

ok Self arm

### STATE OF GEORGIA. 6000

Personally appears & M Brown State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of said day of State, and has been such since the enlisted in the military service of the Confederate States (or of the State of in Company C , of during the war between the States, and served as a fine ale Meth Regiment of Horia, Volunteers Storalli 's Brigade; that whilst engaged in such military service, at the battle of Buttornelle the State of Arthcardina on the 19" day of March 18651, he was wounded as follows . He was shot Through the left shoulden blade and foint, the ball going through the first and breaking it all 6 proces making the arm diff the born having been broken in the forme the arm by reason of the reviewed has been Rendend subtantially and usentially useless and which wound perinductly disables diponent and rece\_ ders him practically incompetent to perform man al latin

Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and makes application for the allowance to which he is entitled thereunder. J. W. Reown

Sworn to and subscribed before me, this the

17- day of Jany

Ro. No amen ett. Ordinary

Nork. 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.

looph County.

Personalis came before me B. Rainey

of loso State of Georgia, who, being duly sworn, says that he was a commissioned officer in Company "6", of 4/5/ Regiment of Georgia, who being duly sworn, says that he was

Volunteers, and that deponent knows J. W. Worms , and that he received the wounds

(or contracted the disease) in the military service, as stated in his foregoing affidavit, and that wounds A. M. Brown , as stated by him in said

(or disease) permanently disables the said. affidavit. Deponent further states that said.

is a bone fide

lelet ming?

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

County.

PERSONALLY came.

citizens of

county, in said State.

who, being duly sworn, say that they are acquainted with

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 County, and we are well satisfied that all the statements in his affidavit are true

Sworn to and subscribed before me, this

day of

STATE OF GEORGIA. 6006 County.

Personally comes before me H. M. Hammill Ordinary of said county, Dr. A. A. Gofer and Br. E. f. Silge both known to

me as reputable physicians of said County, who, being severally sworn, say on oath that they have carefully examined J. H. Brun

applicant has been injured as follows: He was short through the shoulder

blade and bine, the fall bring strongs the first breaking the born all to fices, the ann is slift and by reason of the every and is rendered substantially and planting the main of practically interreption to proportion which was fally subscribed before me, this was a way to be the subscribed before me, this

Vs. M. Vsammett

El Jehre Mix.

NOTE. - The physicians will state fully the extent of the wound and the disability resulting therefrom

STATE OF GEORGIA.

County.

•	I, A. M. Harmell Ordinary of said coun
	do certify that I am well acquarted with J. N. Brown.
	applicant in the foregoing afficient, and am well satisfied that the statements made by him in his a
	affidavit are true, and I know he is the individual he represents himself to be and that
.3	this county. I also certify that the foregoing witnesses are persons of respectability, and that the

statements are worthy of full credit and belief. I am Ordinary before whom the foregoing I further certify that\_\_\_\_ affidavits were made and power of attorney was signed, is a probable of the Deane of said county, and that the said affidavits and signatures thereto are genuine.

Given under my official signature and seal, this

County.

POWER OF ATTORNEY.

STATE OF GEORGIA

Know all men by these presents, That I

county, in said State, do hereby appoint A.S. Lolar

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

J MBrown L.S.

Executed in the presence of us:

Vb. No. Bournett Orainan

# For Applicants Heretofore Allowed Pensions.

	Tot upproduce morocord united to morough,
	STATE OF GEORGIA,
	Colo County.
	Personally appears Wyrown of Cobb
	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 1850 that he enlisted in the military service of the Con-
	federate States (or of the State of . ) during the war between the
	States, old served as a in Company, of Ith Regiment
	of Volunteers Start 's Brigade; that whilst engaged in
	such infligure service at the battle of State of the State of the service at the battle of State of the was
	of day of the was wounded as follows:
	by gunshot Strike
	must well should finit to
	the first ball rosting lende
	Shoulder black & transing out
	rather betypen Shoulder blades the
	to bridge frakauly twompetet to g
	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 hiding October 26, 1894. I have heretofore been allowed a pension of
	domais, for the year for
	5 1 The Troum
	(day of 1894. )
	1 Hora
	Norz - Space 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.
	The state of the s
	STATE OF GEORGIA, L
	County.
	In Still Diery Ordinary of said Connety,
	do certify that am well acquainted with
•	applicant in the foregoing affidavit, and am well satisfied that the statements made by him
	in his said affidavit are true, and I know he is the individual he represents himself to be
	and that he resides in this County.
	Given under my official signature and seal, this
	day of Merch 1894.
	After Spour
	nere.
	Chairman 1 Company

# Por Applicants Heretofore Allowed Pensions.

12 / 17 TAS EQ. 1 (A P. S. 22 BORROWN SQ.)	STEP STATE OF THE SECOND S	是用"强烈"。"是"全人"。	Transport 18th to	, , , , , , ,	
STATE OF	FOEORGIA	MM255257 "1,270"	ner pres.		
	60 CO	unty.	7.1. 1917	/	4
Personally		Mar			4
County, State of G	eorgia, who being	duly sworn, say	s on oath the	at he is a bond	fide citizen
and resident of said	d State, and has re	sided therein co	ntinuously e	ver since the	15
day of	181 18C	5 Chat he en!	sted in the n	ilitary service	of the Con-
federate States (or				ring the war	
States, and served	as off	usk		C, of 4/1	
of /a.	Volunteers,		La Brigad	e; that while	engaged in
such military servi	pe at the battle of	Bent	mill		in the State
of 72 C	on the				he was
wounded as follow	s: 13m	guns	het	Thick	aire 1
in the	Letth O	Strond	2 de	forint	Part
the low	ses r	brit a	1 20		Al
Jana,	eny the	mark.	A	pas	distribe
Shall	1 loca	-1.	was	7 +	
In ICV	manus - CT	24 00		- Luci	gui
Some I	- Maria	5 4	ti		
To Deported dest	es to participate in	de benefit of	the Ale and	Zugarana	Torrich L
and the acts amen	datory thereof, and	makes applica	tion for the	allowence to	which had
entitled for the yea					
of 17	retter		or the year i		d a pension
Sworn to and	subscribed before i		ine year i	11.20	
1 1	M.	, }-	11.17	11.121	our
day	of The	1895.			
None Sulfalle de	mature of wound or charact	100	<b>,</b>		
of the disability, resulting fi		er of disease which of	Ruses the disability,	and explain partic	darly the extent
STATE OF	GEORGI	<b>A.</b> )			
Ro.	11	unty. ∫			
		arity.			
I,	me oc	one		Ordinary of sa	aid County,
do certify that I ar			Ulavi		the
applicant in the for	regoing affidavit, as	nd am well satis	sfied that the	statements n	ade by him
in his said affidavit	are true, and I ke	now he is the i	ndividual he	represents h	imself to be
and that he resides	in this County.	¥.			
	Given under	my official sig	nature and se	al, this	5
	day of 722	189	5.		
[ Tar		6	0		
your seal		TH	15	lone	
المالية المالية	1			9 4	
	. M.b.b	O Ordinary	$\omega_{\perp} = \omega$	2000	County.
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# POWER OF ATTORNEY.

By en	C.	Pension Office - Yso 64.
1.1.0	Part of the second	Afflicant has about fine 8 0
		What is the coming wines
INDIGENT PENSION	Purcey of the First	the west of and the state of th
1896	THE TENED	Plate clearly and a soft of
Name I A Breggit	They be have been sent to	Mulder of the COUNTY
County Coff Fulla		Ty
Co & 2 ta Record		equest the
Approved	317406	KAN X ET III
RICHARD JOHNSON	<b>学文学</b> 24	
WARRANT HANDED 20		
	The state of the s	eby authorize
Augustant 10/14		. S.
1/20.91		24

POWER OF ATTORNEY. STATE OF GEORGIA.

Colonty.

1. A Bryant bereby authorize of Marcella to receive and receipt for the pension allowed, and request that he remit same to by him witness or final and seed this that he remit same to the law of the seed that the remit same to the law of the law o

A STATE OF THE STA
Questions for Applicant.
STATE OF GEORGIA
Costo County
(P. P. B. J.
to avail himself of the Pension Act (Service 1984 C. 1)
to avail himself of the Pension Act (Section 1254, Code), hereby submits his proofs, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:
1. What is your name and where do you reside? (give State, County and post office.)
Mariella Cobb Co. Ta-
2. How long and since when have you been a resident of this State:  All my life -
3. When and where were you born ? Jany 19.1847, Franklin Co. Ea
4. When and where and in what company and regiment did you enlist or serve?
the sai larly provided 1/164 at Waritte Colla Co
Co "6", 2 nd La Regiment called 2nd go Reserves.
6. How long did you remain in such company and regiment? Afout 13 months, or Lee's purmiler
on copie 4, 1863.
o. For now long a period did you discharge regular military duty?
7. When, where and under what circumstances were you discharged from service?  April 9. 1865, at Albany, Fa. at Lees Surnade,
yes ely, were, as orcharing, ya, as week suismude,
8. What is your present occupation " Parining -
9. How much can you carn (gross) per annum by your own exertions or labor : Fifty Dallars
10. What has been your occupation since 1865? To our '
1 Upon which of the following grounds do you base your application for pension, viz: first, "age and
poverty," second, "infirmity and poverty," or third, "blindness and poverty".
12. If upon the first ground, state how long you have been in such condition that you could not earn your support? If upon the second, give a full and complete history of the infirmity and its extent? If
level to the state the state of
and do at a for any property and grite for with fine to
field of by the all regist thetay I stalk to from the suffer and en
13. What property effore or bround do you possess and is grow valid.
14. What property, effects or income did you possess in 1894, 1895, 1890, 1897 and 1898, and wind the
position, if any, did you make of same? I don't the auce of about
Maled - My daughter tasal out of the course
wed had since filled the trops for ment
15. In what County did you reside during those years, and what property did you then return for taxation?
16. How were you supported during the years 1897 and 1898?
By my prove labor and the heif of my ghildren son
16. How much did your support cost for each of those years, and what portion did you contribute theretoe.
by your own labor or income? It of meon that it so therein
18. What was your employment during 1897 and 1898? What have did you receive in each year
70411111 1/4 1 711100 8
19. Have you a faufily? If so, who composes such family? Give their means of support? Have they
a homestead? The miles , rufe, 10 Children vy; Ruth (girl) agt 23
Mattie age 13; john age 11; Dean age 10; Nelling age 15
19. Have you a family? If so, who composes such family? Give their means of support? There trey a homestead? Ils - My left, right 10 Children vy Ruthegalage 23 Strict + Ella (Siries) 12. 21. Orange 20. Sen. 19; Emla og 15. Martin age 30. Are you'receiving any pension? It so, what amount, and for what disability.
Sworn to and Jubscribed before me this the
The day of the day 1809.) A. A. X. Atregacet
Manie Oli

....County.

### OUESTIONS FOR WITNESS

QUEUTONO I ON WITHERS.
STATE OF GEORGIA,
Cablo COUNTY.
SCO. Fray - , of said State and County, having been presented
as a witness in support of the application of R. S. Bryaut - for pension
under Section 1254, Code, and after being duly sworn true answers to make to the following questions,
deposes and answers as follows:  1. What, is your name and where do you reside? Slutry near, Mariette
coff County 14-
2. Are you acquainted with K. A. Longant, the applicant; if so
how long have you known him? Ear Sivee Trefor the war-
3. Where does he reside, and how long and since when has he been a resident of this State?  Fe live near Marella, Ever Suize have twenty.
4. When, where and in what company and regiment did be enlist, and how do you know? In the
1. When, where and in what company and regiment did be enlist, and how do you know? In the lare, last flarification of the year 864 at flarification beatons to. Co 6 2 2 20 1
Were you a member of the same company and regiment?
6. How long did he perform regular military duty, and what do you know of his service as a Confederate
soldier, and the time and circumstances of his discharge from the service? Ho herformed the
bro & soldier and was konorably discharged
at time of Lee's surreder- (or were at allany ga at
7. What property, effects or income has the applicant? (Give your means of knowledge.)
Hothing in This own receive
8. What property, effects or income did the applicant possess in 1896, 1897 and 1898, and what dispo-
sition, if any, did he make of same? I dail reescret in act, but
if a sabout as he states in his opperation
9. Has he conveyed away any of his property in the last three years, if so, what was it, and to whom?
. Nove of his own
10. What is the applicant's occupation and physical condition? He is a farmer and suffered Considerables of Shewatism. He has astitues &
uch an extent that at there he don't safforate auchor
11. Is the applicant upable to support himself by labor of any sort, if so, why?
He is, because of his physical condition and +
The of 10 mile and flant from the is underested and
The sid of his Children & all to the same and of
The are of the course present for the straining of
13. What portion of his support for these two years was derived from his own labor or income?
13. What portion of his support for these two years was derived from his own labor or income?  Not more than \$50.00 or \$66.00.
14. Give a full and complete statement of the applicant's physical condition that entitles him to a pension
14. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code? As Alaled in ausures 15
14. Give a full and complete statement of the applicant's physical condition that entitles him to a pension
14. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code? As Alallel in augustus 15
14. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code? As Alallel in augusts
14. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code? As Alalud in ausumus 15.  15. What interest have you in the recovery of a pension by this applicant?

# AFFIDAMIT OF PHYSICIANS.

amumn on anonari
STATE OF GEORGIA,
California Communication
COUNTY.
Personally came before me all all all and
both known to me as reputable physicians
of said County, who, being severally sworn, say on oath that they have examined carefully
, applicant for pension under Section 1254, Code, and after
such personal examination say that his precise physical condition is as follows:
Dis grural physical condition is interbled
and run down as a rusult of periodical
attacks of Bronchiol asthma, of many years
duration. He also suppose from chrosic
Mumaic ham in Knee with
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. R. D. Malone MA
Sworn to and subscribed before me this the
18 de stable 1899. Of delge has
M. Hom Ordinary.
Ordinary.
ORDINARY'S CERTIFICATE
STATE FGEORGIA,
1 ( ) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
ACQUINTY.)
Ordinary in and for said County, hereby certify
that the oplicant souly and has
been a bona tide resident of this state shootshe Me Asses ale 718
and that the witnesser, view of the transfer of the Male
mi has sale that men
are of trustworthy character, and that their statements are entitled to full faith and oredit.
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 County show that applicant
returned for taxation in his name in 1897 Dollars
of property, and in 1888 Significant of property.
In my opinion the foregoing claim is hade in good faith
Witness my hand and seal of office, this
County.
NOTE.

NOTE.

1. Before any questions are answered, the Ordinary shall wear applicant and the witnesses in the following words: "You shall true answer make to each of the questions saked of you, and the avidence 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.

	Ourself of the Alexander
ST	Questions for Applicant,
_	# (
•	- Carlo Carl
to av	
1.	The true answers to make to the following questions, deposes and answers as follows:  What is your name and where do you reside? (give State, County and post office)  Fullow
2.	How long and since when have you been a resident of this State ? State 1945 1847
3.	When and where were you born?
4.	When and where and in whatcompany aid regiment did you enlist of the
C	164 2 1 Bary La. (English
٥,	How long did you emain in seeb company and grainent?
•	7
6.	When and where was year company and regimen surrendered and discharged?
7. 8.	
7. 8.	Were you present with your company and regiment when it was surrendered? Uses If not present, state specifically and clearly where you were, then you left your command, for what
	e and by whose authority? In Helbary a whose authority?
9.	How much can you earn (gross) per annum by your own eyertions or labor?
10.	What has been your occupation since 1865?
11.	Upon which of the following grounds do you base your application for pension, viz: first, "age and
your	If upon the first ground, state how long you have been in such condition that you could not earn support? If upon the second, give a full and complete history of the infirmity and its extent? If the third, gate whether you are totally blind and whongand where you lost your sight?
•	A Rhoum alian put, work whole to forest a fine
13.	What property, real or personal or income, do you possess, and its gross value?
14.	What property, real or personal, did you possess in 1894, 1895, 1896, 1897, 1898, 1899 and 1900
and w	what disposition, if any, by sale or gift, have you made of same?
	quant_
15.	In what County did you resign during these ears, and what property did you then return for taxation?
16.	How were you supported during the years 1899 and 1900 ?
17.	How much did your support sout for each of those years, and what postion did you contribute thereto
by yo 18.	our own labor or income?
	What was your employment during 1898 and 1899? What pay did you recolve in each year?
	Here you a family? If so, who composed much family tilve their mans of support? Have her
	to support Unan In
20,	Are you receiving any pension? If so, what amount and for what disability?
	Have you ever made an application for pension before? One mean
	How many applications have you ever made and under what class? In free five
	Sworn to and subscribed before me this the
	1979 Py of June 1802 man Syant Applicant.

### POWER OF ATTORNEY.

STATE OF GEORGIA,	
John A Whey of	hereby authorize
to receive and receipt for the pension allowed, and request that	he remit same to
at	
WITNESS my hand and seal, this his hand and seal, this	1906. [L. s.]
Executed in the presence of Wash	

PRARMILIN PRINTIN; AND PURLETHE CO., GRO. W. HARRINGOR, BEN	PRANKLIN PRINTIN; AND PUBLISHED CO., GEO. W. MARBUSON, MEN

### POWER OF ATTORNEY.

STA	I, B	GEO	*	COUNT		****** 13.53.	OF SIGN STREET		, her	eby authorize
			Ey.	of pension	allowe	ed, and		st th	at be re	emit same to
			hand and se		-/	2, 2	Mis XX/	Si	jani	1907. [1. s.]
			in presence	of			Mai	mL/		
9.										
	6		NO				100		rione	

DIER'S PENS

INDIGENT

JOHN W. LINDSEY, Commissioner of Per WARRANT HANDED TO

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,	}
Count	ty. S
Personally appears	Bruent of Cabl
	y 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 theday of	18; that he isyears old and
by occupation a, th	ast he enlisted in the military service of the Con-
federate States (or of the State of	hat he enlisted in the military service of the Con- during the way between the
States, and served for the term of	in Company & , of 2 99 Regiment
of	; that his physical condition is as
follows:	Cy Tufinil
.,	
	1.
that his property consists of the followin	g items:
of the value of	Dollars. I am now earning
	Dollars per month. That by reason of his
physical condition and powerty he is un	nable to support himself by his own exertion or
physical condition and poverty he is un	able to support nimself by his own exertion or
labor, and that he receives no pension bu	it the one herein applied for.
Deponent desires to participate in	the benefits of the Act approved December 15th,
1894, and the Acts amendatory thereof, ar	nd makes application for the pension to which he
is entitled for the year 1906. I have her	
County, been allowed a pension for the ye	ear 1905.
Sworn to and subspribed before me,	this the
	this the 1906.
while High	Ordinary. Many
July 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Ordinary. Work
State of Georgia,	ļ
Count	ty.)
Jahn Arotras	Ordinary of said County,
do certify that I am well acquainted with	h R A Parent
	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.	and the second s
Given under my official sig	onature and seal this
day of my	1
uay 0.	har Angle
AME	Harry Wines
roul seal here	Ordinary County.
Norn.—The blank spaces in Norn.—Affidavit should no	sues be filled OBME

## FOR APPLICANTS HERETOPORE ALLOWED PENSIONS

	U GOLDIE	
	00	uatr. J
Personally	appears Of C	Tomand of Colh
Couply, State of	Georgia, who, bein	g duly sworn, says on oath that he is a bone fide citizen
and resident of as	id County and St	ate, and has resided in said State continuously ever
since the		18 ; that he isyears old
and by occupation		, that he enlisted in the military service of the Con-
federate States (o	r of the State of_	during the war between the
States, and served	for the term of	Company & of 2 Me Pariment
of Called	2nd Ba	that his physical condition is as
follows:	age Y	- Sufficient
	1 33	
3		
that his property	consists of the fol	lowing items;
K Pg	7	
1	4	The state of the s
of the walne of	1	Dellars. I am now carning
by my labor,	77	Dollars per month, That by reason of his
physical condition	and assessed he is	unable to support himself by his own exertion or
1894, and the Acts	amendatory there	te in the benefits of the Act approved December 18th, of, and makes application for the pension to which he heretofore, as a resident of
County, been allow		
	d subscribed befor	
/ / .	V 24	
som	Julley	Ordinary.
O PROMPE	to trong	
State of	Georgia,	
Call	an anaka	unty.
	R	
1, 1	" myans	John Joy Ordinary of said County,
do certify that I as	n well acquainted	with Of Altryens
the applicant in the	tompoing affiday	it, and small satisfied that the statements made
		and I know he is the individual he represents himself
to be, and that he i	esides in this Cou	-
	an worker our office	int ninmature and seed this
~~,	Y and	ial signature and seal this
31277	of of	
ALVIII or Troc	Y and	John Hooling
ALVAL OF THOS	Y and	

Norm Alliant second must be allied before January 1st, 1907.

of his death on the 26 day of him and unpaid his Pension of of Georgia, and I know. Show witness, and he is of a truthful and trus Given under my hand and seal this (SEAL.)	stworthy character an	Dollars f	ere was due to
of Georgia, and I know	stworthy character an	and entitled to full credit.	, 1924 Ordinary
Given under my hand and seal this			Ordinary
			~'
sion Due lier 91) madent Children)	Lyan Coupty	of Pensions.	and then send the sen
Application for Pension Due Deceased Soldier (UNDER ACT 1891) (To be paid his Widow or Dependent Children) BY	Widow of M. C. ) of Old or New Borre	Approved and ordered 3 Commissioner of Commiss	this blank to Pennion Office if foreyon pay-rolls for permitting the Pennion Office.
GROBGIA, Co	obe such words to the lounty.		A 1.C
I hereby authorize and constitute	for me in my reme		County, my
through my deceased husband,		, for the Pension due me	10F 192,
Pension Roll and paid from		County for	. 19
Witness my hand thisday of Attested before me:	·L	,	192

UNDER ACT APPROVED OCTOBER 9, 1891. STATE OF GEORGIA. County after being duly sworn, on oath says that she is the widow of who was duly enrolled as a County for 192.3 and that the said the 26 day of Revember, 1923, and at the time of his death a Pension of a/Os County and unpaid for 192 Applicant further swears that she married the said RARman the 10 day of Brember 1870 in State of..... , and resided with him from the date of marriage to his death as his lawful wife, and is now his dependent widow, and she asks that the Pension so due and unpaid be paid to her. 8 day of December 1923 Sworn to and subscribed before me this..... Coff (SEAL.) AFFIDAVIT OF WITNESS STATE OF GEORGIA. County Personally before me comes & It. Lowegen on oath says that he knew and that he knows Mrs. Surryian above applicant; that he knows that the said R A Bryan Georgen Dodgen were in due form of law married in the County in the State of day of Tovember , 1870, and that they were residing together as husband and wife at the time of his death on the ..... , 197.5, and I know that she is his dependent widow. Sworn to and subscribed before me this & day of Descember , 1923. In Law, Ordinary. ist, This form can be used by guardian, or minor children, where there is no widow.

Ind. The Ordinary must, in all cases, send certificate of marriage attached hereto, if marriage is not proven by and. The Ordinary must, in all cases, send certificate of marriage attached nersto, if marriage is not proven by withard. Avoid the use of the morronously arge form of marriage certificate in common vogue throughout this State, suitis only for framing. Such a certificate is satirary of marriage serificate in common vogue throughout this State, suitis only for framing. Such a certificate is satirary
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Georgia-leobb Comity. Georgia-Cobb County -I. M. Stone, Ording, in and for said Paryant for fension comity herely certify that the witness. es, viz: D.J. Hainly olv. S. Dodgen are Personally came the muderof mistrouthy character and that their Digned who whow oath Day's that they Statements are entitled to full faith are ferronally acquainted with the and credit -Witnessmy hand angest of office. Paid applicant, his means of support his physical condition re-They have resided near him for the last second years and see hind quite frequently. That the statements contained in Cobb Co. Ga. said application are true- and the said applicant is worthy of belief. That said physical condition continues Tarretta La, mey 1/1/10) grow worse and that now he is Day antifice That B! really not able to make more than an - a pravious physician one fourth to one half a full hands the de the and and hive without greaturing to himself. That to have pora orall They blier that said condition is Service if not successable the swood swood substant of and sub- author by about of sub- 3 B/ Hamly Doch 29, 1899. Exiz. ..... Mr Ra Bryan I Kind his phydical would ab follows, In how (Sh) onie Whemation & Carbela Malitie Ata alas ha from the severallasts acthing, wild which controls Ordry. and remover him apolities maker to do manual labor and is formamenty Juon Dens Rubs enter before me

CHAS. H. VIELD, M. D.

(1) Kindment

Hely 25th 1905;

Bobo Cowing. \*\*\* JOHM AWTREY \*\* ORDINARY, COBB COUNTY. Mariella, Ga . - 10 1015 Mariella, Sa., 1901. Georgia- Good County-The Vallegian that it am a particley Resonaly Defore me, John Cleaning Myderian with Sangery of wild late of Lang Ordinary in and For Rais County, & F. Mayer + That be how it had the preference a resident of Raid Count, who being duty Love - when they and it in an van to Swom deposes and Days that R. N. Buy ant affle My Al Buyant Sidning the want wire lant for pusion, was in sure Company with man o and that & forgow To suitellan if deforent, viz. Co. & 2 ha Ga. Mesenes. That Said Conday Alm Dingant Junes as 11 of high thingant and regiment surrendend and was discharged shortly The at fillent after Leis Surunder in the Spring of 1865 lend He divivorde and showing andiller the applicant, A. A. Bryant, was present and is a weeling I will in alien of inft took on Sirrudred at that linehis triural Aliquied & a istian in long findle he is worth I do a ding 8 F Mayes mornal labor I so in all a burder of Swom to and Subscribed expense to his gamely before but this April 11 th 1901. Awing Mayer, above Though Directory Whiant, is a residust of loth County, and Sugar to and buts evided before one this File 28th / 408 his evidude is worthy of Just faith and Creatlugices of hais Comity of good standing John Awkey.

### POWER OF ATTORNEY.

	County	hereby authorize
	receipt for the	
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Execut	ed in presence of	f us
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No.		Name Coduty Disability Acro Amount, \$

Brown, J. W.

### POWER OF ATTORNEY.

STATE OF GEORG	ilA,	,		
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For These Aircasty Enrited.)
No. M. 6.3
INVALID
SOLDIER'S PENSION.

\*\*PSO 7.\*\*

Braun,

West or months, 1872 rentles, 18

RICHARD JOHNSON,

WARRANT HANDED TO

### ORDINARY ERTIFICATE.

STATE OF GEORGIA,	<b>?</b>
COUNT	
1. John & William	Ordinary in and for said County, hereby certify
that the applicant Of C 244	resides in said County, and had
and that the witnesses, viz:	
are of trustworthy character, and that their statem	
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. County show that applicant returned for taxation in his name in 1899. of property, and in 1900 Dollars of property.

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

1902 uson Ordinary, 

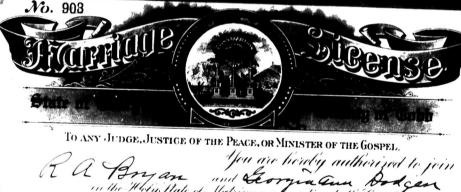
NOTE.

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

 Additional affidavits may be attached if blank spaces are insufficient.

 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.

