox  
for Loss of  
2 fingers.  
May 18 1889.

Included in Warrant No.

issued to Treasurer.

*No creation* 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 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 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 E, of 1st Regiment of Cavalry Volunteers, Alabama Brigade; that whilst engaged in such military service in the State of Virginia, on the 2nd day of October, 1864, he was wounded, injured or diseased as follows: in the left hand by ball passing the little finger and the bone 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 26th, 1888. I have heretofore under said law as a resident of Clinch county been allowed an invalid pension of 10 Dollars, for the year 1887.

Sworn to and subscribed before me, this 2nd day of February 1888, L C Mattox POST-OFFICE Blairsville, 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,

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 1888.

George Cornelius Ordinary Clinch County.



No. 2260

STATE OF GEORGIA,

EXECUTIVE DEPARTMENT,

Atlanta, Ga May 18, 1889.

Mr L C Mattox of the County

Clinch

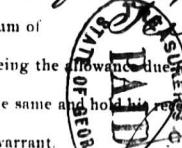
having filed his application in the Executive Department for an allowance under the Act approved October 24, 1887, as amended by Act, Dec. 24, 1888, and the same having been allowed for

Loss of 2 fingers

He is entitled to receive the sum of

10 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.



Dollars

GOVERNOR.

By the Governor

W. W. Gordon  
CLERK EXECUTIVE DEPARTMENT.

10.

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

Feb 8 1889

per above voucher, this

18 of May 1889.

Dollars,  
1889.

L C Mattox  
W. W. Gordon

Audited *Mch. 12 1890*  
*Wm R. Wright*  
COMPTROLLER GENERAL

*Clinch*  
Maimed Soldiers.  
Voucher No. *2428*  
Amount \$ *10.00*  
Paid to *L.C. Mattox*  
For Loss of 2 fingers  
*Mch 10<sup>th</sup> 1890*

Included in warrant No.  
issued to Treasurer.

*Ex* *18*  
*H. W. Morris*  
WARRANT CLERK.  
*W. R. Wright*

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

AUDITED  
Audited *MAR 17 1891*  
*Wm R. 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.

*W. R. Wright*

No. 2438

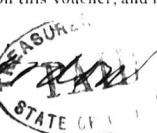
STATE OF GEORGIA,  
EXECUTIVE DEPARTMENT. } Atlanta, Ga., Mch 10<sup>th</sup> 1890

Mr. L. C. Mattay of the County  
of Chinc 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 2 fingers

He is entitled to receive the sum of One 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. B. Garrison  
CLERK EXECUTIVE DEPARTMENT.

\$ 10.00

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

per above voucher, this 10 of Feb 1890

L. C. Mattay  
W. W.

1891.

No. 2696

STATE OF GEORGIA,  
EXECUTIVE DEPARTMENT. } Atlanta, Ga., Mch 17 1891.

Mr. L. C. Mattay of the County  
of Chinc 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 One 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,

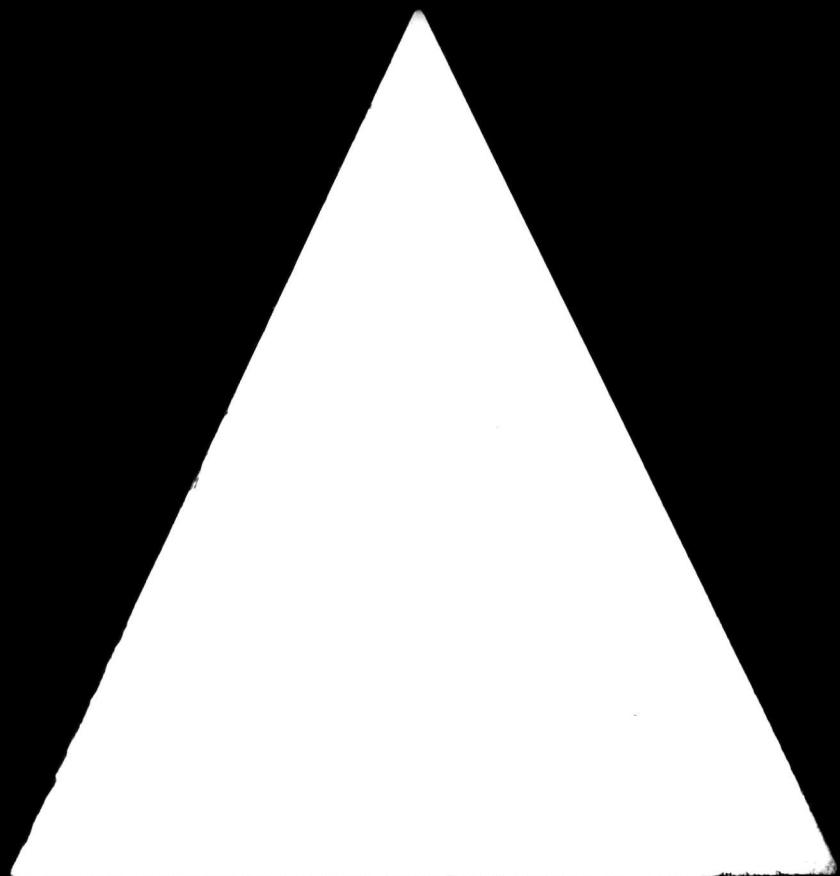
W. B. Garrison  
SECY EXECUTIVE DEPARTMENT.

\$ 10

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

per above voucher, this 17 of March 1891.

L. C. Mattay  
W. W.



CONFEDERATE  
SOLDIER'S APPLICATION.

UNDER ACT 1910.

County Pleasant

Name W. J. Wiley

Company A. 4th

Regiment 4th Cavalry

Address \_\_\_\_\_

J. W. LINDSEY,

Commissioner of Pensions

MAIL LETTER MONEY ORDER

9156003

APPLICATION FOR SOLDIER'S PENSION UNDER ACT 1910.

Questions for Applicants to Answer.

STATE OF GEORGIA.

Cherokee  
County.

for the pension provided by Act of 1910 to Confederate Soldiers, and submits his sworn statement, with his testimony to make out the name, and after being duly sworn true answers to make to the questions proposed, answers as follows, to wit:

1. What is your name and where do you reside? (Give County and Post-office). W. F. Moley  
Cherokee County Georgia
2. How long and since when have you been a continuous resident citizen of this State? All my life
3. Did you enlist in the Army of the Confederate States or of the Organised 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). Col. 1st 1862 at Milledgeville Ga
5. How long did you remain in the actual Military Service with said Company and Regiment? (Give date of discharge). Until I was paroled
6. When and where was your Company and Regiment surrendered or discharged from the Service? I was discharged from the service in June 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 I was present
9. a. Where was your Command when you left it? I was at Sharkeyville Ga when the General ordered the men to leave  
b. When did you leave the Command? I was paroled and got from our officers  
c. For what cause did you leave? I was paroled  
d. By whose authority did you leave? By order of General  
e. For how long was your leave granted? Three to four days  
f. Why did you not return to your Command after leave expired? I did  
g. In what way were you prevented?  
h. What effort did you make to return?  
i. Were you captured during the war?  
j. If so, when, and where? In what prison were you held and when were you released?
10. 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). All personal property and a lot of land which my wife received at her marriage to me
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). See previous property list
12. What annual or monthly income or earnings of yourself and wife and the source derived have you? None
13. Are you drawing a pension of any amount from this State or the United States? No
14. Have you ever applied for the Georgia Pension and had it refused? and for what cause it was not allowed? None

Sworn to and subscribed before me, this the

1<sup>st</sup> day of April 1912.

W. F. Moley  
Ordinary,  
of Cherokee County.

9/9/93

CHAS. P. BYRD, State Printer, Alabama

J. W. LINDSEY.

Commissioner of Pensions

Approved

Soldier's Application  
UNDER ACT 1910.

W. F. Moley  
Company H. V. Calhoun  
Regiment 1st Ga Cavalry

QUESTIONS FOR WITNESS AS TO SERVICE.

STATE OF GEORGIA.

Clarendon County,

W. J. Harrelson of said State and County is hereby presented as a witness in support of the application of W. J. Miley 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? W. J. Harrelson, in Clarendon County, Georgia.
2. How long and since when have you known W. J. Miley 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 Clarendon County, in the State of Georgia.
4. When, where and in what Company and Regiment did W. J. Miley enlist during war from 1861 to 1865? (Give date and place) I joined in Clarendon County, in Co. A, 4th Cavalry in 1863 and I left the same.
5. How did you obtain your information of this service? I only know it from the records of the Cavalry in 1863 and I left the same.
6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (give date) I expect he was in August 1863.
7. When and where was his Command surrendered or discharged (give date and place) at Beaufort in April 1865 and I then came west to New Mexico and
8. Were you personally present at the Surrender? Yes.
9. If not, where were you and how came you there? W. J. Miley
10. Was the applicant personally present with his Command at surrender? I think not.
11. If not where was he and how came him there? I think he was around Fort Sumter to August 1865 and I left by way of the
12. When did he leave his Command? June 1 - August 1865 Where was his Command when he left it? I left the Cavalry for what cause did he leave? I left the Cavalry. By whose authority did he leave and how long was he granted leave? How do you know all that you have stated to be true? If of your own knowledge (Tell clearly and specifically) I know this to be true by being friend of W. J. Miley
13. In what way was he prevented from returning to his Command? And why? How do you know?
14. What effort did he make to return to his Command and how do you know? Went to
15. Was applicant captured as a prisoner? No. If so, when and where? In what prison was he held? and when released?

Sworn to and subscribed before me, this the 25 day of April 1913 } W. J. Harrelson  
J. J. Danane Ordinary, of Clarendon County.

STATE OF GEORGIA.

Clarendon County,

Personally came before me witness, C. H. Smith, who on oath says that they are inhabitants residing in said County 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 values)

150 acres of Land value of about \$100 in老婆的 Personal Property Such as Negro Cattle & Household Goods in \$1000 in Gold.

1. What property, if any, has been sold or given away by the applicant or his wife since 4 November 1908? (State in full by items) In 1908 he had about 100 acres worth of land which he has sold off from time to time for \$1000 to \$1500. I do not know when and where was it sold or given.
2. What was the price paid or stated to be paid? Don't know.
3. What relation is the party to applicant? None whatever.
4. What disposition was made of the proceeds of the sale? Don't know.
5. Was the disposition of this property made in good faith and full values? Supposed so or was it made to obtain a pension? No.

Sworn to and subscribed before me, this the

25 day of April 1913 } C. H. Smith  
J. J. Danane Ordinary,

of Clarendon County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA.

Clarendon County,

I, J. J. Danane, Ordinary of said County, certify that I know the applicant, W. J. Miley is the person he represents himself to be and resides in said County. That I also know W. J. Harrelson & W. J. Miley, the witness swearing to the service and C. H. Smith & A. J. Kirby, who are friends, 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 Clarendon shows that W. J. Miley and wife value for tax in 1908 \$1500 for 1909 \$1500 for 1910 \$1500. I do solemnly swear under my hand and seal and of my own free knowledge that the above is true. Day of April 1913.

WITNESS: J. J. Danane, Ordinary, Clarendon County.

STATE OF GEORGIA. I, J. J. Danane, Ordinary, of Clarendon County, do solemnly swear that the above is true and that I am not witness to any other affidavit or statement.

Day of April 1913.

Frankland Ga 8/12/10  
Mr. J. Danner H. M.ville Ga  
Dear Mr. Danner I here with  
inform you affiancee of W.  
L. Miley to accompany my  
return if this is a ruff  
Please let me know by  
return mail. only. Every  
person that was with me is  
dead as far as I can learn  
about them I send you  
what I have got Please write  
me at once your true friend  
as ever W. L. Miley

Georgia } personally came W. L. Miley  
Lowndes county } who being duly sworn  
saith that he names W. L. Miley and know  
he started back to his command and  
was cut off by Sherman coming thru  
Georgia and was stopped in Savannah  
and there sent to Elizopoe 9 miles below  
Savannah, this was the first of  
November 1864. he remained there until  
about the first of Savannah. was  
ordered to Savannah. and from there  
he was ordered to Hartsville S. C.  
there remained until Lee's Surrender  
the facts stated in the foregoing affidavit  
are true. Sworn to before me  
this 9 Aug 1913.

W. L. Miley

STATE OF GEORGIA  
OFFICE OF

The Ordinary, Clayton County  
W. M. WRIGHT,  
Ordinary and Attorney

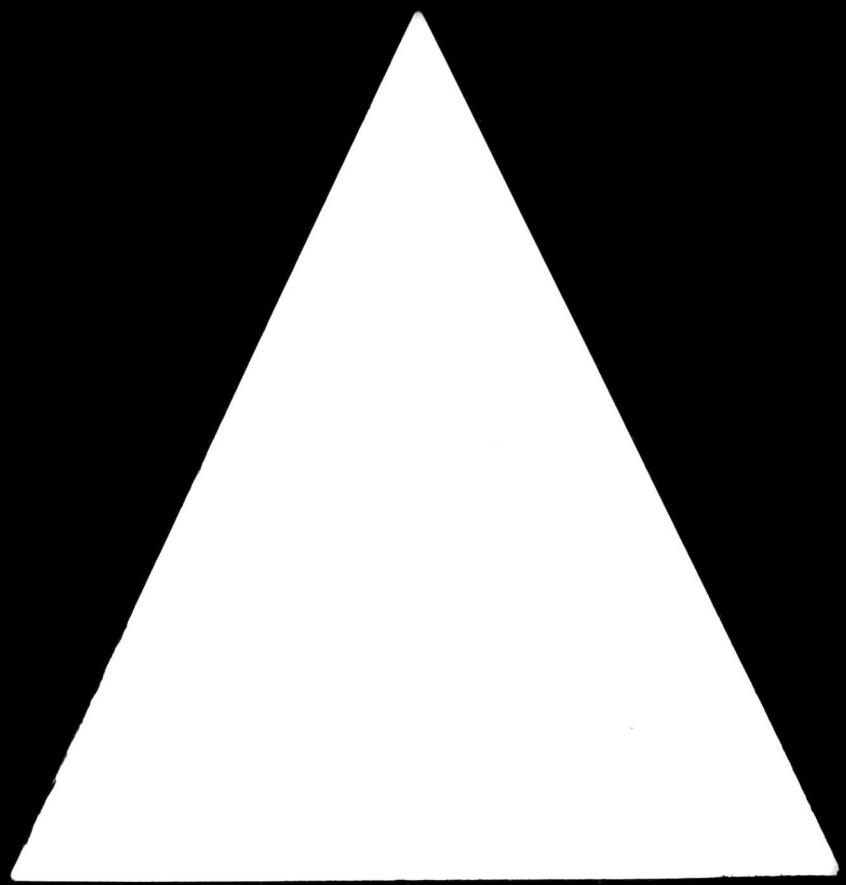
JONESBORO, GA.

*Oct 13*  
1913

Judge John W. Lindsey  
Atlanta Ga.

Dear Judge  
In [redacted] I made application for El Wm. McElroy. We are very anxious to get him on the list. He gave me his property last year. Even if he was worth \$100,000 in 1908. He is not worth now. I have selected men who know him, honest & truthful as you see, are Nelson present Representative of Blalock former Senator, etc.

This is Mr. Chaffields' [redacted] Capl J.W. English says he was at last Rail Rd. I might to see him turned down with no aens because he is honest while some others dodge the Tax Receiver & get in, do what the law permits authorized. Very truly your friend  
*W.M. Wright*





APPLICATION FOR

*Confederate Soldier*

CONFEDERATE SOLDIER

*James W. Murchison*

County *Franklin*

Limb. *Left arm*

Amount *\$1.00*

Date of Warrant *Aug 15 1863*

Page *1*

This paper is  
uncancelable. Value

One dollar  
certified to all of the  
citizens.

citizens of the must  
be collected & must  
have seal of today

STATE OF GEORGIA.

Clinch County.

Personally appeared before me..... Jacob Winslow ..... of the county of..... Clintch ..... 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..... C. 50<sup>th</sup> ..... Regiment of..... Georgia ..... Volunteers that while engaged in such military service, to-wit: at the battle or engagement of..... Gettysburg ..... in the State of..... Pennsylvania ..... on the..... 2nd ..... day of..... September ..... 1863, he was wounded in the..... Arm ..... and that the same was amputated..... above the knee ..... 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 15<sup>th</sup> day of November 1879.

Siehe weiter

Justice of the Peace, Clerk of the Superior Court, or Ordinary.

## COMMISSIONER

County.

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

## 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 useful 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. GOTCHIEUS,  
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 Kyle leowart, Isham Roberts,  
and G.W. Newburn

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.....  
15<sup>th</sup>.....day of.....Nov.....1879. }  
S. C. Caswell, }  
Isham Roberts }  
C. A. Smith et al. } G. W. Newburn

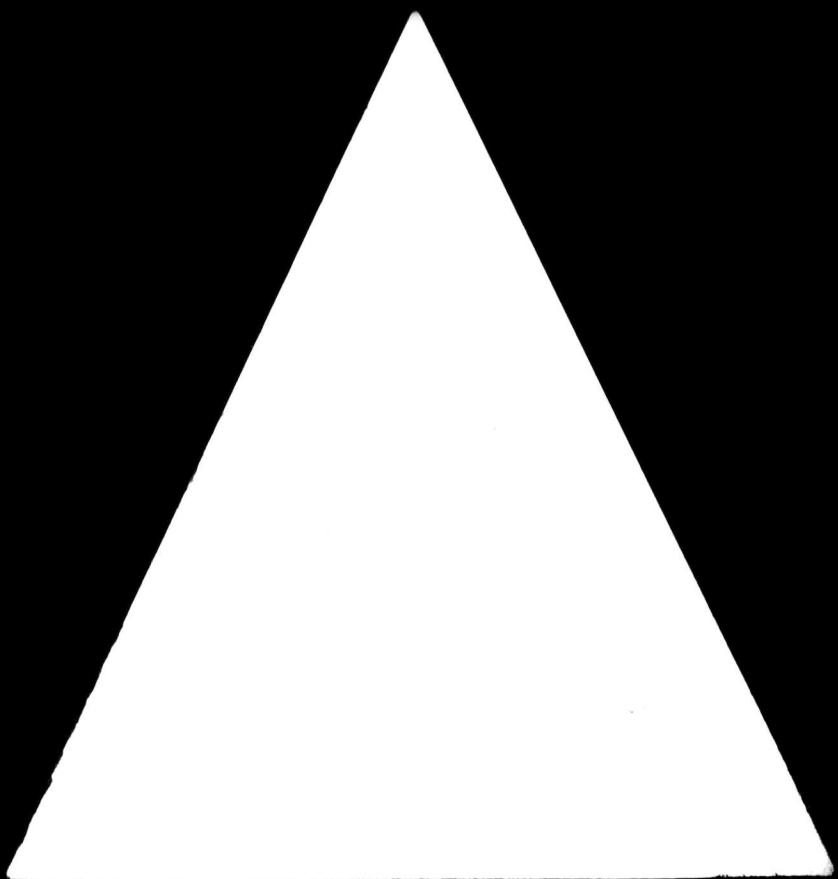
## STATE OF GEORGIA,

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 Kyle leowart, Isham Roberts, G.W. Newburn.....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.....15<sup>th</sup>.....  
day of.....November.....1879.

Moses Tomlinson,  
Ordinary Clinch Co.





Ordinary's Certificate

STATE OF GEORGIA,

*Clinch* COUNTY }

I, *W. V. Magruder* Ordinary of said County, do certify that I know *Mrs. Est. 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 *she is* 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 ~~both~~ *she is* truthful, trustworthy, and ~~her~~ 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. Magruder* 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 persons to be sworn and certified by said Ordinary. 5. Attach certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.

Encl. recd. 4/6/21  
Col. Recd. Dr. 6/6/21  
Recd. and J. 12/29/85

<b>Widow's Pension</b>	
Under Act 1910 as Amended by Act of 1919	
County	<i>Clinch</i>
Name	<i>Mrs. Est. Moon</i>
Value of	<i>Mrs. Moon</i>
Company	<i>Co. 12 2nd Regt. Cavalry</i>
Regiment	<i>12th Cavalry</i>
Approved	<i>W. V. Magruder</i>
ENTERED, ROSTER OFFICE	
J. W. LINDSEY, Commissioner of Pensions State of Georgia	
10-28-1919	

*W. V. Magruder*

Entered, Roster Office  
J. W. Lindsey, Commissioner of Pensions  
State of Georgia

10-28-1919

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. Est. Moon* 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. Est. Moon, Clinch Co.*
2. How long and since when have you been a continuing resident of the State of Georgia? *as my wife Oct. 2nd 1859. Dr. W. V. Magruder*
3. When, where and to whom were you married? *Confederate Soldier, J. W. Magruder*
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 1863, Brooks County, Ga. Co. 12, 50th Regt. Cavalry*
5. When and where did the commands of your husband surrender or discharge from the army? *at Appomattox, Va. 1865*
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 captured at Appomattox*
8. Where was his command when he left? *He was captured at Appomattox*
- a. For what cause did he leave his command? *He was captured at Appomattox*
- b. By whose authority did he leave his command? *He was captured at Appomattox*
- c. For how long was he granted leave of absence? *He was captured at Appomattox*
- e. What was his physical condition when he left his command? *He was captured at Appomattox*
- f. What effort did he make to return to his command? *He was captured at Appomattox*
- 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? *He was captured at Appomattox, released after Surrender*
- j. When and where did your first husband die? *Oct. 2nd 1859, Clinch Co.*
- k. Were you residing together when he died? *Yes*
- l. If not, how long had you resided apart? *4 years*
- 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.* 1919

*W. V. Magruder* Ordinary

of *Clinch* County }

(SEAL)

by an oral examination and examination of the records of the State of Georgia to make up the facts of the case.

Sworn to and subscribed.

Questions for Witnesses as to Service of Husband and Marriage

STATE OF GEORGIA,

Lauderdale

COUNTY,

B. F. Whettenton

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

1. What is your name and where do you reside? B. F. Whettenton

on Walsh's Lauderdale County, Georgia  
ward of W. N. Moore deceased applicant

2. How long and since when have you known W. N. Moore deceased

since 1862

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. N. Moore How do you know? Relative

5. How long and since when did you know W. N. Moore deceased her husband? Since 1862 until his death

6. When and where did the husband of applicant die? W. N. Moore in Chatham County Ga 1881 or 1882

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? and not two apart

Were they divorced? not divorced

9. When, where and in what Company and Regiment did W. N. Moore enlisted

on March 1862 in Braxton County Ga Co. K, 5th Cavalry

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 1862 until his death

12. When and where did his Command surrender, and was discharged? 1865

He was a member of the 5th Cavalry before

and was discharged at the end of the war

13. Were you personally present when it was surrendered? If not, where

were you near the place and how came you there? I was a member of

Braxton County Cavalry and was present at the end of the war

14. Was the husband of applicant personally present at surrender? If not

where was he? He was present When, where and for what

cause did he leave Command? (Give date.) He was present By whose

authority did he leave his Command? He was present And how

long was he granted leave? How do you know all this?

He was a member of Co. K, 5th Cavalry and was present at the end of the war

15. For what cause, if you know of your own knowledge, was he prevented from returning to his Command? He was a member of the 5th Cavalry

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 member of the 5th Cavalry

Sworn to and subscribed before me this the

18 day of Sept 1914

J. N. Colton Ordinary

of Lauderdale County

(SEAL)

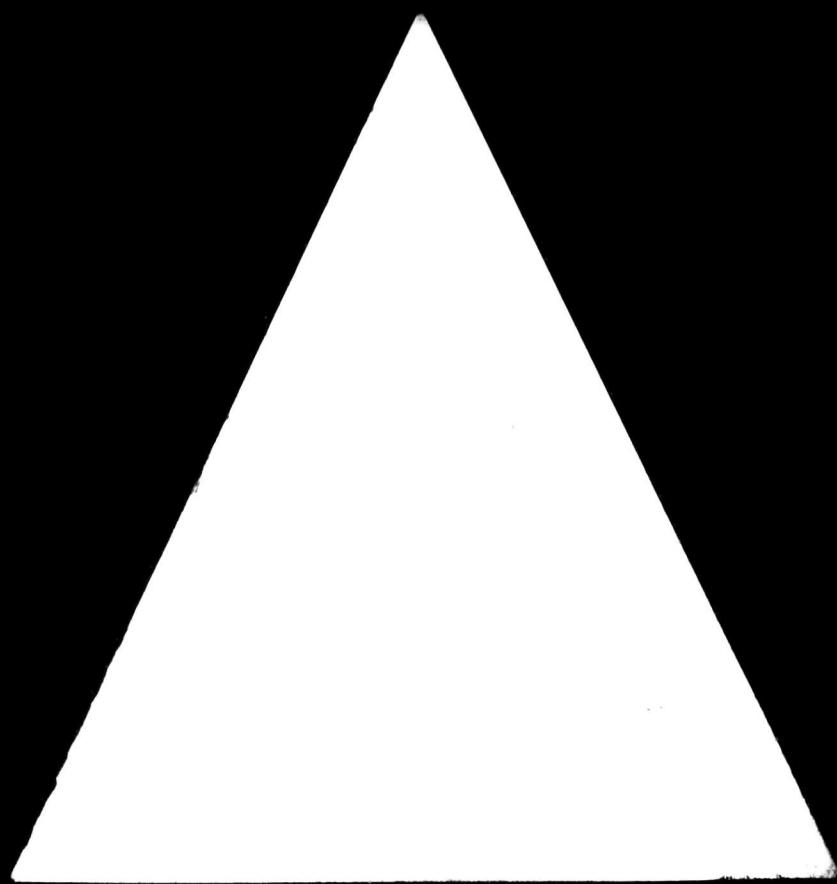
B. F. Whettenton

GEOORGIA....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 26th day of Oct. 1919.

T.N.Holcombe  
Ordinary, Lowndes County, Georgia.



POWER OF ATTORNEY.

STATE OF GEORGIA,

Clinch County,

I, President of the State of Georgia,  
M. A. Moore of the City of  
Moore, Ga. do hereby  
to receive and receipt for the pension paid hereon, and request that he remit same to  
W. J. Strickland of the City of  
Moore, Ga. for  
Is witness whereof, I have hereunto set my hand and seal, this

day of January, 1902.

Received in presence of

M. A. Moore

Moore, Ga. on (ms)  
Clinch, County

To Those Heretofore Paid

1902.

No. 2794.

WIDOW'S PENSION,

For year ending Dec. 31, 1902.

PAID TO

Mrs. M. Moore  
of  
Clinch County,

Widow of \_\_\_\_\_

Co. \_\_\_\_\_ Regiment \_\_\_\_\_

JOHN W. LINDSEY,  
Commissioner of Pensions.

WARRANT ISSUED

1902  
AND HANDED TO  
22

Moore, W. M. (Mrs)  
Clinch, County  
To Those Heretofore Paid.

1902.

No. 2794.

**WIDOW'S PENSION,**  
For year ending Dec. 31, 1902.

PAID TO  
Mr. W. M. Moore  
of Clinch County,  
Widow of  
Co. \_\_\_\_\_ Regiment \_\_\_\_\_

JOHN W. LINDSEY,  
Commissioner of Pensions.

**WARRANT ISSUED**  
1902  
AND HANDED TO  
W. M. Moore

State of Georgia,  
Circus County

I, W. M. Moore, hereby authorize  
W. A. Wright of Chattanooga,  
to receive and receipt for the pension paid hereon, and request that he remit same to  
W. T. Howell at Chattanooga.

In Witness Whereof, I have hereunto set my hand and seal, this 23  
day of January, 1902.

Executed in presence of  
W. T. Howell

W. M. Moore [L.S.]

# POWER OF ATTORNEY.

STATE OF GEORGIA,

*Cobb* County }

I, *W. M. Moore*, hereby authorize  
*W. A. Wright* of *Fulton Co. Ga.*

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

*W. T. Howell* at *Harrisonville Mo.*

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

day of *January*, 1902.

Executed in presence of

*W. T. Howell*

Moore, W. M. (Mrs)  
Chick, County

To Those Hereinafter Paid.

1902.

No. 2754.

## WIDOW'S PENSION,

For year ending Dec. 31, 1902.

PAID TO

Mrs. *W. M. Moore* of *Chick* County,

Widow of

Co. Regiment

JOHN W. LINDSEY, Commissioner of Pensions.

## WARRANT ISSUED

1902

AND HANDED TO

John W. Moore, Commissioner of Pensions, Atlanta, Ga.

## For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of Clinch

PERSONALLY COMES Mrs.

} Narcissa M. Moore

who, being sworn, says on oath, that she is a bona fide resident of said County of Clinch 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 36th Regiment of Pattersons Volunteers, that he enlisted in said regiment on or about the month of July 1863, and served in the Army up to 186. That he lost his life on the 1864 day of July (State here particulars of the husband's death, when, where and from what cause) my husband was shot in the left batter 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 Lowndes 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. J. Howell Ordinary.

Post-Office Houmaide Ga I, W. J. Howell

State of Georgia, Clinch County. Ordinary of said County, certify that I am well acquainted with Mrs. Narcissa 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 1845 day of Year 1845

Given under my official signature and seal, this the 20 day of January 1902.

W. J. Howell Ordinary of Clinch County.

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, on 1st 1902  
W. J. Howell

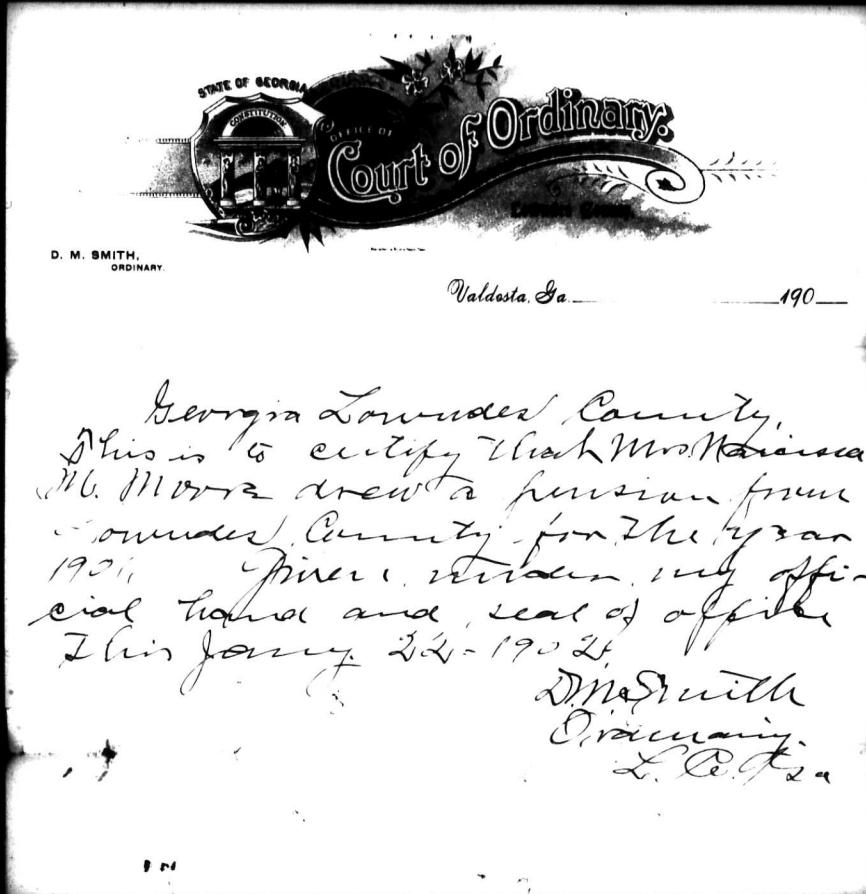
Official  
Seal

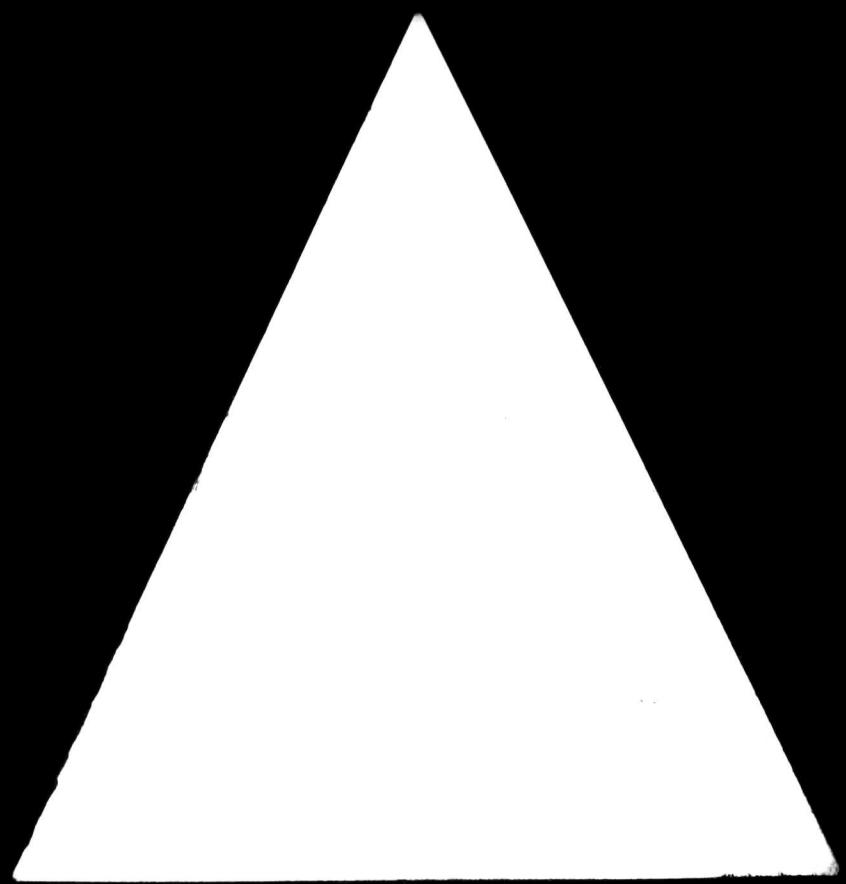
CLINCH

Ordinary of ~~Chambers~~ County.

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, Jan. 4, 1902  
W. C. Thompson





*Morgan, Jacob*  
No. 442 Clinch Co

APPLICATION FOR

*Arm*

FOR CONFEDERATE SOLDIER.

*Jacob Morgan*

County..... Clinch.....

Limb..... Arm above elbow

Amount ..... \$ 60

Date of Warrant *Aug 17 1879*

Page.....

*Clinch*  
*1879*

*E1952*

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 135th Regiment of Georgia Volunteers that while engaged in such military service, to-wit: at the battle or engagement of Chancellorsville in the State of Virginia..... on the Third day of May..... 1862, he was wounded in the Arm, and that the same was amputated..... above 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, 1870; that he has..... 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 24

th day of May..... 1879  
C. A. Smith Asst. Clerk

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

Sworn to and subscribed before 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.

6/15-2

Jacob Morgan  
For Commissioned Officer  
Date of Warrant 1879  
Page 1

Jacob Morgan  
County Clinch  
Limb. Arm above elbow

Amount \$1.60

APPLICATION FOR  
ARM

## 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. GOTCHIUS,  
Secretary House Representative,  
WM. A. HARRIS,  
Secretary Senate,  
Approved, September 10th, 1879.

A. O. BACON,  
Speaker House Representatives,  
RUFUS E. LESTER,  
President Senate.

ALFRED H. COLEQUITT, Governor.

## STATE OF GEORGIA,

Clinch County.

Personally came, John T. Morgan, Jacob Minshew,  
Simon P. White,

who, being duly sworn, depose and say they are acquainted with John T. Morgan,  
.....and know that he lost a right leg in the military service during the late war;  
that said John T. Morgan.....was amputated.....at the Elbow; that he is a *bona fide* citizen of this State, and we are well satisfied that the facts stated by him in the above affidavit are true.

Sworn to and subscribed before me this.....

24th day of September, 1879, John T. Morgan,  
Jacob Minshew, Simon P. White,  
C. A. Smith and C. C.

## STATE OF GEORGIA,

Clinch County.

I, Wm. T. Tolleson, Ordinary of Clinch,

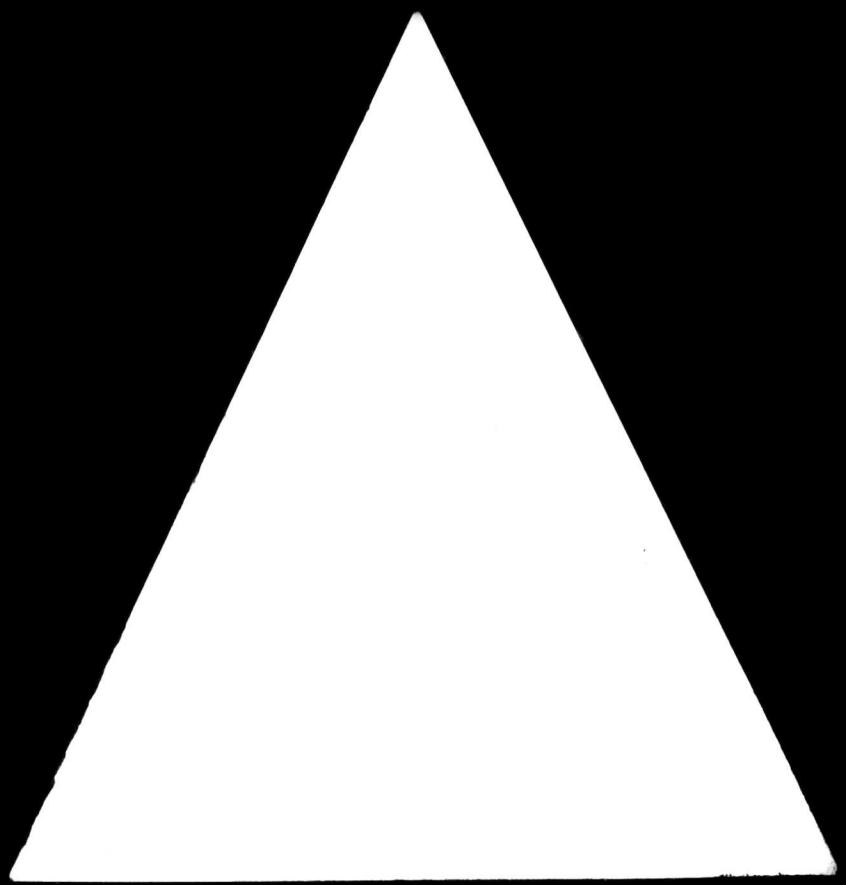
county, do certify that I am well acquainted with John T. Morgan,  
the applicant for John T. Morgan, and am well satisfied that the facts stated by him in the foregoing

affidavit are true, and that I am well acquainted with John T. Morgan,  
Jacob Minshew, 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 September, 1879.

Wm. T. Tolleson,  
Ordinary Clinch.



*Commissioner of Pensions*

No. \_\_\_\_\_

**INDIGENT PENSION.**  
**1903.**

Name M. J. Morgan  
County DeKalb  
Co. 7-6th 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.

Use W. Harrison, State Printer, Atlanta.

*9/22/03*

*Pension of Oct 1 1903*

This bears witness to the desire of the undersigned to make his means of subsistence sufficient to support his wife and children. He can make a sufficient support.

*J. W. Lindsey  
Com. of Pensions*

*M. J. Morgan*

Received in the presence of  
*John W. Lindsey*

STATE OF GEORGIA,  
County, DeKalb I hereby authorize

Mr. J. Morgan of Atlanta to to receive and receipt for the pension allowed and requested that he will make to me

Witness my hand and seal, this 7 made Sept 1903

*M. J. Morgan* [L. 61]

**POWER OF ATTORNEY.**

I, J. W. Lindsey, of Atlanta, Witnessed by John W. Lindsey

**POWER OF ATTORNEY.**

STATE OF GEORGIA,

Chinch COUNTY.

I, M. J. Morgan hereby authorizes  
A. C. Tolman of Hannover, Pa.  
to receive and receipt for the pension allowed and request that he remit same to me.

Witness my hand and seal, this 7 day of Sept 1900.

Executed in the presence of

John Ritter

Review of  
Oct 1-1933  
This year seems to  
be one of greater  
productivity of nature  
working with this  
various species  
before we reach  
a standstill.

H. H. Linsley  
Chair of Penn

INDIGENT PENSION

三〇八

name of person  
County Jefferson  
age 31 sex male

Approved \_\_\_\_\_ 1901

WANTADVERTISING

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incomes as before, as indicated above.

**QUESTIONS FOR APPLICANT.**

STATE OF GEORGIA,

Chincoteague COUNTY. }

of said State and County, desiring to avail himself of the Pension Act (Section 1254, Code), hereby submits his proofs, and after being duly sworn true-sworn 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)  
John J. Morgan in Claude, Co. Harrison

2. How long and since when have you been a resident of this State? all my life

3. When and where were you born? Appleton Co. Pa. Sept 2, 1839

4. When and where and in what company and regiment did you enlist or serve? March 1862 at Waynesville in Co. H 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? No

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 1763 had a sore throat

9. How much can you earn (gross) per annum by your own exertions or labor? about \$800

10. What has been your occupation since 1865? Farming

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

Ergonomics in Design 11(1) 11-12 © 2000 Taylor & Francis Ltd 11

15. In what County did you reside during those years, and what property did you then return for taxation? *Clinton Co., returning 130 acres of land, belonging to my wife and myself, from my wife*

16. How were you supported during the years 1899, 1900, 1901 and 1903? *by my wife*

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? *in 1899 we supported fully every body, & kept no account*

18. What was your employment during 1898, 1899, 1900 and 1902? What pay did you receive in each year? *None, you see above*

19. Have you a family? If so, who compose such family? Give their means of support? Have they a homestead, or other property? Their ages and how employed? *Yes, my wife, Robert G. Morgan, & Marion L. Morgan, now my wife, Anna J. Johnson, & Robert Morgan, all of ages, my wife is aged*

20. Are you receiving any pension? If so, what amount and for what disability? *None*

21. Have you ever made an application for pension before? *Yes*

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

Sworn to and subscribed before me this the

..... day of ..... 1903.

10. *What is the best way to increase the number of people who use a particular service?*

• 100 •

M. G. Morgan

**Applicant.**

#### **Section 1**

## QUESTIONS FOR WITNESS.

STATE OF GEORGIA,

Chinch {  
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, deposes and answers as follows:

- What is your name and where do you reside? S. M. Riberow, New York
- Are you acquainted with yes, the applicant; if so, how long have you known him? about 5 or 6 years
- Where does he reside, and how long and since when has he been a resident of this State? New York, he was born in the State & has always lived here
- When, where, and in what company and regiment did he enlist, and how do you know? Co. K, 26th Ga. Regiment, I was there
- Were you a member of the same company and regiment? yes
- How long did he perform regular military duty? about 18 months
- When and where was his command surrendered? Appomattox Court House Va
- Were you present when it surrendered? yes
- Was applicant present? no
- If he was not present, where was he? at home
- When did he leave his command? Oct. 1863 For what cause? had a substitute
- By what authority he left? Commanding Officer How do you know all of this? I was there
- What property, effects or income has the applicant? (Give your means of knowledge.) None & has not been
- 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
- Has he conveyed away any of his property in the last four years, if so, what was it, and to whom? None
- What is the applicant's occupation and physical condition? None & from old and worn out
- Is the applicant unable to support himself by labor of any sort, if so, why? yes to old and infirm
- How was he supported during the years 1898, 1899, 1900, 1901 and 1902? by his own labor and help from his boys
- What portion of his support for these four years was derived from his own labor or income? about half
- 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, tends to infirm he is dependent upon his children for support
- Who composes family? What property have they? Children's age and their earning capacity? He has no family, wife grown up children, he has no minor children or any
- What interest have you in the recovery of a pension by this applicant? None

Sworn to and subscribed before me, this the  
day of Oct 1903.

W. J. Howell Ordinary.

Sworn to and subscribed before me, this the  
day of Oct 1903. S. M. Riberow  
Witness.

## AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,

Chinch {  
County.

Personally came before me T. E. Pennington and A. R. Chapman, 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 proptosis. He has pain in his kidney trouble his condition is such that he can't earn a living by manual labor.

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

Sworn to and subscribed before me, this the  
day of Oct 1903. }  
W. J. Howell Ordinary.

T. E. Pennington M.D.  
A. R. Chapman M.D.

## ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Chinch {  
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 day of 1860 and that the witness, viz.: S. M. Riberow

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 Chinch County show that applicant returned for taxation in his name in 1899 \$349 Dollars of property, and in 1900 343 Dollars of property, in 1901 1902 355 Dollars of property, in 1902 355 Dollars of property.

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

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

W. J. Howell Ordinary,  
of Chinch County.

## NOTE.

1. Before any questions are answered, the Ordinary shall swear applicant and the witness 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,

Clarendon County

W. A. Wightman, M. Q. Morgan  
hereby authorizes  
to receive and receipt for the pension allowed and request that he remit same to J. T. Davis  
ordinary at Abbeville, Ga.

Witness my hand and seal, this 4th day of May 1909

M. Q. Morgan. (L.S.)

Executed in presence of

J. T. Davis

# INDIGENT PENSION

1907

Morgan, M. Q.  
G. L. Davis Co.

No. 100, Jan 1910

Name: M. Q. Morgan  
County: Clarendon

Co. No. 264 Regt.

Approved: 190

JOHN W. LINDSEY,  
Commissioner of Pensions.

WARRANT HANDED TO:

Indigent Pension  
Commissioner of Pensions  
State of Georgia, Atlanta

22-27-07

# QUESTIONS FOR APPLICANT.

STATE OF GEORGIA,

Clarendon County

M. Q. Morgan of said State and County, desiring  
to avail himself of the Pension Act (Section 130, Code), hereby submits his proofs, and after being duly  
sworn true answers to make to the following questions, despatch and answers as follows:

1. What is your name and where do you reside? (Give State, County and Postoffice.)  
I am M. Q. Morgan, formerly - Ga  
70 years old and formerly lived in Georgia  
2. How long and since when have you been a resident of this State? 1862  
3. When and where were you born? Abbeville Ga 1837  
4. When and where and in what company and regiment did you enlist or serve? Company  
H - 26 - Ga 1862 at Waycross 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? Alpha-  
Mastor 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? I left my command in 1863  
9. How much can you earn (gross) per annum by your own exertions of labor? Not  
10. What has been your occupation since 1863? Farming as long as able  
11. Upon which of the following grounds do you base your application for pension, viz: first, "age and  
poverty;" second, "infirmity and poverty;" or third, "blindness and poverty?" Age & poverty  
12. If upon the first ground, state how long you have been in such condition that you could not earn your  
support. If upon the second, give a full and complete history of the infirmity and its extent. If upon the  
third, state whether you are totally blind and when and where you lost your sight. Have been  
so disabled not earn our living  
ten or 12 years  
13. What property, real and personal, or income, do you possess, and its gross value? Not 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? Not none  
15. In what County did you reside during those years, and what property did you then return for taxation? Clarendon Co., Ga  
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 the  
above above

Sworn to and subscribed before me this the 28th day of August 1909  
Ordinary, M. Q. Morgan  
Applicant.

County,

## QUESTIONS FOR WITNESS.

STATE OF GEORGIA,

Clinch 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 1284, Code, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:

- What is your name and where do you reside? J. M. Robison  
Clinch County
- Are you acquainted with M. J. Morgan, the applicant; if so, how long have you known him? I am about 50 years
- Where does he reside, and how long and since when has he been a resident of this State? In Clinch County still the same
- When, where and in what company and regiment did he enlist, and how do you know? March 1862 On R. 26th Regiment was with him
- Were you a member of the same company and regiment? I was
- How long did he perform regular military duty? About 18 months
- When and where was his command surrendered? 9th April 1865  
at Appomattox Court House
- Were you present when it surrendered? I was
- Was applicant present? No
- If he was not present, where was he? At Home
- When did he leave his command? Later part of 63 For what cause? by Rating
- By what authority did he leave? by Substitute How do you know all of this? I was present
- What property, effects or income has the applicant? (Give your means of knowledge.) He has none
- 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 Robert
- Has he conveyed away any of his property in the last four years; if so, what was it, and to whom? Used none
- What is the applicant's occupation and physical condition? Not good
- Is the applicant unable to support himself by labor of any sort; if so, why? He is old age and Physically disabled
- How was he supported during the years 1903, 1904, 1905, 1906, 1907, 1908 and 1909? by friends and relatives
- What portion of his support for these four years was derived from his own labor or income? None
- Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1284, Code. Old age and Disability
- Who composes family? What property have they? Children's ages and their earning capacity? He has no family children are all married and gone
- What interest have you in the recovery of a pension by this applicant? Myself  
Swear to and subscribed before me, this the 2nd day of September 1909 } by J. M. Robison Witness.  
J. T. Davis Ordinary.

## AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,

Clinch County,

Personally appeared before me, J. R. Robison, a well known and respectable physician of said County, who, after carefully examining me on oath that they have examined carefully,

M. J. Morgan applicant for pension under Section 1284, Code, and after such personal examination as my professional judgment will warrant, doth further say that his present physical condition is as follows:

different from judgment and was not for told age

and that he has no interest in said pension being allowed.

Swear to and subscribed before me, this the

1st day of September 1909

J. R. Robison Ordinary.

J. R. Robison M.D.

A. H. Gaffupper M.D.

## ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Clinch County,

I, J. T. Davis, 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 1st May 1861 and that the witnesses, J. M. Robison and J. R. Robison, Physician 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 J. T. Davis County shows that applicant returned for taxation in his name in 1901, 100 Dollars of property; and in 1902, 100 Dollars of property; in 1903, 100 Dollars of property; in 1904, 100 Dollars of property; in 1905, 100 Dollars of property; in 1906, 100 Dollars of property; in 1907, 100 Dollars of property; in 1908, 100 Dollars of property; in 1909, 100 Dollars of property.

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

Witness my hand and seal of office, this 1st day of September 1909, 100 Ordinary,

J. T. Davis Ordinary, Clinch County.

NOTE.

1. Before any questions are answered, the Ordinary shall swear applicant, and the witness 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.

2<sup>nd</sup> day of Sept 1007

J. T. Deane Ordinary. D. M. Robinson Witness.

3. In every case the Ordinary shall 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.

Chamblee County.

I, James J. Maguire, hereby authorize

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

~~in care of~~ Chamblee by Chamblee on ~~or~~ attest to ~~the~~ day of March 1897.

Witness my hand and seal this

8 of January 1897 James J. Maguire

Rich J. Johnson  
Compt. Bureau  
get. Griffis

Pension Office No 1077  
Witness does not answer  
well physically - and the  
physicians say, can not  
support himself ~~& wife~~

Rich J. Johnson  
Compt. Bureau

11<sup>th</sup> January - amurice

INDIGENT PENSION  
1897.

Name James J. Maguire  
County Chamblee

Approved 1897.

WARRANT HANDED TO

MR. W. HARRISON, STATE PRINTER, ATLANTA.