COME COURT OF ORDINARY MULLIAMENT Fels. 28 14 1905 MARIETTA, CA. CORD COURT OF ORDINARY,
MARIETYA (A.
JOHN AWTREY, JUDGE PROBATE, Tely 28 4 1905 OHN AWTREY, JUDGE PROBATE. Genzie Court Court Lorgie Cost Court come A. A. Revonally Comes Str. Hosgen bio ling dely boing as a liter for Bryant and augusts his officette 12, a Thyafit deposes and Jalo that he it personally acquainted with Willed tower Ben but Sula are Apricants family and discumstances you married. One of There John Two of the Children who were winess at is an invalid and anable & do any Thing - Bul Two towit Metic & Enla apa now buerried. There are Den are bol Diam cutting, He only two minors now left who are on laring \$ 250 / \$100 pel week! able to laring come thing to wil respectful, which is not sufficient Mattie, Larning \$250 per week and for their Support - One of their helle Dean carried one dollar per wax. is only the years old and not come This is not buffieled to a flow them selves I personed them tolin's on The armed and subject them dition to be as flethe by Dr. Frilds. Byon Hand but seine lefore me 8 /W Blodgen Swow to and busioners before me this Fely This Fely, 28th 1905 1 & Stee 28th 1905 and I will the the topic is



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I was of this State and for so doing this shall be your Ficense.

Ind you are hereby required to return this License to me with your Cortificate hereon of the fact and date of the Marriage

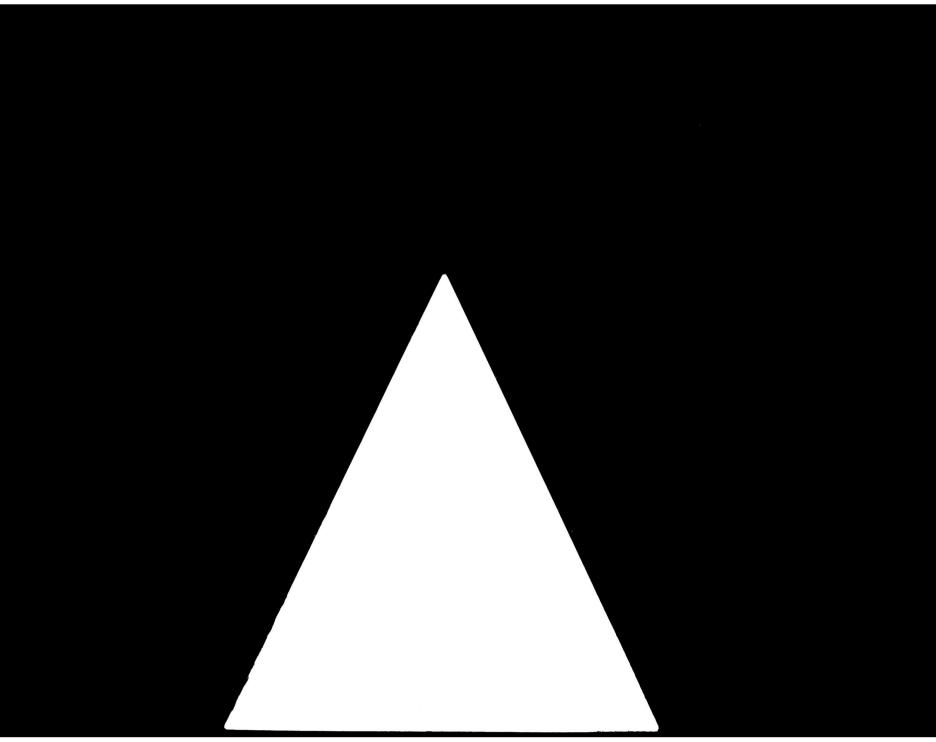
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and Georgia am Wordgen were prined in Matrimong by me this 10"

a & Myley W - Ex

ARTY PERFORMING CEREMONY RETURN TO ORDINARY TO BE RECORDED.



# POWER OF ATTORNEY.

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WARRANT ISSUED			n n	M	2		
2 1904.			X	A RE	2		,
JOHN W. LINDSEY,  Commissioner of Pensions.				The P	1.		
WARRANT HANDED TO	7.			7		ereby and	•
Gec. W. Harrison, State Printer, Atlanta.				1904.		anthorize	
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no data ;

### POWER OF ATTORNEY.

STATE OF GEORGIA,	) '	1	31, N 2
- Capp (	COUNTY.		•
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to receive and receipt for the	pension allowed, an	ad request tha	t he remit same to
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by		0	
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SOEDIER'S PENSION

1904.

TOOM W. LINDSEY,

Co. & Regiment 23

WARRANT ESSUED

JOHN W. LINDSEY,

Commissioner of Pensions.

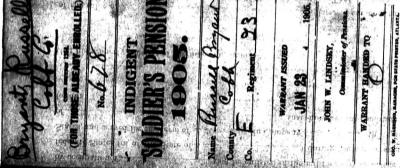
JOHN W. LINDSEY,

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ANTO HARETOFURE ALLOWED PERSIONS.

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to receive and results of		allowed, and		remit s
by	County			
Wirks my hand	ind seal, this	3 day	of Jan	1
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Dirk Arent Bodgeos to	Assistant de la con	y Al.		



County

STATE OF GEORGIA!

ROR APPLICANTS HEBETORORE ALLOWED PENSIONS

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
County.
Personally appears Russell Bryant of Call
County, State of Georgia, who, being duly sworn save on cost at a large
and resident of said County and State, and has resided in said State continuously ever
since the day of 1826 and State continuously ever
that he is veers old and
Sederate Service of the Con-
during the war between the
of the Regiment
follows: ; that his physical condition is as
Every for all the state of the
and a true for turnell
that his present a state of the
that his property consists of the following items:
Mothing
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of the value of Dollars, that by reason of his physical
and poverty he is unable to support himself by his aum
but the one herein applied for
Deponent desires to participate in the benefits of the Act approved December 15th,
, and the ricts amendatory thereof, and makes application for the
the year 1004. I have heretolore as a resident of
County been allowed a pension for the year 1703
Sworn to and subsortbed before me, this the
day of face 1904. Turselly organs
Multiny Ordinary.
STATE OF GEORGIA,
Coupey.
I, Ordinary of said County,
do certify that Lam well acquainted with the thirty
the applicant in the foregoing affidavit, and am well satisfied that the statements made
by arm in his said amdavit are true, and I know he is the indistingly be recovered by
to be, and that he resides in this County.
Given under my official signature and seal, this
day of 1904.
All Jour Author Author
Ordinary Colh County
County.
Nors.—The blank spaces must be filled.  Nors.—Affident's should not be privated before spapers let 1904.

The blank spaces must be filled.

Affigerity should not be attended before lappager teralion.

### FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

auth	Count	<b>v</b> .	
Personally :		Physiat of	Cobb
		ly sworn, says on oath that	
and resident of a	aid County and State	, and has resided in said !	State continuously eve
since the	day of	18; that he i	s. 76 years old an
by occupation s		hat he culisted in the mili	ary service of the Cor
	of the State of	) dur	ng the war between th
States, and served	for the term of 4 9	in Company & E	
of The Asia		that his	physical condition is
follows:	y hope	and freely	
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that his property	consists of the followin	ig items:	
		nothing.	
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of the value of by my labor,	Copyright or Copyright Cop	Dollars per month.	s. I am now earnin
labor, and that he Deponent de	e receives no pension b esires to participate in	ble to support himself but the one herein applied for the benefits of the Act app and makes application for t	or. proved December 15t
labor, and that he Deponent de 1894, and the Acts is entitled for the	e receives no pension be sites to participate in a amendatory thereof, a year 1905. I have her	ut the one herein applied f the benefits of the Act app and makes application for t etofore as a resident of	or.  proved December 15th the pension to which it
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Deponent de Deponent de 1894, and the Acts is entitled for the County been allow Sworn to and day STATE Of the applicant in the applicant in the phim in his said to be, and that he	secesives no pension besires to participate in a samendatory thereof, a year 1905. I have her yed a pension for the yed a subscribed before me of the year 1905. The GEORGIA,  County  The foregoing affidavit, affidavit are true, and resides in this County iven under my official affidavit and the county iven under my official affidavit are true, and resides in this County iven under my official affidavit are true, and resides in this County iven under my official affidavit are true, and resides in this County iven under my official affidavit are true, and resides in this County iven under my official affidavit are true, and resides in this County iven under my official affidavit are true, and resides in this County iven under my official affidavit are true, and resides in this County iven under my official affidavit are true, and resides in this County iven under my official affidavit are true, and resides in this County iven under my official affidavit are true, and resides in this County iven under my official affidavit are true, and resides in this County iven under my official affidavit are true, and resides in this County iven under my official affidavit are true, and the my official	nt the one herein applied for the benefits of the Act 1904.  The benefits of the Act applied for the benefits of t	broved December 15the pension to which the statements made the statements and statements made the stat

Nors.—The blank spaces must be filled.

Nors.—Affidavit should not be attented before January 1st, 1905

POWER OF ATTORNEY. STATE OF GEORGIA, to receive and receipt for the pension allowed, and request that he remit same to WITNESS my hand and seal, this\_ Executed in the presence of CODE SECTION 1254. (FOR THOSE ALREADY ENROLLED.) SOLDIER'S PENS WARRANT HANDED TO JOHN W. LINDSEY. INDIGENT WARRANT ISSUED No. 038 m dota

### POWER OF ATTORNEY

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STATE OF	GEORGIA, Pur sul	COUNTY.	}		, hereby authori
to receive	ney	of			
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Name Ansoll

County\_

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WARRANT

JOHN W

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

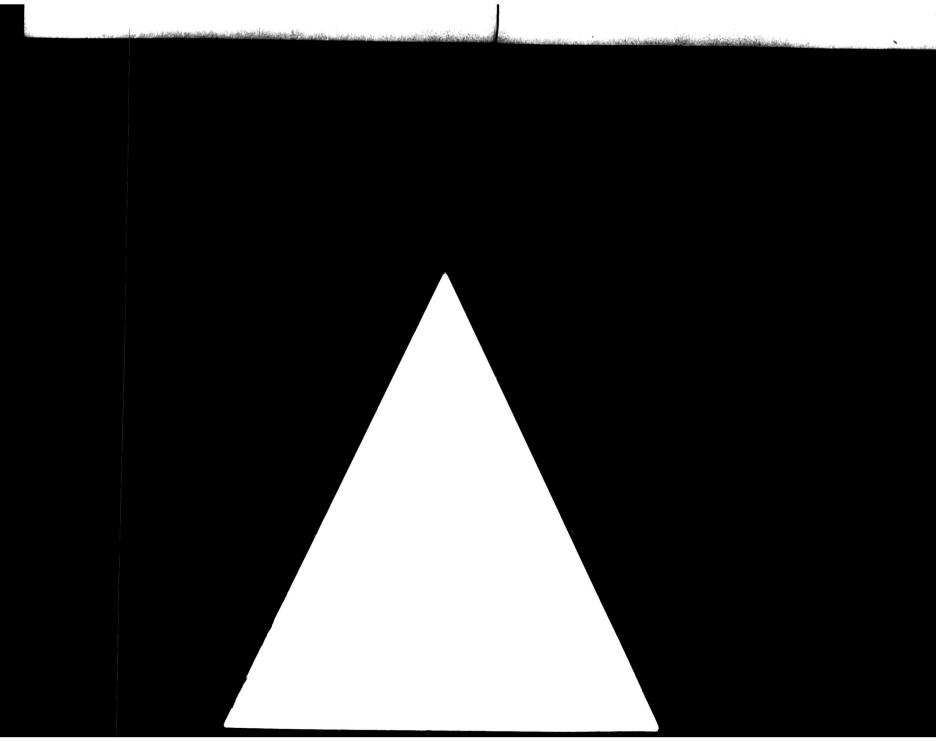
State of Georgia,
Cost County.
Personally appears Ausult Bryont of Gol
, .
County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of said County and State, and has resided in said State continuously ever
since theday of18; that he isyears old and
by occupation a, that he enlisted in the military service of the Con-
federate States (or of the State of) during the war between the
States, and served for the term ofin Company &, of 23 Regiment
of De ; that his physical condition is as
follows:
aye V procedy
that his property consists of the following items:
\ <b>a</b> 4
1. 1 x
of the value ofDollars. I am now earning
by my labor,Dollars per month. That by reason of his
physical condition and poverty he is unable to support himself by his own exertion or
labor, and that he receives no pension but the one herein applied for.
Deponent desires to participate in the benefits of the Act approved December 15th,
1894, and the Acts amendatory thereof, and makes application for the pension to which he
is entitled for the year 1906. I have heretofore, as a resident of County, been allowed a pension for the year 1905.
Sworn to and subscribed before me, this the
2 day of furgy 1906. Unsell material
(hetma) Nachan
Ordinary.
State of Georgia,
Gunty.
distribution of the state of th
the applicant in the foregoing affidavit, and am well satisfied that the statements made
by him in his said affidavit are true, and I know he is the individual he represents himself
to be, and that he resides in this County.
Given under my official signature and seal, this
day of Jan 1908
Ami Ami
here Ordinary County.
Norw — The blank spaces must be filled

Nors.—The blank spaces must be filled.

Nors.—Affidavit should not be attested before January 1st, 1906.

run	APPLICANTS	HRKRLALAKR	<b>ALLOWED</b>	<b>PENSIONS</b>
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State of Georgia,	)
Coph Count	_ }
Personally appears Aussell	
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and resident of said County and State, an	d has resided in said State continuously ever
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and by occupation a, t	that he enlisted in the military service of the Con-
federate States (or of the State of	during the war between the
States, and served for the term of	in Company & , of 23 Sin Regiment
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that his property consists of the following	g items;
of the value of	Dollars. I am now earning
by my labor, 25	Dollars per month. That by reason of his
physical condition and powerty he is unable	e to support himself by his own exertion or
labor, and that he receives no pension but	
	he benefits of the Act approved December 15th,
	d makes application for the pension to which he
is entitled for the year 1907. I have heret	, , , ,
County, been allowed a pension for the ye	·
Sworn to and subscribed before me,	1/
day of day	, I want
the thirty sound	Ordinary.
State of Georgia.	1
Co 84 County	y. )
1. Im hotel	Ordinary of said County,
do certify that I am well acquainted with	0 , 10
	d am well satisfied that the statements made
	know he is the individual he represents himself
to be, and that he resides in this County.	H.
Given under my official sig	mature and seal this 8
day of Anna	• Description of the Control of the
	Thu History
AMI	Ordinary Posts County
here	Ordinary County.



# For Applicants Heretofore Allowed Pensions.

• •
STATE OF GEORGIA,
County.
County.)
personally appears / / Down of Ood
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 Det. 185 That he enlisted in the military service of the Con-
States, and served as a structure in Company, of 4th Regiment
of s Brigade; that whilst engaged
in such military service in the State of the state of the day
of Mch. he was wounded, injured or diseased as follows:
May gringhat firsting the
from the last choulded soint
Alassen Through and will
Dha currente de la la la Tart
The state of the s
The world ( radie)
application prochable mempetint
To Bestorm The Ording Monny
Deponent desires to participate in the benefits of the Act, approved October 24th, 1887,
and the sets amendatory thereof, and makes another than for the sets amendatory thereof.
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 hereofore as a resident of
County been allowed a pension of
dollars, for the year 189 .
Sworn to and subscribed before me, this, the
Agay of 1890.
AMI Advan
Norn-State fully the nature of wound or character of disease which causes the disability and explain neutralests the account
Nors - Safe 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,
Copla County.
Ordinary of said County,
do certify that I am well acquainted with the
applicant in the foregoing affidavit, and any 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 any official signature and seal, this
day of_ 486.
Affin
bern
S C C C C C C C C C C C C C C C C C C C
County.
A CARDIA SAN SAL Y CELLA FED WEEL CO

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,	} ~
Corrego	
personally appears	
	ing duly sworn, says on oath that he is a bona fide citizen
and resident of said State, and ha	as resided therein continuously ever since the
day of18	that he enlisted in the military service of the Con-
federate States (or of the State	f ) during the war between the
States, and served as a	in Company, of Hth Regiment
of Voluntee	ers, Showells 's Brigade; that whilst engaged
in such military service in the St.	
of 1862, h	ne was wounded, injured or diseased of follows:
- Non price	Cet forty the first
of prones	Ly gout a last and
- and long	park ami to or
Modes .	The second of th
	The same of the sa
Deponent desires to participa	ite in the benefits of the Act, approved October 24th, 1887,
and the acts amendatory thereof	f, and makes application for the pension to which he is
	oper 26th, 1897. I have heretofore under said law as a
	county been allowed an invalid pension of
	Dollars, for the year 189
Sworn to and subscribed Wood	re me, this, the 1 1. M. Beauce
day of Styl	1897. POST OFFICE
/ XVI A	£ 6
XL GO	M. Jr.
Note-State fully the nature of wound or che of the disability, resulting from the wound or dise	paracter of disease which causes the disability, and explain particularly the extent
STATE OF GEORGIA.	)
Coun Coun	, tr
	177 Arm
I, -	Ordinary of said County,
do certify that I am well coquaint	
applicant in the foregoing affidavit	t, and am well satisfied that the statements made by him
	know he is the individual he represents himself to be
and that he resides in this County.	7
	my official signature and seal, this
day of	The state of the s
Amz	/XV Hory
bere.	
<u>~</u> .~	Ordinary County.

No. 042 APPLICATION FOR ALLOWANCE Applicant, County Amount /50, Date of Warrant Hely Entexed on record

Colon 18 188 9

NECRETARY EXECUTIVE DEPARTMENT. Where

Amount 160 Holy 18 wheney 10 8. APPLICATION FOR ALLOWANGE No. 642

Coll County	STATE OF GEORGIA
PERSONALLY appears A	inther Cold county,
State of Georgia, who, being duly sworn, says	on outh that he is a bona fide citizen and
resident of baid State, and has been such contin	
federate States (or of the State of)	e enlisted in the military service of the Con-
States, and served as a State of	in Company of / th Regiment
	s Brigade; that whilst engaged
in such military service, at the battle of	Us Charies ville in the State
of flu on the	ay of Sun 186 The was
wounded as follows:	that, Philling 11
Soft of the state	A Thilling, Aft
College of the state of the sta	Charles of the Charles
in the store selven	Manufaction the Dela Control Control
The state of the s	The state of the s
Deponent desires to participate in the ben	efits of the Act, approved October 24, 1887,
and the Act amendatory thereof, approved Dec	cember 24, 1888, and makes application for
the allowance to which he is entitled for the year	ar ending October 26, 1889.
Sworn to and subscribed before me, this the	Det Bucknes
18 day of He by 188	J, 12.11617 163
(711/21-10	
Note. State fully nature of wound or character of disease	chy 2
NOTE. State fully nature of wound or character of diseathe extent of the disability.	se which causes the disability, and explain particularly
STATE OF GEORGIA,	
County.	*
PERSONALLY comes before me	Ordinary of said county,
and	, both known to
me as reputable physicians of said county, wh	o, being severally sworn, say on oath that
they have carefully examined	and after such
examination say that the applicant has been inj	ured as follows:
200	
The state of the s	
	-
5 20 1 5 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	
and the same of th	*
Sworn to and subscribed before me, this	-41
}	-914
Sworn to and subscribed before me, this day of188	
· }	<del>- 111</del>

STATE/OF GFORGIA		
County.		
I. Ordinary of said county,		
do certify that I am well acquainted with A. I. I. B. Ekner the		
applicant in the foregoing affidavit, and am well satisfied that the statements made by him		
in his said affidavit are true, and that he is disabled to the extent he claims, and I know he is		
the individual he represents himself to be, and that he resides in this county. I also certify that the foregoing witnesses, to-wit:		
the same with the same of the		
are persons of respectability, and that their statements are worthy of full credit and belief.		
I further certify that before whom the foregoing		
affidavits were made and power of attorney was signed, is a		
of said county, and the said affidavits and signatures thereto are genuine.		
Given under my official signature and seal, this		
11 16.		
Ordinary (C. County,		
Ordinary (1 th / County.		
POWER OF ATTORNEY		
STATE OF GEORGIA,		
\$		
County.		
Know all Men by these Presents. That I,		
of		
county, in said State, do hereby appoint		
of my true and lawful attorney in fact, for		
me and in my name, to receive and receipt for whatever amount of money I may be entitled		
to from the State of Georgia by reason of the injury received as aforesaid in the military ser-		
vice of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby		
authorizing my said attorney to receipt in my name for any Warrant that may be issued by		
the Governor, or for any sum of money which may be coming to me for the reason aforesaid.		
In witness whereof I have hereunto set my hand and seal, this		
day of 188		
(L. S.)		
Executed in the presence of us:		
± /		
DIRECTION:		

County, Georgia.

Send money to me as follows, by

### NOTES.

1. If an applicant has been wounded, the description of the wound should be carefully and fully set forth by applicant and physician, and followed by a plain statement of facts showing the extent of the disability. If applicant claims disability from disease contracted in the service, a full and carefully stated history of the disease should be given, tracing the disability by positive proofs to the service.

2. The law makes no allowance for an arm or leg, unless the arm or leg has been rendered substantially and essentially useless.

3. It will not answer to say that an arm is "substantially useless for ordinary pursuits of life, etc." purposes be "substantially and essentially useless."

4. If the application is for a wounded leg, it would seem to be a fair construction of the Act, and the words above quoted, to say that unless the injury is such as to require the constant use of crutch or stick that the leg is not "substantially and essentially useless."

5. If application is for loss of fingers or toes the proofs must be made to show the number, and point-where amputated.

P.O.

where amputated.

6. If papers are returned for correction, and amendments are added to any of the affidavits, the amendments must be made under oath before an officer, and the proofs must show that the amendments have

Every application must be certified by the Ordinary of the county of the residence of the applicant.
 The certificate of any other will not be received in any case.

STATE OF GEORGIA, Ordinary of said county, do certify that I am well acquainted with applicant in the foregoing affidavit; and am well satisfied that the statements made by him in his said affidavit are true, and that he is disabled, to the extent he claims, and I know he is the individual he represents himself to be, and that he resides in this county. MM Porer I further certify that\_\_\_\_\_ before whom, the foregoing affidavits were made and power of attorney was signed, is a Notary Sublice of said county, and the said affidavits and Given under my official signature and seal, this 10 day of Februs 189.2.

Ordinary College County. signatures thereto are genuine.

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 MM Portal before whom, the foregoing affidavits were made and power of attorney was signed, is a Mary of said county, and the said affidavits and Given under my official signature and seal, this 15 day of Februs 189.2

Ordinary Colley County signatures thereto are genuine.

# For Applicants Heretofore Allowed Pensions. STATE OF GEORGIA, Bull County. Personally appears & Bulling of County. State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizent and resident of said State, and has been such continually since the 3 to day of

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 day of Cellotter 1840; 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 resident in Company of I the Regiment of Glorgian Volunteers the refer to Brigade; that whilst engaged in such military service, at the battle of Mechanism with in the State of Ungarrian on the day of Time 1867, he was wounded as follows: By heavy short mely arm four makes below about the many application much below. Meshod the was short that the our elbow. Meshod the short that the our elbow. Meshod the short that the our elbow. Meshod the should the great the said they was simplified to the should the great the said th

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 tear ending October 26, 1800. I have heretofore been allowed a pension of the tear ending October 26, 1800. I have heretofore been allowed a pension dollars.

Sworn to and subscribed before me this the

NOTE. State fully nature of course or frameter of company the extent of the disability, and explain particularly the extent of the disability.

### POWER OF ATTORNEY.

STATE OF GEORGIA

County.

KNOW ALL MEN BY THESE PRESENTS, That I,

of

county, in said State, do hereby appoint

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

Executed in the presence of us:

[L. S.]

P.O.

. (

DIRECTION.

Send money to me as follows, by

County, Georgia.

Maimed Soldiers.

1889.

COMPTROLLER-GENERAL.

Audited

Voucher No. 642

Amount. \$ 150, Paid to D. S. Buelluen

For Luce plefty Am refetter Day 1889.

Included in Warrant No. issued to Treasurer.

1889

WARRANT CLERK

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

Applicant

Audited

COMPTROLLER-GENERAL

Maimed Soldiers.

Voucher No. 1334

Amount \$ 150.

Paid to D. S. Bucker

Edagof arm and log

Frely 17

Included in warrant No.

issued to Treaturer

WARRANT CLERK

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

applicant

STATE OF GEORGIA,

EXECUTIVE DEPARTMENT.

Allanta, Ba, Heby 17 1090

No. 042	ı
STATE OF GEORGIA, EXECUTIVE DEPARTMENT. & Allanta; Ga. Kebry 1889	
Mr. S. Bucker of the County  of Casts having filed his application in the Executive	
Department for an allowance under the Act approved October 24, 1887, as amended by Act,	Ł
the is entitled to receive the sum of the same being the anomalous of the year ending october 24, 1889.  The Treasurer will pay the same and hold his receipt on this voucher and return same to Executive Department for warrant.	
By the Governor	
W. Hamsen	
CLERK EXECUTIVE DEPARTMENT.	

Dollars.

150.

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

( ne Aundred Pifty +oal

per above voucher, this of the fine frame

Mr. D. Pouckier of the County of Cook 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 Executive Department or such disability, the same being the allowance due for the year ending October 24, 1890.

The Treasurer will pay the same and hold his recipient has youcher, and return same to Executive Department for warrant.

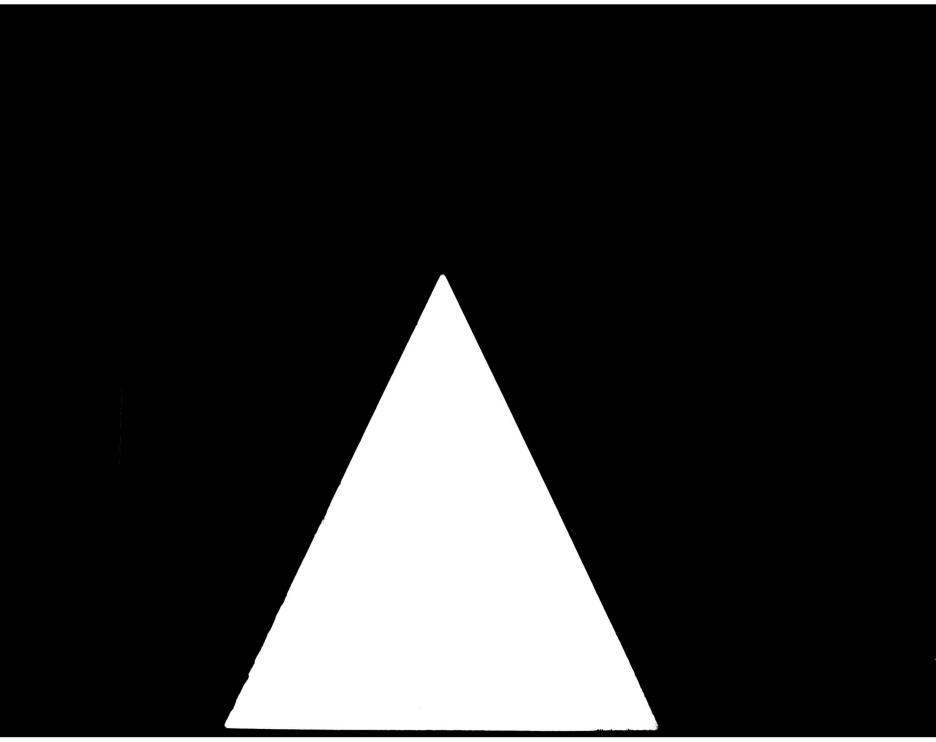
By the Governor,

CLERK EXECUTIVE DEPARTMENT.