2/22/99 3/19/97  
9/1/97

## **POWER OF ATTORNEY**

**STATE OF GEORGIA,**

Church County. }

I, Thomas J Morgan hereby authorise  
Wm C Wright Esq of attention to  
to receive and receipt for the pension allowed and request that he remit same to Thomas J Morgan  
in care of Wm C Wright Esq by Mail  
Witness my hand and seal this 6 day of March 1897.

Devin Office Oct 1897  
Mr. W. H. Tress does not answer  
Bell for two days and the  
physicians say, can not  
support him self & wife in

**INDIGENT PENSION**

James J. Morgan  
Chair

1907

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## Questions for Applicant.

**STATE OF GEORGIA.**

Frank County.

County.

11 *Egmontia americana*

I, James W. Morgan, of said State and County, desiring to avail himself of the Pension Act approved December 15th, 1894, hereby submit his proofs, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? (give State, County and post office.) Thomas F. Morgan County of Clinton State of Ga

2. Where did you reside on January 1st, 1894, and how long have you been a resident of this State? Mc Gregor Morgan Co Ga about 5-6 years

3. When and where were you born? 1838 Appomattox Co Va

4. When and where and in what company and regiment did you enlist or serve? 1862 at Blackshear Ga Capt. Allen Strickland Co. 47th Ga. Cavalry served 3 1/2 years

5. How long did you remain in such company and regiment? 6 months in Capt. Allen Strickland Co then transferred to Capt. Thomas Wiley Co H. 3d Ga. Regiment

6. For how long a period did you discharge regular military duty? 3 years

7. When, where and under what circumstances were you discharged from service? At home at Summerville, Ga. Home on sick furlough from Co. H. 3d Ga. Regt.

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 "infirmity and poverty" or third "blindness and poverty"? poverty, old, 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? At forty five years of age, fifteen years wounded in the left arm and left shoulder, crippled at least one or less

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, nothing

15. In what County did you reside during those years and what property did you then return for taxation? County of Clinton returned nothing

16. How were you supported during the years 1895 and 1896? when I could work, 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? \$100.00 per month for the first year, \$125.00 per month for the second year

18. What was your employment during 1895 and 1896? What pay did you receive in each year? on a small farm \$100

19. Have you a family? If so, who comprises such family? Give their means of support? Have they a homestead? I have wife & 2 Daughters & a son, and we all support what they make on the farm, not enough to buy me any

20. Are you receiving any pension, if so, what amount and for what disability? \$200

Sworn to and subscribed before me this  
2<sup>nd</sup> day of March 1897. } *Thomas H. Morgan*  
Applicant.  
*George Landis* Ordinary  
of Clinton County.

## QUESTIONS FOR WITNESS.

STATE OF GEORGIA,

*Clinch* County, }

*J. S. Morgan and J. Patterson*, 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 oaths to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? *J. S. Morgan*  
*Waycross Ga. I. Patterson in West Ga*
2. Are you acquainted with *Thomas F. Morgan*, the applicant, if so how long have you known him? *39 years*
3. Where does he reside, and how long has he been a resident of this State? *Clinch Co Ga 39 years*
4. Do you know of his having served in the Confederate army or the Georgia militia? How do you know this? *I was in the same Co & Regiment he was in and am acquainted to Capt*
5. When, where and in what company and regiment did he enlist? *January 1st 1863*  
*10th Co. Blackshear's Cavalry, 4th Cavalry Reg.*
6. Were you a member of the same company and regiment? *I was*
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? *37 years*  
*I was orderly sergeant in Capt*  
*Wally Co and Capt. Carter in Capt. Stevenson*  
*Co. Min of any discharge*
8. What property, effects or income has the applicant? (Give your means of knowledge.) *None, I am a minister with few material circumstances*
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? *Farming*  
*Health not good, abundance in the house*  
*and just 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*  
*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? *This health has failed*  
*and has no help on his children*  
*nothing to fall back on*
15. What interest have you in the recovery of a pension by this applicant? *None*

Sworn to and subscribed before me, this

the 2nd day of *March* 1897.

*J. S. Morgan* Witness.

*George Lounds* Ordinary.

## AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,

*Clinch* County, }

Personally came before me *J. E. Lee, M. D.* and *J. C. Mullings, 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*  
*aged, 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  
the 8th day of *March* 1897. } *J. E. Lee, M. D.*  
*J. C. Mullings, M. D.*  
*George Lounds* Ordinary.

## ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

*Clinch* County, }

I, *George Lounds*, 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. Patterson* 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 Lounds* Ordinary  
of *Clinch* County.

**NOTE.**  
Before any questions are answered, the Ordinary shall swear applicant and the witness 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,

*Elberta County, }*

I, Thos J. Morgan hereby authorize  
William H. 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 Edmund H. Morris, Esq.,  
 by Express

Witness my hand and seal, this 14<sup>th</sup> day of June 1901.

Thos J. Morgan [L. S.]

Executed in presence of

Bryant, A. T.  
George Cornwell  
Ordinary

INDIGENT  
 SOLDIER'S PENSION,  
 1900.

(For Those Already Enrolled.)

NO. 2021

Name J. J. Morgan  
 County Elberta

WARRANT ISSUED

January 25 1901

JOHN W. LINDSEY,

Commissioner of Pensions

WARRANT HANDED TO

Thos J. Morgan

Geo. W. Hartman, State Printer, Atlanta.

No date

Morgan, Thos J.  
Elberta Co.

CODE SECTION 154

(For Those Already Enrolled.)

No 102

INDIGENT  
 SOLDIER'S PENSION.  
 1901.

Name J. J. Morgan  
 County Elberta

WARRANT ISSUED

Jan 14 1901

JOHN W. LINDSEY,

Commissioner of Pensions

WARRANT HANDED TO

Thos J. Morgan

Geo. W. Hartman, State Printer, Atlanta.

1/1/91

No date

## POWER OF ATTORNEY.

STATE OF GEORGIA,

*Elberta County, }*

I, Thos J. Morgan hereby authorize W. M. Wright  
Comp. Gen. of Atlanta Ga  
 to receive and receipt for the pension allowed and request that he remit same to  
Thos J. Morgan in care of Edmund H. Morris, Esq.,  
 by ordinary mail

Witness my hand and seal, this 24 day of Dec 1901.

Thos J. Morgan [L. S.]

Executed in presence of

George Cornwell  
Ordinary

# For Applicants Heretofore Allowed Pensions.

## STATE OF GEORGIA,

Clinch County.

Personally appears Thomas J. 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 1st day of January 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 A, of 4th Regiment of Georgia Cavalry; that his physical condition is as follows: old and infirm & disabled 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 0 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 Clinch county been allowed a pension for the year 1890 my application has been received

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

## State of Georgia,

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 Clinch 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,

Clinch County.

Personally appears Thomas J. 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 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 A, of 4th Regiment of Georgia Cavalry Capt Allen Strickland Co.; that his physical condition is as follows: his disabled in the Back, has asthma

that his property consists of the following items

of the value of 0 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 Clinch 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  
George Cornelius Ordinary.

## STATE OF GEORGIA,

Clinch 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 Clinch County.

NOTE.—The blank spaces must be filled.

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

1900, 1901, 1902, 1903, 1904, 1905, 1906, 1907, 1908, 1909, 1910, 1911, 1912, 1913, 1914, 1915, 1916, 1917, 1918, 1919, 1920, 1921, 1922, 1923, 1924, 1925, 1926, 1927, 1928, 1929, 1930, 1931, 1932, 1933, 1934, 1935, 1936, 1937, 1938, 1939, 1940, 1941, 1942, 1943, 1944, 1945, 1946, 1947, 1948, 1949, 1950, 1951, 1952, 1953, 1954, 1955, 1956, 1957, 1958, 1959, 1960, 1961, 1962, 1963, 1964, 1965, 1966, 1967, 1968, 1969, 1970, 1971, 1972, 1973, 1974, 1975, 1976, 1977, 1978, 1979, 1980, 1981, 1982, 1983, 1984, 1985, 1986, 1987, 1988, 1989, 1990, 1991, 1992, 1993, 1994, 1995, 1996, 1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 2679, 2680, 2681, 2682, 2683, 2684, 2685, 2686, 2687, 2688, 2689, 2690, 2691, 2692, 2693, 2694, 2695, 2696, 2697, 2698, 2699, 2700, 2701, 2702, 2703, 2704, 2705, 2706, 2707, 2708, 2709, 2710, 2711, 2712, 2713, 2714, 2715, 2716, 2717, 2718, 2719, 2720, 2721, 2722, 2723, 2724, 2725, 2726, 2727, 2728, 2729, 2720, 2721, 2722, 2723, 2724, 2725, 2726, 2727, 2728, 2729, 2730, 2731, 2732, 2733, 2734, 2735, 2736, 2737, 2738, 2739, 2730, 2731, 2732, 2733, 2734, 2735, 2736, 2737, 2738, 2739, 2740, 2741, 2742, 2743, 2744, 2745, 2746, 2747, 2748, 2749, 2740, 2741, 2742, 2743, 2744, 2745, 2746, 2747, 2748, 2749, 2750, 2751, 2752, 2753, 2754, 2755, 2756, 2757, 2758, 2759, 2750, 2751, 2752, 2753, 2754, 2755, 2756, 2757, 2758, 2759, 2760, 2761, 2762, 2763, 2764, 2765, 2766, 2767, 2768, 2769, 2760, 2761, 2762, 2763, 2764, 2765, 2766, 2767, 2768, 2769, 2770, 2771, 2772, 2773, 2774, 2775, 2776, 2777, 2778, 2779, 2770, 2771, 2772, 2773, 2774, 2775, 2776, 2777, 2778, 2779, 2780, 2781, 2782, 2783, 2784, 2785, 2786, 2787, 2788, 2789, 2780, 2781, 2782, 2783, 2784, 2785, 2786, 2787, 2788, 2789, 2790, 2791, 2792, 2793, 2794, 2795, 2796, 2797, 2798, 2799, 2790, 2791, 2792, 2793, 2794, 2795, 2796, 2797, 2798, 2799, 2800, 2801, 2802, 2803, 2804, 2805, 2806, 2807, 2808, 2809, 2800, 2801, 2802, 2803, 2804, 2805, 2806, 2807, 2808, 2809, 2810, 2811, 2812, 2813, 2814, 2815, 2816, 2817, 2818, 2819, 2810, 2811, 2812, 2813, 2814, 2815, 2816, 2817, 2818, 2819, 2820, 2821, 2822, 2823, 2824, 2825, 2826, 2827, 2828, 2829, 2820, 2821, 2822, 2823, 2824, 2825, 2826, 2827, 2828, 2829, 2830, 2831, 2832, 2833, 2834, 2835, 2836, 2837, 2838, 2839, 2830, 2831, 2832, 2833, 2834, 2835, 2836, 2837, 2838, 2839, 2840, 2841, 2842, 2843, 2844, 2845, 2846, 2847, 2848, 2849, 2840, 2841, 2842, 2843, 2844, 2845, 2846, 2847, 2848, 2849, 2850, 2851, 2852, 2853, 2854, 2855, 2856, 2857, 2858, 2859, 2850, 2851, 2852, 2853, 2854, 2855, 2856, 2857, 2858, 2859, 2860, 2861, 2862, 2863, 2864, 2865, 2866, 2867, 2868, 2869, 2860, 2861, 2862, 2863, 2864, 2865, 2866, 2867, 2868, 2869, 2870, 2871, 2872, 2873, 2874, 2875, 2876, 2877, 2878, 2879, 2870, 2871, 2872, 2873, 2874, 2875, 2876, 2877, 2878, 2879, 2880, 2881, 2882, 2883, 2884, 2885, 2886, 2887, 2888, 2889, 2880, 2881, 2882, 2883, 2884, 2885, 2886, 2887, 2888, 2889, 2890, 2891, 2892, 2893, 2894, 2895, 2896, 2897, 2898, 2899, 2890, 2891, 2892, 2893, 2894, 2895, 2896, 2897, 2898, 2899, 2900, 2901, 2902, 2903, 2904, 2905, 2906, 2907, 2908, 2909, 2900, 2901, 2902, 2903, 2904, 2905, 2906, 2907, 2908, 2909, 2910, 2911, 2912, 2913, 2914, 2915, 2916, 2917, 2918, 2919, 2910, 2911, 2912, 2913, 2914, 2915, 2916, 2917, 2918, 2919, 2920, 2921, 2922, 2923, 2924, 2925, 2926, 2927, 2928, 2929, 2920, 2921, 2922, 2923, 2924, 2925, 2926, 2927, 2928, 2929, 2930, 2931, 2932, 2933, 2934, 2935, 2936, 2937, 2938, 2939, 2930, 2931, 2932, 2933, 2934, 2935, 2936, 2937, 2938, 2939, 2940, 2941, 2942, 2943, 2944, 2945, 2946, 2947, 2948, 2949, 2940, 2941, 2942, 2943, 2944, 2945, 2946, 2947, 2948, 2949, 2950, 2951, 2952, 2953, 2954, 2955, 2956, 2957, 2958, 2959, 2950, 2951, 2952, 2953, 2954, 2955, 2956, 2957, 2958, 2959, 2960, 2961, 2962, 2963, 2964, 2965, 2966, 2967, 2968, 2969, 2960, 2961, 2962, 2963, 2964, 2965, 2966, 2967, 2968, 2969, 2970, 2971, 2972, 2973, 2974, 2975, 2976, 2977, 2978, 2979, 2970, 2971, 2972, 2973, 2974, 2975, 2976, 2977, 2978, 2979, 2980, 2981, 2982, 2983, 2984, 2985, 2986, 2987, 2988, 2989, 2980, 2981, 2982, 2983, 2984, 2985, 2986, 2987, 2988, 2989, 2990, 2991, 2992, 2993, 2994, 2995, 2996, 2997, 2998, 2999, 2990, 2991, 2992, 2993, 2994, 2995, 2996, 2997, 2998, 2999, 3000, 3001, 3002, 3003, 3004, 3005, 3006, 3007, 3008, 3009, 3000, 3001, 3002, 3003, 3004, 3005, 3006, 3007, 3008, 3009, 3010, 3011, 3012, 3013, 3014, 3015, 3016, 3017, 3018, 3019, 3010, 3011, 3012, 3013, 3014, 3015, 3016, 3017, 3018, 3019, 3020, 3021, 3022, 3023, 3024, 3025, 3026, 3027, 3028, 3029, 3020, 3021, 3022, 3023, 3024, 3025, 3026, 3027, 3028, 3029, 3030, 3031, 3032, 3033, 3034, 3035, 3036, 3037, 3038, 3039, 3030, 3031, 3032, 3033, 3034, 3035, 3036, 3037, 3038, 3039, 3040, 3041, 3042, 3043, 3044, 3045, 3046, 3047, 3048, 3049, 3040, 3041, 3042, 3043, 3044, 3045, 3046, 3047, 3048, 3049, 3050, 3051, 3052, 3053, 3054, 3055, 3056, 3057, 3058, 3059, 3050, 3051, 3052, 3053, 3054, 3055, 3056, 3057, 3058, 3059, 3060, 3061, 3062, 3063, 3064, 3065, 3066, 3067, 3068, 3069, 3060, 3061, 3062, 3063, 3064, 3065, 3066, 3067, 3068, 3069, 3070, 3071, 3072, 3073, 3074, 3075, 3076, 3077, 3078, 3079, 3070, 3071, 3072, 3073, 3074, 3075, 3076, 3077, 3078, 3079, 3080, 3081, 3082, 3083, 3084, 3085, 3086, 3087, 3088, 3089, 3080, 3081, 3082, 3083, 3084, 3085, 3086, 3087, 3088, 3089, 3090, 3091, 3092, 3093, 3094, 3095, 3096, 3097, 3098, 3099, 3090, 3091, 3092, 3093, 3094, 3095, 3096, 3097, 3098, 3099, 3100, 3101, 3102, 3103, 3104, 3105, 3106, 3107, 3108, 3109, 3100, 3101, 3102, 310

## POWER OF ATTORNEY.

STATE OF GEORGIA,

*Clarendon County.*

I, J. H. 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 W. L. Howell at Hannerville Ga by mail.

Witness my hand and seal, this 6 day of July 1902.

J. H. Morgan [L. S.]

Executed in presence of

J. T. Adams

(FOR THOSE ALREADY ENROLLED.)

No. 5131

INDIGENT

SOLDIER'S PENSION

**1902.**

Name J. H. Morgan  
County Clarendon  
Co. H Regiment 4th

WARRANT ISSUED

July 1902.

JOHN W. LINDSEY,  
Commissioner of Pensions.

WARRANT HANDED TO

Dr.

Geo. W. Harrison, State Printer, Atlanta.

*No data*

STATE OF GEORGIA,

*Clarendon*  
COUNTY.

I, J. H. Morgan hereby authorize W. A. Wright of Atlanta Ga to receive and receipt for the pension allowed, and request that he remit same to J. T. Adams ordinary at Hannerville Ga by mail.

WITNESS my hand and seal, this 12<sup>th</sup> day of July 1907.

J. H. Morgan [L. S.]

Executed in presence of

J. T. Adams

(FOR THOSE ALREADY ENROLLED.)

**1907.**

Name J. H. Morgan  
County Clarendon  
Co. H Regiment 4th

WARRANT ISSUED

July 1907.

JOHN W. LINDSEY,  
Commissioner of Pensions.

WARRANT HANDED TO

*No data*

Morgan, J. H. (Thomas S.)  
Clarendon County

## FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

### STATE OF GEORGIA,

Clint County,

Personally appears H. J. Morgan of Clinton County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the day of Dec. 10, 1837; 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 4 of 4th Regiment of Georgia Cavalry; that his physical condition is as follows:

disabled in back and  
left leg with a tumor

that his property consists of the following items:

No & 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 1902. I have heretofore as a resident of Clinton county been allowed a pension for the year 1901 and 1900.

Sworn to and subscribed before me, this the 6 day of Dec. 1902, H. J. Morgan  
W. M. Howell Ordinary.

### STATE OF GEORGIA,

Clinton County,

I, W. M. Howell Ordinary of said County, do certify that I am well acquainted with H. 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 6  
day of Dec. 1902.

W. M. Howell Ordinary Clinton 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,

Clinton County.

Personally appears H. J. Morgan of Clinton 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 4 of 4th Regiment of Georgia Cavalry; that his physical condition is as follows: disabled and lame.

that his property consists of the following items: none

of the value of none Dollars. I am now earning 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 1902. I have heretofore, as a resident of Clinton County, been allowed a pension for the year 1900.

Sworn to and subscribed before me, this the 12 day of Dec. 1902, H. J. Morgan.

J. T. Dame Ordinary.

### State of Georgia,

Clinton County.

I, J. T. Dame Ordinary of said County, do certify that I am well acquainted with H. 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 12  
day of Dec. 1902.



NOTE.—The blank spaces must be filled.  
NOTE.—Affidavit should not be attested before January 1st, 1902.

POWER OF ATTORNEY.

STATE OF GEORGIA,

*Clinch County* }

I, *W. T. Morgan* 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. L. Howell* at *Honesville, Ga* by *mail*.

Witness my hand and seal, this 28 day of January 1903.

Executed in presence of

*W. L. Howell*

*J. F. Morgan* [L. S.]

POWER OF ATTORNEY.

STATE OF GEORGIA,

*Clinch County* }

I, *J. F. Morgan* hereby authorize *W. T. Morgan* of *Douglas, Ga* to receive and receipt for the pension allowed, and request that he remit same to *W. L. Howell* at *Honesville, 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. L. Howell*

*Morgan, J. F.*  
*Clinch Co.*

(FOR THOSE ALREADY ENROLLED.)

No. 5654

INDIGENT

SOLDIER'S PENSION  
1903.

Name *J. F. Morgan*  
County *Clinch*  
Co. *44th* Regiment *Co. B*

WARRANT ISSUED

3/3 1903.

JOHN W. LINDSEY,  
Commissioner of Pensions.  
WARRANT HANDED TO  
*W. L. Howell*  
Geo. Barron, State Printer, Atlanta.

no date

*Morgan, Thomas*  
*Clinch Co.*

(FOR THOSE ALREADY ENROLLED.)

No. 5758

INDIGENT

SOLDIER'S PENSION  
1904.

Name *Thomas J. Morgan*  
County *Clinch Co.*  
Co. *Regiment*

WARRANT ISSUED

3/24 1904

JOHN W. LINDSEY,  
Commissioner of Pensions.  
WARRANT HANDED TO  
*W. L. Howell*  
Geo. Barron, State Printer, Atlanta.

no date

144 OF 145  
105 VESTA - FREDERICK FREDERICK BECKER

# 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 8 day of Feb 1861; 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 A of 4th Regiment of Georgia Cavalry Capt. Allen Strickland's Co.; that his physical condition is as follows:

*Poor and infirm legs &  
asthma crippled the back*

that his property consists of the following items:

*None*

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

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1904. I have heretofore as a resident of *Clinch County* county been allowed a pension for the year 1903.

Sworn to and subscribed before me, this the 28 day of January 1904.

*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 28 day of January 1904.

*W. L. Howell*  
Ordinary *Clinch County.*

Note.—The blank spaces must be filled.

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



# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

## STATE OF GEORGIA,

*Clinch County,*

Personally appears *Thomas 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 1867; 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 A of 4th Regiment of Cavalry of Georgia Capt. Allen Strickland's Co.; that his physical condition is as follows: *Crippled in Back and have asthma.*

that his property consists of the following items: *Nothing*

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

Deponent desires to participate in the benefits of the Act approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 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 January 1904.

*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 *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 18 day of January 1904.

*W. L. Howell*  
Ordinary *Clinch County.*

Note.—The blank spaces must be filled.

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

## POWER OF ATTORNEY.

STATE OF GEORGIA,

Cliven  
County. }

I, Thomas F. Morgan hereby authorize  
H. S. Price of Atlanta, Ga.  
to receive and receipt for the pension allowed, and request that he remit same to  
at Hammond Ordinary  
by Mail

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

Thomas F. Morgan [L. S.]

Executed in the presence of

J. E. Dickerson

## INDIGENT SOLDIER'S PENSION 1905.

Code Section 124.  
(FOR THOSE ALREADY ENROLLED.)

No. 6341

Name Thomas F. Morgan

County Cliven

Co. 1

Regiment 1

WARRANT ISSUED

MAR 1 1905.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. HARRISON, MANAGER, FOR STATE PINTER, ATLANTA.

no date

Code Section 124.

(FOR THOSE ALREADY ENROLLED.)

No. 1634

Name Thomas F. Morgan

County Cliven

Co. 1

Regiment 1

Corporal

WARRANT ISSUED

JAN 26 1906.

## POWER OF ATTORNEY.

STATE OF GEORGIA,

Cliven  
County. }

I, Thomas F. Morgan hereby authorize  
W. A. Wrigley of Fulton Co. Ga.  
to receive and receipt for the pension allowed, and request that he remit same to  
at Hammond Ordinary at Hammond Ga.  
by Mail

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

Thomas F. Morgan [L. S.]

Executed in the presence of

J. E. Dickerson

## INDIGENT SOLDIER'S PENSION 1906.

Code Section 124.  
(FOR THOSE ALREADY ENROLLED.)

No. 6341

Name Thomas F. Morgan

County Cliven

Co. 1

Regiment 1

Corporal

WARRANT ISSUED

JAN 26 1906.

JOHN W. LINDSEY.

Commissioner of Pensions.

WARRANT HANDED TO

W. A. Wrigley

Geo. W. Harrison, State Printer, 205 Broad Street, Atlanta, Ga.

no date

FOR INDIGENT SOLDIER'S PENSION

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Clinch County.

Personally appears T. F. 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. 1857; that he is 61 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:

poor and infirm and unable to work

that his property consists of the following items:

none

of the value of 220 Dollars. I am now earning, by my labor, 220 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 16th, 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. G. Howell Ordinary.

STATE OF GEORGIA,

Clinch County.

I, W. G. Howell Ordinary of said County, do certify that I am well acquainted with T. F. 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 1 day of Jan. 1905.

W. G. Howell  
Ordinary Clinch County.



NOTE.—The blank spaces must be filled.

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

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,

Clinch County.

Personally appears Thos F. 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 1835; 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 Ga.) during the war between the States, and served for the term of 3 years in Company 44, of 4th Regiment the Cavalry; that his physical condition is as follows: Impairment 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 16th, 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 1905.

Sworn to and subscribed before me, this the 2nd day of Jan. 1905. Thos F. Morgan  
W. G. Howell Ordinary.

State of Georgia,

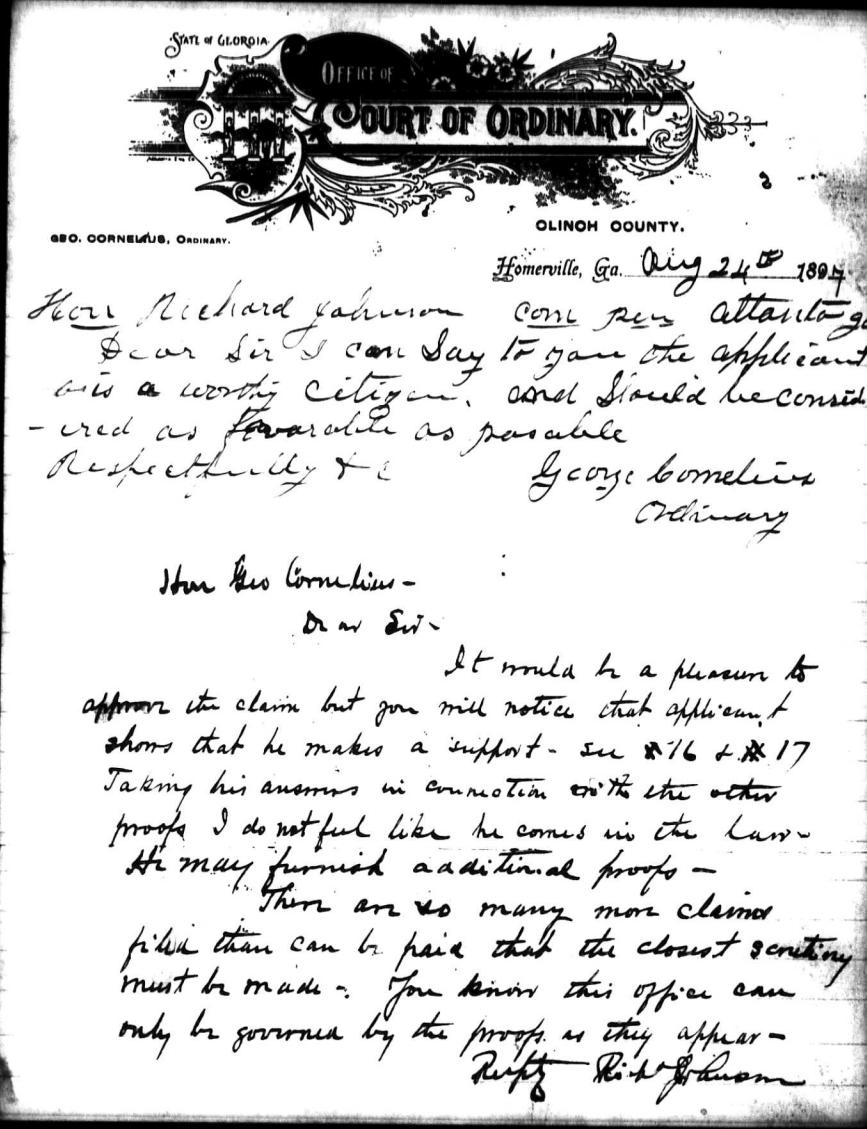
Clinch County.

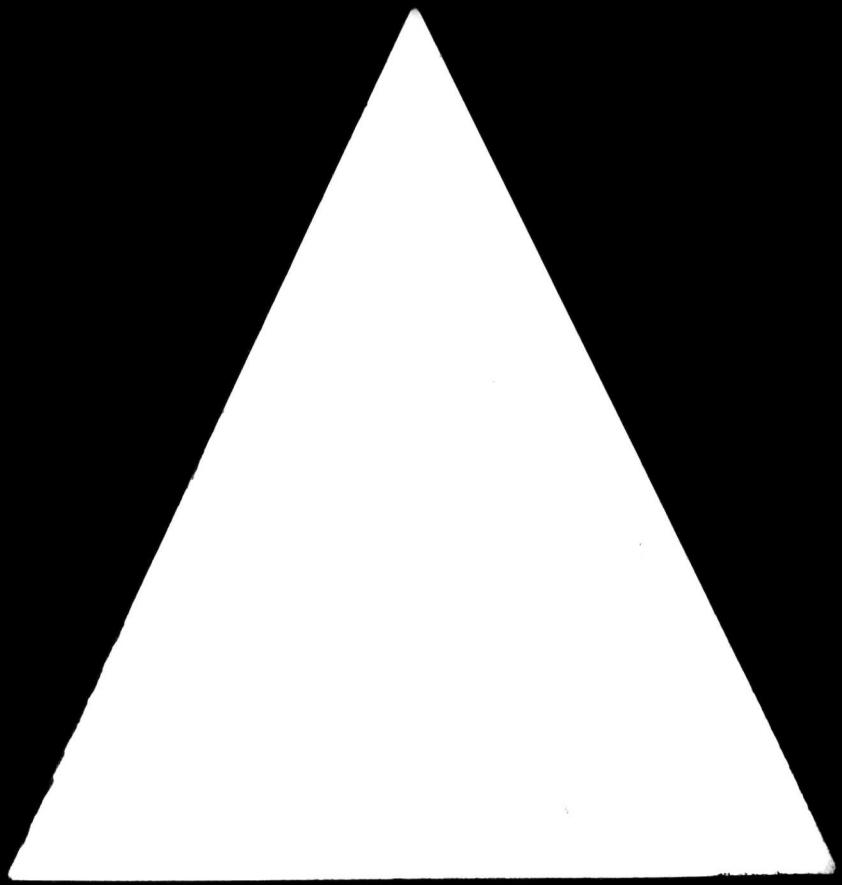
I, W. G. Howell Ordinary of said County, do certify that I am well acquainted with Thos F. Morgan the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be, and that he resides in this County.

Given under my official signature and seal, this 2nd day of Jan. 1905.



NOTE.—The blank spaces must be filled.  
NOTE.—Affidavit should not be attested before January 1st, 1905.





Ordinary's Certificate

STATE OF GEORGIA.

COUNTY.

*H. E. Morris*  
1. *H. E. Morris*, Ordinary of said County, do certify

that I know *Mrs. Berota A. 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 *Mrs. Morris & G. 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 3<sup>1</sup> day of *September*, 1937.

SEAL OF ORDINARY  
*H. E. Morris*  
of Clinch County.

INSTRUCTIONS

1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the whole truth. So help you God." The seal of the Commonwealth may be attached if blank spaces are insufficient.
2. The seal of the Commonwealth must be placed prior to the signature of the Ordinary, 1937, and is entituled.
3. All affidavits must be made prior to the Ordinary in which the applicant or witness resides and must be certified by such Ordinary.
4. Attach certified copy of marriage license if obtainable.
5. Fill out the back of the application carefully.
6. Fill out the back of the marriage certificate in type 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.

*Recd. At  
Morris, Berota A. Morris*  
*1937*  
*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. Berota A. Morris  
Widow of Manley Elisha Morris  
Date of Marriage Aug. 30, 1904  
Date of Husband's Death May 10, 1914  
Company G  
Regiment 2 Regt. Res. Conf. Cavalry  
Approved DEC 27 1937  
193  
*H. E. Morris*  
Director.

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

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

*John E. Morris*  
Director Confederate Records  
Div.

AUG 6 1937

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, Greene-  
boro, N. C., Apr. 26, 1865.

*Mississippi*  
Director Confederate Records  
Div.

*Recorded at the State of Georgia, 1937.*  
**Widow's Application**

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

County	Clinch
Name	Mrs. Beresta A. Morris
Widow of	Manley Elihu Morris
Date of Marriage	Aug. 30, 1906.
Date of Husband's Death	May 10, 1914.
Company	<i>Co. H 8th Cavalry</i>
Regiment	<i>Regt. Cavalry</i>
Approved	<i>John C. Morris</i>
DEC 27 1937	1937
Director	

**Ordinary's Certificate**

STATE OF GEORGIA,

*Clinch*

COUNTY.

I, *Kate C. Pafford*, Ordinary of said County, do certify  
that I know *Mrs. Beresta A. 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* 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)

of

*Kate C. Pafford*, Ordinary.

of *Clinch* County.

INSTRUCTIONS:

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

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

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

**QUESTIONS FOR APPLICANT TO ANSWER:**

STATE OF GEORGIA,

*Clinch* COUNTY.

Personally appears before me, *Mrs. Beresta 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.

1. What is your name, and where do you reside? (Give Post Office and County).  
*Homer*, *Clinch County, Georgia*.
2. How long and since when have you been, continuously, a bona fide resident citizen of the State of Georgia?  
*December 1910*
3. Give date, or year, of your birth. *July, 4th, 1887* Age? *56*
4. (1) When, (2) where and (3) to whom were you married? *August 30, 1906 in Florence County, South Carolina*.
5. a. Have you married since the death of first and soldier husband? *No*.  
b. When and where did your first husband die? *Clinch County, Georgia*, *May 10, 1914*.  
c. Were you residing together when he died? *Yes*.  
d. If not, how long had you resided apart? *XXX*.  
e. Are you now a widow? *Yes*.  
f. Have you or your husband heretofore been paid a pension by the State? *No*.  
g. If so, when and for what cause were you or your husband placed on the roll? *XXXXX*.

SECTION II.

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

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

Sworn to and subscribed before me, this the

*31* day of *July* 1937.

*Kate C. Pafford*, Ordinary

of *Clinch* County.

(SEAL OF ORDINARY)

*Mrs. Beresta A. Morris*  
Applicant.

## An Affidavit

(Read carefully before making this affidavit.)

State of Georgia,

County of **Clinch**

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.  
Kate C. Gafford, Ordinary,  
Clinch County.

*Mrs B. G. Morris  
Gafford*

## Questions for Witness as to Marriage and Service of Husband.

STATE OF GEORGIA,

**Clinch**

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 ..... 193.... 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 Manly E. Morris, deceased, Confederate soldier.

Manly served three years in Company A 8th, South Carolina Regiment. Long Street Corps, Gerner Brigade, under General Hardee.

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.

m. l. morris  
E. L. Morris.

Re: application of Mrs. Bereta G. Morris, widow of  
Manly 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 foregoing named applicant, Widow of said Manly E. Morris; and that they deponents are sons of Manly E. Morris by his first wife and know that therefore the said Mrs. Bereta G. Morris is their step-mother.

Deponents further say that they were witnesses to the marriage of said Manly E. Morris and said Mrs. Bereta G. Morris who at that time was Miss Bereta 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 Manly E. Morris and Mrs. Bereta G. Morris after their marriage, continued to live together as man and wife until the death of said Manly 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.

Wate 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. BERITA A. MORRIS, WIDOW OF MANLEY ELIHU MORRIS,

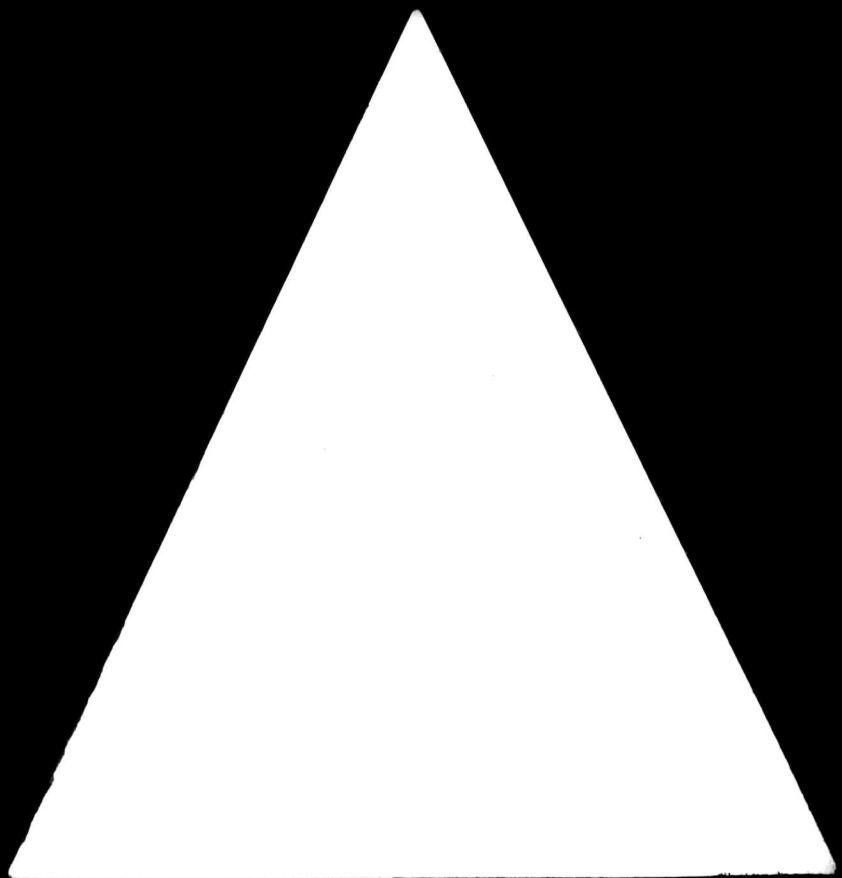
has filed in this office an application for the Georgia pension allowed to widows of Confederate veterans; and it appearing that the late husband of this applicant performed actual military service as a Confederate soldier and was honorably separated from such service; and that applicant was married 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

卷之三

CLINCH,----- COUNTY. }  
" " " }  
" " " }

I, W. V. MUSCIORE, 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 Berrin & Clinch,

Sworn under my hand and official seal of office this 25<sup>th</sup> day of Oct., 1922.

2001

(SBAU) *Mr. W. J. Parker, Esq., Ordinary,  
Bench, County.*

NOTES: 1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words:  
"You shall swear to tell the truth, so help you God."  
2. Ordinary shall swear to tell the truth, so help you God.  
3. Ordinary shall swear to tell the truth, so help you God.  
4. All affidavits must be sworn 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 ~~swear~~ reputation.

**Widow's Pension**  
Under Act 1910—as Amended by Act of 1919.

---

County Clinton

Name Mrs. Charles Parmentier

Widow of James T. Parmentier

Company 14

Regiment 6th Inf

Approved 14-30-22  
John W. Claude 6-14-13

**10** Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

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 Berrien & Clinch, residents of said County and  
were duly sworn by me before signing the foregoing affidavits and that they are truthful, trust-  
worthy, 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)

*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. All 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 of James W. Parrish  
Company 1st  
Regiment 22  
Approved 10-20-22  
*John W. Glass* 674-13

Commissioner of Pensions  
State Prison, 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 37.
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.
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.) I must and married him after the surrender.
6. When and where did the commands of your husband surrender or discharge from the army?
7. If he was not present state clearly where he was!
8. Where was his command when he left?
9. For what cause did he leave his command?
10. By whose authority did he leave his command?
11. For how long was he granted leave of absence?
12. What was his physical condition when he left his command?
13. What effort did he make to return to his command?
14. In what way was he prevented from going back to Command
15. Was he captured by the enemy at any time?
16. If so, when and where captured and where held as a prisoner, and when and for what cause released?
17. When and where did your first husband die? June 5th, 1916, in Barrien County, Ga.
18. Were you residing together when he died? Yes
19. If not, how long had you resided apart?
20. Are you now a widow? Yes
21. Have you or your husband heretofore been paid a pension by the State? No.
22. 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.

*W. V. Musgrove* Ordinary  
of Clinch, County.  
(SEAL)

*Mrs. Christian Parrish*

Questions for Witnesses as to Service of Husband and Marriage

STATE OF GEORGIA.

Turner County COUNTY }

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

1. What is your name and where do you reside? J. J. Williams Resides

Ardsley on Turner County

2. How long and since when have you known Mrs. Christanna Parish applicant?

all her life

3. How long and since when has she continuously resided in this State? (Give date.) all her life

1867

4. When and to whom was she married? James W. Parish How do you know He is her husband

5. How long and since when did you know James W. Parish her

husband? know him all his life

6. When and where did James W. Parish the husband of applicant die? Bethel County Ga 1916

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 W. Parish enlist?

Enlisted Apr 1865 18th Regt. 29th Nashville Tenn Co-44 to the 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 when war closed

12. When and where did his Command surrender, and was discharged? Apr 1865 near Greenbrier, N.C.

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? no When, where and for what cause did he leave Command? (Give date.) left home July 1865 sick Furlough By whose authority did he leave his Command? order of Commanders And how long was he granted leave? 60 days afterwards and did not return How do you know all this? He died in Turner County, and Turner County

15. For what cause, if you know of your own knowledge, was he prevented from returning to his Command? He was sick and could not return

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 detailed duty at home I know James W. Parish to be Honorable and charged from war

Sworn to and subscribed before me this the

24 day of Oct 1923 } J. J. Williams

James W. Hanes Ordinary }

of Turner County }

(SEAL)

TO PAY -  
 1930, \$102.50  
 Cig. & C. Tax. \$  
 TOTAL

Application for Pension  
 Due Deceased Pensioner  
 (UNDER ACT 1918)  
 (To pay expenses of last illness and funeral)

*Walt C. Pafford*, Ordinary  
 For me Christian Parish

Date of Death *May 18, 1932*  
 Amount *\$102.50*

Approved and ordered paid *1932*

Commissioner of Pensions

APPROVED FOR PAYMENT  
*Walt C. Pafford*  
 OFFICE

PAID TO ORDINARY ON THIS CLAIM:  
 DATE: 1932 FUND FROM WHICH PAID:  
 1932 102.50  
 TOTAL 102.50

### HOMERVILLE HARDWARE & FURNITURE COMPANY

General Hardware and Farm Implements  
 Harness and Saddles Furniture and House Furnishings  
 Auto Tires and Tubes Funeral Directors  
 HOMERVILLE, GEORGIA And Embalmers

TO *Walt C. Pafford*  
 J P Smith Sr

Funeral for Mrs Christian Parish

MONTH OF  
 TERMS:

Date	Item	Charges	Credits	Balance
1932 May 13	1 Casket Burse services 1 Vault	75.00 10.00 17.50		102.50

*Paid May 21, 1932  
 Homerville Hardware & Furniture  
 By T. C. Chamber, Mgr*

### A Certificate

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*, 1932.

(SEAL)

*Kate C. Pafford*, Ordinary

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



# Application for Pension Due to a Decedent Person

(To Be Paid to the Ordinary for Expenses of Funeral and Last Illness)  
(Under Act Approved August 15, 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 1922, 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 knew 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 1922, 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, 1932.  
(Seal or Ordinary)

### INSTRUCTIONS:

- 1st. For use in all cases where pensioner died after May 1st, but has not been out of State longer than two months, and has left no widow or dependents to pay such expenses. THE WIDOW OR DEPENDENT, IF SHE IS LIVING, MAY FIGHT CLAIM OVER EXPENSES AND MUST MAKE APPLICATION ON YELLOW BLANK.
- 2nd. Require those claiming expenses of last illness and funeral, to make out their accounts in fully itemized form, giving name and the value of it, and each date.
- 3rd. Running accounts cannot be paid—only those connected with the last illness, just before death which pensioner gave account of.
- 4th. Each account must be sworn to before the Ordinary, and in the following form: (Do not use the regular form, write on the back.)
- 5th. The above and foregoing account is rendered for services in the last illness (or for funeral expenses, as the case may be).
- 6th. The Ordinary signs and sees to it that each bill is rendered accurately in every respect, and properly verified, and all the claimed money to this account after this blank has been properly accounted for and paid.
- 7th. 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 at your authority to make the payment.
- 8th. The Ordinary signs and sees to it that each bill is rendered accurately in every respect, and properly verified, and all the claimed money to this account after this blank has been properly accounted for and paid.
- 9th. 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 at your authority to make the payment.
- 10th. The Ordinary signs and sees to it that each bill is rendered accurately in every respect, and properly verified, and all the claimed money to this account after this blank has been properly accounted for and paid.
- 11th. Return this application, and attached bills, with your final settlement, to the Pension Department.
- 12th. Ordinary should see that the back of this blank, when folded, is filled out.

John W. Clark  
Commissioner of Pensions  
Atlanta, Ga.

11/15/22/

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

My dear Judge Musgrave:

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 until after the war, she met and married him after the surrenders, is why she did not answer these questions, hoping that this will perfect her paper I remain,

Yours very truly,

W.V. Musgrave  
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. authorising 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
	<u>\$102.50</u>

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 26, 1932, by  
and between Henry P. Smith, William Smith, Mrs. Lizzie Tomlinson  
and Mrs. Anna Dame parties of the first part, and Mrs. Jessie Smith  
party of the second part, for and in consideration of one dollar  
and other valuable consideration and the above and agreement that  
said parties of the first part hold to me 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 will, give,  
convey, and assign unto party of the second part, the widow of the  
said Joseph P. Smith, Sr., deceased, my and all of their rights,  
title, interest and equity that they or either of them may have in  
and to a certain sum of \$100.00 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 expense  
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 witness whereof we have hereunto set our hands and seals,  
the day and year first above written.

Signed, sealed and delivered  
in the presence of:

*Kate C. Pafford* as to  
Ordinary Clinch County, Ga.  
(Seal) *Mrs. Anna Dame* *Joseph P. Smith*

*Mrs. Lizzie Tomlinson*

*S.A. Shumard* *William Smith*  
Ordinary Atkinson County, Ga.  
(Seal)

9

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.

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

Kate C. Rafford  
Ordinary Clinch Co., Ga.

Joseph P. Smith Jr.

11

NO. 823

MARSHALL & BRUCE CO., NASHVILLE

**STATE OF GEORGIA.** *Perrin,* **COUNTY.**

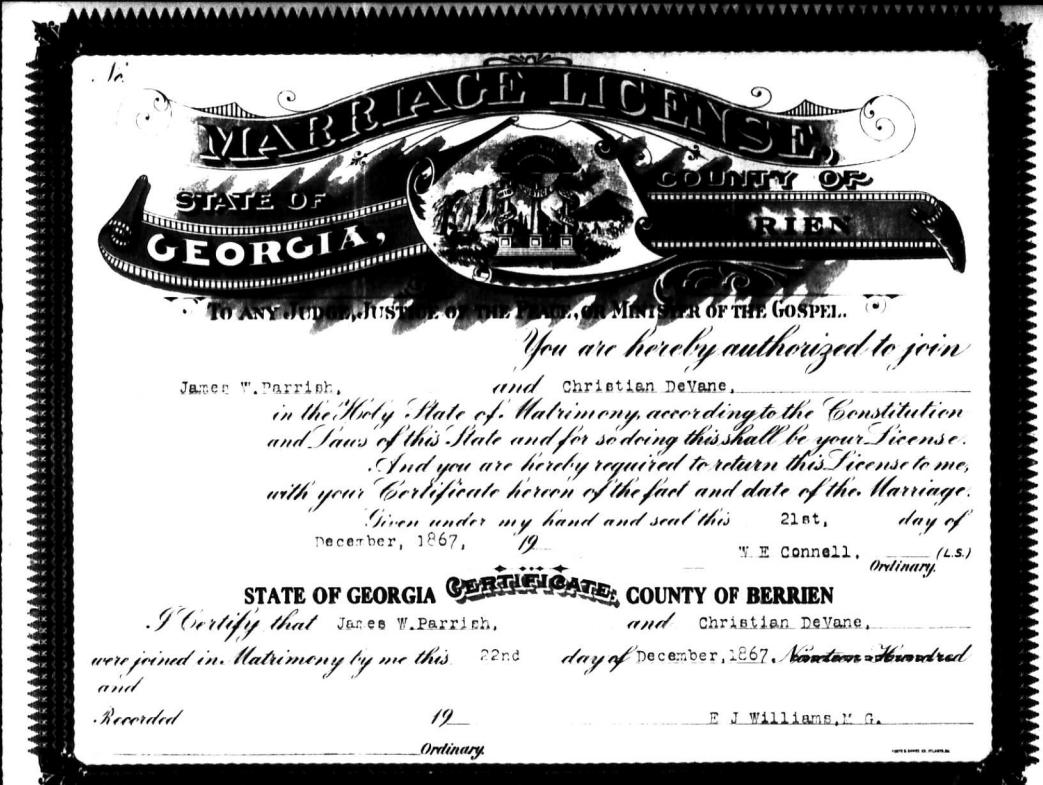
**ORDINARY'S OFFICE—ss.**

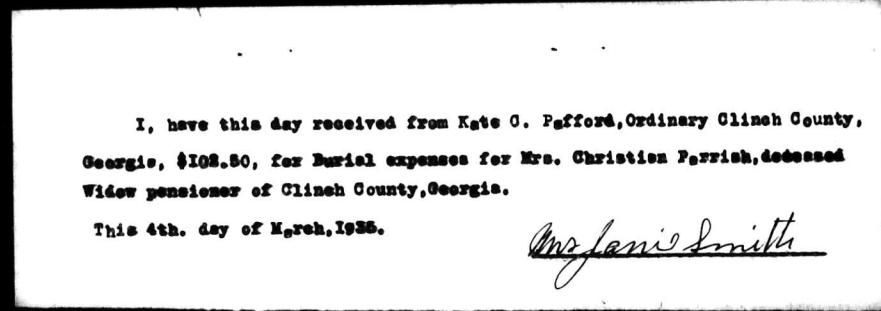
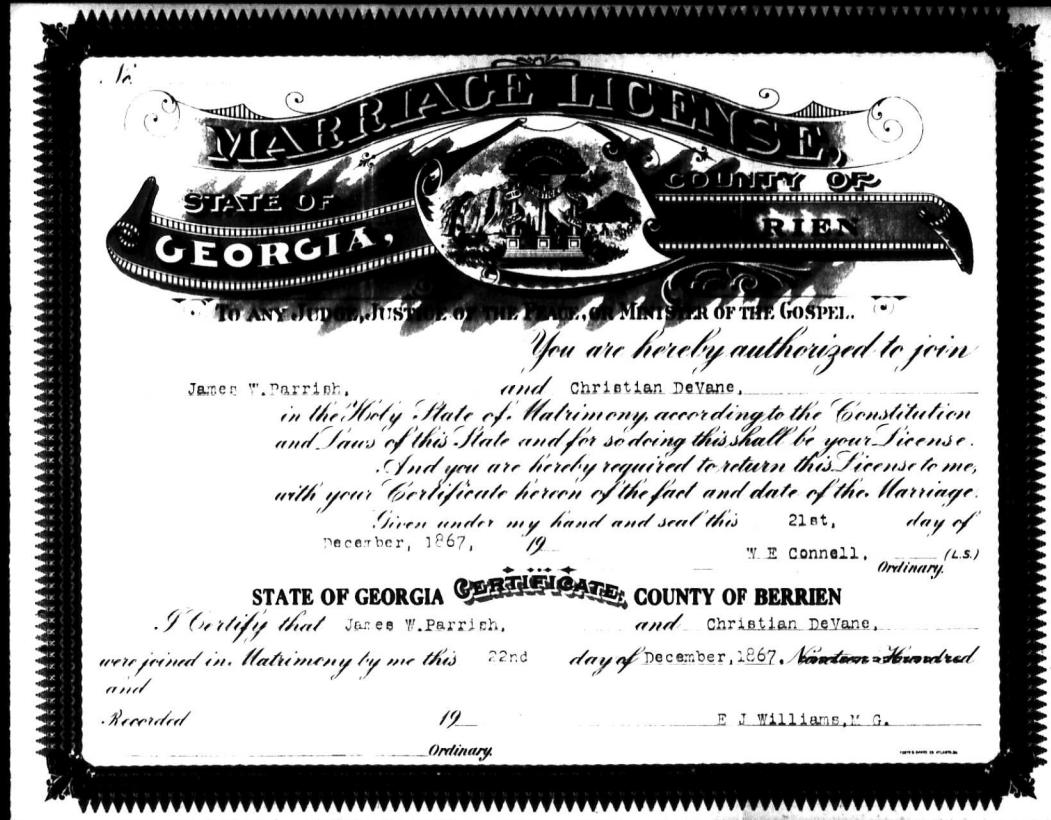
I, J. J. Norwood, Ordinary and ex-officio Clerk of the Court of Ordinary of said County, do hereby certify that I have compared the foregoing copy of Marriage license of James W. Parrish, and Christian Devane,

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.