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

One of Cechy 1850

J. S.; Barolines



Confederate UNDER ACT 1914. 92

	POWER OF ATTORNEY.	
STATE OF GE	ORGIA,	
	County.	
Ι,	hereby authorize	a comme
	. of	-
to receive and rec	eipt for the pension paid hereon and request t	hat he remit same to
	by	
at.		
IN WITNES	S WHEREOF, I have hereunto set my hand an	d seal, this
day of	_1898.	
		[L. S.]
Executed	in presence of	
	(	
	)	
P 11		* 1
	Se 3	HOOM'S.
je je		8 3
(For Those Already Enrolled No. 2720 TAXY AT ITS	1898.  1898.  (W. Bou.  (Cotte.  2/2/	AAAA
0. 272		7 7
inese Alrei No. 27	S & 1036 4	3
98 .0.	# 0 3022 "	S RRA
Ē ~ Z		Y 3
F.	SOLD Name Conty Disability Amount	•
	<b>S S S S S S S S S S</b>	

Roum, 2.14.

	POWER OF	ATTORNEY.
STATE OF GE	ORGIA,	P
Heregy a local or the control of the	County.	
Ι,	4	hereby authorize
•		of
to receive and re	ceipt for the pension ;	paid hereon and request that he remit same to
		by
at _	The second second second	
IN WITNES	S WHEREOF, I have	hereunto set my hand and seal, this
day of_	18	99.
		[L. s.]
Executed	in presence of	
-	KOMMONOKA, DE TRODUNGKOM KANANGA MARKATAN	-

SOLDIER'S PENSION. Name J. M. Brown INVALID 1899. Disability Arred 2/15 Amount, \$ 30

Brown, J. W.
O. L. Co.
One section in (For Those Aiready Enviled.)

No.2217

GEO. W. HARPISON, STATE PRINTER, ATLANIA WARRANT HANDED TO

RICHARD JOHNSON,

Il. Late

Confederate
Sollier's Application
United Act 1910.

Letter State

Letter

W. LINDSEY

tonkinopit and early him of the State of the State and Regiment slife you saling office the arm and class S. Her long this, the principal in the spend Million Service with said Company and Regiments (Give drive of Attoher) (1984).

When and other way your Company and Explained groups of distributions from the Shrytost Company and Explained groups of distributions from the Shrytost Company of the Service of Serv e. For how long was your leave granted? In what way? f. Why did you not feture to your Command after leave expired for the what easy your you presented?

b. What after tid you make, so resured.

ware you captured during the west, a set of the present of U. What property of every discription was owned, in the use, possessor and control of yourself and the and value of the description was owned, in the use, possessor and control of yourself and the and value).

10. What property of any kind have you or sport the disposal of and for what purpose since 4 Nov. 1008. To whom and for what priest. 11. What property of any discription of any kind, and of any value now dwined and in the discretion and control of governings, wife and its cash values. (Make femined lim) Are you drawing a pension of Aug amount from this Brate or the University and Executed Services applied for the Georgia Spanion (and had it reduced and for what same

. . 25

A TIDETION SON WHAT	
STATE OF GEORGIA	
-CAMONA COM	
as a witness in support of the application of M.	
by the Act of 1910, in said State, and after being swom	representation of the contract
answers as follows:	litakal andistra katalon kan sa kalendara katalon da katalon katalon katalon katalon katalon katalon katalon k
J., What is your name and where do you relid	
N. S. A. T. L. S. L. P. B. S. M. C. P. S. S. S. M. C. P. P. M. S.	(F) M25/80h x D25/h x D25 y D25 have y D25
2. How long and since when have you known.	the transfer of the state of th
3. Where does he now reside, and since when I	to the book a boundary to a local particular and the second law
State and how do you know?	The state of the s
all his left in the	484
4. When, where and in what Company and Resi	man did Miles Branches and many
war from 1861 to 1865? (Give date and place).	FOR A CONTRACTOR AND ADDRESS OF
5. How did you obtain your information of this	
contany	Selfs all sees where
6. How long within your own personal knowls	A War and the second se
this Company and Regiment? (give date)	
this Company and Regiment, 1844 dates.	BUTTO CONTRACTOR OF THE STATE O
When and where was his Command surrends	ted or disentaried (fine flow and plans)
	The state of the s
8. Were you personally present at the Surrender	Paris of the Control
9. If not, where were you and how same you the	of Market
10. Was the applicant personally present with hi	a Command at sucrement A Life
11. If not where was he and how came him there?	
	/
12. When did he leave his Command?	cacallass Clarks. Where was his Egmmend
when he left it?	There was his command
By whose authority did he leave.	nat cause and ne leaver
	Constant the how
long was he granted leave!	
all that you have stated to batrue? If of your own knowl	odge (Tell clearly and specifically)
	THE STATE OF THE S
13. In what way was he prevented from returning	to his Commands A John A John Commands
How do you know?	
14. What effort did he make to return to his Comm	and and how do you know?
way were over	
15. Was applicant captured as a prisoner	
In what prison was he held?	and when released?
Sworn to and subscribed before me, this the	
27 011	CONTROL OF THE CONTRO

AFFIDA VIT OF TWO TREEHOUSE

STATE OF GEORGIA

seed capate, and that his qual-ments are worthy of realist.

Buckner, W.E. Cobb Co. 1923 1923

### Application for Pension Due Deceased Pensioner

(UNDER ACT 1904)

(To pay expenses of last illness or funeral)

January Ordinary W & Buckner

Amount #

Approved and ordered paid.

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

Index Printing Co., Atlanta, Ga.

ATLANTA, GA.,

M For funeral expenses of Mr. W.E.Buckner.

### TO HARRY G. POOLE, DR. FUNERAL HOME"

96 S. PRYOR STREET

PHONES MAIN 0780

PRIVATE AMBULANCE

June. 10 1923.

Casket & Box. Embalming & Services. Suit. Heurse.

\$ 175.00 15.00 40.00 10.00 \$ 240.00

Cobb County.

Fersonally appleared before me Harry G. Poole, who after being sworn says the above account is just true

and was for the burial of Mr. W.E. Buckner.

Marietta,7a. August,15,1923.

Artany Bubli ( Fulton la Received of J.M. Gann, Ordinary, Cobb County, Ta., of eok for One Hundred Dollars,

to apply on above account.

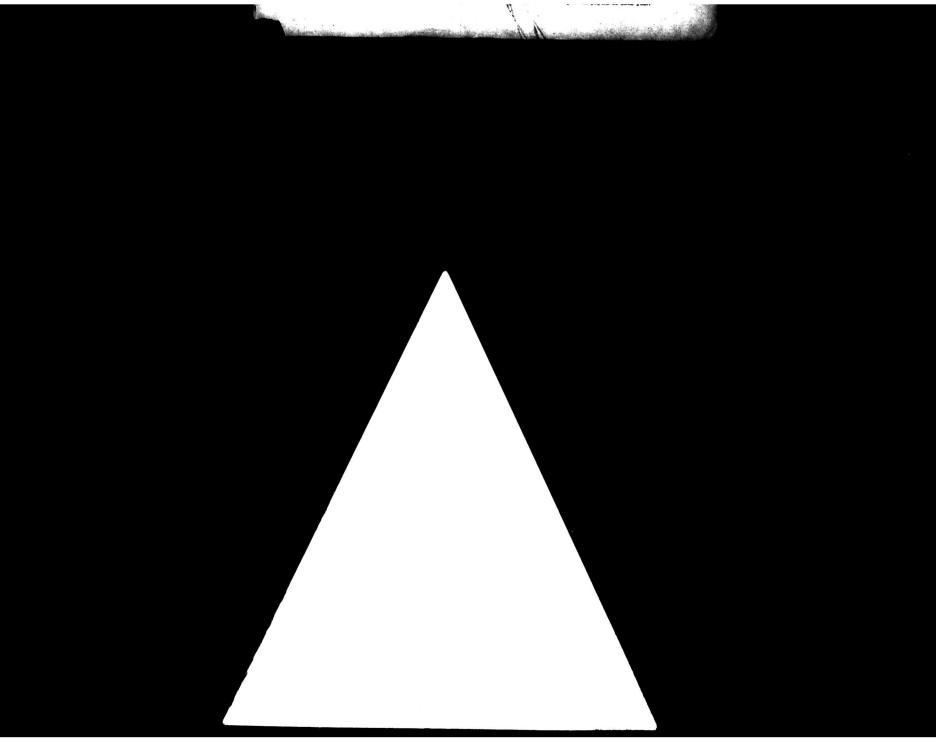
### Application for Pension Due to a Deceased Pensioner

(Under the Act of August 15, 1904)

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

		13 1. Buckeye, aty, who, after being sworn, on oath sa
that he knew	. //	f said County, and that said pension
was on the Seniu	Pension Roll of	County at the
time of death, which occurred	yin Cobb	County, in th
State, on the 10 7	day of Jun	
a Pension of Occ 2	hundred	Dollars was due pensioner as
unpaid at the time of pensioner	r's death. That he left no widow	w or dependent children surviving, ar
		which amounted to the sum of \$24
per sworn statement fully and	completely itemized, hereto attach	hed.
Sworn to and subscribed be	efore me	
this 24 day of	1928 ( )	N Buckner
J. 11/ San	Ordinary.	V / W
Est	County.)	
AFF	IDAVIT OF ORD	INADV
I, that personally know		Ordinary of said County, do certif
O .		d trustworthy character, entitled to fu
faith and credit.	9/	a trustworthy character, entitled to Id
I also knew	3.4Buskner	while in life and that thi
was the same person whose name	he appears on the Ser	via Pensio
Roll of	2 <b>9</b> 1	County, and was paid a Pensio
on hun	101	Dollars in said County for 192.2, an
now believe said newsiana to		
now believe said pensioner to	official seal, this A day	of Luly 1923
-	$\sim$	M Garage
-		
Given under my hand and		County County
(SEAL)	ensioner died after January let, had not perfect to be such acceptance. The wido unter for expenses of last lines, and unter for expenses of last lines, and m and the value of it, and each date.	

at the training must see to it that each bill is perfectly legitimate in every respect, and properly sworn to, and all the completed within a first this blank has been properly completed as indicated. Once for approval and no money to the complete them to the Peasion of the P



No. 806 APPLICATION FOR ALLOWANGE Date of Warrant Sel 25 Entered on record

Coly 23 1889

SECRETARY EXECUTIVE DEPARTMENT. appleant

APPLICATION FOR ALLOWANGE

in such military service, at the battle of day of light of 186 he was wounded as follows:  Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and the Act amendatory thereof, approved December 24, 1888, and makes application for the allowance to which he is entitled for the year ending October 26, 1889.  Sworn to and subscribed before me, this the day of 1881  Nove. State fully nature of wound or therefore of disease which causes the disability, and explain particularly the extent of the disability.  STATE OF GEORGIA,  County.  Personally comes before me  Ordinary of said county, both known to me as reputable physicians of said county, who, being severally sworn, say on oath that they have carefully examined	STATE OF GEORGIA,	ao a ja araji
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 day of the Confederate States (or of the State of the States) and served as a follows:  States, and served as a follows:  Volunteers in such military service, at the battle of the Confederate States (or of the Confederate States) in Sompany of the Regiment in the State of the Confederate States (or of the day of the State of the Confederate States) in the State of the Confederate States (or of the State of the Confederate States) in the State of the Confederate States (or of the State of the Confederate States) in the State of the Confederate States (or of the State of the Confederate States) in the State of the Confederate States (or of the State of the Confederate States) in the State of the Confederate States (or the State of the Confederate States) in the State of the Confederate States (or the State of the Confederate States) in the State of the Confederate States (or the Confederate States) in the State of the Confederate States (or the Confederate States) in the State of the Confederate States (or the Confederate States) in the State of the Confederate States (or the Confederate States) in the State of the Confederate States (or the Confederate States) in the State of the Confederate States (or the Confederate States) in the State of the Confederate States (or the Confederate States) in the State of the Confederate States (or the Confederate States) in the State of the Confederate States (or the Confederate States) in the State of the Confederate States (or the Confederate States) in the State of the Confederate States (or the Confederate States) in the State of the Confederate States (or the Confederate States) in the State of the Confederate States (or the Confederate States) in the State of the Confederate States (or the Confederate States) in the State of the Confederate States (or the Confederate States) in the State of the Confederate States (or the	la halia of	1/6
resident of said State, and has been such continually since the day of 184 that he enlisted in the military service of the Confederate States (or of the State of 194 the Confederate States (or of the State of 194 the Regiment of 195 the States, and served as a 194 that he enlisted in the military service, at the battle of 194 the State of 195 the way wounded as follows: 195 the causes the disability, and captain particularly the extent of the disability. 195 the way wounded as follows: 195 the causes the disability, and captain particularly the extent of the disability. 195 the way wounded as follows: 195 the causes the disability, and captain particularly the extent of the disability. 195 the way wounded as follows: 195 the causes the disability, and captain particularly the extent of the disability. 195 the way wounded as follows: 195 the causes the disability, and captain particularly the extent of the disability. 195 the way wounded as follows: 195 the causes the disability, and captain particularly the extent of the disability. 195 the causes the disability, and captain particularly the extent of the disability. 195 the causes the disability, and captain particularly the extent of the disability. 195 the causes the disability, and captain particularly the extent of the disability. 195 the causes the disability, and captain particularly the causes the disability, and captain particularly the causes the disability, and captain particularly the causes the disability. 195 the causes the disability and captain particularly the causes the disability. 195 the causes the disability and captain particularly		,
The control of the States (or of the States		11 4
federate states (or of the States of during the war between the States, and served as a line of the States, and served as a line of the States, and served as a line of the States of the Nothern of the States of the Act, approved in the States of the Act, approved October 24, 1887, and the Act amendatory thereof, approved December 24, 1888, and makes application for the allowance to which he is entitled for the year ending October 26, 1889.  Sworn to and subscribed before me, this the day of 1881  Norse.—State fully mature of wound or similaries of disease which causes the disability, and exploits particularly the extent of the disability of said county, both known to and me as reputable physicians of said county, who, being severally sworn, say on oath that they have carefully examined examination say that the applicant has been injured as follows:  Sworn to and subscribed before me, this day of 1881  Sworn to and subscribed before me, this day of 1881		
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Personally comes before me Ordinary of said county, both known to and subscribed before me, this day of 188	the extent of the disability.	тьу, выс ехран рагавшагау
Personally comes before me Ordinary of said county, both known to and subscribed before me, this day of 188	*	
Personally comes before me Ordinary of said county, both known to and subscribed before me, this day of 188		
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and , both known to me as reputable physicians of said county, who, being severally sworn, say on oath that they have carefully examined and after such examination say that the applicant has been injured as follows:  Sworn to and subscribed before me, this day of 188	County.	
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day of 188	examination say that the applicant has been injured as follows:	
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	Sworn to and subscribed before me, this	
	day of 188	
ORDINARY.	Lay VI	
	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,  County.  I,  do certify that I am well acquainted with applicant in the foregoing affidavit, and am in his said affidavit are true, and that he is the individual he represents himself to be, a	disabled to the ex	at the statements	d I know he is
that the foregoing witnesses, to-wit:			- 4.50 cc. 4.7
*	****		
are persons of respectability, and that their	statements are v	worthy of full cree	lit and belief.
I further certify that		before whom	the foregoing
affidavits were made and power of attorney	was signed, is a		- View
ot said county, and the said affidavits and s Given under my official signature and		day of 1	71. 188 / County.
POWER OF	ATTORNEY	<i>t</i> .	
STATE OF GEORGIA,			
Know all Men by these Presents, That	T.		
o			
county, in said State, do hereby appoint.			
of	my true a	and lawful attorne	w in fact for
me and in my name, to receive and receipt f			
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 St	ate), as stated in 1	he foregoing affid	avit; hereby
authorizing my said attorney to receipt in m	y name for any	Warrant that may	be issued by
the Governor, or for any sum of money which			on aforesaid.
In witness whereof I have hereunto set	my hand and se	al, this	
day of	188		
			(L. S.)
Executed in the presence of us:			(4.5.)
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Send money to me as follows, by		18.100 PM (18.100 NO.000 N	
.to		management of the same same	P. O.
C	ounty, Georgia.		

### NOTES.

1. If an applicant has been wounded, the description of the wound should be carefully and fully set forth by applicant and physician, and followed by a plain statement of facts showing the cetent of the disability. If applicant claims 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

2. The law makes no allowance for an arm or leg, unless the arm or leg has been rendered substantially and essentially useless.

3. It will not answer to say that an arm is "substantially useless for ordinary pursuits of life, etc." There is no qualification to the clause of the Act in reference to the arm or leg, but the limb must for all purposes be "substantially and essentially useless."

4. If the application is for a wounded leg, it would seem to be a fair construction of the Act, and the words above quoted, to say that unless the injury is such as to require the constant use of crutch or stick, that the leg is not "substantially and essentially useless."

5. If application is for loss of fingers or toes the proofs must be made to show the number, and points where amputated.

6. If papers are returned for correction, and amendments are added to any of the affidavits, the amendments must be made under outh before an officer, and the proofs must show that the amendments have ments must be made under oath before an officer, and the proofs must show that the amendments have

Every application must be certified by the Ordinary of the county of the residence of the applicant.
 The certificate of any other will not be received in any case.

STATE OF GEORGIA,

County.

I,

do certify that I am well acquainted with fas m. Bulland Ordinary of said county, applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and that he is disabled, to the extent he claims, and I know he is the individual he represents himself to be, and that he resides in this county. I further certify that It IR Power before whom the foregoing affidavits were made and power of attorney was signed, is a Artaru Cullica of said county, and the said affidavits and signatures thereto are genuine. Given under my official signature and seal, this day of of the first of the official signature and seal, this day of the first of the f

Application

STATE, OF GEORGIA,

I further certify that

signatures thereto are genuine.

do certify that I am well acquainted with \_\_

applicant in the foregoing affidavit, and am well satisfied that the statements made by him

in his said affidavit are true, and that he is disabled, to the extent he claims, and I know he is

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

Given under my official signature and seal, this 17 day of Hely 1891.

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Ordinary Cools County.

of said County, and the said affidavits and

the individual he represents himself to be, and that he resides in this County.

Por Applicate Herotofore Morred Pendies.

### For Applicants Heretofore Allowed Pensions. For Applicants Heretofore Allowed Pensions. STATE OF MEORGIA. STATE OF GEORGIA PERSONALLY appears Jas m. Wallard of & le M Bulland of County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and State of Georgia, who, being duly sworn, says on eath that he is a bona fide citizen and resident of said State, and has resided therein continuously ever since the resident of said State, and has been such continually since the alon's 1840 that he enlisted in the military service of the Con-\_\_\_\_18 40 that he enlisted in the military service of the Confederate States (or of the State of federate States (or of the State of.... ) during the war between the during the war between the States and served as a prevale in Company H, of 19 th Regiment States, and served as a Drivate in Company 26, of 19 th Regiment of (10) gia Volunteers (170 her 's Brigade; that whilst engaged Volunteers (sch 's Brigade; that whilst engaged in such military service, at the battle of Ce dar Run in the State Cedar Run in the State in such military service at the battle of of Medica on the 9 day of Acegaet 1862 he was wounded as follows: My minimie Balk Parkering of the Buck Carriers were perfectation of said left leg about Tinches balowith Mues Deponent desires to participate in the benefits of the Act, approved October 24, 1887, 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 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 the contract dollars. for the year engling October 26, 1891. I have heretofore been allowed a pendion of..... dollars, for Dail Sca Sworn to and subscribed before me, this, the factor 11 forder Sworn to and subscribed before me, this the . Chatowar St. Out NOTE ... State this nature of wound or character of disease which gluces the disability, and explain particularly the extent of disability results from the wounder disabilities. No. 8. State fully nature ( Rushing to extenter of display which ranges the disability, and explain particularly the extent of POWER OF ATTORNEY. POWER OF ATTORNEY. STATE OF GEORGIA STATE OF GEORGIA. \_\_\_\_ County. KNOW ALL MEN BY THESE PRESENTS, That I, Know all Men by these Presents, That I. of County, State of Georgia, do hereby appoint county, in said State, do hereby appoint my true and lawful attorney in fact, for my true and lawful attorney in fact, for me and in my name, to receive and receipt for what ever amount of money I may be entitled 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 to from the State of Georgia by reason of the injury received as aforesaid in the military service service of the Confederate States (or of this State), as stated in the foregoing affidavit; of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizhereby authorizing my said attorney to receipt in my name for any Warrant that may be ing my said attorney to receipt in my name for any Warrant that may be issued by the Goverissued by the Governor, or for any sum of money which may be coming to me for the reason nor, or for any sum of money which may be coming to me for the reason aforesaid IN WITNESS WHEREOF, I have hereunto set my hand and seal, this IN WITNESS WHEREOF, I have hereunto set my hand and seal, this [L. S.] 1.. 8. Executed in the presence of us: Executed in the presence of us: DIRECTION. Send money to me as follows, by\_\_\_\_\_ Send money to me as follows, by P.O.

County, Georgia.

County, Georgia.

### For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
County.
personally appears I. T. Browns _ Colf
County, State of Georgia, who being duly sworn, says on oath that he is a cona fide citizen
and resident of said State, and has resided therein continuously ever since the
day of 1850; 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 Thurall in Company of Illah Basinson
of Jovalls 's Brigade: that whilst engaged
in such military service in the State of State o
of he was wounded, injured or diseased as follows:
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- front of left shoulder braking
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I thoulder blade and cut out wear
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Deponent desires to participate in the benefits of the Act, approved October 24th, 1887,
and the acts amendatory thereof, and makes application for the pension to which he is
entitled for the year ending October, 26th, 1898. I have heretofore under said law as a
county been allowed an invalid pension of
Dollars, for the year 189 /
Sworn to and subscribed before me, this, the
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STATE OF GEORGIA,
Gobb County.
Ordinary of said County,
applicant in the foregoing official and an all all the foregoing official and an all the foregoing official and an all the foregoing official and an all the foregoing official and al
applicant in the foregoing affidavit, and am well satisfied that the statements made by him
in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County.
Given under my official signature and seal, this
day of 1604 1898.
(AMI)
rour mal
Ordinary Colla Committee
County.

### For Applicants Heretofore Allowed Pensions.

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STATE OF GEORGIA,	•***
County.	
personally appears J. H. Brown of Cold	
County, State of Georgia who being duly sworn, says on oath that he is a bona and resident of said State, and has resided therein continuously ever since the	fide citizen
ay of 1850; that he enlisted in the military service of	of the Con
ederate States (or of the State of) during the war b	
states, and served as a Private in Company 6, of 411	Regiment
f Georgia Volunteers, Stovall 's Brigade; that while	st engaged
n such military service in the State of N. C., on the	get day
f Luarch 1865, he was wounded, injured or diseased as follow	ws:
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ng October 26th, 1899. I have heretofore under said law as a re	esident of
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STATE OF GEORGIA,	
County.	
I. J. Ow. Stores Ordinary of sa	
o certify that I am well acquainted with I. H. Brown	
pplicant in the foregoing affidavit, and am well satisfied that the statements m	the
his said affidavit are true, and I know he is the individual he represents him	uself to be
nd that he resides in this County.	10 00
Given under my official signature and seal, this	the
	744
day of Heby 1899.	-
Jour Seal here	ne
Ordinary Cobb	County.

All Med Pensions

applicant in the foregoing affidavit, and any well satisfied that the statements made by him in his said affidavit are true, and that he is disabled, to the extent he claims, and I know he is the

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

Given under my official signature and seals this day of MCCh.

Ordinary.

STATE OF GEORGIA,

do certify that I am well acquainted with....

dividual he represents hinguloto be, and that he resides \$9 this Count, said affidavit are true, and that he is aisabled, it

Send money to me as follows, by STAIL OF GEORGIA

STATE OF GEORGIA,

POWER OF ATTORNEY. STATE OF GEORGIA.

County, Georgia.

For Applicants Heretofore Allowed Pensions.

For Applicants Heretofore Allowed Pensions.  STATE OF GEORGIA,  County.  Personally appears  Of  County, State of Georgia, who, being duly aworn, says on oath that he is a bong fide citizen and resident of Georgia, and has been such continuously since the  day of Hand	FOR Applicants Herotofore Allowed Pensions, STADE OF GEORGIA.  Presonancy appears Advantage on the desired of the state of Georgia, who, being duly sworm, says on outsi then he is a force fact citizent resident of said state, and has resided therein continuously over since the day of the state of the st
of the Regiment of A Volunteers Creater in Company 20 volunteers that whilst engaged in such military service at the battle of Cedar Russ in the State of Cedar Russ on the State of Cedar Russ	day of
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County, in said State, do hereby appoint  of my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.  LV WITNESS WHEREOF, I have hereunto set my hand and seal this.	applicant in the foregoing affidavit, and affi well satisfied that the statements made by him in it said affidavit are true, and that he is disabled to the extent he classic, and I know he is the idividual he represents himself to be, and that he resides in this County.  I first he county that he will be the county of the
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### POWER OF ATTORNEY.

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of		8		wful attorney in fact, for
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KNOW ALL MEN BY THESE		MANAGED AND MARKET IN COLUMN	
	of		-
County, State of Georgia, do hereby a	ppoint.		
of		-my true and lawful a	ttorney in fact, for
me and in my name, to receive and rec State of Georgia by reason of an injury States (or of this State) as stated in the in my name for any Warrrant that may be coming to me for the reason aforesai	received as aforesaid in foregoing affidavit; herely be issued by the Gover d.	the military service of by authorizing my said a rnor, or for any sum of	f the Confederate
IN WITNESS WHEREOF, J		nd and seal, this	
day of	1895.		(1 8.)
Executed in presence of us			[]
	DIRECTIONS.		
Send money to me as follows, by		nde	-
	_ to .		P. O.
	County, Georgia.		
	* ::		
SOLDIER'S PENSION. 1895.	Name M Bulland County Le M	Amount, 8 2000  AABO JOHNSON, Secretary Executive Department.	WAIRANT HANDED TO

### For Applicants Heretofore Allowed Pensions.

Tot Approunts nototololo Anonou lougious,
STATE OF GEORGIA.
PERSONALLY appears as. Mr. Bullander Colo
County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen
and resident of Raid State, and has resided therein continuously ever since the
day of Coffie 1860 that he enlisted in the military service of the Con-
federate States (or of the State ) during the war between the
States, and served as a forward in Company , of the Regiment
of Ya Volunteers Whey 's Brigate; that whilst engaged in such military service at the battle of Ladat Run in the State
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wounded as sollows: Au Junshot Inker
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Unita, ou against of which
bound the Said left they wan
Unputated fust volor the have
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 and ng October 26, 1894. I have heretofore been allowed a pension of
dollars, for the year 189
Sworn to and subscribed before me, this the
15 day of Mah 1894 Janda. 11 /2 willand
Me Home
Jac. Colly
Note Chate 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
Cololla
Ordinary of said County.
do certify that I am well acquainted with the M. Bullow the
applicant in the foregoing affidavit, and in 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 up der my official signature and seal, this
day of Man 1894
All a
here Hore
Ordinary County
Ordinary County.