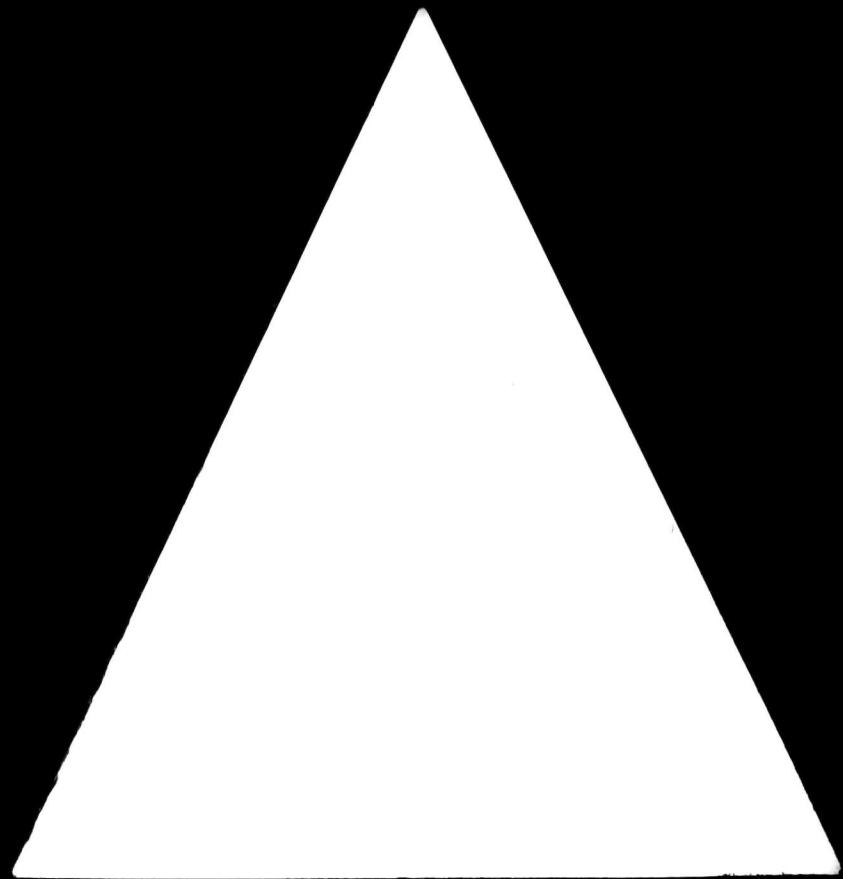
*J. J. Norwood*  
Ordinary and ex-officio C. O.





This 4th. day of March, 1926.

Agnes Smith



POWER OF ATTORNEY.

STATE OF GEORGIA,

DeKalb County,

I, C. M. Patterson, hereby authorize West W. M. Jones  
to receive and receipt for the pension paid herein and request that he remit same to  
W. H. Home M. Jones, no home needed  
at Homestead - Ga.  
IN WITNESS WHEREOF, I have hereunto set my hand and seal this  
day of Oct 6 1901.

Executed in presence of

M. T. Howell  
Deputy  
C. (a)

C. M. Patterson [L. s.]

*Patterson Co. Ga.  
Chancery*

CODE SECTION 129.

For Those Already Enrolled.

No. 2649

DISABLED  
SOLDIER'S PENSION.  
1901.

Name Patterson Co. Ga.  
County Chancery  
Disability Disability  
Amount, \$ 50.00

2/13 1901.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

*Sturgill*

Geo. W. Harrison, State Printer, Atlanta.

*Paid in Advance to  
in 1900 to date*

POWER OF ATTORNEY.

STATE OF GEORGIA,

*in Clinch County.*

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

to receive and receipt for the pension paid hereon and request that he remit same to  
W. T. Howell by return mail  
at Hornerville - Ga.

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

C. M. Patterson [L. S.]

Executed in presence of

W. T. Howell  
*Postmaster*  
*1901*

CODE SECTION 120  
For 1900 Already Enrolled

No. 2649

DISABLED  
SOLDIER'S PENSION.  
1901.

Name C. M. Patterson  
County Clinch  
Disability 25%  
Amount, \$ 25

2/13 1901.

JOHN W. LINDSEY, \_\_\_\_\_  
Commissioner of Pensions.

WARRANT HANDED TO

Wm. A. Wright

Gen. W. B. Blandford, State Printer, Atlanta.

Clinch Co. Ga.  
in 1900 Roll Call

C. M. Patterson

Clinch Co.

1901

John W. Lindsey

Clinch Co.</u



GIVEN under my official signature and seal, this

day of Feb 1901.

Ann  
your  
name  
here

W. L. Howell  
Ordinary Clinton County.

Mr. G. M. Patterson is on the General Pension Roll of Putnam Co. He has made Hards in his home. He is a man of 60 Putnam Co.

Ann  
your  
name  
here

day of Feb 1901.

W. L. Howell  
Ordinary Clinton County.

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

POWER OF ATTORNEY

This man was transferred  
from Putnam County here—

Feb 3 - 1902  
W. L. Howell Ordinary

Homerville, Ga, Feb 4-1902  
Honorable W. Lindsey,

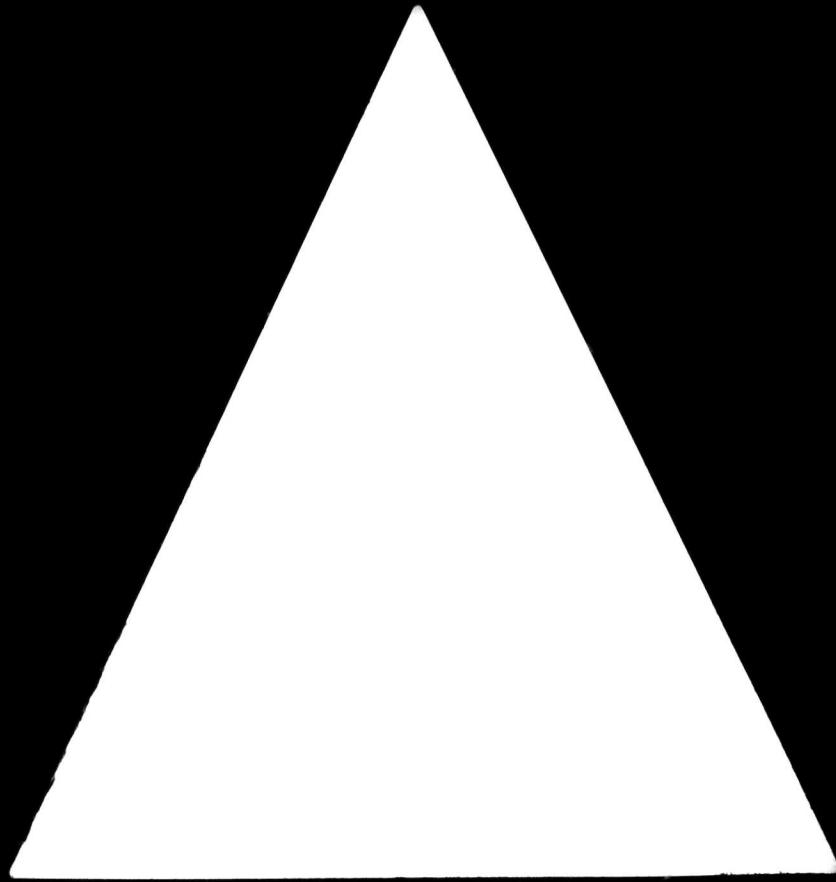
Commissioner of Pensions,  
Atlanta, Ga.

Dear Sir,

I enclose you  
herewith application for  
Pension of Morticia  
E. Giddens.

Please pay the  
same out right  
away and oblige.

Very truly yours,  
W. L. Howell,  
Ordinary



POWER OF ATTORNEY.

STATE OF GEORGIA,

Clinch County.

I, Nate Powell hereby authorize John Lindsey to receive and receipt for the pension allowed and that he remit the same to me at Stephensville by his check or registered mail.

Witness my hand this 31 day of Sept 1904.

Executed in presence of

John Lindsey Ordinary, Nate Powell L.S.  
Clinch County.

{SEAL}

WIDOW'S  
INDENT PENSION.

1904.

Name Nate Powell  
County Clinch  
Widow of William C. Powell  
Co. 4-27 Ga Reg

Approved 1904.

JOHN W. LINDSEY,  
Commissioner of Pensions.

WARRANT HANDED TO

1904.

Geo. W. Harrison, State Printer, Atlanta.

11/29/04

# POWER OF ATTORNEY.

STATE OF GEORGIA,

Cliven County,

I, Mrs. Ruth Powell hereby authorize W. A. Wright of Bullock County, to receive and receipt for the pension allowed and that he remit the same to me at Homestead by his check or registered mail.

Witness my hand this 15 day of Sept 1909

Executed in presence of

I. T. Danner Ordinary, John W. Powell L. S.  
Cliven County.

{SEAL}

# QUESTIONS FOR APPLICANT.

STATE OF GEORGIA,

Cliven County,

Mrs. Ruth Powell 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 1890, 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)

Mrs. Ruth Powell Cliven Co., Ga., Milledge Post Office.

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

all my life.

3. When and where were you born? near in this Cliven County

Aug. 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. Powell Was born

near James Creek Aug. 1844 we was married near 1865 June

5. When and where and in what Company and Regiment did your husband enlist or serve during the war between the States? Company G 2d Ga. Reg. July 1861 at Milledge Ga.

6. How long did your husband serve in said Company and Regiment? Until he was

shot at Cold Harbor in the face of 1864 which is dead

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?

No was Captured shot and given quarter

9. If not with his command at surrender, state clearly and specifically where he was, when he left command, or what cause, and by what authority? He was Captured by what and given quarter but had returned to his line.

10. When and where did your husband die? In Cliven County, July

1906

11. Which of the following grounds do you base your application for Pension, viz. First—Age and Poverty; Second—Infirmity and Poverty, or Third—Blindness and Poverty? Age and Poverty

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? for about

7 years My husband is very bad not able to do but very bad

13. What has been your occupation since your husband's death? trying to house keep

the best I can and house keep

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 that want Contribute to my support

16. What property, real or personal, did you possess at death of husband or he left you, and of the years 1890, 1900, 1901, 1902, 1903, 1904, and what disposition, if any, by sale or gift, have you made of the same? None but my house

17. In what counties did you reside in 1890, 1900, 1901, 1902, 1903 and 1904, and what property did you return for taxation? In Cliven County no prop but land and water

18. How have you been supported since death of husband, and especially for 1890, 1900, 1901, 1902, 1903 and 1904? By the help of my children what 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 cannot not do but very little

20. What was your employment during 1890, 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 of age and not have

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 Sept 1909 by Mrs. Ruth Powell

I Danner Ordinary, of Cliven County.

Power of  
Cliven County

1914

WIDOW'S  
PENSION

1904.

John Marshall  
Name of Cliven  
County

Widow of William C. Powell  
County of Cliven

John W. Lindsey  
Name of Ordinary

Approved

John W. Lindsey  
Name of Ordinary

Approved

John W. Lindsey  
Name of Ordinary

Approved

## QUESTIONS FOR WITNESSES.

### STATE OF GEORGIA.

Brooks County, }  
 L. J. Knight and J. W. Powell of Clinch County Georgia  
 been presented as a witness in support of the application of Mrs. Katie Powell, of said State and County, having  
 been a Pensioner under the Act of 1900, 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? L. J. Knight is  
 in Clinch County Ga in State all her life.

2. Are you acquainted with the applicant, Mrs. Katie Powell yes have known her so, how long have you known her? for since 1845

3. Where does she reside, and how long and since when has she been a resident of this State? In Clinch County Ga in State all her life.

4. When and where was she born? This is in Jan 1825

5. Were you ever acquainted with her husband? Yes

6. Where did she reside in 1861? In Clinch County Georgia

7. When and to whom was he married? Katie Guthrie in June 1868

8. When and where was he born? In Clinch County Georgia Jan 1848

9. How long have you known him? Since 1859 up to time of his death

10. When and where did W.C. Powell enlist in the war between the States, and in what Company and Regiment did he enlist, and how do you know this? 100th Ga. Regt. from having been present

11. Were you a member of the same Company and Regiment? Yes

12. How long did he perform regular military duty? from time of enlist until close of war

13. When and where was his Company and Regiment surrendered and discharged from service? Captured at Nashville Tenn. in Dec. 1864

14. Were you with the Command when it surrendered? Captured with his friends in different places

15. Was W.C. Powell the husband of applicant present? he was not

16. If not present, where was he? Never in Georgia but had returned to his command.

17. When and where did he leave his command? He was at New Haven Conn. in July 1865

For what cause? He was sent and left for military duty

By whose authority he left? By Officers in Charge

How do you know all this? (State fully and clearly.) By being present & same  
 I am present & they

18. When and where did W.C. Powell die? In Clinch County July 17th 1906.

19. Where did he reside at his death and how long had he been a resident of Georgia at his death? In Clinch Co. in State all his life.

20. Do you of your own knowledge know that applicant is the lawful widow of W.C. Powell? Yes

21. Has she remained unmarried since her soldier husband's death, and is now his widow? Yes

22. What property, effects or income has the applicant, if any, and how do you know this of your own knowledge? no property or income

23. What property, effects or income did applicant possess in 1899, 1900, 1901, 1902 and 1903, and what disposition did she make of it? But very little if any.

24. Has applicant conveyed any property in last two years or given any away, if so, what was it, and to whom? I have

25. What is applicant's physical condition and her chances and ability to earn a support? Her Physical condition bad not able to earn her support.

26. Is applicant able to earn a support at labor of any sort, if so, why? She is not.

APPROVED TO STATE

27. How was she supported for 1899, 1900, 1901, 1902 and 1903? By her husband and since his death by her children

28. How much did applicant contribute to her support for last two years? my wife if any.

29. Give a full and complete statement of applicant's physical condition? She is all about 65 years of age, and not able to work

30. What interest have you in the recovery of this pension by the applicant? none only that she is entitled to it.

Sworn to and subscribed before me this 9 day of Dec 1906 } L. J. Knight  
 Chas. H. Murray Ordinary, } J. W. Powell  
 Brooks County. Witnesses.

## AFFIDAVITS OF PHYSICIANS.

### STATE OF GEORGIA,

County, }  
 Personally before me comes Mrs. Katie Powell M.D. and  
 Mr. H. D. Patten M.D. both known to me to be reputable  
 physicians of said County, who, being severally sworn, say on oath that they have examined carefully Mrs. Katie Powell, applicant for a Pension under act of 1900, and after  
 such personal examination say that her physical condition is this. She is unable to  
 do manual labor sufficient to support herself.  
 Being very frail, feeble.

and we have no interest in said pension if allowed.

Sworn to and subscribed before me this 20 day of September 1906 } Louis Smith M.D.  
 J. D. Powell Ordinary, } H. D. Patten M.D.  
 Clinch County.

## ORDINARY'S CERTIFICATE.

### STATE OF GEORGIA,

County, }  
 I, J. T. Davis Ordinary, in and for said County, hereby certify  
 that the applicant, Mrs. Katie Powell resides in said County,  
 and has been a bona fide resident of this State since the 18th day of August 1906, and that the witnesses, Mr. J. W. Powell

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

I do further certify that before answering the foregoing questions the applicant and said witnesses took the oath herein prescribed, and the full text of the affidavit was read to the applicant and witnesses before the same was signed and subscribed.

I further certify that the tax digest of the State of Georgia for the year 1906 shows that applicant returned for taxation in her own name in 1906 \$1000 dollars worth of property, and in 1901 \$1000 dollars worth of property, in 1902 \$1000 dollars worth of property, in 1903 \$1000 dollars worth of property.

Witness my hand and seal this 6th day of August 1906

J. T. Davis Ordinary, Clinch County.

Notes—1. Before this questions are answered, the Ordinary shall swear applicant and the witnesses in the following words: "I do solemnly swear that you will 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. All affidavits must be made before Ordinary.

4. Only widows and their husbands while they were widowers need apply—and are now widows. Those married since the 6th April, 1906, not entitled.

5. Witnesses and two physicians are necessary to make out claims.

6. Attach certified copy marriage license in every case, or show why it cannot be obtained.

Georgia Circuit Court.

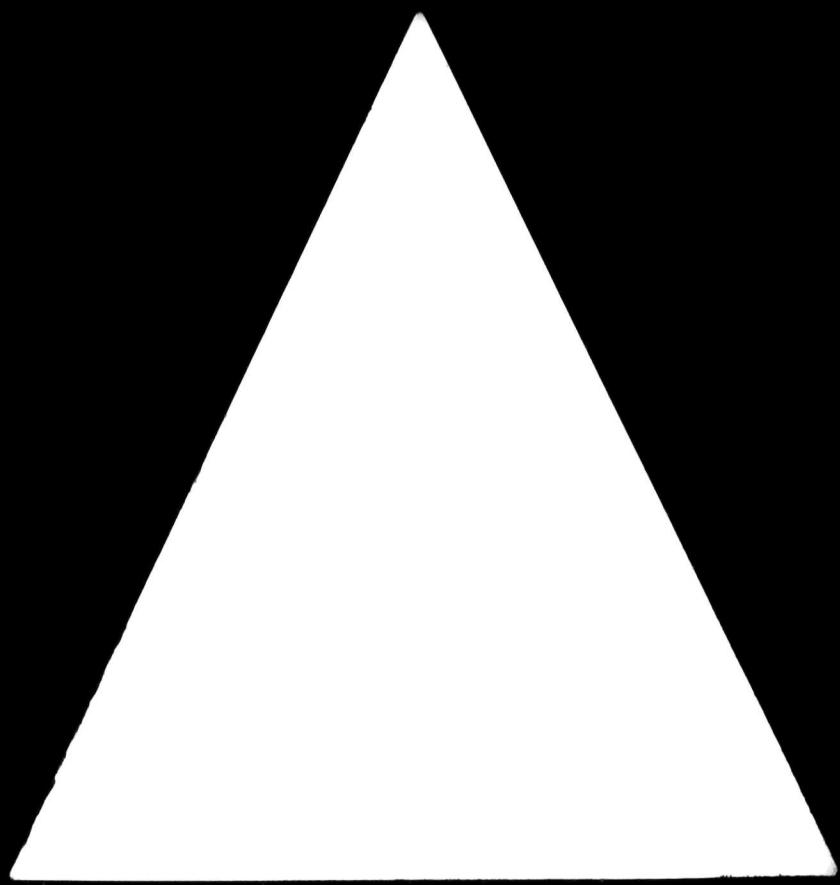
Personally appeared before  
me John W. Powell who on  
oath says that he is satisfied  
from his own knowledge and belief  
that William C. Powell and Katie Gwin  
was married in June 1868 while he  
was not present but saw them going  
to Dr. Johnson house who was Justice  
of the Peace. And they claimed that they  
was married by him. And they have  
been recognized by the community  
in which they live & are known  
as living man and wife and have  
been living ~~as~~ <sup>as</sup> ~~husband & wife~~ <sup>husband & wife</sup> & children  
John W. Powell

Sworn to and Subscribed  
before me this 6<sup>th</sup> day of August 1910  
J. T. Dame ordinary ec.

Georgia Circuit Court.

I make this an evidence to show  
the marriage of W.C. Powell and Katie Gwin  
the records were destroyed by fire  
and cannot get copy of marriage license.

This 6<sup>th</sup> day of Aug 1911. J. T. Dame  
ordinary Circuit C. T.



John W. Powell  
Co. G-2 9th Inf.  
Private, Aug 1-1861.  
Paroled, Thomas-  
ville, Ga.; May  
25-1865. (m.R.)

Retired, Enlisted  
Apt 1-1861. Captured  
Stone River, Tenn.  
Die 7-64. Buried,  
Thomasville, Ga.,  
May 19-1865.  
(m.R.)

Ordn. 99  
Clinch 2

No. 21-87-70

Widow's Pension

UNDER ACT 1910.

County CLINCH.

Name Mrs. Matilda Powell.

Widow of John W. Powell.

Stockton, Ga., R.F.D.

6-29 "In Infy

J. W. LINDSEY,  
Commissioner of Pensions.

Chas. P. Byrd, State Printer.

6/12/1918

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., 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.
4. When and where did the Commands of your husband surrender or discharge from the army? at Nashville, Tenn.
5. Was your husband personally present at the time of the surrender or discharge of this Command? no-he was home on furlough wounded.
6. If he was not present state clearly where he was? none
7. Where was his Command when he left? Nashville, Tenn.
8. 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.  
d. What was his physical condition when he left his Command? wounded.  
e. What effort did he make to return to his command? none  
f. In what way was he prevented from going back to Command? surrendered before able.  
g. Was he captured by the enemy at any time? no  
h. If so, when and where captured and where held as a prisoner, and when and for what cause released? none
9. When and where did your husband die? May 12th 1918, at Home, Clinch County.  
k. Were you residing together when he died? yes
10. If not, how long had you resided apart? none
11. 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
12. 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
13. What property of any description of any value have you now? none  
Give list and cash value? none
14. What are your annual earnings or income and their value? none
15. Have you heretofore been paid a pension by the State? no  
If so, when and for what cause were you struck from the Roll? none

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

Matilda Powell  
W. W. Lindsey Ordinary.

of CLINCH, County.

John W. Powell  
Co. G, 29th Regt.  
Private, Aug 1-1861.  
Ansel, Thomas -  
ville Ga., May  
25-1865. (M.D.)

UNDER ACT 1910.

Matilda Powell  
Widow's Pension  
N. W. L. Lindsey  
Stockton, Ga., R.F.D.

County CLINCH.

Name: Mrs. Matilda Powell.

Widow of John W. Powell.

Stockton, Ga., R.F.D.

J. W. LINDSEY,  
Commissioner of Pension.

Chair. P. B. P. State Printer,

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

STATE OF GEORGIA,

County,

*M. J. Corbit*

Personally before me comes..... *M. J. Corbit*..... 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. J. Corbit, Clinch Co., Ga.*
2. How long and since when have you known *Matilda Powell* applicant?
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? *John W. Powell* How do you know? *Daughter*
5. How long and since when did you know *John W. Powell* her husband? *All my life*
6. When and where did *John 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?
- Were they divorced?
9. When, where and in what Company and Regiment did *John W. Powell* enlist? *I don't know what Co. he enlisting but I served with him 3 years in Co. B 29th Ga. 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? *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 General* and how long was he granted leave? *30 days first and extended* and how do you know all this?

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? *Don't know*

Sworn to and subscribed before me this the 27 day of *May* 1918 at *Office of Corbit*

*W. T. Mangum* Ordinary, *Clinch* County.

AFFIDAVIT OF TWO FREEHOLDERS.

STATE OF GEORGIA,

CLINCH

County,

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.

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

Schedule (B).

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

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

Schedule (C).

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

Acre of land worth	\$.
Horses and Mules	none
Cows and Hogs	none
Other property	none
income and earnings	none

Total Value of all property and effects.

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

*W. T. Mangum* Ordinary, of *CLINCH* County.

*A. J. Gibbs*

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

CLINCH

County,

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. Corbit*, the witness who swearing 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 \$.....

Sworn under my hand and official seal of office this 1918.

*W. T. Mangum* Ordinary, *CLINCH* County.

(SEAL)

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. All affidavits and depositions may be attached if blank spaces are insufficient. 3. All affidavits and depositions must be signed. 4. All affidavits and depositions must be signed. 5. Only widows who married prior to first January 1870, are entitled. 6. Attach certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.

*W. T. Mangum*  
Ordinary,

of... *Blinch* County.

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

Approved (2)

1930  
~~Register, Abraham R.~~  
~~5th Senatorial District~~  
~~Clinch, Co.~~  
~~Local District 790~~  
~~Widow's Application~~

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

County Lynch  
Name Elizabeth S. Register  
Widow of Abraham R. Register 1972  
Date of Marriage

Company 2nd Co.  
Regiment 5th Dist. Militia  
Approved John W. Clark  
Pension Commissioner

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

Local District 790  
These troops went out in  
Spring of 1864."

Roster Office.

Encl  
17-54  
17-55  
17-56

Ord. notified

JOHN W. CLARK,  
Commissioner of Pensions

2-17-30 E

Instructions:

1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "I do solemnly swear on the true and true of the questions asked you and the evidence you shall give to the truth and the whole truth and nothing but the truth so help me 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 County in which the applicant or witness resides and must be certified by such Ordinary.
5. Attach certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by general affidavit.
6. Fill out the back of the application carefully.
7. Don't use the bulky form of Marriage Certificate in vogue throughout the State. A short, simple form is easier to handle.

(SEAL OF ORDINARY)

*John W. Clark*  
Ordinary  
County



applicant further states under oath that she was married in 1872 to her husband Abi. R. Register and that her information as to his service in the C.G. Army and was derived chiefly from him after their marriage; that she heard him say many times that Eli D. Stalvey was in his same Company and that said Stalvey waited on him when he was taken sick in the Army. That the said Eli D. Stalvey was in same Company with Abi. Register, and is now dead, having died in 1900. - That the said Abraham R. Register ~~had~~ served in the Militia in active service as no other talked this family about being in the battles around Atlanta, and was in Atlanta at the time serving ~~and~~ in the Militia.

That she is advised that there is no record of this marriage but that she and the said Abi Register were duly married under proper license, in Clinch Co., in 1872 (exact date not remembered) by Rev. Isaac D. Hutto, Primitive Baptist Minister; and that the mother said husband lived together thereafter until his death in 1906.

Sworn to and subscribed before me  
this 7th of April 1930.  
Kate M. Pafford  
Ordinary Clinch Co., Ga.

Elizabeth S. Register

Georgia Clinch County: Personally comes before the undersigned, Elders Alfred, Mrs. Martha Wernack 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 this 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 the any of the details as to company, regiment, battles in, or time of discharge.

Martha Wernack

Sworn to and subscribed before me  
this 7th of April 1930.

Kate M. Pafford  
Ordinary

Mary E. Weaver

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? \_\_\_\_\_ applicant
2. How long and since when have you known? \_\_\_\_\_
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 (Give date and place) \_\_\_\_\_ enlist?
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 \_\_\_\_\_, 19\_\_\_\_.  
\_\_\_\_\_, Ordinary \_\_\_\_\_  
of \_\_\_\_\_ County.  
(SEAL OF ORDINARY)

(Witness)

June 30  
July 30  
Aug 30  
Sept 90

FILED

VETERANS SERVICE OFFICE  
A. L. HENSON, DIRECTOR

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

Registers, Clinch Co., Ga.

For Clinch County

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

(UNDER ACT OF 1918)

Kate C. Pafford Ordinary

For: Mrs. Elizabeth S. Register

(Name of Pensioner)

SEPTEMBER

Date of Death: Sept 18, 1933

Amount: \$ 85.00

**PAID TO ORDINARY ON THIS CLAIM**

1930 FUND FROM WHICH PAID

1-27	<u>85.00</u>	<u>90.00</u>
2-27	<u>19.00</u>	<u>25.00</u>

TOTAL. 175.00

Approved, and ordered paid,

FEB 27 1934

A. L. Henson,  
Director, Veterans Service Office.

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.

Lerry Register

I have this day received from Kate C. Pafford, Ordinary of Clinch County, Georgia, \$90.00 in part payment on the funeral expenses of Mrs. Elizabeth S. Register, deceased, widow pensioner of Clinch County, Georgia.

This March, 26th. 1934.

Lerry Register

—STATEMENT—

Homerville, Ga.

Sept 19 1933

M. Lerry Register  
Funeral for Mrs. Elizabeth Register  
In Account With

HOMERVILLE HARDWARE & FURNITURE CO.

1 Casket	125.00
1 Vault	50.00
	175.00

Received 1 Paym. recd  
Sent 19-1933  
For expensable & depe. charges  
By T. C. C. checker

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 Lerry Register of said County, who, after being duly sworn, on oath says that he knew Mrs. Elizabeth S. Register late of said County, a Confederate 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 \$ 475.00, as shown by sworn statements FULLY and COMPLETELY ITEMIZED, hereto attached.

## **CERTIFICATE OF THE ORDINARY**

GEORGIA, Clarke County.  
I certify that Lerry 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 Mr. Alaydich & 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 deceased  
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 11<sup>th</sup> day of Oct, 1987.  
(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 itemised 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, Levy 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  
ORANGE COUNTY, Q.C.

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

March, 29th, 1930.

Hon. Robert Lawrence.

Commissioner of Pensions.

**Atlanta, Georgia.**

Dear Sirs -

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 A.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 deposes 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 contin' usly 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.

*Marta 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 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

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

Will have to give receipt of  
doubt as there is no evidence  
of length of service, as he  
returned home after the war, it is  
presumed he was with his Gov  
at its closer

N. V. S.-Form 11.  
N. B.—WHITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Was death due to insanity or dangerous conditions?

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. <i>Glenn</i> County <i>Glenn</i> City or Town <i>Glennville Ga.</i> No. <i>970</i> Militia District No. <i>970</i> Registered No. <i>970</i>				
(If death occurred in a hospital or institution, give its NAME instead of street and number).				
2 FULL NAME <i>Mrs. Elizabeth B. Register</i>				
(a) Residence (Usual place of abode, street and number) Length of residence in city or town where death occurred yrs. mos. da. If NON-RESIDENT give city or town and state of residence.				
3 PERSONAL AND STATISTICAL PARTICULARS				
3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, give the wife's name	6 DATE OF DEATH	
<i>Female</i>	<i>white</i>	<i>undivorced</i>	<i>Sept-18-1933</i>	
(month, day and year)				
7a Name of Husband or Wife, if Married, Widowed or Divorced.				
6 DATE OF BIRTH (month, day and year) <i>May 17 1863</i>				
7 AGE	Years	Months	Days	11 LIVES THAN 1 day, hrs. or min.
8 OCCUPATION (Trade, Profession or particular kind of work) (b) General nature of Industry Business or occupation in which employed (or employer)				
<i>Housewife</i>				
9 BIRTHPLACE (State or Country) <i>Delaware</i>				
10 NAME OF FATHER <i>Benjamin Stalvey</i>				
11 BIRTHPLACE OF FATHER (State or Country) <i>Georgia</i>				
12 MAIDEN NAME OF MOTHER <i>Rhoda Register</i>				
13 BIRTHPLACE OF MOTHER (State or Country) <i>Georgia</i>				
14 The Above is True to the Best of My Knowledge. (Informant) <i>Very Register</i> (Address) <i>Delaware Ga.</i>				
15 Filed <i>Sept 30 1933</i> Registrar <i>Folks Huppard</i>				
MEDICAL CERTIFICATE OF DEATH				
16 DATE OF DEATH (month, day and year) <i>Sept-18-1933</i>				
17 I HEREBY CERTIFY, That I attended deceased from <i>June 1 1933</i> to <i>Sept-18-1933</i> that I last saw her alive on <i>Sept-17-1933</i> and that death occurred, on the date stated above at <i>Glennville</i>				
The CAUSE OF DEATH, was as follows: <i>Myocarditis</i>				
18 Did an operation precede death? Date of Was there an autopsy? What test confirmed diagnosis? (Signed) <i>Dr. W. L. Register</i> M.D. (Address) <i>Glennville Ga.</i>				
19 Place of Burial, Cremation, or Removal Date of Burial <i>North Cemetery Sept-19-1933</i>				
20 UNDERTAKER <i>J. W. L. Register</i> Address <i>Glennville Ga.</i>				

February 18, 1930.

Mrs. Kate C. Pafford,  
Ordinary of Clinch Countyh,  
Henserville, 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.

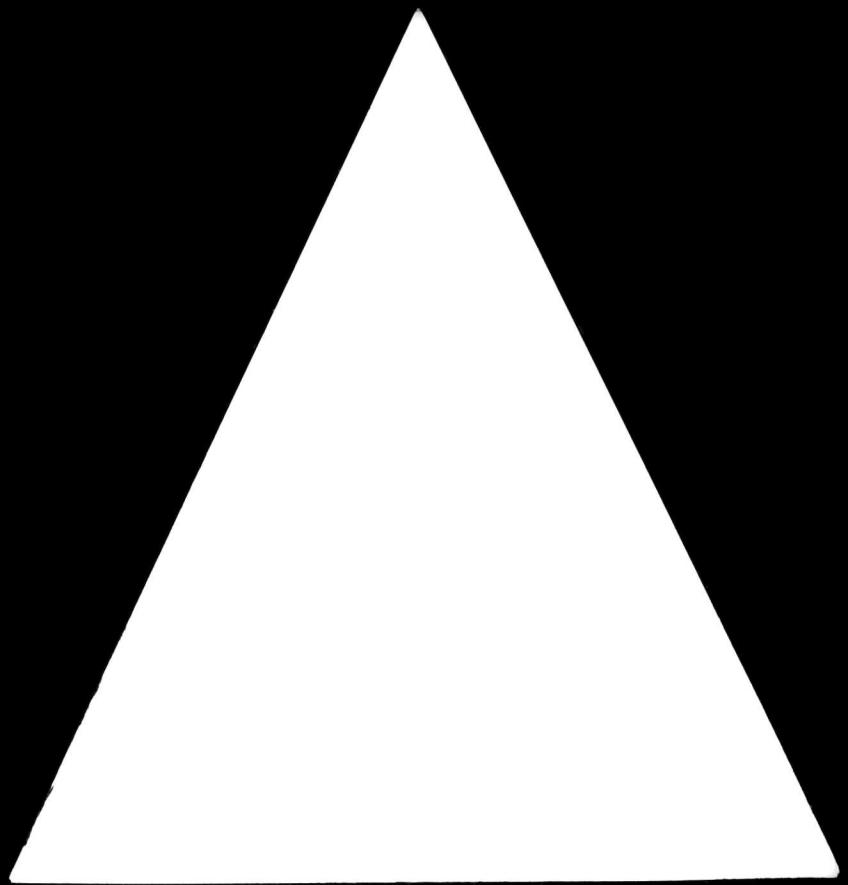
It has been established that this soldier was enlisted as a member of the 2nd. Co. of the 5th. Military District, Capt. R. B. Johnson, but before the record is complete, proof must be furnished that Abraham R. Register performed as much as six month's actual military service and was honorably discharged.

The affidavit of Mrs. Simmons and Mrs. Weaver will be accepted as proof of marriage before 1881, 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,

CLINCH, COUNTY.

I, W.V. Musgrave, 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. Musgrave 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 truly answer 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 of 1910—as Amended by Act of 1919

Name of Mrs. Katie Register  
County Clinch  
Name of John T. Register

Widow of

Approved

Company 50

Regiment

J. W. LINDSEY,  
Commissioner of Pensions  
Boro Printing Co., State Printer, Atlanta

10-9-1919

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.
4. Who was your husband? John T. Register.
5. Have you married since the death of first and soldier husband? no.
6. 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.
7. What command did he leave? Co. G, 50 Regiment.
8. When and where did the commands of your husband surrender or discharge from the army? A. pppmattox Court House, Va.
9. Was your husband personally present at the time of the surrender or discharge of this command? no.
10. If he was not present state clearly where he was? he was in prison.
11. Where was his command when he left? I dont know.
12. For what cause did he leave his command? he was captured.
13. By whose authority did he leave his command? no.
14. For how long was he granted leave of absence? no.
15. What was his physical condition when he left his command? he was wounded in the neck.
16. What effort did he make to return to his command? no.
17. In what way was he prevented from going back to Command? by being in prison.
18. Was he captured by the enemy at any time? yes.
19. If so, when and where captured and where held as a prisoner, and when and for what cause released? I dont know.
20. When and where did your first husband die? Dec 15th, 1915, near DuPont, Ga.
21. Were you residing together when he died? yes.
22. If not, how long had you resided apart? no.
23. Are you now a widow? yes.
24. 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

6th day of Oct. 1919,

W.V. Musgrave Ordinary

of Clinch County.

(SEAL)

Katie Register  
Mark

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 her, and I understand all of her life.
4. When and to whom was she married? John T. Register. How do you know? by general represtation.
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? until 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 until 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.

W. W. Mangum, Ordinary

of CLINCH, County. }

(SEAL)

C. W. Curry  
Mark

How do you know all this?  
because I served with him until 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

of ~~CLINCH~~ CLINCH, County

(SHEAL)

① *Phis* x *Cinn*  
mark

**Affidavit of Witnesses to Prove Marriages and to Whom.**

**Date of Death of Husband**

STATE OF GEORGIA,  
CLINCH COUNTY. }

Personally before me comes J. J. Clark, known to be a responsible and truthful persons, residing in said County, who after having been duly sworn, say: that of their own personal knowledge Mrs. Kattia 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 he has been dead since 1880.

Sworn to and subscribed before me, this the

6th, day of Oct. 1919.

W. J. Wimberly Ordinary

## CLINCH COUNTY

(SEAL) \_\_\_\_\_ County, ]

卷之三

John L. Blaikie

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. Kattia 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 XXXXXX  
XXXXXX  
XXXXXX  
XXXXXX

Sworn to and subscribed before me, this the

6th day of Oct. 1919.

M. W. Maysome Ordinary

of CLINCH County.

(SEAL)

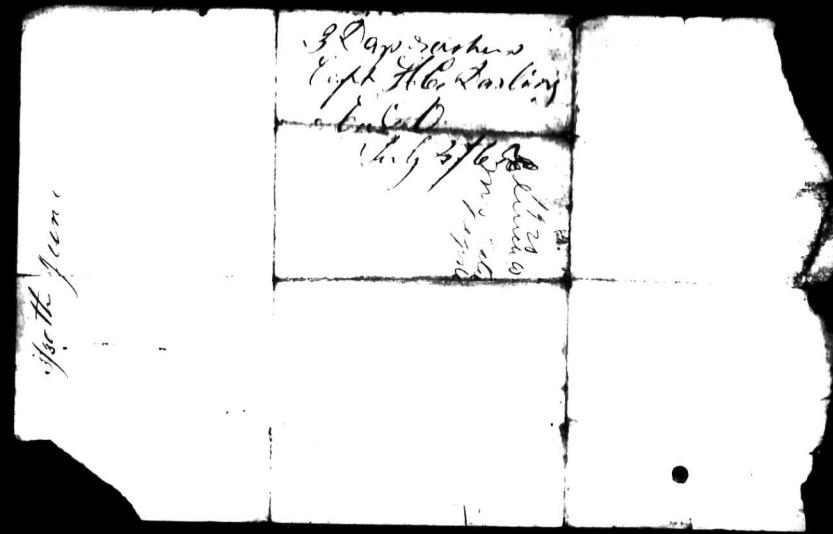
J. L. Clark

State of Ga., do  
solemly 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, contrary notwithstanding; and further, that I will faithfully perform all the duties which may be required by law, the laws of the United States; and I take this oath freely and voluntarily, reserving or evasion whatever.

John T. Register

Subscribed and sworn to before me, this 24th day of June 1919

RESERVATION OR EVASION WHATEVER.  
John J. Register  
Subscribed and sworn to before me, this 24th day of May, 1861  
John J. Register  
Notary Public  
State of New York  
County of New York

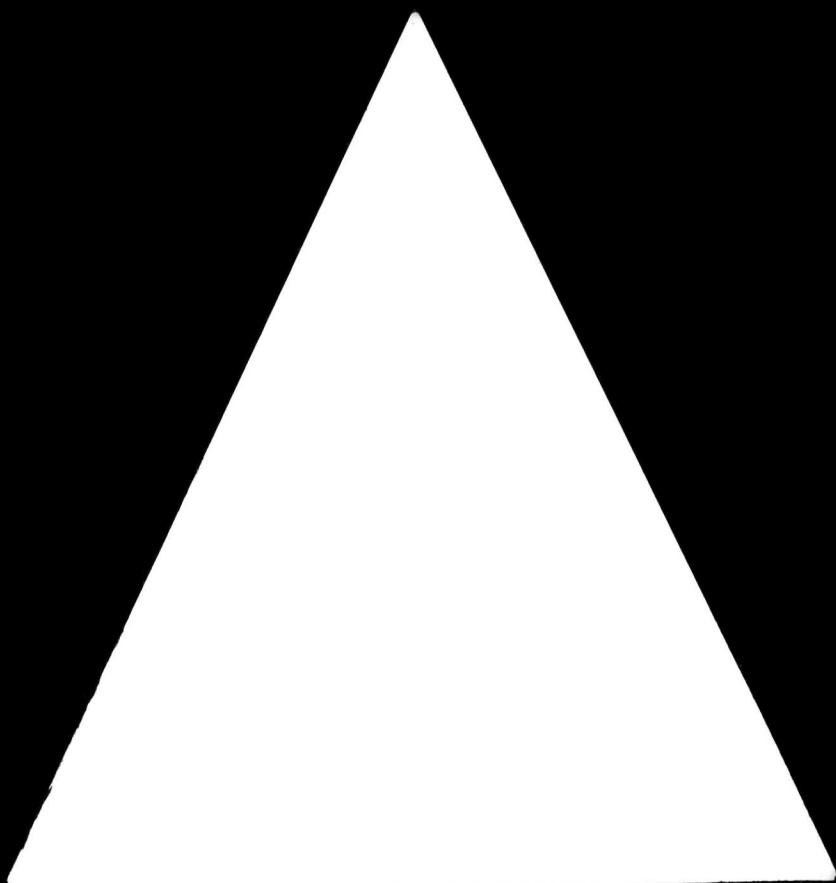


United States of America.

Registration of \_\_\_\_\_, of the  
County of Clarendon, State of Virginia, 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,  
or the contrary notwithstanding; and further, that I will faithfully perform all the duties which  
the law requires of me by the laws of the United States; and I take this oath freely and voluntarily,  
without any greater reservation or evasion whatever.

Subscribed and sworn to before me, this 1<sup>st</sup> day of June, 1861.

John J. Register  
John J. Register  
Fair complexion, brown hair and eyes  
and is 5 feet 7 1/2 inches high.



Private, May 11, 1913  
Set 3 fingers, 2d  
manassas, Aug. 30, 1862  
Paroled, Apr. 1865.

Witness was 2d Corp  
and 4th Regt, and  
was paroled, Synchbury,  
Mo., 1865.

OK prof 9/14  
Clinch Co

**Widow's Pension**

UNDER ACT 1910.

✓ County Clinch

Name Mary Register

Widow of J.W. Register

Co. B. 50th Regt. Inf.

J. W. LINDSEY,  
Commissioner of Pensions.

Chas. P. Byrd, State Printer.

10/28/1913

Entered, Post Office  
10/29/1913

Enters, R. D. G. W. Co.  
1/1/29/1943

Mrs. Mary Register  
widow of John Register  
Widow's Pension  
UNDER ACT 1910.

Residence 1102  
Sat 3rd June 21  
members Aug 30, 1908  
died, Apr. 1908  
m, 1855

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

STATE OF GEORGIA,

Clint 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, in Clint 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? John Register, Jan 1857, in Clint Co.
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.) at the age of 18 in Company K, 50th Ga. Regt.
5. When and where did the Commands of your husband surrender or discharge from the army? In Virginia, April 1865.
6. Was your husband personally present at the time of the surrender or discharge of this Command? He was not.
7. If he was not present state clearly where he was? He was then
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? —
- 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? —
- g. 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? He was not captured.

- j. When and where did your husband die? May 17, 1908, at Mountainville, Ga. Clint Co.
- 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? No  
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] Mary Register  
J. Adams Ordinary  
of... Clint County.

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

STATE OF GEORGIA,

Clarendon 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 Clarendon Co., Ga.
2. How long and since when have you known Mary Register applicant? 70 years
3. How long and since when has she continuously resided in this State? (Give date). From the birth of her birth
4. When and to whom was she married? R. W. Register How do you know? He was a brother to the deceased
5. How long and since when did you know her husband? I have known him before the war began
6. When and where did J. W. Register the husband of Applicant die? On May 12, 1862, at Honesville, Ga. Clarendon 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? 1
9. Were they divorced? No
10. When, where and in what Company and Regiment did J. W. Register enlist? 4th Regt. of March 1862 at Honesville for Company G, 50th Ga. Regiment
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 Lynchburg
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 a 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 others
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 4 day of Oct 1913 C. W. Curry  
J. J. Daniel Ordinary,  
of Clarendon County.

AFFIDAVIT OF TWO FREEHOLDERS.

STATE OF GEORGIA,

Clarendon 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	\$

Schedule (B)

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 Oct 1913 Ordinary,  
of — County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Clarendon County,

I, J. J. Daniel Ordinary of said County do certify that, I know Mary 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 swearing 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 Mary Register Returned for Tax is for 1908 \$ none for 1910 \$ none

Sworn under my hand and official seal of office this 27 day of Oct 1913 C. W. Curry

SEAL. J. J. Daniel Ordinary, Clarendon County

(SEAL)

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 answer make to each of the questions asked you and the evidence you shall give will be the truth. So help you God."

2. Additional oaths may be taken if blank spaces are insufficient.

3. All affidavits may be taken before Ordinary.

4. Only widows who married prior to Jan. 1, 1870, are entitled.

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

OFFICE OF  
J. T. DAME  
ORDINARY  
CLINCH COUNTY

HOMERVILLE, GA. 190

Georgia Clinch County.

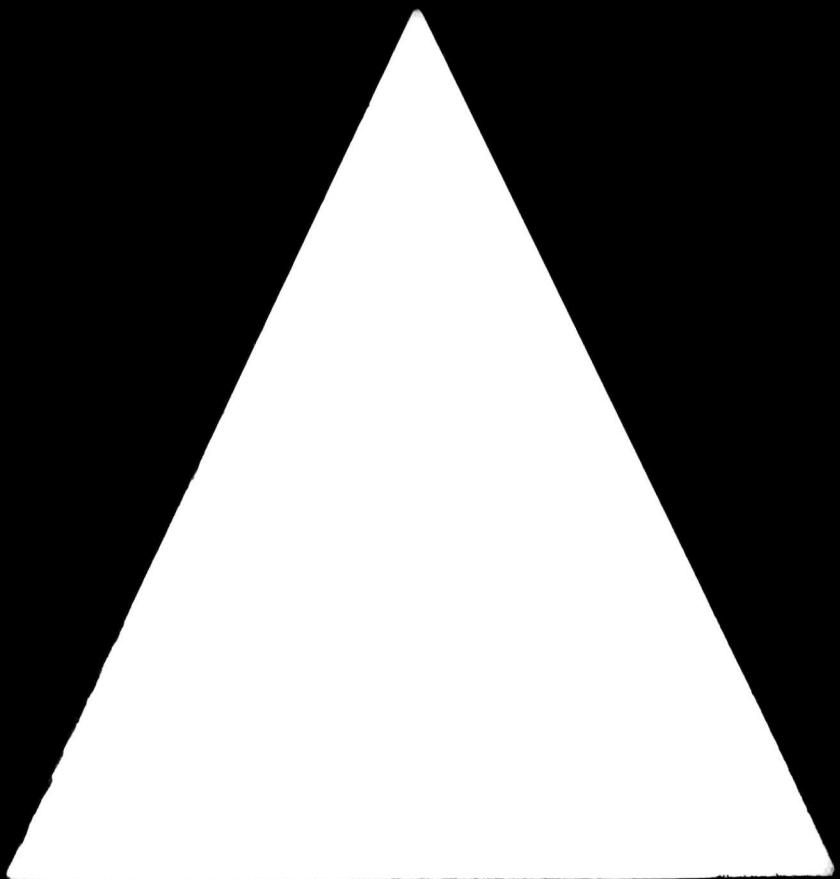
Personally appeared before  
me C.H. Smith who on oath says that  
he has been personally acquainted with  
R.W. Register and his wife Mary Register all his life  
while he was not present at the marriage but  
he is satisfied beyond any doubt that they  
were married as they have raised a large  
family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

C.H. Smith

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

J. T. Dame, Ordinary C.C.

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



STATE OF GEORGIA,

Clinch

COUNTY.

Ordinary's Certificate

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 Allie, the witness who swears to the fact 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

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 tell the truth, answers made to each of the questions asked you and the evidence you shall give will be the whole truth. So help you God." Should you not be able to swear if then oaths may be administered.
2. All affidavits may be taken if the Ordinary is satisfied.
3. All affidavits must be made before the Ordinary of the County in which the applicant or witness resides and must be certified by such Ordinary.
4. Attach certified copy of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.
5. All out the back of the application carefully.
6. Do not make any marks on the application form in any place where it is already receiving a pencil.
7. Do not make any marks on the application form in any place where it is already receiving a pencil.

RECORD O. K.  
Registers, 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, 1861  
Date of Husband's Death Nov. 23, 1936  
Company 10th Fla. Inf.  
Regiment 115/38  
Approved 115/38  
Director Sam. Gillen

CONFEDERATE DIVISION  
STATE DEPARTMENT OF PUBLIC WELFARE

RECEIVED

JAN 5 1938

L. THOS. GILLEN,  
DIRECTOR

State Dept. Public Welfare,  
Atlanta, Jan. 5, 1938.

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

Samuel Register  
Director Confederate Records  
Div.

Clinch 1912

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.

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

County	Glinch
Name <b>No. 1</b>	Immy Register
Widow of	Samuel Register
Date of Marriage	Dec. 15, 1899
Date of Husband's Death Nov. 23, 1936	
Company	92
Regiment	10th, F. S. Inc.
Approved	1/15/38
Director	John S. G. M.

RECEIVED

RECEIVED

### **Ordinary's Certificate**

STATE OF GEORGIA,

### Clinch

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 execution of the husband~~ 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 O' Bafford, Ordinary.  
of Glenshane County.

**INSTRUCTIONS**

1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "Do you solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the whole truth. So help you God?"
2. Additional affidavits may be attached if blank spaces are insufficient.
3. Certificates of those who married prior to January 1st, 1960, are omitted.
4. All affidavits must be made before the Ordinary of the County in which the applicant or witness resides and must be certified by such Ordinary.
5. Attach certified copy of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.
6. Fill out the back of the application carefully.
7. Don't use the bulky form of Marriage Certificate in villages throughout the State. A short, simple form is easier to handle.
8. Do not take an application from any widow who is already receiving a pension.