### For Applicants Heretofore Állowed Pensions.

•
STATE OF GEORGIA,
Cook County.
personally appears Misulan of July
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 affine 18 What he enlisted in the military service of the Con-
federate States (or of the State of ) during the war between the
States, and septed as a in Company, of 19th Regiment
of Volunteers, Circles 's Briggle; that whilst engaged in
such military errice at the battle of Cara at the State
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wounded as follows:
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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
Sworm to and subscribed before me this it.
Sworn to and subscribed before me, this, the Janua MBullar
day of 1895.
The some of
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.
Colo County
Ordinary of said County,
do certify that I am well acquainted with Allero the
do certify that I am well acquainted with Stellers the applicant in the foregoing affidavit, and an well satisfied that the statements made by him
do certify that I am well acquainted with the applicant in the foregoing affidavit, and an 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
do certify that I am well acquainted with the applicant in the foregoing affidavit, and an 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.
do certify that I am well acquainted with the applicant in the foregoing affidavit, and an 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
do certify that I am well acquainted with the applicant in the foregoing affidavit, and an 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.
do certify that I am well acquainted with the applicant in the foregoing affidavit, and an 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
do certify that I am well acquainted with the applicant in the foregoing affidavit, and an 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
do certify that I am well acquainted with the applicant in the foregoing affidavit, and an 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

To receive and receipt for the pension paid hereon and request that he remit by  IN WITNESS WHEREOF, I have hereunto set my hand and seal, this day of  Executed in presence of us	Countrie
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of	
IN WITNESS WHEREOF, I have hereunto set my hand and seal, this may of	
IN WITNESS WHEREOF, I have hereunto set my hand and seal, this may of 1896.	t same to
ny of	All divide
ny of	on and
	***************************************
Executed in presence of us	[L. S.]
3	
3	J

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

by

at

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

day of.

[L. S.]

Executed in presence of

STATE OF GEORGIA,

## SOLDIER'S PENSION. Soldity Loc. Leg. Amount, \$ LOC. RICHARD JOHNSON, WARRANT HANDED TO

POWER OF ATTORNEY.

County.

For Applicants Severalore Allowed Pensions.

SOLDIER'S PEN

1896

No. 2920

(For Those Already Enr

### For Applicants Heretofore Allowed Pensions.

LL
STATE OF GEORGIA, County.
personally appears Maulion of The
County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen
and resident of sid State, and has resided therein continuously ever since the
day of 18 Chat 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 Company , of th Regiment
of Volunteers, Serigade; that whilst engaged
in such perfetary service in the State of, on the day
of 180 he was ounded, injured or diseased as follows
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the second of the second secon
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
county been allowed a pension of
dollars, for the year 189.
Sworn to and subscribed before me, this the
Iday of 1896.
My Dry Gril
Notz. Star fully the hature of wound or character of disease which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease.
of the disability resulting from the wound or disease.
OTATE OF OPODALA
STATE OF GEORGIA,
County.
1 Share and the same of the sa
do certify that I am well acquainted with the
applicant in the foregoing affidavit, and an 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 art official signature and seal, this
day of1896,
And
here.
Outline.
Ordinary County.

### For Applicants Heretofore Allowed Pensions.

STATE OF G	EORGIA,
Dersonally a	means All Bullers Cold
	sorgie, who being duly sworn, says on oath that he is a bona fide citizen
	State, and has resided therein continuously ever since the
day of	1840 that he enlisted in the military service of the Con-
federate States (or	
States, and struct	in Company, of & th Regiment
of 224	Volunteers, Samuel 's Brigade; that whilst engaged
	vice in the State of, on the day
of alien	1862, he was pounded, injured or diseased of follows:
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	CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE SHARE OF THE SHA
Denoment degis	as to neutralizate in the henefits of the Act approved October 94th 1997
	es to participate in the benefits of the Act, approved October 24th, 1887,
and the acts amen	latory thereof, and makes application for the pension to which he is
and the acts amen entitled for the year	datory thereof, and makes application for the pension to which he is
and the acts amen	latory thereof, and makes application for the pension to which he is  county been allowed an invalid pension of
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and the acts amen entitled for the yes resident of Sworm o and s day of Norz-State fully the nof the disability, resulting for	datory thereof, and makes application for the pension to which he is reading october 26th, 1897. I have heretofore under said law as a county been allowed an invalid pension of Dollars, for the year 189.  Law
and the acts amen entitled for the yes resident of Sworm o and s day of Norz-State fully the nof the disability, resulting for	datory thereof, and makes application for the pension to which he is redding october 26th, 1897. I have heretofore under said law as a county been allowed an invalid pension of Dollars, for the year 189.  Dollars, for the year
and the acts amen entitled for the yes resident of Sworm to and s day of Norz-State fully the nof the disability, resulting fits	datory thereof, and makes application for the pension to which he is reading october 26th, 1897. I have heretofore under said law as a county been allowed an invalid pension of Dollars, for the year 189.  Dollars, for the year 189.  Dollars, for the year 189.  1897. POST OFFICE Driver Light And Explain particularly the extent on the wound or disease.  County.  County.
sand the acts amen entitled for the yes resident of Sworm o and s day of the diability, resulting fr STATE 65 GI	datory thereof, and makes application for the pension to which he is reading october 26th, 1897. I have heretofore under said law as a county been allowed an invalid pension of Dollars, for the year 189.  Dollars, for the year
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sand the acts amen entitled for the yes resident of Sworm to and s day of the disability, resulting from STATE 65 G.  I,  do certify that I am applicant in the forcin his said affidavit	datory thereof, and makes application for the pension to which he is reading october 26th, 1897. I have heretofore under said law as a county been allowed an invalid pension of Dollars, for the year 189.  Dollars, for the year
sand the acts amen entitled for the yes resident of Sworm to and s day of the disability, resulting from STATE 65 G.  I,  do certify that I am applicant in the forcin his said affidavit	datory thereof, and makes application for the pension to which he is reading october 26th, 1897. I have heretofore under said law as a county been allowed an invalid pension of Dollars, for the year 189.  Dollars, for the year
sand the acts amen entitled for the yes resident of Sworm to and s day of the disability, resulting for STATE OF GI	county thereof, and makes application for the pension to which he is solding October 26th, 1897. I have heretofore under said law as a county been allowed an invalid pension of Dollars, for the year 189.  Dollars, for the year
sand the acts amen entitled for the yes resident of Sworm to and s day of the disability, resulting for STATE OF GI	county thereof, and makes application for the pension to which he is redding october 26th, 1897. I have heretofore under said law as a county been allowed an invalid pension of Dollars, for the year 189.  Dollars, for the year
sand the acts amen entitled for the yes resident of Sworm to and s day of the disability, resulting for STATE OF GI	county thereof, and makes application for the pension to which he is redding october 26th, 1897. I have heretofore under said law as a county been allowed an invalid pension of Dollars, for the year 189.  Dollars, for the year
sand the acts amen entitled for the yes resident of Sworm to and s day of the disability, resulting for STATE OF GI	datory thereof, and makes application for the pension to which he is solding October 26th, 1897. I have heretofore under said law as a county been allowed an invalid pension of Dollars, for the year 189.  Dollars, for the year
sand the acts amen entitled for the yes resident of Sworm to and s day of the disability, resulting for STATE OF GI	county thereof, and makes application for the pension to which he is redding october 26th, 1897. I have heretofore under said law as a county been allowed an invalid pension of Dollars, for the year 189.  Dollars, for the year

### POWED OF ATTORNEY

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	GEORGIA,	}	*
		unty.	
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		of	
to receive an	d receipt for th	e pension paid hereon and request	that he remit same to
		by	
at_		*	
IN WIT	NESS WHER	OF, I have hereunto set my hand as	nd seal, this
day of		1898.	
			[L. s.]
Exe	cuted in presence	of )	
			*
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		$\searrow$	
II.		i	
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ed.		3 0	Ommissioner of Pension Commissioner of Pension ANDED TO
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GT OF A OCT. ISC.  Se Already E.  3360	A N	160898 B	2 8 A A
110 2 10	> ~		RICHARD JOHNSON,  Commissioner of  WARRANT HANDED TO  WARRANT HANDED T
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(For These Already Enrolled.)	INVALI	Nauce County County Disability Amount, \$	KIC WAA

	GEORGIA,	ounty.	}	,			,
receive and	receipt for th	e pens	ion paid he	reon and	l reque	st that l	ne remit same t
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#ACC U	ted in presence	01					
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No.	2 3	$\overline{\boldsymbol{x}}$	on !	2 /	(3)	HAR	ARRAN PRISON,
Fer T			9	ility .		RIC	W. HALL
	2		Name	Disab			966
	In WITH Already Encourse.  IN WITH york and a second secon	TATE OF GEORGIA,  C.  I.  receive and receipt for the  IN WITNESS WHERE  y of  Executed in presence	TATE OF GEORGIA,  County.  I.  receive and receipt for the pens  IN WITNESS WHEREOF, I y of  Executed in presence of	I	I	I. hereby authorize— of	TATE OF GEORGIA,  County. S  I. hereby authorize  of of of of of the pension paid hereon and request that is by  IN WITNESS WHEREOF, I have hereunto set my hand and seal by of 1899.  Executed in presence of Executed in presence of Charles of the pension of the

### For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
- County.
personally appears Las Du, Bullard of Cobb
County, State of Georgia, who being duly sworn, says on oath that he is a tona fide citizen.
and resident of said State, and has resided therein continuously ever since the
day of A fruit 18/0; 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 1, of 12 th Regiment
s Brigade; that whilst engaged
in such military service in the State of $(b\alpha)$ , on the 2 day
of Acq 1862, he was wounded, injured or diseased as follows:
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- caused the legito be amountated
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Company of the Compan
and the same of th
The state of the s
Deponent desires to participate in the benefits of the Act, approved October 24th, 1887,
and the acts amendatory thereof, and makes application for the pension to which he is
entitled for the year ending October 26th, 1898. I have heretofore under said law as a
resident ofcounty been allowed an invalid pension of
Dollars, for the year 189 7
Sworn to and subscribed before me, this, the dance Al Bulland
16 th say of Ly arch. 1898. POST-OFFICE Powder Springs
All Home Ord
Note that fully the figure of wound or character of disease which course the disability
North distribution in the ot wound or character of disease which causes the disability, and septoin particularly the extent of the disability, resulting from the wound or disease.
STATE OF GEORGIA,
County.
I, Ordinary of said County,
do certify that I am well acquainted with Jas. In. Bullard the
applicant in the foregoing affidavit, and an well satisfied that the statements made by him
in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County.
Given under my official signature) and seal, this
day of har cho 1898.
(AMI)
rour land
Ordinary Odd County
County.

### For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
County.
Dersonally appears 1. Dis. Bulland of Cobb
County, State of Georgia, who being duly sworn, says on oath that he is a bong fide citizen.
and resident of said State, and has resided therein continuously ever since the
day of 18 40; 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 frivate in Company of 19 th Regiment
of Sa. Volunteers, Archers & Brigade; that whilst engaged
in such military service in the State of day, on the 9th day
of Access 1862, he was wounded, injured or diseased as follows:
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and rendering it necessary to
aufurtate said leg just below
the knee
The second secon
A SECURITY OF THE PROPERTY OF
Deponent makes application for the pension to which he is entitled for the year end-
ing October 26th, 1899. I have heretofore under said law as a resident of
County been allowed an invalid pension of
Dollars, for the year 189 8.
Sworn to and subscribed before me, this the
Sworn to and embscribed before me, this, the former Il Bulland
15th day of Fely 1899. POST OFFICE Powder String
15th day of Febry 1899. POST OFFICE Cowder Spring
day of Horizon 1899. POST OFFICE Cowders Spring
day of 1899. POST OFFICE Cowders Sfree State of 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.
day of Horizon 1899. POST OFFICE Cowders Spring
day of 1899. POST OFFICE Cowders Sfree State of 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.
Norm that fully the nature of wound or character of disease which causes the disability, and explain particularly the STATE OF GEORGIA,  County.
Norm that 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.  County.  Ordinary of said County
Norm that 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,  Ordinary of said County, do certify that I am well acquainted with I am. Rulland the
Norm that 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, Ordinary of said County, do certify that am well acquainted with . Ow. Bulland 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
Norm that 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,  Ordinary of said County, do certify that I am well acquainted with I am. Rulland the
Norm that 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, Ordinary of said County, do certify that am well acquainted with . Ow. Bulland 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

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### POWER OF ATTORNEY.

STATE OF GE	ORGIA,		
	County.		
Ι,		hereby authorize	
		of	
to receive and rece	ipt for the pension ps	aid hereon and request that he remi	t same to
	and the contract of the contra	by	
at			
IN WITNESS	WHEREOF, I have	hereunto set my hand and seal, this	
day of	1900,		
			[L. S.]
Executed in	presence of		

Jan	Chully one of	of Mercitle	
by O	My man my m	d hereon and request that he	remit same
I WITTON	a diagram	Contract of the second	Marin distantation
ay of fac	And reven blanch	hereunto set my hand and seal	this /
ACKOR	OSO "GIA,	James M Bullas	&[L.
Event	ed in presence of		
Tive di	in prosence of	****	
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2 °	ź. 16.	ri.	i

JOHN W. LINDSEY,

SOLDIER'S PENSION. CODE SECTION JAN. (For Those Already Enrelled.) INVALID Coble Bul 1900. Warrant issued Muly Disability

### For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,	
County.	
personally appears & M. Bullard of Cobb	
County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizer	1
and resident of said State and County, and has resided therein continuously ever since the	
day of Africa 1840; that he enlisted in the military service of	f
the Confederate States (or of the State of) during the war be	
tween the States, and served as a friend in Company of 19th Regiment of Scargia Volunteers, Archell's Brigade; that whilst	1
engaged in such military service in the State of Va., on the	t
day of OAugust 1862, he was wounded, injured or diseased as follows:	
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rendering it necessary to diffintate	
said leg just below the hues	
. 0	
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	
7100. Dollars, for the year 1892.	
Sworn to and subscribed before me, this, the	la
Sworn to and subscribed before me, this, the fames Il Bull of day of Margel 1900. POST OFFICE Powder Spring	0
My From	-/
Note State fully the nature of wound or options of thems which causes the disability, and explain particularly the extent of the disability resulting from the wound or officease.	
/	
STATE OF GEORGIA,	
-Cook County.	
I. J. M. Stace Ordinary of said County,	
do certify that I am well acquainted with J. M., Bullata 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	
AME day of March 1990	
My Trone	
Ordinary Cook County.	
County,	

### For Applicants Heretofore Allowed Pensions.

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6000	County.	
Personally	mi 1	Med of book
		says on oath that he is a bona fide citizen
and resident of sa	id State, and has resided therein	continuously ever since the
day of	18#C; that he en	listed in the military service of the Con-
federate States (or		during the war between the
of Ala	as a Mirate Volunteers, Archi	in Company 14, of 19th Regiment
how	ervice in the State of	s Brigade; that whilst engaged
of Augus	heardead dituit	nded, injured or diseased as follows:
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		The state of the s
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Herrals	Co	unty been allowed an invalid pension of
Hor-	Co	unty been allowed an invalid pension of or the year 180.
Sworn to and	Dollars, for subscribed before me, this the	unty been allowed an invalid pension of or the year 180.
Harrals	Dollars, for subscribed before me, this the	unty been allowed an invalid pension of or the year 1907.
Sworn to and	Dollars, for subscribed before me, this the	unty been allowed an invalid pension of or the year 180.    January M. Mulfard   Postoffice   Po
Sworn to and	Dollars, for subscribed before me, this the	unty been allowed an invalid pension of or the year 1900.  Postoffice
Sworn to and day of the day of th	Dollars, for subscribed before me, this the start of the sound or character of disability resulting from the wound or disability result	unty been allowed an invalid pension of or the year 1900.  Postoffice
Sworn to and day of the day of th	Dollars, for subscribed before me, this the start of the sound or character of disability resulting from the wound or disability result	unty been allowed an invalid pension of or the year 190.  Postoffice
Sworn to and day of the day of the extent of the distribution of t	Dollars, for aubscribed before me, this the first the nature of the found or character of disability resulting from the wound or disabi	unty been allowed an invalid pension of or the year 190.  Postoffice  Isease which causes the disability, and explain particular.
Sworn to and  Aday of the action of the description	Dollars, for aubscribed before me, this the first the nature of the found or character of disability resulting from the wound or disabi	portinary of said County,
Sworn to and  Aday of the day of	Dollars, for subscribed before me, this the first subscribed before me, the first subscribed befo	prdinary of said County,
Sworn to and  Aday of the day of	Dollars, for subscribed before me, this the for 1902 the nature of the found or character of disability resulting from the wound or disability region and the subscript from the wound or disability region and the wound or disability resulting the	prdinary of said County,  Ordinary of said County,  the tished that the statements made by him
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Sworn to and day of the day of th	Dollars, for subscribed before me, this the for 1902 the nature of the found or character of disability resulting from the wound or disability regularity resulting from the wound or disability resulting from	Postoffice  Ordinary of said County, the tished that the statements made by him individual he represents himself to be
Sworn to and day of the day of th	Dollars, for subscribed before me, this the subscribed before me, this the second of the subscribed before me, this the second of the subscribed before me, this the subscribed before me, this the subscribed before me, this the subscribed before the subscribed before me, this the subscribed before me, this the subscribed before me, the subscribed before me	Postoffice  Prodinary of said County, the tished that the statements made by him individual he represents himself to be ture and seal, this
Sworn to and day of the day of th	Dollars, for subscribed before me, this the subscribed before me, this the second of the subscribed before me, this the second of the subscribed before me, this the subscribed before me, this the subscribed before me, this the subscribed before the subscribed before me, this the subscribed before me, this the subscribed before the subscribed before me, this the subscribed before the subscribed before me, this the subscribed before me, the subscribed	Postoffice  Prodinary of said County, the tished that the statements made by him individual he represents himself to be ture and seal, this
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	GEORGIA,	untv.	}				. %
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	l receipt for the						
			-		N. S. A. S.		
	NESS WHERI			ito set my	hand a	nd seal.	this
day of				<b>,</b>		,	
			-				[L. S.]
Execu	ted in presence o	of					
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			80	7	8	SRY,	2
(For Those Already Enry			8 6	3	1	JOHN W. LINDSEY	WARRANT HANDED TO
HOSE AIRS	/AI		7.0	20	2h	W. L	E 7 13
No.	Z E	9	<b>6</b>	0 0	pens	NH	A R R R A
- F	= E		1	lity.	nt ise	Jo	¥ 7 8 7
	0,0		Name County	Disability_Amount, \$	Warrant issued		1
	. • •		1 4 0	I			1 1

	I, to receive and at Rico in With day of Ja	County Co	bareby in the paid hereon are by	d request that he	this / UTC
Brown D. W. a.		DISABLED.  DISABLED.  LOIS PERSION.  1901.	Name Myssyr. County Coff	1941 W. LINDSEY.	WARRANT HARDED TO

For Enally

" dofore Alle: " Dension:

### POWER OF ATTORNEY

STATE OF GEORGIA,	resignation of the state of the
County.	Comply.
, CMBulling	
	hereby authorize
- John May	of
to receive and receipt for the pension	paid hereon and request that he remit same to
at	
IN WITNESS WHEREOF, I have	ve hereunto set my hand and seal this
day of	
Í	James of Bullant. 8.]
Executed in presence of	
XIII ann	*
	·

she is the lawful widow of\_ and was on county, and was paid a Pension from county for 1902, and at the time of his death on the 190 A, there was due to him and unpaid his Pension of dollars from the State of Georgia, and I know... the within witness, and he is of a truthful and trustworthy character and entitled to full credit. Given under my hand and seal this Ordinay County. Application for Pension Due Deceased Soldier Under Act 1891. GEORGIA. I hereby authorise and La monte Sullard

County.

Ordinary of said county, do certify

\_\_\_, the applicant, and that

**GEORGIA** 

PRINCE OF OR ALLOWED PENSIONS.

### FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
Personally appears Mulling of
County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen
and resident of said State, and has resided therein continuously ever since the
day of
federate States (or of the State of) during the war between the
States, and served as a francis in Company of, of 9 th Regiment
of Nolunteers, Andrew 's Brigade; that whilst engaged
in such military service in the State of, on the day
of August 186 2, he was wounded, injured or diseased as follows:
Server of the se
left les ( 175)
I amplation
part of the first of the second of the secon
Deponent makes application for the pension to which he is entitled for the year
ending October 26th, 1903. I have heretofore, under said law, as a resident of
County, been allowed an invalid pension of
Dollars, for the year 1902.
Sworn to and subscribed before me, this the James M Bullas
day of the 1903, Post-office
January -
Nors.—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, )
County.
I,Ordinary of said County,
do certify that I am well acquainted with
the applicant in the foregoing affidavit, and am well satisfied that the statements made by
him in his said affidavit are true, and I know he is the individual he represents himself to
be and that he resides in this County.
Given under my official signature and seal, this
day of
Affix your
here County.
Nove.—Fill all blanks and of Company and Regiment.

Note.—All vouchers and affidavits must bear date after January 1, 1908.

APPLICATION FOR PENSIONS DUE DECEASED SOLDIER.

UNDER ACT APPROVED OCTOBER 9, 1891.

STATE OF GEORGIA, County.

Personally before me come Mrs. , of said county, after being duly sworn, on oath says that she is the widow of Manual Ma

190 4. and at the time of his death a

county and State of and resided with him from date of marriage to his death as his lawful wife, and is now his dependant widow, and she asks that the Pension so due and unpaid be paid to her.

Syform to and subscribed before me this day of Annuan 1907

was due him from

and unpaid for 1904. Applicant further swears that she married the said

Pension of 100

Sollars Samuelle Bellars

### AFFIDAVIT OF WITNESS.

GEORGIA, Coupty. 1611
Personally before me come A Marling
on oath says that he knew & M 93
and that he knows his vidors Mrs. Samantha Bullerd,
the above applicant; that he knows that the said & M Bullend
and Thuy were in due form of law married in the county
of bab
the 10 day of January 1869 and that they recited
day of January 190 4, and I now know that she is his dependent widow
Sworm to and shauribed before me this day of ann of 190 4
Milliony ORDINARY & A A Martin
Comme

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

Maimed Soldiers.

,

1889

OMPTROLLER GENERAL

Audited

Voucher No. 806,

Amount \$ 160

Pand to Ja m Bulland

For Hons y Voich

166 53 1889

Included in Warrant No

1889

WARRANT CLERK.

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

applicant

Audited

18

OMPTROLLER-GENERAL

Sich

Maimed Zoldiers.

Voucher No. 4215

Amount \$ 100

Amount & 100

van Sasell Bullard

D'sby 11" :890

Included in searrant No

1.8

WARRANT CLERK.

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

appleaning

No. 806
State of Georgia, executive department & Allanta, Ga Hery 23 1859.
of CERE having filed his application in the Executive Department for an all-swarce under the Act approved October 24, 1887, as amended by Act.
Dec. 24, 1888, and the same having been allowed for  AND AND AND COLOR HOLLE AND POLICE  The iscentified to receive the sum of COLOR Holle And Color of Police  Tor such disability the same being the allowance due for the year ending October 24, 1889
The Treasurer will pay the same and hold his project on this courber, and return same to Executive Department for warrant  By the Governor  CLERK EXECUTIVE DEPARTMENT.
RECEIVED OF STATE THE SCHEEF, R. C. HARDEMAN,  ((1) State decent of Dollars  per above voucher, this 3 of they 1880.  James M. Bulland

No. **928** Atlanta, Ba., Veb., 11 ,090 STATE OF GEORGIA. EXECUTIVE DEPARTMENT. Mr. Acriles On A Quellar of the County
Cabb having filed his application in the Executive 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 K cley He is entitled to receive the sum of Olig District Pool Dollars for such disability, the same being the allowants due farthe 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, CLERK EXECUTIVE DEPARTMENT. RECEIVED OF STATE TREASURER, R. U. HARDEMAN, (One Aundre # 301

Dollars,

1891. Maimed Soldiers. Audited 1891. Voucher No. 1262 Amount \$ 10 0 COMPTROLLER GENERAL Paid willand Heby 19 1891. Included in warrant No. issued to Treasurer. 1891. WARRANT CLERK. appleaning

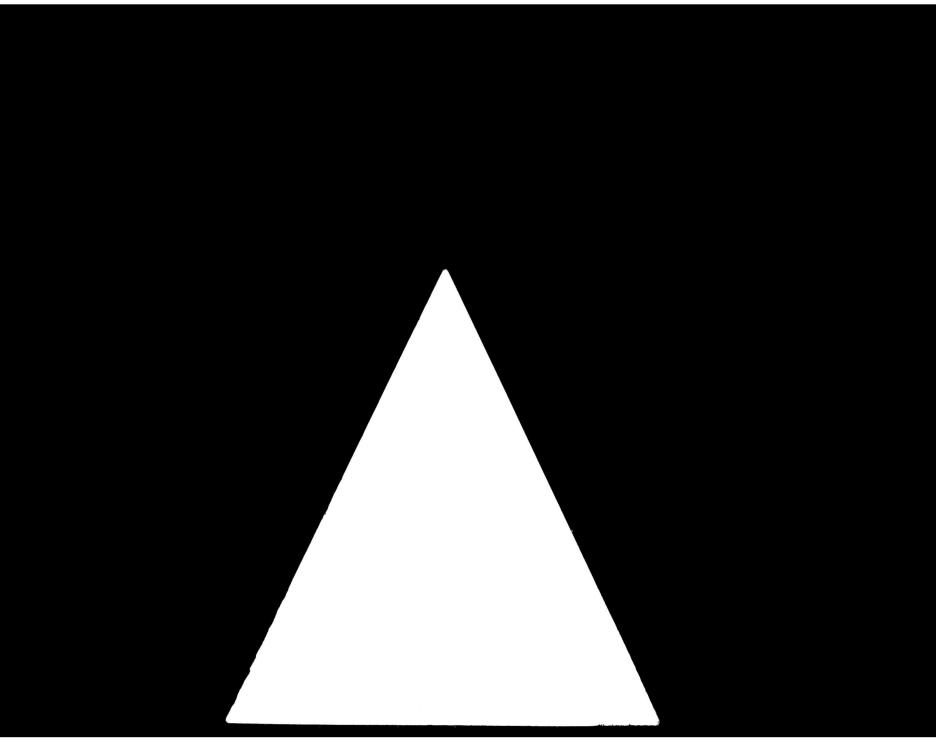
No. 1202 Allanta, Da Hoky 19 1891. STATE OF GEORGIA. EXECUTIVE DEPARTMENT. Mr. Goth In Bullant having filed his application in the Executive Department for an allowance under Act approved October 24, 1887, as amended by Acts approved Dec. 24, 1888 and Nov. 1 7889, Indeline same having been examined and allowed for He is entitled to receive the sum of Confidence 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, (It I Name of Executive Department.