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

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

## **QUESTIONS FOR APPLICANT TO ANSWER**

**STATE OF GEORGIA**

## Claims

**...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 II**

1. What is your name, and where do you reside? (Give Post Office and County).  
Mrs. Henry Register

2. How long and since when have you been, continuously, a bona fide resident citizen of the State of Georgia?  
All my life

Give date, or year, of your birth. September 28th, 1854 Age? 83

3. (1) When, (2) where and (3) to whom were you married?  
Dec. 15, 1889, Hamilton Co. Fla. to Samuel Register/

a. Have you married since the death of first and soldier husband? No.  
b. When and where did your first husband die? Clinton County, Nov 23, 1936  
c. Were you residing together when he died? Yes.  
d. If not, how long had you resided apart? XXXX  
e. Are you now a widow? Yes

f. Have you or your husband heretofore been paid a pension by the State? Yes, my Husband has.  
g. 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**

1. When, where and in what Company and Regiment did your husband enlist, as a soldier in Confederate Army or Georgia Militia. (Give name of Colonel and Captain.) State whether Infantry, Cavalry, Artillery, Reserves, State Guards, State Militia or State Troops.

2. When and where did the Commands of your husband surrender or discharge from the Service?
3. Was your husband personally present with his Command when it was surrendered or discharged?
4. If he was not present, state specifically and clearly where he was?
5. When did he leave the Command?.....
- a. For what cause did he leave?.....
- b. By whose authority did he leave?.....
- c. For how long was his leave of absence granted?..... d. In what way?.....
- e. What was his physical condition when he left his Command?.....
- f. What effort did he make to return to his Command?.....
- g. In what way was he prevented from going back to his Command?.....
- h. Was he captured by the enemy at any time?.....
- i. If so, when and where? In what prison was he held and when was he released?.....

Sworn to and subscribed before me, this the  
25<sup>th</sup> day of December, 1937.  
Kata J. Peltz, Ordina-  
of..... Count.....  
(SEAL OF ORDINARIES)

### 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,

Clinch

COUNTY.

Mrs. Belle Allen

..... of said State and County is hereby presented as a witness in support of the application of..... Mrs. Harry 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, Clinch County, Georgia.
2. How long and since when have you known..... Mrs. Harry Register..... applicant.....  
..... since 1917..... (Mrs. Harry Register..... applicant.....)
3. Where does she now reside, and since when has she been, continuously, a bona fide, resident citizen of this State?..... LAYNE FIELD, No. 85, FAYETTE, Ga., Mrs. lived in Georgia. All her life
4. When and to whom was she married?..... Mrs. Harry Register..... How do you know?
5. How long and since when did you know..... General Register..... her husband?..... Since Dec. 1917..... I was then five years of age.
6. When and where did the husband of applicant, die?..... Clinch County, Georgia, November, 25, 1936.
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  
..... day of November, 1937.....  
H. C. Johnson, Ordinary  
of..... County.  
(SEAL OF ORDINARY)

Mrs. Belle Allen  
(Witness)

GEORGIA,  
CLINCH COUNTY.

Personally appeared before me the undersigned officer,  
J. J. Danner to me well known, who on oath  
says that he is 58 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. Danner, 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, 1936.

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

Kate C. Pafford  
Ordinary Clinch County, Georgia.

STATE DEPARTMENT OF PUBLIC WELFARE

HURT BUILDING  
ATLANTA

Mrs. Kate C. Pafford, Ordinary,  
Clinch County,  
Homerlville, 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, thoro-  
fore,

ORDERED:

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

This, the 27th day of December 1937.

S. T. "Pat" Glenn

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, Sheriff.

**CERTIFICATE OF DEATH**  
**GEORGIA DEPARTMENT OF PUBLIC HEALTH**  
**BUREAU OF VITAL STATISTICS**

Registered No. 1076

**1. PLACE OF DEATH** Blacks **2. MUNICIPAL DISTRICT (Number and Name)** 1219, Fargs **3. STATE OF GEORGIA**

County \_\_\_\_\_ **4. CITY OR TOWN** \_\_\_\_\_ **5. LENGTH OF RESIDENCE IN MONTHS OR YEARS** \_\_\_\_\_ **6. NON-RESIDENT (Yes or No)** \_\_\_\_\_

City or Town \_\_\_\_\_ **7. STREET AND NUMBER (Street)** \_\_\_\_\_ **8. WORD** \_\_\_\_\_

Length of residence in months or years \_\_\_\_\_ **9. MONTH, DAY, YEAR** \_\_\_\_\_ **10. HOUR** \_\_\_\_\_

**11. FULL NAME** Samuel Register **12. RESIDENCE (City or Town)** Brownsville Ga **13. STREET AND NUMBER (Street and Number)** \_\_\_\_\_ **14. STATE (State)** \_\_\_\_\_

**15. PERSONAL AND STATISTICAL PARTICULARS**

<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, MARRIED, WIDOWED, DIVORCED, SEPARATED, OR WIDOWER</b> <u>Married</u>
<b>8. OCCUPATION</b> <u>Retired Farmer</u>		
<b>9. AGE</b> <u>74</u>	<b>10. MONTHS</b> <u>6</u>	<b>11. DAYS</b> <u>9</u>
<b>12. DATE OF BIRTH (Month, Day, Year)</b> <u>If less than one day</u> <b>13. HOURS</b> <u>Minutes</u>		

**16. MEDICAL CERTIFICATE OF DEATH**

**17. I HEREBY CERTIFY** That I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ to \_\_\_\_\_

I last saw him alive on \_\_\_\_\_ death is \_\_\_\_\_ 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:

**18. OTHER CONTRIBUTORY CAUSES OF IMPORTANCE**

My Register had no attending doctor for about one year

**19. WHAT TEST CONFIRMED DIAGNOSIS?** (Specify whether autopsy, operation, laboratory, or clinical)

If death was due to external cause (violence) fill in also the following:

Was injury an accident, suicide, or homicide? \_\_\_\_\_

What 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) \_\_\_\_\_ M. D. \_\_\_\_\_

(Address) \_\_\_\_\_

**20. INFORMANT** David Register **21. BURIAL PLACE** Brownsville Bluff **22. DATE** 11-23-1974

(Cemetery) Fargo (Post office) Fargo Ga

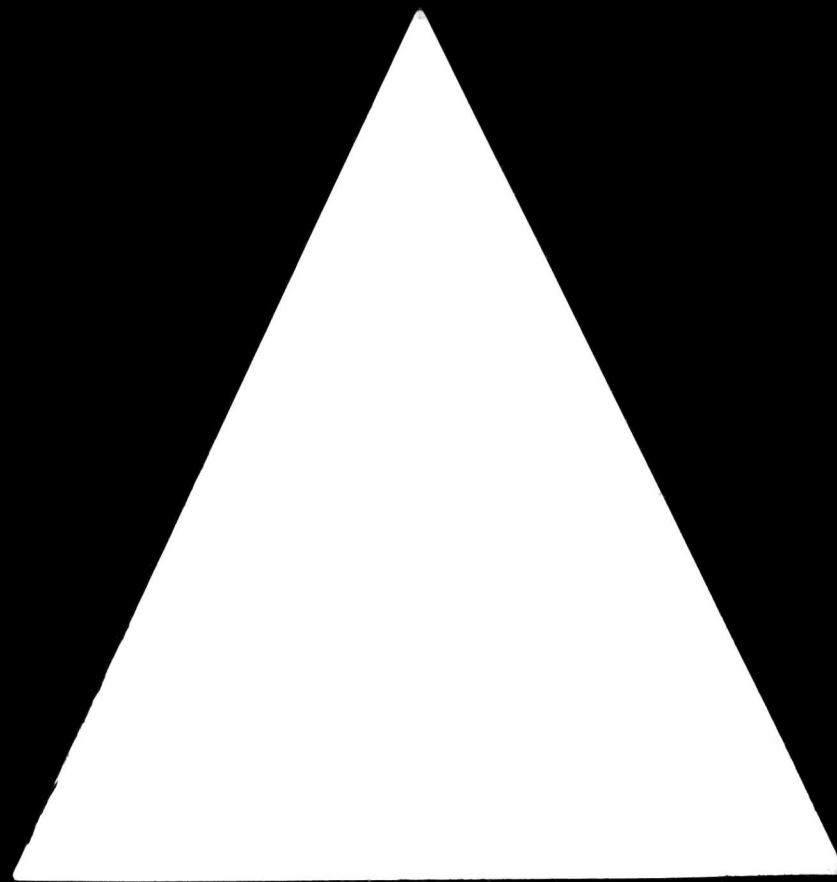
**23. UNDERTAKER** John DeWach **24. FILED** 15-157

(Signed) John DeWach (Signed) John Tomlinson

(Address) Brownsville Ga (Local Registrar)

F. S.-2

WRITE PLAINLY WITH UNPADING 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 unnecessary conditions or occupation? Where was disease contracted if not at place of death?



## NOTES.

In order to avoid unnecessary delay 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*. 1. 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.

*Registers S. W.  
Columbus Co.  
May 1889*

*No 21659*

### APPLICATION FOR ALLOWANCE.

*Loss of upper fingers*  
Applicant *S. M. Register*  
County *Columbus*

Amount *15*

Date of Warrant *May 17*

Entered on record

*May 17 1889*  
*DR. W. H. K.*

SECRETARY EXECUTIVE DEPARTMENT.

*ma w  
E 1959*

## 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.

Regt S. W.  
Chancery Co.  
1889

APPLICATION FOR ALLOWANCE.

For \_\_\_\_\_  
Date of injury \_\_\_\_\_  
Name of Applicant \_\_\_\_\_  
County \_\_\_\_\_  
Amount \_\_\_\_\_  
Date of Warrant \_\_\_\_\_  
Entered on record \_\_\_\_\_  
Secretary Executive Department \_\_\_\_\_

ma w

## For Use of Applicants Who Have not Heretofore Drawn.

### STATE OF GEORGIA,

Clint 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 been such since the \_\_\_\_\_ day of \_\_\_\_\_

August 1839; that he enlisted in the military service of the Confederate States (or of the State of \_\_\_\_\_) during the war between the States, and served as a Private in Company D, of 50th Regiment

of Georgia Volunteers and Dragoons, '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 1861, he was wounded as follows: In the left hand by a minie ball which caused the loss of three fingers being amputated at the joint.

Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and the Act amendatory thereto, 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

6<sup>th</sup> day of May 1889  
E. F. Hatch J. 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:

STATE OF GEORGIA,  
Clinch County }

PERSONALLY came Harris Johnson, John T.  
Registers and G. J. Register  
citizens of Clinch 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 Clinch county, and we  
are well satisfied that all the statements in his affidavit are true.

Sworn to and subscribed before me, this  
6<sup>th</sup> day of May 1889) Harris Johnson  
E. J. Futch John T. Register  
Justice of the Peace G. J. Register

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

STATE OF GEORGIA,  
Clinch County }

PERSONALLY comes before me George Cornelius Ordinary of said county,  
L. C. Mattie M.D. and H. J. Steppler, 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 caused three fingers  
to be amputated at the hand leaving the  
index finger.

Sworn to and subscribed before me this  
6<sup>th</sup> day of May 1889) L. C. Mattie M.D.  
George Cornelius H. J. Steppler, 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,  
Clinch County }

I, George Cornelius 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 \_\_\_\_\_ 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 6<sup>th</sup> day of May 1889  
George Cornelius  
Ordinary Clinch County.

POWER OF ATTORNEY.

STATE OF GEORGIA,  
County }

Know all Men by these Presents, That I, S. W. Register  
of Clinch county, in said State, do hereby appoint W. 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 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 6<sup>th</sup>  
day of May 1889

Executed in the presence of us:

L. C. Mattie E. J. Futch & J. Ex. to Homerville  
George Cornelius Ex. to Homerville

STATE OF GEORGIA,  
Clinch County.

I, George Corcoran 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 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 L. Morrison before whom the foregoing affidavits were made and power of attorney was signed, is a Judge 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 1891.

George Corcoran  
Ordinary Clinch County.

1890.

No. 2437

APPLICATION FOR ALLOWANCE.

RECEIVED MAR 10 1891

Geo. S. Fugard

Applicant

Clinch County

Amount, \$15.00

Date of warrant, March 10

Entered on record

Mar 10 1891

RECEIVED MAR 10 1891

Geo. S. Fugard

Applicant

Clinch County

Amount, \$15.00

Date of warrant, March 10

Entered on record

Mar 10 1891

RECEIVED MAR 10 1891

Geo. S. Fugard

Applicant

Clinch County

Amount, \$15.00

Date of warrant, March 10

Entered on record

Mar 10 1891

RECEIVED MAR 10 1891

Geo. S. Fugard

Applicant

Clinch County

Amount, \$15.00

Date of warrant, March 10

Entered on record

Mar 10 1891

STATE OF GEORGIA,

Clinch County.

I, George Corcoran 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 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 L. Morrison before whom the foregoing affidavits were made and power of attorney was signed, is a Judge 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 1891.

George Corcoran  
Ordinary Clinch County.

Registers S. W.  
Clinch Co.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

*Lincoln* County.

PERSONALLY appears *SW Register* of *Lincoln* 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 *5th* day of *Aug* 1859; 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 *G*, of *50*th Regiment of *Georgia* Volunteers *Manassas* '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 *forty* dollars.

Sworn to and subscribed before me, this the

*5* day of *March* 1890.

*SW Register*

*John R. Cowson Jr.*

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,

*Lincoln* County.

KNOW ALL MEN BY THESE PRESENTS, That I, *SW Register* of *Lincoln* county, in said State, do hereby appoint *J. 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 *5th* day of *March* 1890.

Executed in the presence of us:

*John R. Cowson Jr. P.*

DIRECTION.

Send money to me as follows, by

*express*

to *Bonnerville*

P. O. *Lincoln* County, Georgia.

*Dear trouble for services*

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

*Lincoln* County.

PERSONALLY appears *SW Register* of *Lincoln* 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* 1859; 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 *G*, of *50*th Regiment of *Georgia* Volunteers *Manassas* '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 *forty* dollars, for *1890*.

Sworn to and subscribed before me, this the

*2* day of *March* 1891.

*SW Register*

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,

*Lincoln* County.

Know all Men by these Presents, That I, *SW Register* of *Lincoln* County, State of Georgia, do hereby appoint *J. 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

*2* day of *March* 1891.

*SW Register* [L. S.]

Executed in the presence of us:

*W R Harker*

*Thomas Cowan Jr.*

DIRECTION.

Send money to me as follows, by

*express*

to *Bonnerville* P. O.

*Lincoln* County, Georgia.

*SW Register*



# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Clint County,

PERSONALLY appears

of Clinch

County, S.W. Register.

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 15<sup>th</sup> day of August 1837; 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 G of 50<sup>th</sup> Regiment of Georgia Volunteers *the 15<sup>th</sup>* of *August* '62; that whilst engaged in such military service at the battle of *Manassas* in the State of *Virginia*, on the 21<sup>st</sup> day of *July* 1862, he was wounded as follows:

*In the left Hand causing the loss of three fingers. The right and middle fingers yet 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

*Twelve Dollars for loss of three fingers*

Sworn to and subscribed before me this the

21<sup>st</sup> day of *March* 1893.

George Condie 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,

Clint County,

Know all Men by these Presents, That I, *S.W. Register* of *Clint 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 21<sup>st</sup> day of *March* 1893.

Executed in the presence of us:

*Henry Pickens*

*George Condie* *Ordinary*

DIRECTION.

Send money to me as follows, by

*Express* *Post Office*

*Clint County, Georgia.*

*S.W. Register*

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Clint 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 5<sup>th</sup> day of *August* 1849; 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 G of 50<sup>th</sup> Regiment of Georgia Volunteers *McCausland's* Brigade; that whilst engaged in such military service at the battle of *Manassas* in the State of *Virginia*, on the 6<sup>th</sup> day of *July* 1862, he was wounded as follows:

*The loss of three fingers losing the index, middle and thumb*

*1* *1* *1*

*0* *0* *0*

*0* *0* *0*

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

*Fifteen dollars for each year since passage of act*

Sworn to and subscribed before me this, the 16<sup>th</sup> day of *March* 1893.

*George Condie* *Ordinary*

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

STATE OF GEORGIA,

Clint County,

I, *George Condie* *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 individual he represents himself to be, and that he resides in this County.

I further certify that *George Condie* *Ordinary* before whom the foregoing affidavit was made and power of attorney was signed, is a *notary public* of the State of Georgia, and the said affidavit and power of attorney are executed in the presence of *George Condie* *Ordinary* of said County, and the said affidavits and signatures thereto are genuine.

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

*George Condie* *Ordinary* *Clint County*

STATE OF GEORGIA

POWER OF ATTORNEY.

# POWER OF ATTORNEY.

STATE OF GEORGIA,

*Clintch County.*

Know all Men by these Presents, That I,

*John M. Register*  
of *Clintch County, Ga.*

County, State of Georgia, do hereby appoint *W. A. 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 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.

1894.

*John M. Register* [L. S.]

Executed in the presence of us

*James M. Register* *W. A. Wright*  
of *Clintch County, Ga.*

## DIRECTIONS.

Send money to me as follows, by

*Postal Money Order*

P. O.

*Homerville*

County, Georgia.

1894.

W. H. HARRISON,

Secretary Executive Department,  
Geo. W. Harrison, War Pioneer, Atlanta.

WARRANT HANDED TO

*W. A. Wright*

## Soldier's Pension.

**1894.**

(For Those Already Enrolled.)

*John M. Register*  
of *Clintch County, Ga.*

Name *John M. Register*  
County *Clintch*

Disability *Loss of Right Arm*

Amount, \$ 15.00

1894.

W. H. HARRISON,  
Secretary Executive Department,  
Geo. W. Harrison, War Pioneer, Atlanta.

*John M. Register*  
of *Clintch Co.*

(For Those Already Enrolled.)

*John M. Register* No. 3230

## SOLDIER'S PENSION.

**1895.**

Name *John M. Register*  
County *Clintch*

Disability *Loss of Left Hand*

Amount, \$ 15.00

1895.

RICHARD JOHNSON,

Secretary Executive Department,  
*John M. Register*

WARRANT HANDED TO

*No. 1000*

Geo. W. Harrison, War Pioneer, Atlanta.

# POWER OF ATTORNEY.

STATE OF GEORGIA,

*Clintch County.*

KNOW ALL MEN BY THESE PRESENTS, That I,

*John M. Register* of *Homerville, Clinch County, Georgia*

County, State of Georgia, do hereby appoint *John M. Register* 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.

*John M. Register* [L. S.]

Executed in presence of us

*Edward Smith*  
*George L. Jenkins*

## DIRECTIONS.

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

to *Homerville*

County, Georgia.

*John M. Register*

P. O.

## For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

*Clint* County.

PERSONALLY appears *J. W. Register* of *Amerville* 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 *5<sup>th</sup>* day of *August* 18<sup>62</sup>; 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 *C*, of *5<sup>th</sup>* Regiment of *Georgia* Volunteers *Minutemen* *Brigade*; that whilst engaged in such military service at the battle of *Manassas* in the State of *Virginia*, on the *28<sup>th</sup>* day of *August* 1862, he was wounded as follows: *In the left hand causing the loss of three fingers, losing 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

*50<sup>00</sup>* dollars, for the year 1894.

Sworn to and subscribed before me, this the *6<sup>th</sup>* day of *March* 1894.

*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,

*Clint* 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 *6<sup>th</sup>* day of *March* 1894.

*George Cornelius*  
Ordinary *Clint* County.

Am  
fix  
your  
seal  
here

## For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

*Clint* County.

Personally appears *J. W. Register* of *Amerville* *Clint* 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 *5<sup>th</sup>* day of *August* 18<sup>62</sup>; 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 *C*, of *5<sup>th</sup>* Regiment of *Georgia* Volunteers *Minutemen* *Brigade*; that whilst engaged in such military service at the battle of *Manassas* in the State of *Virginia*, on the *28<sup>th</sup>* day of *August* 1862, he was wounded as follows: *In the left hand causing the loss of three fingers except 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 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 *28<sup>th</sup>* day of *January* 1895.

*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,

*Clint* 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 *28<sup>th</sup>* day of *January* 1895.

*George Cornelius*  
Ordinary *Clint* County.

Am  
fix  
your  
seal  
here

## For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

*Clinch* County, }

PERSONALLY appears *MM Register* of *Homerville* 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 *15th* day of *August* 18*39*; 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 "G", of 57th Regiment of *Georgia* Volunteers *Mercure*'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* 186*2*, he was wounded as follows: *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 18*93*

Sworn to and subscribed before me, this, the *6th* day of *March* 1894. *MM Register*  
*George Lamelius 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 Lamelius Ordinary* of said County, do certify that I am well acquainted with *MM 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.

Affix  
your  
seal  
here.

*George Lamelius*  
Ordinary *Clinch* County.

## For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

*Clinch* County, }

Personally appears *MM Register* of *Homerville* *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 *15th* day of *August* 18*39*; 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 "G", of 57th Regiment of *Georgia* Volunteers *Mercure*'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* 186*2*, he was wounded as follows: *the left hand causing the loss of three fingers, except 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 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 18*94*

Sworn to and subscribed before me, this, the *28th* day of *January* 1895. *MM Register*  
*George Lamelius 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 Lamelius Ordinary* of said County, do certify that I am well acquainted with *MM 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 Lamelius*  
Ordinary *Clinch* County.

*George Lamelius*  
Ordinary *Clinch* County.

## POWER OF ATTORNEY.

STATE OF GEORGIA,

Chinch County,

I, S. W. Register hereby authorize O. 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 Tommerville Ga

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

S. W. Register [L. S.]

Executed in presence of us

S. L. Draneley  
J. M. Hodges

Register, S. W.  
Chinch Co.

ACT OF 21 OCT. 1896.

(For These Already Enrolled.)

No. 728

## SOLDIER'S PENSION.

1896.

Name	<u>S. W. Register</u>
County	<u>Chinch</u>
Disability	<u>Loss of Arm</u>
Amount	<u>\$15.00</u>
Date	<u>2/26/96</u>
Department	<u>U. S. V.</u>
Warrant Issued To	<u>RICHARD JOHNSON</u>
Commissioner of Pensions	<u>GEO. W. HARRISON, Commissioner, Atlanta.</u>

*W. W. Register*  
*W. W. Register*

## POWER OF ATTORNEY.

STATE OF GEORGIA,

Chinch County,

I, S. W. Register hereby authorize M. W. 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 Tommerville.

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

S. W. Register [L. S.]

Executed in presence of

B. E. Mattar  
J. R. Dickerson

Register, S. W.  
Chinch Co.

ACT OF 21 OCT. 1896.

(For These Already Enrolled.)

No. 944

## INVALID SOLDIER'S PENSION.

1897.

Name	<u>S. W. Register</u>
County	<u>Chinch</u>
Disability	<u>3 fingers</u>
Amount	<u>\$15.00</u>
Date	<u>2/22/97</u>

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDED TO

S. W. Register  
GEO. W. HARRISON, STATE PRAINTER, ATLANTA.

No date

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,  
Clinch County.

Personally appears J. 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 5<sup>th</sup> 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 57<sup>th</sup> Regiment of Georgia Volunteers, Bryant's Brigade; that whilst engaged in such military service in the State of Virginia, on the 30<sup>th</sup> day of August, 1862, he was wounded, injured or diseased as follows: In the left hand losing three fingers leaving the index finger and thumb. The above described injuries were received at the second Battle of Sharpsburg.

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 Clinch county been allowed a pension of fifteen dollars, for the year 1895.

Sworn to and subscribed before me, this, the 15<sup>th</sup> day of January 1896. J. W. Register

STATE OF GEORGIA  
Clinch County.

Notes—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.

I, George Combelles 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 10<sup>th</sup> day of January 1896.



George Combelles  
Ordinary Clinch County.

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,  
Clinch County.

Personally appears J. 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 19<sup>th</sup> day of May 1861; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a private in Company H, of 57<sup>th</sup> Regiment of Georgia Volunteers, Murphy's Brigade; that whilst engaged in such military service in the State of Virginia, on the 30<sup>th</sup> 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 right 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 Clinch county been allowed an invalid pension of fifteen Dollars, for the year 1896.

Sworn to and subscribed before me, this, the 15<sup>th</sup> day of January 1897. J. W. Register  
POST OFFICE Hornerville

George Combelles  
Notes—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 Combelles 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 11<sup>th</sup> day of January 1897.



George Combelles  
Ordinary Clinch County.

## POWER OF ATTORNEY.

STATE OF GEORGIA,

Clinch County.}

I, S.M. Register hereby authorize W.A. Wright to receive and receipt for the pension paid hereon and request that he remit same to S.M. Register by Express at Hornsville Ga.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 3/1/ day of February 1898.

S.M. Register [L. S.]

Executed in presence of

J. G. Kirkland Esq. Jr.

*Register, S. M.  
Clinch Co.*

ACT NO. 31 OCT. 1, 1892.

(For Those Already Enrolled.)

No. 1693

### INVALID

### SOLDIER'S PENSION.

**1898.**

Name S.M. Register  
County Clinch

Disability 15 00  
Amount, \$ 215 1898.

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDED TO

W.A. Wright

*Register, S. M.  
Clinch County*

CODE SECTION 10A.

(For Those Already Enrolled.)

No. 148

### INVALID

### SOLDIER'S PENSION.

**1898.**

Name S.M. Register  
County Clinch

Disability 15 00  
Amount, \$ 215 1898.