.100

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

Cice Necceders 100/ Dollars,

Jania Il Bulland



# POWER OF ATTORNEY.

### STATE OF GEORGIA.

Know al! Men by these Presents. That I.

me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia as a widow of a Confederate Soldier, as stated in the foregoing my true and lawful attorney in tact, for 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 rre for the reason 1. m County, in said State, do hereby appoint

hereunto set my hand WITNESS WHEREOF IS have day of Many

?

If allowed, send amount by

me at

2

and oblige,

Warrant Issued

1891

AND HANDED TO

### STATE OF GEORGIA.

Know all Men by these Presents, That I, Bulland

County, in said State, do hereby appoint. ... me and in my name, to receive and receipt for whatever amount of money I may be entitled

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

day of Many Research of the hereunto set my hand and seal, this day of Many Research [L. s.]

Executed in the presence of us:

If allowed, send amount by

me at

, and oblige,



Warrant Issuec

### Affidavit to be Made by the Widow.

so be little by the in iden.
STATE OF GEORGIA.
In person came before me, the indersigned Ordinary
County of in and for the County of
Mrs. , who being sworn according to law, says under
The Market of th
" G ' I.
the service of the Confederate States, and served as a member of Company , of the
Regiment of Volunteers; that he enlisted in said
service on or about the 2/st day of August 1861, and was in the
Army up to 8th aufwest 186 th That while in the
2.6/-
Army, he was on the day of Migry 1862, (See Note No. 1)
While in line of duty at Deven
pines battle in Warfiguia, he was
amska and Faken Arian and
was taken to The Allenan in the
Thoky of Delanar as Arisoner and
and the state of t
while in saw prison he contrac
Mever and was Derzoly Lich in
Came near dying while in fries
The was then exchanges an ofm
hone and relatives at Deterstone To
The state of the s
Une dies for three days ofter am
How place with tail relapse
of from the die the 8 day of
1 Stufuct 1862
Deponent further swears that she was the wife of said deceased soldier during his term of service in
the Army, and that she has never married since his death; that she became his wife on the 3.20 th
day of May 1855, and that she has resided in Georgia continuously since the
day of Aug. 182 hat Georgia is her home, and was such
on the 23d day of December 1800 and since soil day of the state of the

3d day of December, 1890, and since said date she has not lived in any other State or locality. Deponent, as the widow of said deceased soldier husband, applies for the pension provided by Act of the General Assembly of Georgia, approved December 23d, 1890, for the pension year ending February 15th, 1892, and herewith tenders the proof of her right to receive the allowance granted by said Act.

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

### Affidavit for Three Witnesses.

STATE OF GEORGIA, In person came before me, the undersigned Ordinary in and for said County, witnesses le Bruftes Bayles Richardson (each known to said Attesting Officer as truthful, werally say under oath, that, from their own personal knowledge, Regiment of Georgia That said soldier epils of in the service of the Confederate States (or the Georgia State Troops) on or day of August 186/. That while in said service, or by regisor of aid service in the Army, he lost his life as follows: While in line of dute at the Seven int the State of Verginia He Gullard was Takke Brions Said fattle by the Enemy day 12 Affect 1862 to And that we kusonally Knew The and each of us belonged to 11 th Upm He! Bulland and for smally Truer and throw the was cap & Tund at The time and place as about mentioned And busonally

We further swear that Mrs. A Bulland was the wife of said soldier furme the service, and that she has not intermarried since his death, and that she resides in County of the State of Georgia.

horow that he has not returned

Sworp to and subscribed before me, this, the

home Since The war

Bushis Richardson W. S. Allen

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

STATE OF GEORGIA, I. July Stone

Ordinar

in and for said County of Ovel

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

the applicant for a pension in this case, and know, from my own knowledge, or from positive proof presented to me by reputable witnesses, that she resides in this County, and that she resided in the State of Georgia on December 23d, 1890, and has not lived out of the State since that date.

Laiso certify that the witnesses whose testimony she presents to sustain her claim are known to me to be truthful witnesses, untilled to full faith and credit as such. I am fully satisfied that this claim is made in good faith, and that I have caused the applicant and the witnesses to read or hear read the proofs they sign.

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

8 day of Mary

Itel, Store

Form No. 4.

### NOTES

The pension is only payable to certain classes of widows.

Those whose husbands were killed in service.

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

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

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

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

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

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

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

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

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

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

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

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

By order of the Governor.

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

### For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
County.
personally appears J. M. Brown of Cobb
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
day of; that he enlisted in the military service of
the Confederate States (or of the State of) during the war be-,
tween the States, and served as a ferivate in Company 6, of 4/15
Regiment of Acorgia Volunteers, Stovall's Brigade; that whilst
engaged in such military service in the State of A.C., on the 19th
day of March 1865, he was wounded, injured or diseased as follows:
By Minuie Ball striking in front
Joint and thereby rendering left
feform the ordinary manual
avocations of life
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
County been allowed an invalid pension of Dollars, for the year 189
Sworn to and subsoribed before me, this, the
8th dry of March 1900.) POST OFFICE Kennes aw Go
A A A A A A A A A A A A A A A A A A A
No Come One
North State fully the nature of wound or character of disease which causes the disability, and explain particularly the extent of Me disability resulting from the wound or disease.
STATE OF GEORGIA,
County.
1 11 let
M. D. January of Said County,
do certify that I am well acquainted with I. W. Brown the applicant in the foregoing affidavit, and am well satisfied that the statements made by him
in his said affidavit are true, and I know he is the individual he represents himself to be
and that he resides in this County.
Given under my official signature and seal, this
day of March (1900.
Amx ( day of service )
( ) The
Ordinary 6000 County.

### For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA.
County.
Personally appears J. M. Brown of looks
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 of1850; 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 frivate in Company le, of 4/36 Regiment
of Ma. Volunteers, Stavall 's Brigade; that whilst engaged
in such military service in the State of N. 6, on the 19 day
of March 1865, he was wounded, injured or diseased as follows:
By universit ball striking in front of
left shoulder and breaking shoulder
Jaint and thereby rendering left
alu and stigaldon incompletent to
furform the ordinary manuel
avocations of life
County been allowed an invalid pension of So.  Dollars, for the year 1900.  Sworn to and subscribed before me, this the day of January 1901.  Postoffice
Shulle Very Od
Form State fully the name of the state of th
Apra.—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.
lobb County.
1
I, Jalue Acutely Ordinary of said County,
to certify that I am well acquinted with I. M. Brawe the
applicant in the foregoing affidavit, and am well satisfied that the statements made by him
n his said affidavit are true, and I know he is the individual he represents himself to be
and that he resides in this County.
Given under my official signature and seal, this
day of January 1901.
Dhu Chita
SEAST LEGEORGIA
POLVER OF ATTORNEY County

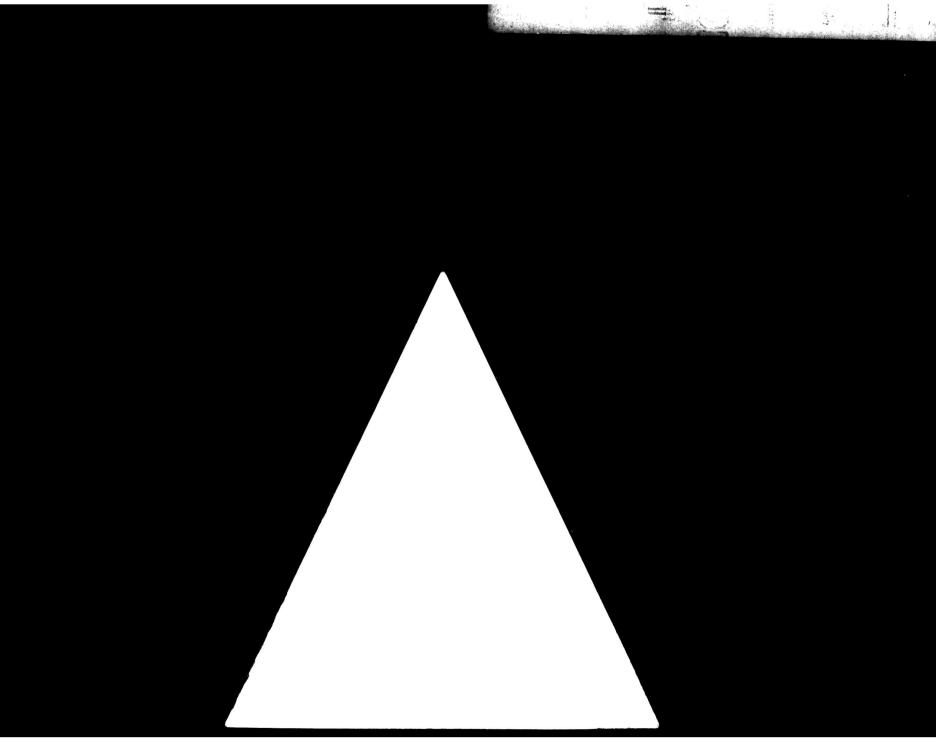
	STATE OF GEORGIA County of Ordinary in and for said County of Ordinary in and for said County of State of Georgia, hereby certify that I am acquainted with Mrs. the applicant for a pension in this case, and know, from my own knowledge, (or from positive proof presented to me by reputable witnesses), that she resides in this County, and that she resided in the State of Georgia on December 23, 1800, and has not lived out of the State since that date. That she is the widow of
de	pension for the year ending. The large of 1892.  In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this, the day of Aleksania 1893.  [ sand ]
	POWER OF ATTORNEY.  STATE OF GEORGIA,  Know all Men by these Presents, That I, Mrs Grand George County.
	County, in said State, do hereby appoint  of   my true and lawful attorney in fact, for  me and in my name, to receive and receipt for whatever amount of money I may be entitled to  from the State of Georgia as a widow of a Confederate Saldinary.
	issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.  IN WITHERS WHEREOF, I have hereunto set my hand and seal, this day of 1893 WILL RESIDENT A X [L. 8.]
	Executed in the presence of us.  The force of the presence of us.  DIRECTIONS.  Send amount by to
	me at, and oblige
Su wh a. Ry	Widows' Pension Widows' Pension for year ending February 15th, 1893.  Warrant Issued Warrant Issued AND HANDED TO 1893  AND HANDED TO 1893

### For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA.
County of Cololo JR. Bulland
who being sworn, says on oath, that she is a bona fide resident of said County of
State of Georgia, and that she has resided in said State
Continuously ever since her birth in 1827 That she is the Widow of Milliann & Bulland, who was a Soldier in Company
of the 30//A Regiment of Ju
Volunteers, that he enlisted in said Regiment on or about the month of
1861 and served in the Army up to his death in 1862 That he lost his life on the day of 1862 (State here
full particulars of the husband's death, when, where and from what cause)
The above named or federate soldier
contracted fiver while in service and died from sauce in Richmon
Va in august 1862

Depotent swears that she was the wife of said deceased soldier during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 1844; that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension for the year ending February 15th, 1892, and now apply for the allowance provided by law for the year ending February 15th, 1893.

Sworn pand sub	scribed before me, this	1	has	
6 19 day o	1893.	1 2/	8 Px Rulla	
Wist		- //	marlo	
The con	UZIL Ordinary.	Post-office	autil	6
	Tributation (Co.)			



STATE OF GEORGIA,

AND SAOM Coffe Court					- ,	
ON ON		1	ĵ	8	1	,
ACT DEC. 16, 1901.		Execut	Witne	receive a	i.	
<i>No.</i>		Executed in presence	ss шу һал	nd receip		
WIDOW'S PENSION,		sence of	Witness my hand and seal, this	receive and receipt for the pension allowed		
1906 Mr. Samanthe & Bulley			his	ision allowed	Codurty	COTTAN
	į.			and re		4
County of Pobl			day o	T.		
Widow of Sames M Bulland			ſ	that he remit same	of.	
Warrant issued190			by			
and handed to			•	8		
				-		
J. W. LINDSEY,			190		ber	
Commissioner of Pensions.					eby at	
Geo. W. Harrison, State Printer, Atlanta, Ga.		[SEAL]			authorize	

TATE OF GEORGIA,		. 47777	1.75	4. ). E.	5. (
County.					p×,
Ι,		. 111	inin,	her	eby author
	of		v -5,t	PIWIT.	
receive and receipt for the pension allowed and reque				4.174	4
receive and receipt for the pension anowed and reque	st that he remi	same to	,		
at		by	,	19	0
at		by	2	19	0 [8

# WIDOW'S PENSION, NO. NO. NO. 1906 Widow of Lindson of Landers of Parision. 1906 J. W. LINDSEN, Commissioner of Parision. 1907 J. W. LINDSEN, Commissioner of Parision. 1907 J. W. LINDSEN, Commissioner of Parision.

## WIDOWS AFFIDAVITO TO THE WINESSES.

STATE OF GEORGIA.	ally ome Mrs.
	r and opinional topomic post of run and filler a
COUNTY OF	who says on oath she is the
widow of James M. Bull	to whom, in the County of
Colb State of	Leaven , she was married on the
10 2 元 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	AND THE PROPERTY OF THE PARTY O
19 Thay of January 186	E 18 C 18
	which sime he died, and that she has not since married.
At the time of his death he was a resident of	County, in said State of
a la bo	rended pension roll of the State of Georgia, having been allowed
	Charles and the second of the second of the
-0	being a soldier in Company # 19 14
Ja. Regiment, Sa Voluntee	rs or State
What affliction have you and how does it affect you?	Tronshitis and gener
debility I am not	7
to do any towar	( ) .
. 0	, 0
What have you been doing to earn a support since 1st of	January, 1900? That any Thine
What property or effects had you on 1st January, 1900?	None.
	200 [2004]
What have you acquired since, and what income have you	100 0 18-11
	, , , , ,
of husbands death 16 a dalls	Momme. Maril
What disposition have you made of any property since	1st January, 1900, and at what price and or what
purpose? User The property	
	ort and mantainam
and the second second	04, 1803- and 1906
meny the gears 18	2 fl
Deponent further says that she is now a resident of	County, and has contin-
uously resided in the State of Georgia since the 1970	day of November 1899
She applies for the pension provided by Act of the General A	assembly, approved December 18, 1901
Sworn to and subscribed before me, this 157 de	
4	Ludwing.
	2001
	Ordinary of Comments

## FOR THREE WITNESSES STATE OF GEORGIA. COUNTY OF .. , known to me to be reputable and truthful person, who says on oath that from his own personal knowledge Mrs. Samantha C. Bulland who made the foregoing affidavit, is the widow of James Mr. Bullard LI fa day of farme and 1804, and that she has not since married; that she became his wife on the 19.Th day of January 1865, and so remained up to the time of his death, and that she has resided in this State continuously since the LETE day of November 18 28 With what affliction does she suffer? Brought it , alog ace and acura delilili What property or income had she on 1st January, 1900? What has she in her possession and control now? Will first C. How was she supported in 1900 and 1901? Buj Headonis I have no personal interest in the pension asked for County, Georgia. PHYSICIANS' AFFIDAVIT. STATE OF GEORGIA, COUNTY OF Cale Q V.D. Widdlebrooks M.D.

#### GERTIFICATE OF ORDINARY OF THE COUNTY OF APPLICANT'S RESIDENCE

C. SANCITA TO A TANK
STATE OF GEORGIA, I. Mustichen Ordinary,
COUNTY OF COST In said County of Boll
State of Georgia, hereby electry that if am acquainted with Mrs. Survaulles & Bulls
the applicant for a pension in this case, and know from my own knowledge (or from positive proof presented to
one by reputable witnesses) that she resides in this County, and that she has resided in the State of Georgia con- tinuously since the Post de of Guns Luy Knows, and has not lived out
of the State since that date. I also confifty that the witnesses, to-wis A Mile Area with the witnesses with the winterpretary witnesses with the witnesses with the witnesses with
whose testimony she presents to sustain her claim, are known to me to be truthful witnesses, entitled to full faith
and credit as such, and that the full text of the affidavit was read to and understood by them before same was
signed. I am fully satisfied that this claim is made in good faith, and I have caused the applicant and the
witnesses to read or hear read the proofs they sign.
In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this the
day of John 1806 Solustrohor
Ordinary.
NEAL }

#### MOTES

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

Proofs by one wisness and two physicians will be accepted when it is shown that the same cannot be furnished, but in all cases the best proof acceptable will be required, and it is incumbent on the applicant to make out a clear case.

Amounts must be made in presence of the Ordinary.

#### Foun No. 1

hereby authorize

## For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

Personally comes Mrs.

County of

who being swearn sixs on outh, their she is a bona fide resident of said County of

State of Georgia and that she has Brisings in said State

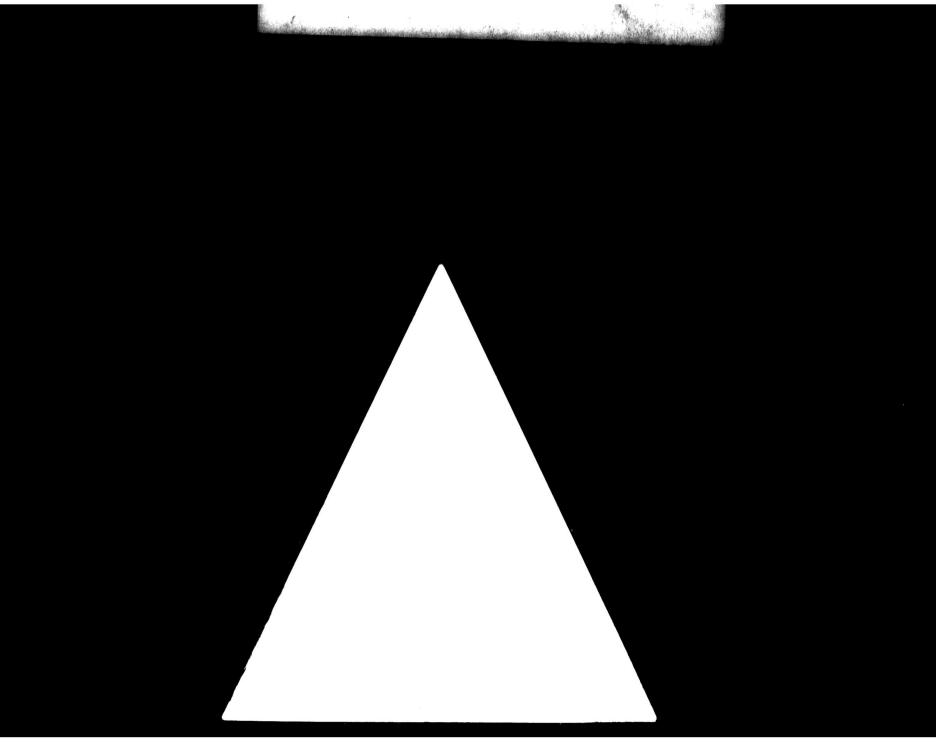
tofressive and receipt for the pension , said, bettoon, and spauset that the trails assessing In Witness Whereof, I have becommto set my hand and send, thinks' con Ma tour I am well Executed in presence of mus. S. E. Bulland December 31, 1997. are and 1, the and now apply for the pansion provided by law for the year ending County, for the Thut he of the That she is the Widow of

MOLE -VIBONED BOOK ATTORNEY THE 180

STATE OF GEORGIA,

## For Widows Heretofore Allowed Pensions.

STATE OF  County of	GEORGIA,	}	SE 7	ONALLY CO	neus Mas
the state of the s	who, being sworn says	State of Georgi	he is a bona fi a, and that si	de resident ne has resu	of said County o
continuously ever sin					
	Bullo	y	who	was a sold	lier in Company
or the	)	R	egiment of_		
volounteers, that he e	onlisted in said regime	ent on or about th	ne month of _		17 3 4
186, and served	in the Army up to				That he his
nie on the		iay of		18	
particulars of the husb	and's death, when, when	re and from what	cause.)		-
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	The second secon	***************************************			
	when it is a super-super-				
soldier, and that she hat the year 18 I have been paid rear ending December December 31, 1907.	a pension as a reside	ent of	opp		Ollutu for the
his 8 day of	ubscribed before me	mis		Bull	ard
tate of Georgia,	County.		I, July	And ;	22
quainted with Mrs.			, who made	the above	didwit, and
satisfied that the fact	s therein stated are t	rue, and I know	she is the is	dividual about	representation.
rself to be, and that sh		sided in this Str	ate since the		rates 4
	18			$\bigcirc$	
Official )	doial signature and se	oal, this the	day of	ha	1907.
Seal	6	rdinary of	Class	6	***
NOTEAll blank		, , ,		1	County.



"W waste that must for the pension paid herom and request that he re

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

Coulle

The state of the s

114	and family					
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Fr	19. d	der (	200	7.3	260 No.	
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Name 🖳	AJY.	Turgy	<i>(</i>	ir.		1
County	" Es					
J	WARRAN	issued /a-			State of State	
	MCHARD	OHNSON				
	Yant	Water Street Street	Frieds of			
7	lo clas	<b>定</b>				

	STAT	Con Con	SEORGIA MA	A, Coun	ty.}		authorize_	42 10	"	County
	atIN	witni Ja	and the second s	REOF, I	sion paid h		nd request	***************************************	remit s	ame to
	-					<u>.</u>	02.		I	
Boun, J. W.	CODE SECTION ES. (FOR THOSE ALREADY ENROLLED	No. 290	DISABLED	SOUDIER S FENSIO 1902.	Name Maroune County	Co. & Regiment 4137	Amount, \$ 50 - 190	JOHN W. LINDSEY,	ON ARRANT HANDED TO	Geo. W. Martines, State Pri uses, Atlanja.

STATE OF G	711 7 (17) (4) (4) (4) (4)	OF ATTORN	EY.	`
Oofl	County.	}		
John J	July	hereby entho	rize	Ga,
to receive and r	receipt for the pens	ion paid hereon and rec	uest that he ren	nit same to
atIN WITNE	SS WHEREOF, I	have hereunto set my ha	nd and seal this	3 noe
day of	1903		Brow	•
Executed in	presence of		- 1 2000	£ [L. S.]
mana Sacomore and		***************************************		
, ,	_	T T T . I .		h 1.11
OLLED.)	SION	14.5	3_1908 I,	
FOR THOSE ALREADY EMBOLLED No. 244 G		Mount of Hours	LINDSEY	OPED TO
E ALREADY 1-5	DISABI IER'S IDO	12 th 82 1	×.	WARRANT HANDED TO
R THOSE		Tiry of	NHOI	WARI
	SOI	Name County Co. C.		}

CANTLUCAR'S FFFFFFFFF AGAIN AGLOVED

State of Georgia,
County.) Bring of hereby, authorize to him New Fe
to receive and receipt for the pension paid hereon and request that he remit same to
at Harrilla by Firms
IN WITNESS WHEREOF, I have hereunto set my hand and seal, this
day of form a 1898.  Executed in presence of
fa M Tienen

SOLDIER'S PENSION,

Name & Blerget

(For Those Already Enrolled.)

In 7 Sandler

INDIGENT

Burgere a. g.

## RICHARD JOHNSON, WABBANT HANDED TO WARRANT ISSUED No date

Bugess a. & Coll County

STATE	OF CO	BORGIA,	County	.}	_hereby	RNEY,		
by		receipt for the		at	red and	Jan	at he	1902.
Exe	cuted in	presence of	and a production		n	east "		<b>,</b>
ED. )					**	1903	700	
CODE SECTION 1294. ( FOR THOSE ALREADY ENROLLED.	No. 486	SOLDIER'S PENSI	1902.	Name ( ) Ourgero County, Court	Co. Regiment 34	WARRANT ISSUED	JOHN W. LINDSEY, commissions of Prasie	WARRANT HANDED TO  (M. Add)  Geo. W. Bartison, Shis Pringer, Atlanta.

County Name

## For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Coff County.
Personally appears of Taurgep of
County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen
and resident of said County and State, and has resided in said State continuously ever
by occupation a grant test ; that he enlisted in the military service of the Confederate States (or of the State of ) during the war between the States
and served for the term of fram \$\frac{1}{2}\$ fram \$\frac{1}{2}\$ in Company \$\frac{9}{2}\$, of \$\frac{34}{2}\$ th Regiment of
; that his physical condition is as
follows: If ye free it and foresty deep former duet for the is not able to Bufsho
hunself
that his property consists of the following items
nothing
of the value of Dollars, that by reason of his physical
condition and poverty he is unable to support himself by his own exertion or labor and
that he receives no pension but the one herein applied for,
Deponent desires to participate in the benefits of the Act, approved December 15th,
and the acts amendatory thereof, and makes application for the pension to which he
is entitled for the year 1898. I have heretofore as a resident of Houthline
county been allowed a pension for the year 180/90 0
Sworn to and subscribed before me, this, the
1 000 1 1000 1
to be destant
Ordinary.
State of Georgia,
County.
. County.
I, John Olwhey Ordinary of said County,
do certify that I am well acquainted with
applicant in the foregoing affidavit, and am well sayshed that the statements made by him
in his said affidavit are true, and I know he is the individual he represents himself to be
and that he resides in this County.
Given under my official signature and seal, this
day of 10221101/1808/
AMIX POUR POUR POUR POUR POUR POUR POUR POUR
nere.
Ordinary

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
County.)
Personally appears A. Burgess of Cold
County, State of Geoogia, who being duly sworn, says on oath that he is a bona fide citizen
and resident of said County and State, and has resided in said State continuously ever
since the gay of 1840; that he is 6/ years old and
by occupation a that he enlisted in the military service of the Con-
federate Control of the Control of t
States and served for the term of Ayyars in Company of the Regiment of the bolo
of Ha holo ; that his physical condition is as
follows: On al count of infirmit, and hoverty he is
sueble to Support Musel
Abel bis account of the Colonian Coloni
that his property consists of the following items
1 7/1
Nothing
of the value of Dollars, that by reason of his physical
condition and poverty he is unable to support himself by his own exertion or labor, and
that he receives no pension but the one herein applied for.
Deponent desires to participate in the benefits of the Act, approved December 15th,
1894, and the Acts amendatory thereof, and makes application for the pension to which he
is entitled for the year 1902. I have heretofore as a resident of
county been allowed a pension for the year 1 80/
Sworn to and subscribed before me, this the
day of Jourges 1902
John Autry Ordinary
STATE OF GEORGIA,
County.
John Austral
do certify that I am well acquained with A Burgers
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.
11
Given under my official signature and seal, this
Ethn Dwling
Ordinary Codd County
Norm — The blank energy must be filled.

Note.—The blank spaces must be filled.

Note.—Affidavit should not be attested before January 1st, 1902.

STATE OF GE	•	} ` ::			Contac
Ι,	Count		uthorize_		
		of		4	
	eipt for the pension				remit same to
by			* 0		28, 27, 40, 5
Witness my ha	nd and seal, this	day of	Chips.		1908
Executed in pre	esence of	347	my	rgis	[L. S.]

SOLDIER'S PENSION	17 Surger	WARRANT ISSUED	JOHN W. LINDSEY, Commissioner of Pensions.	WARRANT HANDED TO	no data
SOLD	Name County		ď	<b>A</b>	Z

### POWER OF ATTORNEY.

STATE OF GEORGIA,	
1. Sh Burgero hereby authorise	
to receive and receipt for the pension allowed and request that he re	emit same
by hand	e.
Witness my hand and seal, thisday_of	190-
A. F. Brigess	[L. 8
Executed in presence of	
Meaner	

SOLDIER'S PENSION
1904.

(FOR THOSE ALREADY ENROLLED.)

WARRANT HANDED TO

JOHN W. LINDSEY,
Commissioner of P.

WARRANT ISSUED

FOR APPLICANTS HEREFOFORE ALLOWED PERSIONS

CODE SECTION 1354.

(FOR THOSE ALREADY ENROLLED.)

FOR APPLICANTS HERECOFORE ALLOWED PRINCIPAL

## FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE, O	FGEORG	( <b>A</b> , )	•	
·lak	6	County.		
Personally a	ppears A	Burge	1 .	nu.
		duly sworm, says o	of	COO
and resident of sa	id County and St	ate, and has reside	d in said Ctate	a bona nae citizen
		18		
by occupation a	mus	that he enlisted	d in the military	service of the Con
federate States	r of the State of	gen gi	during th	service of the Con.
States, and served	for the term of 3	3/2/for in C	ompany &	634 th Deciment
of Ky	Valo			cal condition is as
follows :	rom &	eralysis	, care ma paya.	car condition is as
2.1	<i>V</i>			The second secon
	n a a a a a a a a a a a a a a a a a a a	and the second s		
that his property	consists of the follo	owing items:/	when	76
P-1000000	No. 10. 11.			
Deponent des 1894, and the Acts is entitled for the county been allowe Sworn to and s day o	perty he is unable to pension but the object of participate amendatory thereofyear 1903. I have deapension for the subscribed before most of the company of	ne, this the	by his own exert or. the Act, approve the act of the persident of	d December 15th,
	e de come de accessos como acc		Ordinar	y of said County,
do certify that I ar	n well acquainted	with		
the applicant in the	e foregoing affidavi	t, and am well satis	fied that the sta	tements made by
him in his said afficient be and that he resident	lavit are true, and les in this County	I know he is the in	dividual he repr	esents himself to
	Given under my	official signature and	d seal, this	
~~~		1900		
your Beal				Minutes in contain products.
		Ordinary		County.
	Nore.—The blank space	s must be filled.		ounty.
	NOTE.—Affidavit should	not be attested before Ja	nuary 1st, 1908.	

## FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
Cosh County,
Personally appears A Surger of Cost
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 say of 1840; that he is 3 years old and
by occupation a famure, that he enlisted in the military service of the Con-
federate States (or of the State of) during the war between the
States, and served for the term of 3 years & 3 March Company & of 34 th Regiment
of In tale ; that his physical condition is as
follows awares to the Infirmal, gud poverts
The is unable to Support hierself
that his property consists of the following items: Itelhing
188
and the same of th
of the value of Dollars, that by reason of his physical
condition and poverty he is unable to support himself by his own exertion or labor, and
that he receives no pension but the one herein applied for.
Deponent desires to participate in the benefits of the Act, approved December 15th
1894, and the Acts amendatory thereof, and makes application for the pension to which he
is entitled for the year 1904. I have heretofore as a resident of cold
County been allowed a pension for the year 170.3
Sworn to and subscribed before me, this the H. J. Bruggiss.
1904.
Ordinary.
STATE OF GEORGIA,
County.
I, July Ordinary of said County,
do certify that I am well acquainted with A Burgess
the applicant in the foregoing affidavit, and am well satisfied that the statements made
by him in his said affidavit are true, and I know he is the individual he represents himself
to be, and that he resides in this County.
Given under my official signature and seal, this
day of January 1904.
After from Chothey
Ordinary Cobb County.
Nors.—The blank spaces must be filled.

STATE OF CEORGIA, COUNTY.
John home of hereby authorize
to receive and receipt for the pension allowed, and request that he remit same to
by
WITNESS my hand and seal, this day of Jay 1905.  A.J. Bur 9.08 [L. s.
Executed in the presence of

WARRANT HANDED TO JOHN W LINDSEY,

STATE OF G	EORGIA,	
	Mangers Colf C	6
y h	receipt for the posion allowed, and request that	he reshit same
	in the presence of	1906. gen [L.
JIM	SAMI/	•

Come Sections 1254. (FOR THOSE ALREADY ENROLLED.) DIER'S PENSI 1908. JOHN W. LINDSEY. INDIGENT WARRANT ISSUED No 6 6 2 Name

no fate

(FOR THOSE ALREADY ENROLLED.)

SOLDIER'S PENSION

1905.

INDIGENT

No. 1.84

## FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,	. •.
Cobb County	7.
Personally appears X J B	urgest of Cobb
County, State of Georgia, who being dul	y sworn, says on oath that he is a bona fide citizen
	and has resided in said State continuously ever
since the day of	1840; that he is 64 years old and
	nat he enlisted in the military service of the Con-
federate States (or of the State of	) during the war between the
	in Company &, of 34 th Regiment
follows: Infin.	ithat his physical condition is as
$\nu$	
that his property consists of the followin	g items:
	nothing.
	1
of the value of	Dollars. I am now earning,
by my labor,	Dollars per month. That by reason of his
	ole to support himself by his own exertion or
labor, and that he receives no pension bu	
	he benefits of the Act approved December 15th, and makes application for the pension to which he
is entitled for the year 1905. I have here	
County been allowed a pension for the ye Sworn to and subscr)bed before me,	1.1-11 10.88
0/ - 1/-	1905.
plutwhrze	_ Ordinary.
STATE OF GEORGIA.	1
County	
County,	Ordinary of said County,
do certify that I am well acquainted with	
	and am well satisfied that the statements made
	know he is the individual he represents himself
to be, and that he resides in this County.	
1	gnature and seal, this
day of	1908.
Adix your Seal	rdinary John County.
hand	
NormThe blank spaces	must be miled.

## FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia	• } ,
Cobb Cou	inty.
Personally appears & 2	Burgers of Coth
	duly sworn, says on oath that he is a bona fide citizen
and resident of said County and Sta	ite, and has resided in said State continuously ever
since theday of	; that he isyears old and
by occupation a	, that he enlisted in the military service of the Con-
federate States (or of the State of	during the war between the
States, and served for the term of	
of Vols	that his physical condition is as
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	Indiana Toponia
that his property consists of the follo	wing items:
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of the value of	Dollars. I am now earning
by my labor,	Dollars per month. That by reason of his
is entitled for the year 1906. I have County, been allowed a pension for the Sworn to and subscribed before	ne year 1905. Mhis n
I, STIME	British Special County,
do certify that I am well acquainted	
the applicant in the foregoing affiday	vit, and am well satisfied that the statements made
by him in his said affidavit are true, a	nd I know he is the individual he represents himself
by him in his said affidavit are true, a to be, and that he resides in this Youn	nd I know he is the individual he represents himself
by him in his said affidavit are true, a to be, and that he resides in this youn	nd I know he is the individual he represents himself
by him in his said affidavit are true, a to be, and that he resides in this youn	nd I know he is the individual he represents himself

TOWER OF ATTORNEY.	
STATE OF GEORGIA,	
Cobb COUNTY.	ø
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White whay of	., nereby authorize
to receive and receipt for the pension allowed, and request that	
at at	ne remit same to
by	The state of the s
WITNESS my hand and seal, this	
Alama	(as [1. s.]
Executed in presence of	[1 8.]
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Constituents  No. 57 K  INDIGENT  INDIGENT  IDIER'S PENSIO  IDO Z  A 34 Regiment Sq.  A 34 Regiment Sq.  A 34 Regiment Sq.  AN 21 19  JAN 21 19  JOHN W. LINDSEX,  Committeener of Finate	2 1
Cons Sucress 1284. THOSE ALREADY ENDO NO. FY INDIGENT IDOC.  1907.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807.  1807	WARRANT BANDED TO
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INDI WAREAN W.	RRA
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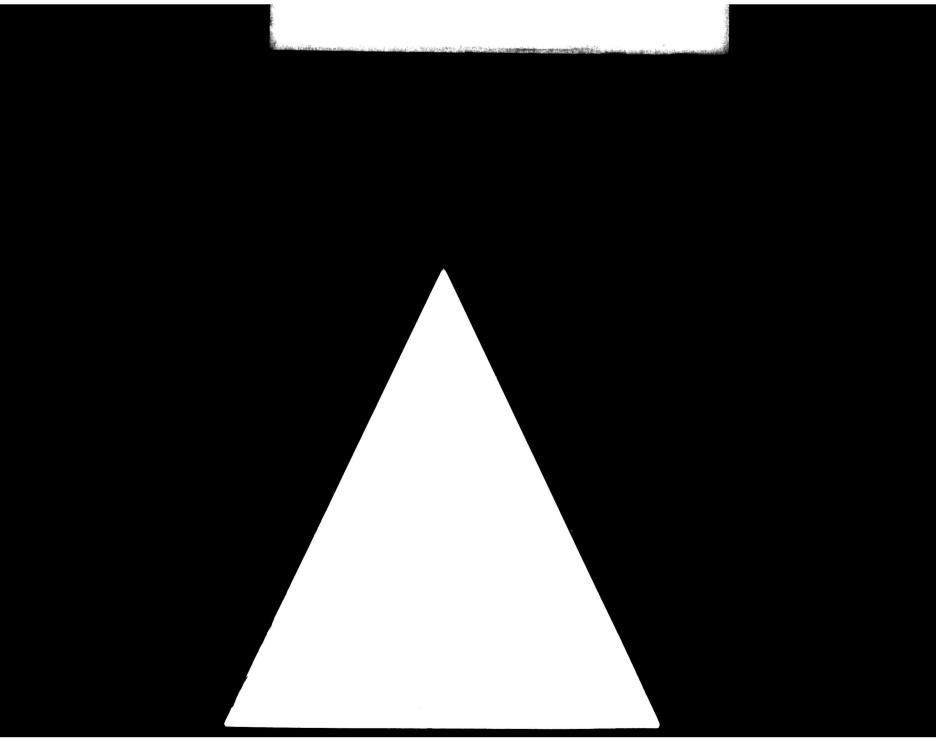
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TUR APPLICANTS HERETUFORE ALLOWED PENSION	2
State of Georgia,	
- Goupty.	
Personally appears A Survey of Casu	
County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citi	zen
and resident of said County and State, and has resided in said State continuously e	ver
since theday of18; that he isyears	old
and by occupation a, that he enlisted in the military service of the C	on-
federate States (or of the State of) during the war between	the
States, and served for the term of in Company Company	ent
of that his physical condition is	
follows: age & hand	
Y	
that his property consists of the following items:	
	***********
of the value of Dollars. I am now earni	
by my labor, Dollars per month. That by reason of	his
physical condition and percesty 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 15: 1894, and the Acts amendatory thereof, and makes application for the pension to which	
	he
is entitled for the year 1907. I have heretofore, as a resident of County, been allowed a pension for the year 1906.	
Sworn to and subscribed before me, this the	
5 deg of Jamy 1807. A Jourges	0
John Awatus Ordinary. Many	
Ordinary.	
State of Georgia,	
Cosh County.	
I, John Awhey Ordinary of said Coun	tv.
do certify that I am well acquainted with Af Burgers	•
the applicant in the foregoing affidarit, and am well setisfied in a the statements, me	
by him in his said affidavit are true, and I know he is the individual he represents hims	
to be, and that he resides in this County.	
Given under my official signature and seal this	
đay of 1907.	0.000
When How has	

Ordinary\_ Norz.—Affidavis should not be attested before January 1st, 1907.

Affix your seal here

\_County.



## ORDINARY'S CERTIFICATE

No Bost Eventy	X	1	P. O'	0 -	
Widow's Application To Be Put on Boll in Her Own Right When Husband Was on the Indigent Boll or Put on Under Act of July 11, 1910  As Amended by Act of 1919.	NOTES: 1. Bafore any questi- "You do sedemaly you faint give will you faint give will you faithean Arther's A Additional Arther's 4. Only wildowin muse 4. Only wildows of preparation also representation and 6. Wildows of Dasable service—became be	Sworn under my has (SEAL.)	before signing the respective affida	person she represents herself to be, and that she is a bona fide continuing resident of said County and wa on theday of	1, SM
Name Sorah & Burgesto Widow of a & Burgesto	one are nauvered the Ord rewar that you will be the truth. So help you of the may be attached if blant to made before the Ordin married prior to first Jamu ples of marriage became if the d Pensioners must use the seads no proof of service	Sworn under my hand and official scal of office (SBAL.)	yi <sub>js</sub>	Self to be, and that she	La con
Regiment 34 La Valentina Approved	Ordinary shall swear applicant to a sawer in rade to each of t in God, "rade to each of the God of	office this 26	witness as to marriage, and that they are truthful and trustworthy and their	is a bona fide continui	COUNTY. COUNTY. Codinary of said Co
4-27-14	t and the witness in the follows: the questions saked you and the the questions saked you and the themen, marriage, by some person, or b do so.	James of	witness as to marriage, and I also the foregoing were duly sworn I and trustworthy and their state	ng resident of said Co	Ordinary of said County, do eartify that I
J. W. LINDSEY, Commissioner of Pensions.  Byrd Printing Co., State Printers, Affanta.  10/29-1924	d the oridinate of the originate origin	Ordinary.	d I also know sworn by me ir statements	wa pes Ares	uty, do eartify that I and that ahe is the

## FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
Most County.
personally appears 1000000000000000000000000000000000000
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 of1850; 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 Provide in Company & of #1th Regiment
the Company, or the Regiment
1
ha a al
1869, he was wounded, injured or diseased as follows:
in front of lit of the liter of
har la b
ounting of house form there
randing left and and thoulder
incompleticht to Therform the only
mound avocations of life
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
County, been allowed an invalid pension of
Dollars, for the wear 1901.
Sworn to and subscribed before me, this the
day of Jay 1902. Post-office Moneton
The thetief today
Norm.—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.
(T. ITT. 0.7 0.7 0.7 0.7 0.7 0.7 0.7 0.7 0.7 0.
STATE OF GEORGIA,
Cook County.
I. John Miney O Drdinary of said County,
do certify that I am well acquainted with & Brown
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 undermy official signature and seal, this
day of Jany 1992.
(John Shuker
Ordinary County,
Norz.—Fill all blanks and of Company and Regiment. Norz.—All vouchers and affidavits must bear date after January 1, 1902.
Note:—All vocations and sincavite must bear date after January 1, 1902.

## FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA
de d
County.)
Personally appears A Dordon of Co
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 ; 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 first is Company to of 4/ th Pariment
of Volunteers, Swalls 's Brigade; that whilst engaged
in such military service in the State of, on the day
of March, he was wounded, injured or diseased as follows:
Minnie Ball Stroker in and
I left shoulder and breaking left thought
thome of through him benderen let
agran and shoulde insombelle to
Audin The same of the same
All I.
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
County, been allowed an invalid pension of
Dollars, for the year 1902.
Sworn to and subscribed before me, this the
2 day of fary 1903. Post-office Kermesen Sa.
When Nuckey and his Brown
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, (
County.
I Ordinary of said County
do certify that I am well acquainted with
the applicant in the foregoing affidavit, and am well satisfied that the statements made by
him in his said affidavit are true, and I know he is the individual he represents himself to
be and that he resides in this County.
Given under my official signature and seal, this
day of 1903.
The state of the s
Amx your your
here Ordinary County.
Nove.—Filf all blanks and of Company and Regiment.  Nove.—All vouchers and affidavits must bear date after January 1, 1908.

STATE OF GEORGIA COUNTY. Ordinary of said County, do certify that I Busyes the applicant for this pension, and that she is the represents herself to be, and that she is a bona fide continuing resident of said County and was on the\_\_\_\_\_day of\_\_\_\_\_\_1900 -----witness as to marriage, and I also know ; that both of the foregoing were duly sworn by me before signing the respective affidavits, and that they are truthful and trustworthy and their statements are entitled to full faith and credit. Sworn under my hand and official scal of office this 26 (SEAL.) ---- Ordinary. ----- County. NOTES: 1. Before any questions are nawored 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 true help you God."

2. Additional affidavits may be the body of the Grinary of the country of residence.

3. All affidavits must be made before the Grinary of the country of residence.

4. Only widows who married prior to fire amounty, 1881, are entitled.

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

5. Attach certined copies or marriage necesse is commission.

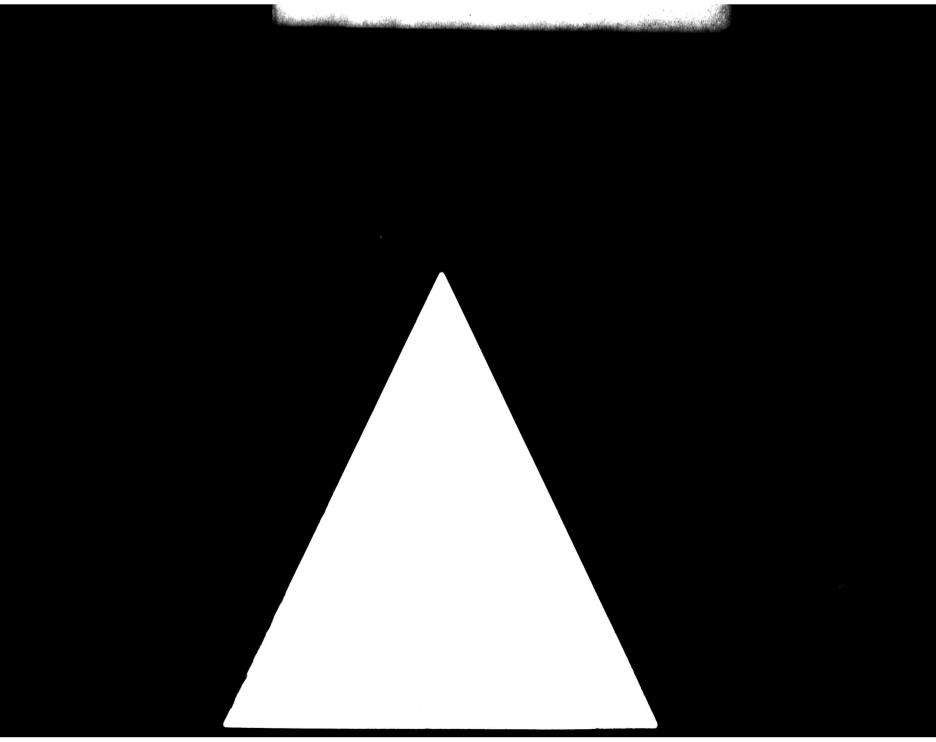
reputation Blank and state and prove full term of husband's service—because he made no proof of service and was not required to do so.

Application W. LINDSEY Widow's

#### WIDOW'S AFFIDAVIT

STATE OF GEORGIA, COUNTY.	. In and to only is
Personally before me comes	ess of said County,
who, after being duly sworn, says that she is the widow of A	Burges 4
to whom, in the County of	4
theday of hasses1866, and that she remained h	she was married on
date of his death in April 27	nis wife, and resided with him to the
date of his death in April 27 1914 and that she has	not since his death remarried. At
the time of his death he was a resident of	County, in said State
of Georgia, and he was on the undigent Pension	Roll of the State and paid a pension
of \$ 60 in County for 19/4 per annum,	on account of being a soldier in
Company Begiment 34	(Volunteers or State Militia)
That she is now a bona fide resident citizen of said County of	Cobb and she
has so continuously, resided sinceday of	1920
Sworn to and subscribed before me, this the	
15 day of Delober 1921 DL	7, hu
au Ordinary	Burgess
County	mer 1
(SEAL)	
Affidavit of Witnesses to Prove Marria;  Date of Death of Husban	
Capt	
COUNTY.)	
	known to be
responsible and truthful persons, residing in said County, who after have	
of their own personal knowledge Mrs.	, who made the foregoing
affidavit, is the lawful widow of a Valurgess	who died in Coll
County in said State ofon2_7day of	april 19/4,
and that she has not since remarried. That she became the wife of	, on
theday of	had resided together as man and
	in I his death I time
the same man who was on the person roll of said State	fees dath from Cobl
Countywhen he died.	Hom
Sworn to and subscribed before me, this the	
day of October 192	4.
& Marin Ordinary & M	Legy
Vot Collary	, , , , , , , , , , , , , , , , , , , ,

(SEAL)



APPLICATION FOR Cold Co. Am FOR CONFEDERATE SOLDIER. Applicant Of material Burr county Roobs Limb Am above ellow Amount 60 Date of Warrant Stor 14 Thyq

## State of Georgia.

	•,
6066	County

the sounds of Cold
Tooling and sworn, deposes
and says that he was on the 20th day of September, 1879, a bong fully resident of this State that he en-
listed in the military service of the Confederate States, or of this State, as a
K talk historia
in Company K 18th Regiment of Milpissiphi
that while engaged in such military service, to wit: at the battle or engagement of Berryulls.
in the State of Versina
September 1864 he was wounded in the terms and
that the same we amputated above the allow
that he has not received the payment allowed him for such limb under an Act entitled an Act to carry
intended the 'stalous of Peragraph I, Section J, Article 7 of the Constitution of 1877, approved Sep-
tember 20th 18.9 that he has not supplied himself with an artificial Orna at that, not having
done so, he packers to supply houself with an artificial Arm.
Sworn to and subscribes before me this
18 - day of WOV 1291
Mo M. Mouni well over
The Monte well over the Superior or Court of the Landson of the American or the Superior or Court of the Landson of the Superior or Court of the Superior of the Superior or Court of the Superior o
COMMISSIONED OFFICER'S AFFIDAUTT.
State of Georgia

#### County.

Peteori	alie folia s				
, he county $\sim$			State of the origin	- who, being duly	-worn, depose
and secure	10 0		in Company		Regimen
and the			the above ser-	ment, was a .	
in so it con	en van det de die de lepe	onen: kn w~ 1	that said		2 01400 - 000
lost a	the ser	vice as said i	n the above $a\sigma_{i^{-1}a}$	it.	
Sworn to ah-	i su'estalo con tore this	)			
1.5	. la or	18			
					., ., .,

#### AN ACT

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

Section 1. Be if enacted by the General Assembly of the State of Georgia, That any person now a bona hie 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 needed 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 and extending above the knee one hundred dollars, for an arm extending above the elbox sixty dollars, for an arm extending above the elbox sixty dollars, for an arm extending above the elbox sixty dollars, for an arm extending above the elbox sixty dollars. For an arm extending above the elbox sixty dollars, for an arm extending above the elbox sixty dollars.

See II. But further enverted by the said methods. That such application shall contain proof of such applicants being enculed to the benefits of this act, and shall further state whether arm or leg has been supplied. It an arm, whether extending above the cilison or not, if a log whether extending above the knee or not and the Governor shall decide the sufficiency of the proof submetted.

See III. In it further enacted by the eard nothersty. That no applicant shall receive the sum allowed under this act often than once in the years.

See AV. Be it further enacted by the authority afters and. That all laws and parts of laws in conflict with this Act be and the same are breity repealed.

Herry R. Goltenias,

Secretary House Representatives.
We A. Harris

Secretary Senate

Approved September 20 h. 1879.

A. O. Bavos,

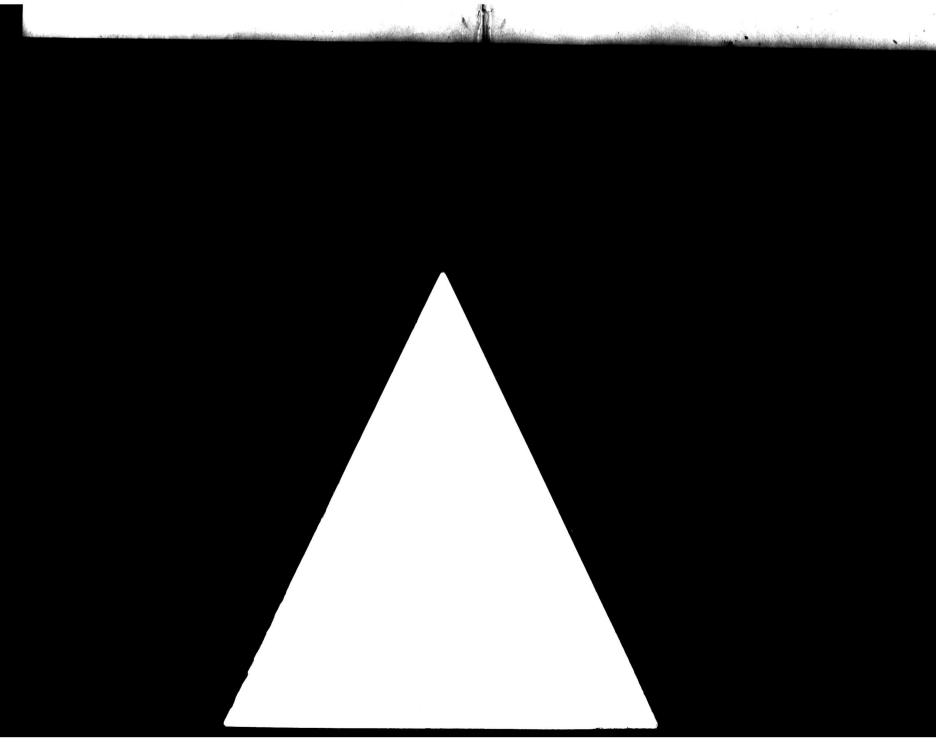
Speaker House Representatives,

Rives E. Lesten,

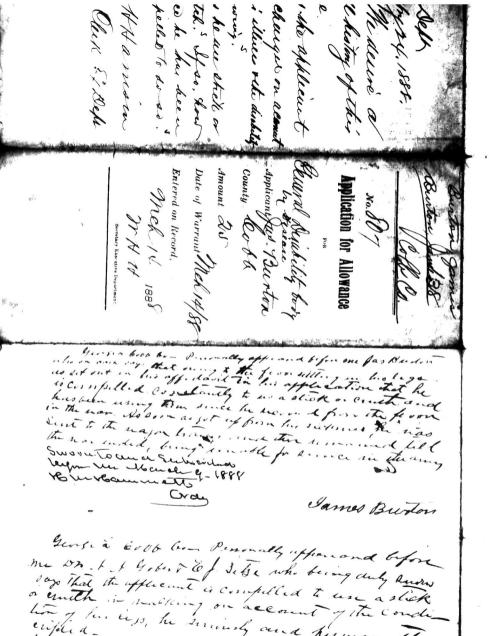
President Senate

Alfred H. Colquitt, Governor,

State of Georgia.	
County.	
Personally came	Thurson 13. Stripsting
who, being duly sworn, depose and say they are a	equainted with Amistal Nuch
that said. O. was amputated. O.	
eititzen of this State, and we are well satisfied tha Sworn to and subscribed before me this)	t the facts stated by him in the above affidavit are true.
15 m. 16 ammett	Billand Home
State of Georgia,	
County.	
1. No W You wat	Ordinary of Cobb
ounts, do certify that I am well acquainted with the applicant for a way way and am	well satisfied that the facts stated by him in the fore
Vs. Stryolmoy	nted with 3.7. Outsime on D. M. As a mag.
as a ed by them are true.	day of No. X. 1879



when the still done to his offer out and the still the solid or countrained to be a slick or countrained to the solid or t Ex Dell Febry 24. 1888. The desire a full history of their Application for Allowance Chural Desabelety book Applicant Just Burton Was the applicant discharges on acount Thei illues rete disability County Cobb following. Amount 25 Does he are strell or Date of Warrant Mek 14/88 Orutel. If so, how sie de hu been Entered on Record, compelled to do so! Meh 14 1888 MH 14 It Hamson einflia-Check & Defe



him of her is, he servinely and permanently Action to and subsorbed ofore One nich 10- 1888. Wir Wontyoung of 2 John Mist

Dubis in amediant

STATE OF GEORGIA. Levot

THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAM		_		¥	
Personally appear	s fas	Burlow	of G	000	county,
State of Georgia, who	, being duly sworn	, says on oath that	he is a bona fide o	itizen and residen	
State, and has been su	ch since the	day of	July	1838 ;	that he
unlighted in the military	numerican of the Class	f 1 . C			
during the war between	en the States, and	l served as a	sivati	. , in Company	≪", of
Shillifo the Regiment	defin	- Volunteers	10:00	's Briga	de: that
whilst engaged in such	military service, a	t the buttle of	_ t f	-	in in
the State of		, on the	day of	186	- was
wounded as follows:	The mas	stroken	down sie	The the 1	-
and confi	neato a	total	bout and	· lucek	,
the fever a	Till 1	1. 0.	1	~	
by 46 min	to the	mo lego,	m fine	The Lan	
his lego ho	in ar	ind- od u	rason 7	hus jev.	-
nes ugo no	ion fem	renden	d esden	hally + 1.	Molanto
weles and	han t	con in 4	us Conde	Lion de	nee the
afonsaid	Rickne	s, depone	A mash	strett.	2
offensond hope this S. Deponent desires t	o participate in the	Serial sicker benefits of the Ac	ct, approved Octo	ber 24, 1887, and	1863 makes
application for the allow	vance to which he	is entitled thereund	ler.		
Sworn to and subse	cribed before me, t	this the	Λ	. 42	-

del 1123 181171011 20 day of hety M Warning Cray

#### COMMISSIONED OFFICER'S AFFIDAVIT.

STATE OF GEORGIA. Good County.

Personally came before me A Jober	of the county
of Corolla State of Georgia, who, being duly sworn, s	says that he was
of State of Georgia, who, being duly sworn, s a commissioned officer in Company 2, of Phillips Rogiment of	Legion
Volunteers, and that deponent knows fas Burlow, and that he recent	ved the wounds
(or contracted the disease) in the military service, as stated in his foregoing affidavit,	wounds

(or disease) permanently disables the said fas Rusting, as stated by him in said affidavit. Deponent further states that said flus Ruston citizen of this State, and resides in

Sworn to and subscribed before me, this 20 day of

16 m. Mann mett Orch

is a bona fide

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

STATE OF GEORGIA,	,			
Cou	inty.	*	4 . 9	
Personally came		x <u>c</u>	ή'	
*	_ • •		1	_
citizens of			county, in said State	e,
who, being duly sworn, say that they are acc	quainted with	· · · · · · · · · · · · · · · · · · ·		
	and know that	he received the w	ounds (or contracted th	ıe
disease) in the military service, as stated	by him in th	e foregoing affidav	rit; that said wounds (vo	or
disease) permanently disables applicant, as	stated by him	; that said applica	ant is a bona fide citize	n
of this State, and resides in	County	, and we are well	satisfied that all the state	r-
ments in his asidavit are true.				
Sworn to and subscribed before me, this	s			
day of	88			
	1			
7040			3	
STATE OF GEORGIA,				
County.	* ,			
Personally comes before me A. A	4. Han	inut -	Ordinary of said county	
	E. J.		, both known to	
me as reputable physicians of said County,	/			
carefully examined & Rushin			xamination say that the	
applicant has been injured as follows:	/			
in 1863 in brigains	2 any d	Ly upon	m ( one of	/
us Dr. A. A. Bober being	min)	he mas a	orgina & he	-
bed about min we	the sund	Carne pl	made	~
Sworn to and subscribed before me, this	cgt.	J. J.	Gober Indo	~~
20 day of Fully 1889	<b>:</b> }	810	che Tus.	
the war watt			0	W. 1
ORI	DINARY			

NOTE, -The physicians will state fully the extent of the wound and the disability resulting therefrom

STATE OF GEORGIA,	
County.	
W. W. Han	well and
40	Ordinary of said county,
do certify that I am well acquainted with	as Restor the
	tisfied that the statements made by him in his said
	al he represents himself to be, and that he resides in
	itnesses are persons of respectability, and that their
statements are worthy of full credit and belief.	A STATE OF THE PERSON OF THE P
I further certify that	before whom the foregoing
affidavits were made and power of attorney was significant	gned, is a
of said county, and that the said affidavits and signs	atures thereto are genuine.
Given under my official signature and seal, thi	is 20 day of has 1888
<u> </u>	6 M. Kammet
	Ordinary County.
	* *
POWER OF	ATTORNEY
STATE OF GEORGIA	ATTORNEY.
STATE OF GEORGIA	Jas Bustin
STATE OF GEORGIA County.	
STATE OF GEORGIA County.	
Know all men by these presents, That I.	Jas Buston
Know all men by these presents, That I.	fas Bustin Ever Lo. Juin my true and lawful attorney in fact, for
Know all men by these presents, That I.  county, in said State, do hereby appoint of me and in my name to receive and receipt for whater	my true and lawful attorney in fact, for
Know all men by these presents, That I.  county, in said State, do hereby appoint of me and in my name to receive and receipt for whate State of Georgia by reason of the injury received	my true and lawful attorney in fact, for ever amount of money I may be entitled to from the as aforesaid in the military service of the Confed-
Know all men by these presents, That I  county, in said State, do hereby appoint  of  me and in my name to receive and receipt for whate  State of Georgia by reason of the injury received  erate States (or of this State), as stated in the	my true and lawful attorney in fact, for ever amount of money I may be entitled to from the as aforesaid in the military service of the Confed-foregoing affidavit. Hereby authorizing my said