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDED TO

*J. G. Kirkland Esq. Jr.*

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

*No date*

## POWER OF ATTORNEY.

STATE OF GEORGIA,

Clinch County.}

I, S.M. Register hereby authorize W.A. Wright to receive and receipt for the pension paid hereon and request that he remit same to S.M. Register by Express (Collect) at Hornsville Ga.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 3/1/ day of January 1898.

S.M. Register [L. S.]

Executed in presence of

J. G. Kirkland Esq. Jr.

## For Applicants Heretofore Allowed Pensions.

**STATE OF GEORGIA,**

Lincoln County.

Personally appears W. Register of Church  
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 1865; 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 Y, of th Regiment  
of Georgia Volunteers, Mercur 's Brigade; that whilst engaged  
in such military service in the State of Virginia, on the 30<sup>th</sup> day  
of August 1862, he was wounded, injured or diseased as follows:

in my 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 25th, 1898. I have heretofore under said law as a resident of Clinton county been allowed an invalid pension of

Dollars, for the year 1897.  
Sworn to and subscribed before me, this, the 1<sup>st</sup> day of February 1898, POST-OFFICE Homerville, Ga  
for his cause, etc.

**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,  
*Circh* County. }

I, George Corneius Ordinary of said County do certify that I am well acquainted with John 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.

Fix  
your  
seal  
here.

George Cornelius  
Ordinary Clinch County

## For Applicants Heretofore Allowed Pensions.

**STATE OF GEORGIA**

Blair County.

Personally appears SW Register of Glance

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 August 1859; 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 52th 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:

by 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 20th, 1890. I have heretofore under said law as a resident of *Rich* County been allowed an invalid pension of *fifteen* Dollars, for the year 1890.

Sworn to and subscribed before me, this the 3<sup>rd</sup> day of January 1899. *SWR Registered*  
POST OFFICE Somerville, N.J.

George Constance Odine

✓ Note ~~estimate~~ 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,  
*Chinch* County.

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

Given under my official signature and seal, this Third  
day of July, 1890.

day of January 1889.  
George Cornelius  
Ordinary Clinch County



# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Clinch County. }

Personally appears 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 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 G, of 50th Regiment of Georgia 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, 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 1892.

Sworn to and subscribed before me, this 26<sup>th</sup> day of February 1900, Post Office, Somerville, 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 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 26<sup>th</sup> day of February 1900.



George Cornelius  
Ordinary Clinch County.

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Clinch County. }

Personally appears 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 19<sup>th</sup> 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 G, of 50th Regiment of Georgia Volunteers, Miners' Brigade; that whilst engaged in such military service in the State of Virginia, on the 30<sup>th</sup> 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, 1900. I have heretofore under said law as a resident of Clinch County been allowed an invalid pension of fifteen Dollars, for the year 1892.

Sworn to and subscribed before me, this 26<sup>th</sup> day of December 1900, Post office, Somerville, Ga  
George Cornelius

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 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 30<sup>th</sup> day of December 1900.



George Cornelius  
Ordinary Clinch County.

## POWER OF ATTORNEY.

STATE OF GEORGIA,

Clinch County, }

I, S. M. Register hereby authorize W. 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, Ordry by Mail  
at Somerville Ga

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

S. M. Register [L. S.]

Executed in presence of

W. J. Howell

Register, S. M.  
Clinch County

(FOR THOSE ALREADY ENROLLED.)

No. 2925-

### DISABLED

### SOLDIER'S PENSION 1902.

Name S. M. Register  
County Clinch  
Co. C Regiment 50  
Disability Amount \$ 15-  
Date 27<sup>th</sup> 1902

JOHN W. LINDSEY,  
Commissioner of Pensions.

WARRANT HANDED TO

John W. Register, State Pensions, Atlanta.

no date

STATE OF GEORGIA

250152938A 00000000000000000000000000000000

## POWER OF ATTORNEY.

STATE OF GEORGIA,

Clinch County, }

I, S. M. Register hereby authorize W. 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 Somerville Ga

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 2<sup>nd</sup> day of February 1903.

S. M. Register [L. S.]

Executed in presence of

W. J. Howell, Ordry

COD. SECT. 136.

### DISABLED

### SOLDIER'S PENSION 1903.

Name S. M. Register  
County Clinch  
Co. C Regiment 50  
Disability Amount \$ 15-  
Date 27<sup>th</sup> 1903

JOHN W. LINDSEY,  
Commissioner of Pensions.

WARRANT HANDED TO

John W. Register, State Pensions, Atlanta.

no date

### SOLDIER'S PENSION 1903.

Name S. M. Register  
County Clinch  
Co. C Regiment 50  
Disability Amount \$ 15-  
Date 27<sup>th</sup> 1903

JOHN W. LINDSEY,  
Commissioner of Pensions.

WARRANT HANDED TO

John W. Register, State Pensions, Atlanta.

no date

## **FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.**

STATE OF GEORGIA,  
*Blair* County.

Personally appears S. W. Register of Church  
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<sup>th</sup> day of May 1861; that he enlisted in the military service of the Confederate States (or of the State) during the war between the  
States, and served as a Private in Company G, of 50<sup>th</sup> Regiment  
of Georgia Volunteers, Mercuria's Brigade; that whilst engaged  
in such military service in the State of Virginia, on the 30<sup>th</sup> day  
of August 1862, he was wounded, injured or diseased as follows:  
wounded in the left hand causing

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 Clinton County, been allowed an invalid pension of fifteen Dollars, for the year 1901.

Sworn to and subscribed before me, this the 25<sup>th</sup> day of January 1902. Post-office, Somerville, N.J.

*M. J. Brown, M.D.*  
Note.—State fully the nature of the ~~sound~~ or character of disease which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease.

STATE OF GEORGIA

STATE OF GEORGIA, }  
Clinch County. }

I, John J. O'gallagher, Ordinary of said County, do certify that I am well acquainted with J. McGehee, 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 ~~July~~, 1902.

Ann  
your  
seal  
here

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

Note.—Fill all blanks and of Company and Regiment.  
Note.—All numbers and initials must have date after January 1, 1900.

NAME-- ALL VOUCHERS AND INVOICES FROM BURP DATED AFTER JANUARY 1, 1902

## **FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.**

## STATE OF GEORGIA,

Blinch County

Personally appears John T. Register of Colin  
County, State of Georgia, who being duly sworn, says on oath that he is a true bona fide citizen  
and resident of said State, and has resided therein continuously ever since the 1<sup>st</sup> day of August 1861; that he enlisted in the military service of the Confederate States (~~or the State of~~) during the war between the States, and served as a private in Company G, of 457 th Regiment of Georgia Volunteers, Confederate'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:

Wound 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 28th, 1903. I have heretofore, under said law, as a resident of Clinton County, been allowed an invalid pension of forty Dollars, for the year 1902.

Sworn to and subscribed before me, this the 2nd day of July 1903. AM Register  
Post-office, Montgomery, 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.

STATE OF GEORGIA,  
Colquitt County.

I, W. T. Howell Ordinary of said County,  
do certify that I am well acquainted with SW 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 September 1903.

W. S. Howell  
Ordinary lunch County

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

## POWER OF ATTORNEY.

STATE OF GEORGIA,

*Clinch Co.* COUNTY.

I, *S.M. Register*

hereby authorize

*J. L. Wright* *Employer* *Atlanta Ga*  
to receive and receipt for the pension paid hereon, and request that he remit same to  
*J. J. Howell* *excusing by mail or express*  
at *Hornsville Ga*

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *6<sup>th</sup>*  
day of *February* 1904.

*S.M. Register* [L. S.]

Executed in the presence of

*J. T. Dame*

*February.*

*Register, S. M.*

*Clinch Co.*

(FOR THOSE ALREADY ENROLLED.)

No. *26024*.

### DISABLED

### SOLDIER'S PENSION 1904.

Name *S. M. Register*  
County *Clinch Co.*

Co. \_\_\_\_\_

Regiment \_\_\_\_\_

Disability *Disabled*

Amount, \$ *15*

W.E. *FEB 24* 1904.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

*J. L. Wright*

*no date*

*Register, S. M.*  
*Clinch County*

(FOR THOSE ALREADY ENROLLED.)

No. *26025*

### DISABLED

### SOLDIER'S PENSION 1905.

Name *S. M. Register*  
County *Clinch Co.*

Co. \_\_\_\_\_

Regiment \_\_\_\_\_

Disability \_\_\_\_\_

Amount, \$ *15*

W.E. *MAR 1* 1905.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

*S. M. Register*

*no date*

## POWER OF ATTORNEY.

STATE OF GEORGIA,

*Clinch Co.* COUNTY.

I, *S.M. Register*

hereby authorize

*W. A. Wright* *Employer* *Atlanta*  
to receive and receipt for the pension paid hereon, and request that he remit same to  
*J. T. Dame* *excusing by Mail*  
at *Hornsville Ga*

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *2<sup>nd</sup>*  
day of *July* 1905.

*S.M. Register* [L. S.]

Executed in the presence of

*J. T. Dame*

The Phoenix Publishing and Publishing Co., Atlanta  
John W. Harbinson, State Printer, Atlanta, for State Printer.

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,  
Clinch County.

Personally appears John 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 5<sup>th</sup> day of December 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 G, of 50<sup>th</sup> Regiment of Georgia Volunteers Meriwether's Brigade; that whilst engaged in such military service in the State of Virginia, on the 30<sup>th</sup> 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 on 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 Clinch Georgia County, been allowed an invalid pension of 12<sup>th</sup> forty Dollars, for the year 1903.

Sworn to and subscribed before me, this the 2<sup>nd</sup> day of February 1904. J. T. Dame Ordinary Post-office Homerville 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. Dame 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. Dame Ordinary Clinch 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,  
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 19<sup>th</sup> 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 G, of 50<sup>th</sup> Regiment of Georgia Volunteers Meriwether's Brigade; that whilst engaged in such military service in the State of Virginia, on the 30<sup>th</sup> day of August 1862, he was wounded, injured or diseased as follows: in the left hand causing the loss of three fingers, 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 Clinch Georgia County, been allowed an invalid pension of 12<sup>th</sup> forty Dollars, for the year 1904.

Sworn to and subscribed before me, this the 2<sup>nd</sup> day of February 1905. S. W. Register J. T. Dame Ordinary Post-office Homerville 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. Dame 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 22<sup>nd</sup> day of February 1905.



J. T. Dame Ordinary Clinch County.

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

## POWER OF ATTORNEY.

STATE OF GEORGIA,

Clinch COUNTY. }

I, S. M. Register, hereby authorize  
Hon W. A. Wright of Atlanta, Ga  
 to receive and receipt for the pension paid hereon, and request that he remit same to  
J. T. Dunn Ordinary by Mail  
 at Hannaville Ga

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this first  
 day of January 1906.

Executed in the presence of

S. M. Register [L. S.]

Cons Section 120.  
 (FOR THOSE ALREADY ENROLLED.)

G-50 No. 764

DISABLED  
 SOLDIER'S PENSION  
 1906.

Name J. W. Lindsey  
 County Clinch  
 Co. 6 Regiment 50  
 Disability Hand of three fingers  
 Amount, \$100.00 1906.

JOHN W. LINDSEY,  
 Commissioner of Pensions.

WARRANT HANDED TO

J. T. Dunn

no date

73

3-500 130  
 2-100 100  
 1-100 100  
 1- 50 50  
 7 37 0

## POWER OF ATTORNEY.

STATE OF GEORGIA,

Clinch COUNTY. }

I, S. M. 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  
J. T. Dunn Ordinary by Mail  
 at Hannaville Ga

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this first  
 day of January 1907.

Executed in presence of

S. M. Register [L. S.]

Cons Section 120.  
 (FOR THOSE ALREADY ENROLLED.)

G-50 No. 1187

DISABLED  
 SOLDIER'S PENSION  
 1907.

Name J. W. Lindsey  
 County Clinch  
 Co. 6 Regiment 50  
 Disability Hand of three fingers  
 Amount, \$100.00 1907.

JOHN W. LINDSEY,  
 Commissioner of Pensions.

WARRANT HANDED TO

J. T. Dunn

no date

THIS W. A. W. WAS REMOVED FROM POSITION

# 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 5 day of Aug 1862; 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 G, of 57th 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. T. Danner S. W. Register  
Post-Office Hannaville 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. Danner 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.  
J. T. Danner

Ordinary Clinch County.

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

Fill your  
name here

# 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 5 day of Aug 1862; 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 G, of 57th 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:

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. Danner S. W. Register  
Postoffice Hannaville 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. Danner 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. J. T. Danner

AMZ  
your  
name  
here

CLERK OF CLERK'S COUNTY

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

Personally appears J 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 1st day of Aug 1862; 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 G, of 50th Regiment of Georgia Volunteers Mercur'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, middle 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 T Dorne J W Register  
 Post-Office Hannaville 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 Dorne 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 first day of January 1906.  
J T Dorne

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 1867; 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 G, of 50th Regiment of Georgia Volunteers Mercur'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 (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 10th day of Jan 1907. J T Dorne J W Register  
 Postoffice Hannaville 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 Dorne 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 Tenth day of January 1907.

J T Dorne J W Register  
 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.**

## Clark County

of said State and County, hereby applies for the pension provided by Act of 1913, to Confederate Soldiers, and submit his own 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:

What is your name and where do you reside? (Give County and Post-office). James  
Johns Resided in Clinton County.

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  
861 to 1865? Yes

4. When and where, and in what Company and Regiment did you enlist? (Give the arm and class  
no.) About November 1861 at Jacksonville, Fla. 1st Fla. Battalion

5. How long did you remain in the actual Military Service, with said Company and Regiment?  
date of discharge. Until the Surrender of Confederate Armies on April 1865

6. When and where was your Company and Regiment surrendered or discharged from the Service?  
At Appomattox Court House April 9-10-65

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? Residing at Appomattox  
We expect 11-1861-

b. When did you leave the Command? December 1865-

c. For what cause did you leave? Appomattox

d. By whose authority did you leave? Gen R. E. Lee

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

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.* *See above*

12. What annual or monthly income or earnings of yourself and wife and the source derived have you? none except my later. I am 70 years of age.

18. 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 causes it was not allowed? *No, never.*

Sworn to and subscribed before me this the

29 day of Oct 1912 Ordinary  
of John Dwyer County Waukesha  
John Dwyer John Dwyer

## QUESTIONS FOR WITNESSES TO SETTLEMENT

STATE OF GEORGIA,  
Bacon County.

J. S. Johnson of said State and County is hereby presented as a witness in support of the application of John W. 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? Dr. J. L. Brown in Hamilton County, Florida

2. How long and since when have you known James M. Tamm the applicant? about forty 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 this same state of Florida continuously ever since the time he first came to this state in 1865

4. When, where and in what Company and Regiment did James M. Tamm enlist during war from 1861 to 1865? (Give date and place) Enlisted in Company G of the 1st Battalion 1st Battalion

5. How did you obtain your information of this service? by being present at the time of his return

6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (give date) about one month in April and May 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? Appomattox Court House, Virginia for what cause did he leave? discharged

By whose authority did he leave John C. Brown and how long was he granted leave? 2 days 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 at the time he was discharged

13. In what way was he prevented from returning to his Command? He left his command to go to another How do you know?

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

15. Was applicant captured as a prisoner? Yes If so, when and where? Appomattox Court House In what prison was he held? Appomattox and when released?

Sworn to and subscribed before me, this the 1<sup>st</sup> day of Oct 1017  
J. B. Johnson  
J. B. Washington, Clerk of Court  
County  
By Ed. Farns  
cc

#### REFERENCES

1. What property, if any, has been sold or given away by the applicant or his wife  
1908? (State it fully by items.) None did we have of

2. When and to whom was it sold or given? \_\_\_\_\_

3. What was the price paid or stated to be paid? \_\_\_\_\_

4. What relation is the party to applicant? Daughter

5. What disposition was made of the proceeds of the sale? \_\_\_\_\_

6. Was the disposition of this property made in good faith and full values? \_\_\_\_\_

or was it made to obtain a loan? \_\_\_\_\_

Sworn to and subscribed before me, this the  
29<sup>th</sup> day of Oct. 1912.

J. D. Dane Norman Allen  
Ordinary, Cleric, Lawyer

2. Class Count

## ORDINARY'S CERTIFICATE

**STATE OF GEORGIA.**

## Classical Count

卷之三

I, John W. Allen, Ordinary of said County, certify that I know the applicant John C. Clegg for Pension is the person he represents himself to be and resides in said County. That I also know John C. Clegg, John C. Clegg, the witness swearing to the service and John C. Clegg, John C. Clegg 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

value for tax in 1908 4,114.70 for 1909 2,667.75 for 1910 3,122.75

*Class* *Corpus*

100% Recyclable  
100% Compostable  
100% Biodegradable

19. *Leucosia* *leucostoma* (Fabricius) *leucostoma* (Fabricius) *leucostoma* (Fabricius)

Digitized by srujanika@gmail.com



## 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<sup>6</sup>, and that said Pensioner died in Clinch County on the 23rd. day of November, 193<sup>6</sup>. Applicant further swears that she married the said Samuel Register on the 15th. day of December, 1889, 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<sup>6</sup>, due and unpaid be paid to her.

Sworn to and subscribed before me this 21st day of December, 193<sup>7</sup>.  
Kate C. Pafford, Ordinary  
Clinch County } Mrs. Nancy Register (L. S.)  
(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 ~~inhabited in the same house~~ married in the County ~~when she was five years of age and she is now~~ ~~53 years of age~~ ~~XXXX~~ ~~XXXX~~ ~~XXXX~~ ~~XXXX~~, and that they were residing together as husband and wife at the time of his death on the 23rd. day of November, 193<sup>6</sup>, and that she is his dependent widow.

Sworn to and subscribed before me this 21st day of December, 193<sup>7</sup>.  
Kate C. Pafford, Ordinary  
Clinch County } Mrs. Belle Allen  
(Seal of Ordinary)

## INSTRUCTIONS:

1st. Proof of marriage must be made.  
2nd. Do not use the enormously large form of marriage certificate in common usage throughout the State, suitable only for framing. Such certificates are 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.  
4th. Pay out no money on this application until approved in the Pension Department.  
5th. The widow or person holding her proper power-of-attorney receipt for this pension by signing name, as widow, opposite the name of her husband.  
6th. Only the unpaid pension for the year is covered by this application. Take another application, on the white blank, to admit widow to rolls in her own right.

## 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<sup>6</sup>, and that said Pensioner died in Clinch County on the 23 day of November, 193<sup>6</sup>. 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<sup>6</sup>, due and unpaid be paid to her.

Sworn to and subscribed before me this 18 day of Jan., 193<sup>7</sup>.  
Kate C. Pafford, Ordinary  
Clinch County } Nancy Register (L. S.)  
(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 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~~ ~~in the same house~~ ~~when he was five years of age and she is now~~ ~~53 years of age~~ ~~XXXX~~ ~~XXXX~~ ~~XXXX~~ ~~XXXX~~, and that they were residing together as husband and wife at the time of his death on the 23rd. day of November, 193<sup>6</sup>, and that she is his dependent widow.

Sworn to and subscribed before me this 18th day of January, 193<sup>7</sup>.  
Kate C. Pafford, Ordinary  
Clinch County } Mrs. Belle Allen  
(Seal of Ordinary)

## INSTRUCTIONS:

1st. Proof of marriage must be made.  
2nd. Do not use the enormously large form of marriage certificate in common usage throughout the State, suitable only for framing. Such certificates are 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.  
4th. Pay out no money on this application until approved in the Pension Department.  
5th. The widow or person holding her proper power-of-attorney receipt for this pension by signing name, as widow, opposite the name of her husband.  
6th. Only the unpaid pension for the year is covered by this application. Take another application, on the white blank, to admit widow to rolls in her own right.

name of the widow or person naming her proper power-of-attorney receives the same pension by signing name, as widow, opposite the name of the husband on the soldier pay roll.  
The only valid pension for the year is covered by this application. Take another application, on the white blank, to admit widow to rolls in her own right.

name of the widow or person naming her proper power-of-attorney receives the same pension by signing name, as widow, opposite the name of the husband on the soldier pay roll.  
The only valid pension for the year is covered by this application. Take another application, on the white blank, to admit widow to rolls in her own right.

*Glinch*

Maimed Soldiers.

Audited May 28 1889.  
*Wm. A. Wright*  
COMPTROLLER-GENERAL

Voucher No. 22259  
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.

*W. J. Campbell*

*Glinch*

Maimed Soldiers.

Audited March 12 1890.  
*Wm. A. Wright*  
COMPTROLLER-GENERAL

Voucher No. 24637  
Amount \$ 15.00  
Paid to S. W. Register  
For Loss of 3 fingers  
March 10 1890

Included in warrant No.  
issued to Treasurer.  
*Ex. Homerville 1890.*

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

*W. J. Campbell*

No. 2259

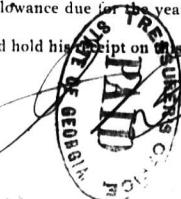
STATE OF GEORGIA,  
EXECUTIVE DEPARTMENT.

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* 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 a voucher, and return same  
to Executive Department for warrant.



By the Governor

*R U Harrison*  
CLERK EXECUTIVE DEPARTMENT.

Gordon  
GOVERNOR.

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

*Fifteen 00* Dollars,  
per above voucher, this 18 of May 1889.

S W Register  
W M Wright

No. 2407

STATE OF GEORGIA,  
EXECUTIVE DEPARTMENT.

Atlanta, Ga, May 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,

*J B Gordon*  
CLERK EXECUTIVE DEPARTMENT.



\$15.00

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

*10* Dollars,  
per above voucher, this 10 of May 1890  
S W Register  
W M Wright

GEORGIA, CLINCH COUNTY.

Personally before me came J. J. Landers and \_\_\_\_\_ known to be responsible and truthful persons, residing in said County, who after having been duly sworn, says that of deponent's 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 late Samuel Register as his wife, for 40 years.

Sworn to and subscribed  
before me this Jan. 18, 1937. J. J. Landers

Kate C. Peppard  
Ordinary Clinch Co., Ga.

GEORGIA, CLINCH COUNTY.

Personally before me came H. Allen known to me to be responsible and truthful, and a resident of Clinch County, who after having been duly sworn, says that of deponent's 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. H. Allen

Kate C. Peppard  
Ordinary Clinch County, Ga.

Register, S. W.

Clinch

1891.

Maimed Soldiers.

Voucher No. 7698

Amount \$ 15

Paid to M. Registered  
For loss of fingers

MCH 17 1891.

Included in warrant No.

issued to Treasurer.

1891.

WARRANT CLERK.

Geo. W. Harrison, State Printer, Atlanta.

H. A. Wright

GEORGIA,  
CLINCH COUNTY.

Personally appeared before me the undersigned officer,  
J. J. Langdale, 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, 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 J<sup>an</sup>. 22<sup>nd</sup>, 4th 1891.

Kate C. Pafford  
Ordinary Clinch County, Georgia.

STATE OF GEORGIA,  
EXECUTIVE DEPARTMENT. }

1891.  
No. 2693

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 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, 1891.

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



R. U. Hardeman,  
GOVERNOR.

By the Governor,

R. U. Hardeman  
SEC'Y EXECUTIVE DEPARTMENT.

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

Fifteen ~~00~~ 00 Dollars,  
per above voucher, this 17 of March 1891.

S. W. Register  
W. W. W.

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, 1937.

*Mrs. Nancy Register  
Widow pensioner. Deceased  
husband  
Mrs. Belle Allen  
J. J. Langdale*

Homerville, Ga.  
Jan. 21st. 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 HENDERSON,  
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,

*W. L. Clegg*  
Director.

PQ-A

*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.

**CERTIFICATE OF DEATH**  
**GEORGIA DEPARTMENT OF PUBLIC HEALTH**  
**BUREAU OF VITAL STATISTICS**

1. PLACE OF DEATH		Blanch	Length of residence in this city or town	Yrs.	Mo.	Da.	NON-RESIDENT (Yes or No)	
County		Milledge District (Number and Name)		1219, Fargo			State of Georgia	
City or Town								
Street and Number (No.)		(Street)					Ward	
2. FULL NAME		Samuel Register					(If death occurred in a hospital, give its name instead of street and number)	
Residence (City or Town)		Savannah, Ga.						
Street and Number							(Street and Number)	
3. SEX		4. COLOR or RACE		5. Status		6. MEDICAL CERTIFICATE OF DEATH		
male		white		Married, Widowed, Divorced (write the word)		18. DATE OF DEATH Nov. 23, 1936, at 6 P.M.		
7. AGE		81	9	Days	If less than one day Hours	Month	Year	
8. OCCUPATION		Retired Farmer					(Month, Day, Year)	
9. BIRTHPLACE		Stockton, Ga.		19. H. 2			(Hour)	
10. NAME		David Register					17. I HEREBY CERTIFY. That I attended the deceased from	
11. BIRTHPLACE		North Carolina					18. to	
12. MAIDEN NAME		Matilda M. Daniel					I last saw him alive on	
13. BIRTHPLACE		D.T.					to and to have occurred on the date and hour stated above.	
14. INFORMANT		Samuel Register					The principal cause of death and related causes of importance in the order of onset and duration of each:	
(Signed)		(Address)					Mr. Register had his attending	
15. BURIAL PLACE		Bonny Bluff					doctor for about one year	
(Cemetery)		Fargo, Ga.		Date 11-25-1936				
(Post Office)								
16. UNDERTAKER		John Smith						
(Signed)		(Address)						
17. FILED		Joseph		15			18.2	
(Signed)		(Address)					(Local Registrar)	

WHITE PLAINLY WITH UNPADING 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 classed, and exact information of occupation is very important. Where was disease contracted? Where was disease communicated? If not