Know all men by these presents, That I.  county, in said State, do hereby appoint of  me and in my name to receive and receipt for whate State of Georgia by reason of the injury received erate States (or of this State), as stated in the attorney to receipt in my name for any Warrant that	my true and lawful attorney in fact, for ever amount of money I may be entitled to from the as aforesaid in the military service of the Confed-foregoing affidavit. Hereby authorizing my said t may be issued by the Governor, or for any sum of
Know all men by these presents, That I.  county, in said State, do hereby appoint.  of  me and in my name to receive and receipt for whate State of Georgia by reason of the injury received erate States (or of this State), as stated in the attorney to receipt in my name for any Warrant that money which may be coming to me for the reason a	my true and lawful attorney in fact, for ever amount of money I may be entitled to from the as aforesaid in the military service of the Confed-foregoing affidavit. Hereby authorizing my said at may be issued by the Governor, or for any sum of aforesaid.
Know all men by these presents, That I.  county, in said State, do hereby appoint of me and in my name to receive and receipt for whate State of Georgia by reason of the injury received erate States (or of this State), as stated in the attorney to receipt in my name for any Warrant that money which may be coming to me for the reason at In witness whereof I have hereunto set my han	my true and lawful attorney in fact, for ever amount of money I may be entitled to from the as atoresaid in the military service of the Confed-foregoing affidavit. Hereby authorizing my said to may be issued by the Governor, or for any sum of aforesaid.
Know all men by these presents, That I.  county, in said State, do hereby appoint.  of  me and in my name to receive and receipt for whate State of Georgia by reason of the injury received erate States (or of this State), as stated in the attorney to receipt in my name for any Warrant that money which may be coming to me for the reason a	my true and lawful attorney in fact, for ever amount of money I may be entitled to from the as aforesaid in the military service of the Confed-foregoing affidavit. Hereby authorizing my said to may be issued by the Governor, or for any sum of aforesaid.
Know all men by these presents, That I  county, in said State, do hereby appoint  of  me and in my name to receive and receipt for whate State of Georgia by reason of the injury received erate States (or of this State), as stated in the attorney to receipt in my name for any Warrant that money which may be coming to me for the reason In witness whereof I have hereunto set my han day of  The State St	my true and lawful attorney in fact, for ever amount of money I may be entitled to from the as atoresaid in the military service of the Confed-foregoing affidavit. Hereby authorizing my said to may be issued by the Governor, or for any sum of aforesaid.
Know all men by these presents, That I.  county, in said State, do hereby appoint of  me and in my name to receive and receipt for whate State of Georgia by reason of the injury received erate States (or of this State), as stated in the attorney to receipt in my name for any Warrant that money which may be coming to me for the reason at the interest of the states	my true and lawful attorney in fact, for ever amount of money I may be entitled to from the as aforesaid in the military service of the Confed-foregoing affidavit. Hereby authorizing my said to may be issued by the Governor, or for any sum of aforesaid.
Know all men by these presents, That I  county, in said State, do hereby appoint  of  me and in my name to receive and receipt for whate State of Georgia by reason of the injury received  erate States (or of this State), as stated in the attorney to receipt in my name for any Warrant that money which may be coming to me for the reason  In witness whereof I have hereunto set my han day of  188	my true and lawful attorney in fact, for ever amount of money I may be entitled to from the as aforesaid in the military service of the Confed-foregoing affidavit. Hereby authorizing my said to may be issued by the Governor, or for any sum of aforesaid.

STATE OF GEORGIA,			. V			
I I Brown						
John antrey	_ of			пегеру	author	1ze
to receive and receipt for the pension paid			41-4-1			
paid pension paid		request	that b	e remit	same	to
	. oy					
IN WITNESS WHEREOF, I have hereunto day of	set my hand an	d seal, thi	s_/	•	-	
	d'w	1.13	m	en	[L.	8.]
Executed in presence of						
John Awtry						

CONTRACTOR 1200. HOSE ALREADY ENROLLED.)		JER'S PENSION	1904.	W Boo B	29.8	JAN 25 1 1904.	JOHN W. LINDSEY, Commissioner of Pensions.	WARRANT HANDIN TO
ZY SE	No. 1	SOLDIER'	10	Name JW 80 County S. Co. R.		JKN 2		WARRANG

### POWER OF ATTORNEY

POWER OF ALLORNEY.	
STATE OF GEORGIA.  COUNTY.  L. COUNTY.  bereby author  to receive and receipt for the pension paid hereon, and request that he remit same	
by	
IN WITNESS WHEREOF, I have hereunto set my hand and seal, this.	-
day of fary 1905.	. s.1
Executed in the presence of	
Justiann	
ION (FED.)	
RELED  S. PENSIO  S. PENSIO  S. PENSIO  S. PENSIO  S. LINDSEY,  Commissioner of Persions  T. HANDED TO  T. HANDED TO	DO. ATLANT
Con Served File No. 27 & DISABLED DISABLED DISABLED ARRENT PRINCES OF SERVED W. LINDSEY, CAMPOSEY, CAMPOSE	To son Bra
THOSE ALFEADY No.247- DISABLI DISABLI 1905  1, \$\frac{1}{2} \text{it}, \frac{1}{2} \text{it}, \frac{1} \text{it}, \frac{1}{2} \text{it}, \frac{1}{2} \text{it}, \frac{1}{2} \text{it}, \frac{1}{2} \text{it}, \frac{1}{2} \text{it},	AND THE PERSON
	A. HARRIS
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SOL Name County Co. Disabil	
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STATE OF, CLORGIA

BOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

APPLICATION FOR ALLOWANGE FOR YEAR ENDING OCTOBER 26.

## STATE OF GEORGIA,

County.)
PERSONALLY appears James Button of Coll 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 day of
1850 ; 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 Truck in Company S, of Buth Hesiment
Volunteers Work Strigade; that whilst engaged
Of 100 100 100 100 100 100 100 100 100 10
wounded as follows: 186 , he was
wounded as follows: That While water Mitthay Sawin as of all high
he Contracted Lychold Gorgen Which disone letted in this
hear and that said deans light humany lover on his
lan! Which has usual bour able to be curse and that
his less are unada they were inglamed as a hour
from land loves appointly during the Summer learn and
Deponent desires to participate in the benefits of the Act, approved October 24, 1887.
and the Act amendatory thereof approved December 24, 1887,
and the Act amendatory thereof, approved December 24, 1888, and makes application for
the allowance to which he is entitled for the year ending October 26, 1889.
Sworn to and subscribed before one, this the
day of 11 1889 James Builore
Note. State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability.
NOTE. State July nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability.
r.
STATE OF GEORGIA,
<b>'C</b>
County.
PERSONALLY comes before me Suo W. Stow Ordinary of said county,
A. S.
me as reputable physicians of said county, who, being severally sworn, say on oath that
they have carefully examined Janua Nauton and after such
examination say that the applicant has been injured as follows: The way grown
an attack of Lypholas Lorge or other James which
Settless in his lan and has Come here
our luming in his leg- which any muchy you
week inglammes on a heart from South Board
and that he is quartered incompetent que
The Ordinary mound present of his on further
account of Sound discount
Sworn to and subscribed before me, this
that should be shell 2.5
day of All 1884

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

ORDINARY.

ordinary of said county, do certify that I am well acquainted with applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and that he is disabled to the extent he claims, and I know he is the individual he represents himself to be, and that he resides in this county. I also certify that the foregoing witnesses, to-wit: are persons of respectability, and that their statements are worthy of full credit and belief. I further certify that before whom the foregoing affidavits were made and power of attorney was signed, is a ot said county, and the said affidavits and signatures thereto are genuine Given under my official signature and seal, this POWER OF ATTORNEY. Know all Men by these Presents, That I, my true and lawful attorney in fact, for me and in my name, to receive and receip 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 Janes Busters (L.S.) Executed in the presence of us:

ECTION :

County, Georgia.

P. O.

Send money to me as follows, by

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 uscless 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 uscless."

4. If the application is for a wounded leg, it would seem to be a fair construction of the Act, and the words above quoted, to say that unless the injury is such as to require the constant use of crutch or stick, that the leg is not "substantially and essentially useless."

5. If application is for loss of fingers or toes the proofs must be made to show the number, and points

6. If papers are returned for correction, and amendments are added to any of the affidavits, the amend-

ments must be made under oath before an officer, and the proofs must show that the amendments have

7. Every application must be certified by the Ordinary of the county of the residence of the applicant. The certificate of any other will not be received in any case.

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

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

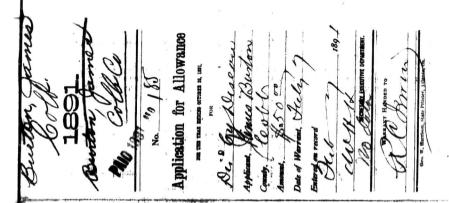
signatures thereto are genuine.

Given under my official signature and seal, this States and seal, this States and seal, this States are growing.

Ordinary (Curful County.

No. 399 No. 399 No. 399 No. 399 No. 399 No. 399 No. 390 No. 389	R. Chris
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STATE OF GEO	RGIA.	County Controls		
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I,	XUICE &	your	Ordinary of said	County.
lo certify that I am well	acquainted with	James X	Burton	the
	ing affidavit, and and			
bil and and	will a market and and w	en satisfied that the	statements made	by nim
	rue, and that he is disal			w he is
	ents himself to be, and ti		County.	,
I further certify the	at			
	colling affidavits were n			
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Given under my off	ficial signature and seal,	this 6 day  L Story  Co	or Kely,	1891.
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	Ordi	nary (Co	W/S	County.
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For Applicants Heretofore Allowed Pensions.	For Applicants Heretofore Allowed Pensions.
STATE OF GEORGIA,	STATE OF GEORGIA,
County, County	COUN County.
PERSONALLY appears Wines Buttow of Coly	PERSONALLY appears and Dinter
State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and	County, State of Georgia, who, being duly sworn, says on oath that he is a few fit
resident of said State, and has been such continually since the day of	resident of said State, and has resided therein continuously ever since the
1857 that he enlisted in the military service of the Con-	day of
tederate States (or of the State of ) during the war between the	during the state of
States, and served as a AMVARY in Company d, of Minkelynthe	States, any served as a fire of the in Company of the fall of the
in such military comies at the head of	of Starcia Volunteers Waster 's Brigade; that whilst engage
of on the state	of Michigan in the State
wounded as follows: Haw the think of the sale	wounded as follows: allack of mitted The 1863 he was
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to Abot om the Ordinary Manual	founding dons which now muy
autochions of life,	me finable to get about without Con
	and Substantially assers legs essential
Deponent desires to participate in the benefits of the Act, approved October 24, 1887,	Deponent desires to participate if the bar
	and the acts amendatory thereof, and makes application for the Act, approved October 24, 1885 for the year-ending October 26, 1891. I have heretofore been allowed a pension of
of ACCION and dollars dellars dellars	dollars for Hair distill
Sworn to and subscribed before me, this the follower Button	Sworm to and subscribed before me, this, the Salles Builter
( day of 1800)	( play of Hery 1891.)
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NOTE.—State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability	Nor E. State fully nature of wound or character of disease which cause the disability, and explain particularly the extent of the disability, resulting from the wound or disease.
POWER OF ATTORNEY.	
STATE OF GEORGIA	POWER OF ATTORNEY.
(1 Who County.)	STATE OF GEORGIA,
KNOW ALL MEN BY THESE PRESENTS, That I, Whis Buston	· · · · · · · · · · · · · · · · · · ·
61 + 9 Gold	Know all Men by these Presents, That I, Same Buston
county, in said Stage, do hereby appoint.	of County, State of Georgia, do hereby appoint
me and in my name, to receive and receipt for what ever amount of money I may be entitled	of 10 At 12 Care To Man
	to from the State of Georgie by research of the bullium and amount of money I may be entitled
hereby authorizing my said atterney to this States, as stated in the foregoing affidavit;	
issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.	nor, or for any sum of money which may be coming to me for the responsibilities of the cover-
IN WITNESS REOF, I have heroupto set my hand and seal, this	have hereunto set my hand and seal, this
day of Hebruary 1890	day of Ally (1891.
Executed in the presence of us:	Executed in the presence of us:
Executed in the presence of us:	Thouse
R A Paris	
DIRECTION.	All Hour Benevior.
Send money to me as follows, by	Send money to me as follows, by
P.O.	P. O.
County, Georgia.	County, Georgia.

County, Georgia.

grafue Alle ved Pensions.

ST	ATE	OF G	EORG	ounty				la' €
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applica said aff individ	nt in the fidavit are ual he rep	foregoing true, <i>ana</i> esents hir	that he i	and am we s disabled , and that re and sea	ell satisfied that, to the extended in the resides in the control of the control	t he claims	ents made b	ow he is th
But to Mene	SOLDIER'S PENSION.	1892.	Name ( ) ( ) ( ) ( ) ( )	County	Disability Minusk Coysfronton.	Entered on record  [Mch. 3] 1892.	W. H. HARRISÓN, Sopólary afficientes Department. AGENT.	Or C. D. com

## STATE OF GEORGIA. PERSONALLY appears Country, State of Georgia, who, being thity sworn, says on eath that he is a bona field chizen and resident of said State, and has resided therein continuously ever since the day of

J during the war between the cin Company of all the little of the company of the

Wounded as follows:

Deponent desires of contact and the beautiful and process and a significant and subject to the significant and subject and subjec

Ordinary of said Count.

Checking that I am well arquainted with

the contract to the foresoing affidavit, and am well saidned that the statements made by him in his

applicant in the foregoing afficient and am well satisfied that the statements made by him in his said affidavit are true, and that he is interested in the foregoing in the latest that he is a made by him in his said affidavit are true, and that he is interested in the county.

dividual he represents thingship by successful parts by the County.

(Nother the represent the result of the county of the control of the county of the control of the county of the cou

from the Scate of Georgia by reason of the injury received as aforesation the military service the Confederate State (or of this State), is grated in the state of Georgia by reason of the injury received as aforesaid in the military service the Confederate State (or of this State), it stated in the strength white after many is made in the confederate of the Confederate State (or of this State). It stated in the strength white after many is stated by the Governor, or

STATE OF GEORGIA

POWER OF ATTORNEY

For Applicants Heretofore Allowed Pensions.	For Applicants Linetokee Altored Tenclone.
STATE OF GEORGIA,  County,  Personally appears  County, State of Georgia, who, being duly sworn, says	STATE OF GEORGIA, 1
Personally appears Conney,	1000000
County, State of Georgia, who, being duly sworn, says	Printed spring AMONGO BURGON AD 17-17-15
on oath that he is a bona fide citizen and resident of Georgia, and has been such continuously	County, Name of Georgia (selfs) builty daily stream, cape on such that he is a few play offices as
since the day of (Livia) 18.71 that he enlisted	the state of careful district and land and the state of t
in the military service of the Confederate States (or of the State of	federate States (or of the State of
of Multiple gliment of the states, and served as a Prints in Company of Multiple gliment of the states and served as a Prints in Company of Multiple gliment of the states and served as a Prints of the states of t	States, and showed as a state of the Committee of Committee of the Committ
Brigade: that whilst engaged in such military service at the battle of	of Volumen Walford 's Brigade; that whilst engaged
in the Stage of profit con on the day of	in the Su
186 3 he was wounded as follows: attacked	
with Fy phoid ferry which fetted is but the fetter to be the first to fetter to be the first to be t	was also to mid you
W Confined to his lad - month defiguent	HAMPING TO THE WAR TO THE TOTAL OF THE STREET
struct, Months + , depunget is orn line	My and by age to be when
had drocation of life ordering Man-	they all they be constituted to
Deponent desires to participate in the benefits of the Act approved Out I	Omfile To perform the grilling
the year ending October 26, 1892. Thave here allowed a penils of the sentitled for	United the second of the secon
Dollars for Fri y/6:d deschip	the acts amendmenty inexest, and makes application for the allowance to which he is entitled for
Sworn to and subscribed before me this the day of len 1892.	the year ending October so, 1897. There hereafters been allowed a pension of
day of leh 1892.	Sworn to and supervised believe me, this, the 7
fle Cottoin Ordinary.	A Advantage Though The Park And
Now.—State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability.	BUSTON AND !
POWER OF ATTORNEY	Horse — of fully assure of women or startedow of theses which cannot be deadlity, and region personality the extent of the
STATE OF GEORGIA.	STATE OF GEORGIA, )
(C) County.)	20 COMPONED
Know all Men by these Presents. That I. (1911)	In Ordinary of said Count
County, in said State, do hereby appoint	do certify that I am well acquainted with James 1845
of Miritta Va.	applicant in the foregoing affidavis, and air well satisfied that the statements made by him in h
from the State of Georgia by reason of the injury waterver amount of money I may be entitled to	said affidavit are true, and that he is disabled, to the extent he claims, and I know he is the is
the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing	dividual he represents himself to be, and that he reades is this County,
or for any sum of money which may be coming to me for the reason aforesid	. I known result from WHEREOF, I have defenned set my hand, and seal, at
LV WITNESS WHEREOF, I have hereunto set my hand and seal this	pully and common where we design to the lost the reason and the same of the sa
Janus Burtous 1. s.	the Confederate States (of this State), as stated the state to state the state of t
Executed in the presence of us	roun the State of Georgia by reason of the injury received as the adda the military decided
Mic Hr	Given under my official agnature and sea, this of the day of the special country of the sea of the country of the country of the sea of the country of the countr
THE MOTE CALLY	cf County to County to County of Cou
Mi, Hone (Min)	Know all Men ty these Presents, The Assessment and Assessment appointment of the second and the
Send money to me as follows, by	
toP. O.	STATE OF GEORGIA()
County, Georgia.	POWER OF ATTORNEY.

## POWER OF ATTORNEY.

STATE GEORGIA,  COUNTY.  Know all Men by these Presents. That I,  County, Space of Georgia, do hereby appoint of me and in my name and in my	- -
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.  Aday of 1894.  Executed in the presence of us  Executed in the presence of us	e - 7
Send modey to me as follows, by  to	3,
Soldigr's Papsion  Soldigr's Papsion  ISBA.  Same Bay Markey  Institute  Secretary Executive Impartment  W. H. HARRISON,  Secretary Executive Impartment  WARRANT HANDED TO  WARRANT HANDED TO  WARRANT HANDED TO  The Control of the Control	

POWER OF ATTORNEY.
STATE OF GEORGIA,  County.  KNOW ALL MEN BY THESE PRESENTS, That I, Jan. Bus.
County, States of Georgia, do hereby appoint. The formula of my true and lawful attorney in fact, for
me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of 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 Warrrant that may be issued by the Governor, or for any sum of money which may be
in With Ess. Where For, I have hereunto set my hand and seal, this day of 1895.
Executed in presence of us  M. Jone  1895. Garries Beerles, [1 8.]
DIRECTIONS. Send money to me as follows, by
County, Georgia.
IBBR'S PENSION  1895  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  1896  18

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## For Applicants Heretofore Allowed Pensions.

11 Total Value and Total Value
STATE F GEORGIA.
Color Jounty.
PERSONALLY appears James Burton Cobb
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 180 / that he enlisted in the military service of the Confederate States (or of the State
States, and lerved as a Sylvok in Company A of Market States in Company A
of Ju Volunteers Dafford Brigade; that whilst engaged in
such military service at the battle of Mean Stouten in the State
of the day of and 1963 he was
counted as follows: was attacked further phoise
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twin tot for the training deponent as
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incompetent to beglow the orles
Deponent desires to participate in the benefits of the Act, approved October 24th, 1887,
and the acts amendatory thereof, and makes application for the allowance to which he is
entitled for the year ending October 26, 1894. I have heretofore been allowed a pension of
dollars, for the year 189 3
127 Mal stand bullon
day of 1894.)
the now Ons
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
Matter 1
XIII XI
do certify that I am you acquainted with As. Surface the
applicant in the foregoing affidavit, and an well satisfied that the statements made by him
in his said affidavit are true, and I know he is the individual he represents himself to be
and that he resides in this County.
Given under my official signature and seal, this
day of Mah (7894.
Ama k
A. Jone
Ordinary Could County.

## For Applicants Heretofore Allowed Pensions.

4
STATE OF GEORGIA,
County.
personally appears as. Burton of Cool
County, State of Georgie, 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 Ole 18; that he enlisted in the military service of the Con-
federate States (or of the State of) during the wer between the
States, and served as a free in Company in Company
of Younteers, Waffer 's Brigade; that whilst engaged in
such military service at the battle of in the State
of lay of 1865, he was
the love with the said
and the confidence of the confidence
Cetter I want of the
Muchan threating to
Barham the Credit The Company
this of life
Deponent desires to participate in the benefits of the Act, approved October 24th, 1887,
and the acts amendatory thereof, and makes application for the allowance to which he is
entitled for the year ending October 26th, 1895. I have heretofore been allowed a pension
of dollars, for the year 189
Sworn to and subscribed before me, this, the
day of 1895. 1895.
All them On
Notz-State fully the nature of wound or character of disease which sauses the disability, and explain particularly the extent of the disability, resulting from the wound or disease.
,
STATE OF GEORGIA.
Color County.
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
day of Med 1895.
Tour Med There
AEB Of Ordinary Cook County.

or milonner.	TOWER OF ATTORNEY.
STATE OF GEORGIA,  County.  I. Manthe hereby authorize Mu Storm	STATE OF GEORGIA,  GOO'S County.  I. Jan. Surfan hereby authorize A. C. January  of Cool County.  to receive and receipt for the pension paid hereon and request that he sent to receive the sent to receive t
to receive and receipt for the pension paid hereon and request that he remit same to	to receive and receipt for the pension paid hereon and request that he remit same to
IN WITNESS WHEREOF, I have hereunto set my hand and seal, this day of 1896.	IN WITNESS WHEREOF, I have hereunto set my hand and seal, this day of 1897.
Executed in presence of us  MI following  Multiplication  Mult	Joines Burton [15]
MI Filliance It Stone	Executed in presence of
2	
INSION, 1898 NSON, 700	SION.
	Those Aircain Enrelled, No. 2787  NO
COLUMN TO THE PARTY OF THE PART	For Those All INV. 2 No.

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SOLDIER'S

## For Applicants Heretofore Allowed Pensions.

To reproduce indicator and non consider.
STATE OF GEORGIA,
County County
personally appears IIIs Agustien of
County, State of Georgia, who being duly sworn, says on oath that he is a bone fide citizen
and resident of said State, and has resided therein continuously ever since the
day of About 18 3 that he enlisted in the military service of the Confederate States (or of the Same of
during the war states of
in such majerary service in the State of a on the
of 1863 he was wounded, injured or diseased as follows:
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which debout the tel
Married
The state of the s
Deponent desires to participate in the benefits of the Act, approved October 24th, 1887,
and the acts amendatory thereof, and makes application for the pension to which he is
entitled for the mear ending October 26th, 1896. I have heretofore as a resident of
county been allowed a pension of
dollars, for the year 1890.
Sworn to and subscribed before me, this, the
day of 4 2 1896.
XM Stone Orang
NOTE-State fully the nature of wound or character of disease, thich causes the disability, and explain particularly the axtent of the disability, resulting from the wound or disease.
OTATO
STATE OF GEORGIA.
youry gypty.
Ording 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 na sfficial signature and seal, this
(M) 1
Affix Flour
bern
Ordinary County.
1/A D ON A TONE OF A

## For Applicants Heretofore Allowed Pensions.

STATE-OF	, , ,	}	,		
-	ec po	ounty.	)	<i>a</i>	
	appears X			Cobb	
County, State of	Georgia, who be	eing duly swo	n, says on oatl	that he is a bone	fide citizen
and resident of a	said State, and h	as resided the	rein continuou	sly ever since the	<b>3</b>
day of	18	that he	enlisted in the	e military service	of the Con-
	or of the State	<i>7</i> L	7	during the spar	between the
States, and serve	//	100 yra	in Comp		Killey Bank
of ga		ers, Wa		Brigade; that wh	
in such nfilitary	service in the S	tate of		, on the	
of	7 186 2,	7		diseased of follow	3: /
146	J. Jy	ma o	n a	sout	0
Man	vy Je	ver 6	n 186	3 Joh	ile by
the co	nfedligh	anny	in pri	Since "	whi
apso	de ogy	Med!	u bo	The lig	0
When	y app	ligant	io or	uplanto	Track
Cally,	Jengomp	trut -	to Da	Xam 6	the
Corlin	a mes	ruel 1	was	tion of	like
Deponent de	ires to participa	ate in the bene	fits of the Act	approved October	04. 1007
and the acts am	endatory thereo	f and makes	application fo	r the pension to	24th, 1887,
entitled for the	vear ending Oct	ober 200th 18	97 I have b	eretofore under s	which he is
resident of	140	00		bwed an invalid	
	P/50.	Dollars, for		6	решлон от
Sworn to an	//		- /	nes Bu	alan
	of HELZ	L. 180	7 POST OFFICE	" Mones	11. 91
Viz	1 Just	701	71. J POBI OFFIC	neme	no He
$\sim$	Carre	- Only	<u></u>	(#)	
Nors-State fully the of the disability, resulting	ne nature of wound or ch g from the wound or dis	haracter of disease w	hich causes the disal	oility, and explain parties	darly the extent
STATE OF	GEORGIA	, ,			
	11/1	. }_			
40	Cour	ity,	$\neg \land$		
I, (	M	Elo,	re(/	Ordinary of sa	id County.
do certify that I a	m well acquaint	ted with	Xao.	Buton	the
applicant in the fo	oregoing affidavit	t, and am well	satisfied that	the statements me	de by him
n his said affidav	it are true, and I	know he is	the individual	he represents his	mself to be
and that he reside	s in this County	· <b>.</b>		1	00
	Given unde	my official si	gnature and se	eal, this	0
	day of	rey,	1897.	2	
Amx		1	70 2	8mil	
seal here.		/ ()		110	
~~	( /	Ordinary	70	60	County.

#### STATE OF GEORGIA,

lesso County. PERSONALLY appears M Brown, of 6006 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 15" Sor 18 ; 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 frival in Company 6, of 41 th Regiment Volunteers Storall 's Brigade; that whilst engaged in such military service, at the battle of in the State on the day of 1865 he was wounded as follows: He was that through the arm frust below the shoulder the bone including the foint was blade and was cut out the arm is perished anay, the muches were distinged the arm is stiff in hack when the arm me booking it is langt wither any the arm is substantially resentia Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and the Act amendatory thereof, approved December 24, 1888, and makes application for the allowance to which he is entitled for the year ending October 26, 1889.

Sworn to and subscribed before me, this the

1 day of lygach 1889

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

STATE OF GEORGIA,

Copper

PERSONALLY comes before me how malone Ordinary of said county, Dr. A. A gober and E. J. Selzi

me as reputable physicians of said county, who, being severally sworn, say on oath that they have carefully examined & MYSmin examination say that the applicant has been injured as follows: The man pho-In the left arm hust below the shoulder

If and has friending and is and has to essentiall and substantially us since the mound

Sworn to and subscribed before me, this )

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

### FOR APPLICANTS HERETOFORE ALLOWED PENSIONS. STATE OF GEORGIA. County Personally appears County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has resided therein continuously ever since the 1857; that he enlisted in the military service of the Conday of \_\_\_ federate States (or of the State of\_ during the war between the States, and served as a Arral in Company 6, of 41 th Regiment Volunteers Showallo 's Brigade; that whilst engaged in such military service in the State of of March 18651 , he was wounded, injured or diseased as follows: By morning trall Studen, in front 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 County, been allowed an invalid pension of Dollars, for the year 1903. Sworn to and subscribed before me, this the Nors. -State fully the nature of the wound or character of disease which causes the disability, and explainularly the extent of the disability resulting from the wound or disease.

## STATE OF GEORGIA.

Ordinary of said County, do certify Wat 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...

Affix your Beai here.

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

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

OF BUILDING

## FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
(Max 1)
Personally appears. A Moun of Coff
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 of1850; 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 in Company of Regiment
of Volunteers 's Brigade; that whilst engaged
in such military service in the State of 1. , on the 19 day
of Mall nine hall thilly left thoules. Que more him
avocations of little a perform the ordinar manual
4 4
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
County, been allowed an invalid pension of
Dollars, for the year 1904.
Sworn to and subscribed before me, this the
3 day of Jany 1905. AM Beauce
Post-office.
Norn.—Sate fully the nature of the wound or character of disease which causes the disability, and explain our ficularly the extent of the disability resulting from the wound or disease.
STATE OF GEORGIA.
COUNTY.
the State of the s
to certify that I am well acquainted with In form
he applicant in the foregoing affidavit, and am well satisfied that the statements made
y him in his said affidavit are true, and I show he is the indigidual he represents himself
be, and that he resides in this County.
Given under my official signature and seal, this
day of 1905
Affix Your Clarker
beer Ordinary
County.

NOTE. - Fili all blanks and of Company and Regiment. Norg.—All vouchers and affidavits must bear date after January 1, 1905.

## POWER OF ATTORNEY. STATE OF GEORGIA, 1. James Button hereby authorize R. B. Torwin to receive and receipt for the pension paid hereon and request that he remit same to moreanielta Sa IN WITNESS WHEREOF, I have hereunto set my hand and seal, this. 24 Janus Bute, [L. s.]

Executed in presence of

SOLDIER'S PENSION CODE SECTION 124.
For Those Aiready Enrolled.

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

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

POWER OF ATTORNEY.

hereby authorize\_

planes Button, [L. S.]

Executed in presence of

STATE OF GEORGIA.

SOLDIER'S PENSION For Those Aiready Enrolled.

RICHARD JOHNSON,

## For Applicants Heretofore Allowed Pensions. STATE OF GEORGIA, County.

County, State of Georgia, who being duly sworn, says on oath that he is a tona fide citizen and resident of said State, and has resided therein continuously ever since the 23 day of Georgia, who being duly sworn, says on oath that he is a tona fide citizen and resident of said State, and has resided therein continuously ever since the 23 day of Georgia, who being duly sworn, says on oath that he is a tona fide citizen and resident of said State, and has resided therein continuously ever since the 23 day of Georgia who being duly sworn, says on oath that he is a tona fide citizen and resident State of the State of the State of the States, and service as a Company of the Regiment of States, and service in the State of the Sta

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, 1808. I have heretofore under said law as a resident of county been allowed an invalid pension of

Sworn to and subscribed before me, this, the your Successful Succe

Nors-gaigdusty the nature of wound or character of disease which pulses the disability, and explain particularly the extent

#### STATE OF GEORGIA,

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

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

Ordinary County.

## For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
County.
personally appears James Buston of Coff
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 July 1835; that he enlisted in the military service of the Con-
federate States (or of the State of) during the war between the
of Sa. Volunteers, Wafford's Brigade; that whilst engaged
in such military service in the State of Ta., on the day
of Sefitember 1863, he was wounded, injured or diseased as follows:
That while in the service at Stanton
Va applicant contrated tukhoid
fever from which he has weren re-
covered and on account of which he
is rendered firsatically insometities
to perform the ordinary manage
avocations of like
Deponent makes application for the pension to which he is entitled for the year end-
ing October 20th, 1909. I have heretofore under said law as a resident of
County been allowed an invalid pension of
Dollars, for the year 189 8
Sworn to and subscribed before me, this, the chelines Burton
lay of 1899. POST ORFICE Marietta
My Say
Note that again fully the nature of wound or charactery discharge which causes the disability, and acplain particularly the extent of the disability resulting from the wound or disease.
A STATE OF THE STA
STATE OF GEORGIA,
County.
I. J. Dw. Stock Ordinary of said County, do certify that I am well acquainted with James Buston 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

County.

to receive and receipt for the pension paid hereon and request that he remit same to  by  at  IN WITNESS WHEREOF, I have hereunto set my hand and seal, this day of  Executed in presence of  Accorder  Executed in presence of	STATE OF GEORGIA.  County.  I, Lenes Brown hereby authorise Account  of John Torrest that he remit same to  by at Marielle  IN WITNESS WHEREOF, I have hereunto set my hand and seal this day of Med.  1901.  Executed in presence of
INVALID SOLDIER'S PENSION.  1900.  Soldine fauta Bustou County Disability Disability Marrant issued Warrant issued OHN W. LINDSEY, Commissioner of Pression.  Soldine fauta County Disability Marrant issued Marrant issued OHN W. LINDSEY, Commissioner of Pression.  Soldine fauta County Count	COME SEATH HARDER.  So 260 9  DISABLED  Soliditer'S PERSION.  TOOL MAN. LINDER.  OMEN LINDER.  OMEN M. LINDER.  OMEN W. LINDE

FOR Applicants Heretolvie Allowed Pensions

## For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
County.
personally appears James Burton of bobb
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
day of July 1835; that he enlisted in the military service of
the Confederate States (or of the State of) during the war be-
tween the States, and served as a filiwate in Company L, of Chillifus
Agents of Eleorgia Volunteers, Wafford 's Brigade; that whilst
engaged in such military service in the State of Vac, on the
day of Defittuber 1803, he was wounded, injured or diseased as follows:
I hat while in the service at staytow ba.
applicant contracted hyphoid fever
from which he has theyer recovered
and on account of which he is
rendered firactically incompetent to
purform the ordinary manual
avocations of life?
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
County been allowed an invalid pension of
Dollars, for the year 1899.
Swarn to and subscribed before my this, the Januar Burton
day of 1900. POST OFFICE
til time of
Note that the nature of wound or character of disease which causes the disability, and explain particularly the
North State fairly the nature of wound or character of disass which causes the disability, and explain po-ticularly the extent of the disability resulting from the wound or disease.
STATE OF GEORGIA,
County.
J. S. M. Stoul of Ordinary of said County
// Sala county,
do certify that I am well acquainted with James Button the
applicant in the foregoing affidavit, and an well satisfied that the statements made by him
in his said affidavit are true, and I know he is the individual he represents himself to be
and that he resides in this County.
Given under my official signature and seal, this
day of May 1900.
bere.
Orditary County.

## For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,	
County.	
Personally appears James Guettow of Colo	
County, State of Georgia, who being duly sworn, says on oath that he is a bona fide	
and resident of said State, and has resided therein continuously ever since the	
day of 18.30; that he enlisted in the military service of a	700
federate States (or of the State of) during the war between	
States, and served as a fixuate, in Company Z, of Company	-0
of Volunteers, Waffer as Brigade; that whilst	enga
in such military service in the State of, on the	
of Assistantial 186, he was wounded, injured or diseased as follo	ws:
That white in the service at sta	w
Va applicant contracted Tublisid	1
Trans white he had more readile	2
The state of the s	
and my ascount of winder see it	<i>f</i>
randered finactically uncomfetent	1
feerfarm the prayery manual	
avacations of life	
Deponent makes application for the pension to which he is entitled for ye	
ing October 26th, 1901. I have heretofore under said law as a resid	
County been allowed an invalid pe	
50. Dollars, for the year 1900.	Haio
	_
ich office	V
day of 1901. Postoffice	
for his clocking ordy,	
Note. State fully the nature of the wound or character of disease which causes the disability, and expi	lain p
ularly the extent of the disability resulting from the wound or disease.	
STATE OF GEORGIA,	
County.	
I lalue Acutrey Ordinary of said	O
January or said	
do certify that I am well acquinted with James Burtan	
applicant in the foregoing affidavit, and am well satisfied that the statements made	by
in his said affidavit are true, and I know he is the individual he represents himsel	f to
and that he resides in this County.	<u>-</u>
Given under my official signature and seal, this	-
day of January 1901. 2	
one one	-
Adix }	<u> </u>
Ordinary Cobb	Cou

#### POWER OF ATTORNEY

STATE O	B GEORGIA,	A CONTRACTOR STORY	ा । जिस्सीकी है तो पत्रे भारती हुट्ट	n cont	Price.	
$\mathcal{C}$	oor	County.	le 13ITV		150	, c'ami
Ι,	Jas 1	neston	- hereby	uthorize	17.4	
	Then A	vt.	_of18	03		<b>(</b>
to receive a	nd receipt for t	he pension pa	id hereon and	request the	the remit	
at	90.73	. Y.	_by	stade at the	statements	1916
IN WJ	NESS WHER	EOF, I have h	ereunto set m	hand and e	el this	6
day of	71	1902.		4	ar turs	
. 0	· Comment	15	Jas	Busi	lese	[1
Execute	d in presence of	6				[L, S.]

SOLDIER'S PENSION DISABLED 1902. ( FOR THOSE ALKEADY EN No. 366

TATE OF GEORGIA

	County.	,
Ι,	hereby	authorize
		source of the same
		and request that he remit same to
	by	,
ıt		
IN WITNESS	WHEREOF, I have hereunto se	t my hand and seal this
lay of	1903.	
lay of		ſr s
		[L, S.
Executed in pr	esence of	[L. S.
		[L· s.
Executed in pr	esence of	[L. S.
Executed in pr	esence of	[L. S.
Executed in pr	esence of	[L. S.
Executed in pr	esence of	[L. S.

JOHN W. LINDSEY

SOLDIER'S PEN DISABLED 1903. ( FOR THOSE ALREADY EN

## FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,	, )
Coll Con	inty.
	es Buston of Godh
County, State of Georgia, who being d	uly sworn, says on oath that he is a bona fide citizen
and resident of said State, and has re-	sided therein continuously ever since the
day of18;	that he enlisted in the military service of the Con-
federate States (or of the State of	) dyoing the war between the
States and serve as a Min	tu vegiment
of volunteers,	's Brigade; that whilst engaged
in such military service in the State of	, 02 510
W. Q. 186	he was wounded, injured or diseased as follows
Me company des	rege in al desure
supery variaging in	in Mastreall incompand
to perform the order	way Manhal auscalin
of life is	
	`4 <u>{</u>
p-grantage)	-
Deponent makes application for	41.
ending October 26th 1909 I have	the pension to which he is entitled for the year
nable 1802. I have	heretofore, under said law, as a resident of
577_	County, been allowed an invalid pension of
C	Dollars, for the year 1901.
Sworn to and subscribed before me,	
day of	1902. Post-office
John sowly !	lidy
particularly the extent of the disability resulting from	or character of disease which causes the disability, and explain m the wound or disease.
STATE OF GRODGIA	
STATE OF GEORGIA,	* * *
County.	
1. John Aut	Ordinary of said County,
do certify that I am well acquainted w	with las. Bustin
	and am well satisfied that the statements made by
the applicant in the foregoing amdavit,	and am well satisfied that the statements made by
him in his said affidavit are true, and I	know he is the individual he represents himself to
him in his said affidavit are true, and I	know he is the individual he represents himself to
him in his said affidavit are true, and I i be and that he resides in this County	know he is the individual he represents himself to
him in his said affidavit are true, and I i be and that he resides in this County	know he is the individual he represents himself to
him in his said affidavit are true, and I be and that he resides in this Countyi  Given under my offi	know he is the individual he represents himself to
him in his said affidavit are true, and I be and that he resides in this Countyi  Given under my offi	know he is the individual he represents himself to
him in his said affidavit are true, and I be and that he resides in this Countyi Given under my offi day of day  Asia  From the bere	know he is the individual he represents himself to the least of the Land to icial signature and seal, this
him in his said affidavit are true, and I be and that he resides in this County Given under my off day of Your Your Survey All vouchers and North All vouchers and	know he is the individual he represents himself to

## FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
County
Personally appears James Burloy of Country State of Owner
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
, that he christen hi the military service of the Con-
federate States (or of the State of during the was between the States, and served as a in Company of the Was between the
, or the regiment
of Volunteers, 's Brigade; that whilst engaged in such military service in the State of on the
uav
ne was wounded, injured or diseased as follows
The thing the Which
glacing has my ling francis fre
has of we of the Town which he had
much reproved
Deponent makes application for the
Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1903. I have heretofore, under said law, as a resident of
County have liefetolore, under said law, as a resident of
County, been allowed an invalid pension of
Dollars, for the year 1902.
Sworn to and subscribed before me, this the
day of 1908, Post-office
No Grant All Maries
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
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
County.)
I, Ordinary of said County,
do certify that I am well acquainted with
the applicant in the foregoing affidavit, and am well satisfied that the statements made by
him in his said affidavit are true, and I know he is the individual he represents himself to
be and that he resides in this County.
Given upder my official signature and seal, this
day of the state o
AME DESTROY
ord here Ordinary County
Norm.—Mill all blanks and of Company and Regiment.
Nors.—All youghers and affidavits must been dots often January 1 1000

Norm.—all vouchers and affidavits must bear date after January 1, 1901

#### POWER OF ATTORNEY.

STATE OF GEORGIA,	Tree 1
James Buston Marietta	hereby authorise
to receive and receipt for the pension paid hereon, and request that he by Mana	remit same to
IN WITNESS WHEREOF, I have hereunto set my hand and seal, this	<b>Z</b>
day of Jumary 1904. yours Build	[L. 8.]

			PO	WE	R OI	AT	LOK	NEY	• '		,
	STATE	DE G	EORGIA,	Co	Br	vstov	Was	nitte	h	ereby s	authorize
0	recei	ve and	receipt for	the pe	nsion p	aid herec		request		remit	same to
	atIı	/	ess Where	of, I ha	ave here	unto set	my han	d and s	eal, this		
	day of	an	in the prese	.1906.	-	Jan	us x ma	Bn	Tor	L	[L. S.]
,			in the prese		<i>U</i>	<i>/</i>					
		11 1			1 1			,			
3 4	ROLLED.)		INSIO!	•	Mr	Lyin	٧,	1906.	EY.	0.10	II, MARWEON, Men.
Jan.	COOR SECTION 1260. (FOR THOSE ALBEADY ENROLLED.)	577	DISABLED IER'S PE	90	o Qu	S. L.	Las		JOHN W. LINDSEY. Commissioner of Pensis	WARRANT HANDED TO	Parament Oc. One.
ctore &	Cobs THOSE A	No.	DIS,	18	unpe	S. J.	in Sp. [	1, \$5 %	JOHN	WARRAN	water Peterson and
Ber	, FO		Tos		Name	Coupity	Disability	Amount,			i i

## SOLDIER'S PENSION (FOR THOSE ALREADY ENROLLED.) 363 DISABLED No.

JOHN W. LINDSEY,
Commissioner of Pens 1904. WARBANT HANDED TO JAN 25 Name MMLB Amount, \$ 55 Disability &

## FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
County.
Personally appears AMIS Burton 6 6966
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 and the
that he enlisted in the military
during at a second
in Company of Miles in Company
yvolunteers 's Brigade: that whilet and a
on the
1 186 ), he was wounded injured or diseased as 6 Warm
The will will will be to the
Shirton The Coding him mactically intompetent
the from the ordinary manual avocations of
Marie and the second se
The state of the s
Market and the second of the s
Deponent makes application for the pension to which he is entitled for the year
ending October 29th, 1904. I have heretofore, under said law, as a resident of
County, been allowed an invalid pension of
Dollars, for the year 1903.
Sworn to and subscribed before me, this the
1904
Whi Swille ade Post-office Mariette
Note.—State fully the nature of the wound or character of disease which causes the disability, and explain
Control of the state of the sta
STATE OF GEORGIA, Janues Burton
County. Sounty
1. John Shutul 2
do certify that I am well acquainted with Amel Surfou
the applicant in the foregoing affidavit, and am well satisfied that the statements made
by him in his said affidavit are true, and I know he is the individual he represents himself
to be, and that he resides in this County.
Given under my official signature and seal, this
day of Jashuary 1904
Ania John Shutel
Ordinary Office
Nora.—Fill all blanks and of Company and Regiment.
Noze.—All vouchers and affidavits must bear date after January 1, 1904.

Norn.—Pill all blanks and of Company and Regiment.
Norn.—All vouchers and affidavite must bear date after January 1, 1904

Nors.—Fill ell-blanks and of Company and Regiment. Nors.—All voublets and affidavish must bead date after January 1st, 1900

## FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,  County.	•
County.	T 0.41
Personally appears Free Tar	of Com
County, State of Georgia, who, being duly sworn	, says on oath that he is a bona fide citiz
and resident of said State, and has resided the	rein continuously ever since the
day of18; that he en	ulisted in the military service of the Co
federate States, (or of the State of	during the war between t
States, and served as a	in Company , of July Regime
oiVolunteers	s Brigade: that whilet engage
in such military service in the State of	on the
of	wounded, injured or diseased as follow
Draia	4
v. 4	
and the second of the second s	The second secon
ending October 26th, 1906. I have heretof	ore, under said law, as a resident
ending October 26th, 1906. I have heretof	ore, under said law, as a resident unty, been allowed an invalid pension
ending October 28th, 1906. I have heretof	ore, under said law, as a resident unty, been allowed an invalid pension of Dollars, for the year 1,805.
ending October 26th, 1906. I have heretof	ore, under said law, as a resident unty, been allowed an invalid pension of Dollars, for the year 1,805.
ending October 28th, 1906. I have heretof	ore, under said law, as a resident sunty, been allowed an invalid pension of Dollars, for the year 1805.  Mighty Mank
Sworn to and subscribed before me, this th	ore, under said law, as a resident of unty, been allowed an invalid pension of Dollars, for the year 1,805.
Sworn to and subsqribed before me, this the day of Aury 1906.	Dollars, for the year 1805.  The post-Office
Sworn to and subsqribed before me, this the day of Aury 1906.	Dollars, for the year 1805.  The post-Office
Sworn to and subsqribed before me, this the day of 1906.  Non-State fully the nature of the Jound or character articularly the extent of the disability resulting from the wound	Dollars, for the year 1805.  The post-Office
Sworn to and subscribed before me, this the day of heater of the found or character articularly the extent of the disability reacting from the wound that the off Georgia,	pore, under said law, as a resident of unty, been allowed an invalid pension of Dollars, for the year 1805.  The way of the year 1805.  The post-Office Post-Office
Sworn to and subsqribed before me, this the day of the subsquibed before me, this the subsquibed before me, the subsquibed	Dollars, for the year 1805.  The post-Office
Sworn to and subscribed before me, this the day of 1906.  Non.—State fully the nature of the found or character articularly the extent of the disability resulting from the wound State of Georgia,  I, Im Way	Post-Office  Post-Office  Ordinary of said County  Ordinary of said County
Sworn to and subsqribed before me, this the day of 1906.  Now.—State fully the nature of the Jound or character articularly the extent of the disability resulting from the wound or character of the Jound or character articularly the extent of the disability resulting from the wound or character articularly the extent of the disability resulting from the wound or certify that I am well acquainted with	Post-Office  Post-Office  Oddinary of said County  Oddinary of said County  Oddinary of said County
Sworn to and subsqribed before me, this the day of 1906.  Now.—State fully the nature of the Jound or character articularly the extent of the disability resulting from the wound or character of the Jound or character articularly the extent of the disability resulting from the wound or character articularly the extent of the disability resulting from the wound or certify that I am well acquainted with	Post-Office  Post-Office  Oddinary of said County  Oddinary of said County  Oddinary of said County
Sworn to and subsquibed before me, this the day of 1906.  Now.—State fully the nature of the found or character articularly the extent of the disability resulting from the wound or character articularly that I am well acquainted with the applicant in the foregoing affidicit, and am	Post-Office  Ordinary of said County  Ordinary of said County  Well satisfied that the statements made
Sworn to and subsqribed before me, this the day of the subsquibed before me, this the day of the sund or character articularly the extent of the disability reacting from the wound or character articularly the extent of the disability reacting from the wound or character articularly the extent of the disability reacting from the wound or certify that I am well acquainted with the applicant in the foregoing affidavit, and am by him in his said affidavit are true, and I know	Post-Office  Ordinary of said County  Ordinary of said County  Well satisfied that the statements made
Sworn to and subsqribed before me, this the day of the subsquare of the count or character articularly the extent of the disability reacting from the wound or certify that I am well acquainted with the applicant in the foregoing affidavit, and amy him in his said affidavit are true, and I know to be, and that he resides in this County.	Post-Office  Ordinary of said County  well satisfied that the statements made  the is the individual he represents himsel
Sworn to and subscribed before me, this the day of 1906.  Now.—State fully the nature of the cound or character articularly the extent of the disability resulting from the wound or certify that I am well acquainted with the applicant in the foregoing affidavit, and amy him in his said affidavit are true, and I know to be, and that he resides in this County.  Given under my official signature	Post-Office  Ordinary of said County  well satisfied that the statements mad the is the individual he represents himsel
Sworn to and subsqribed before me, this the day of the subsquare of the count or character articularly the extent of the disability reacting from the wound or certify that I am well acquainted with the applicant in the foregoing affidavit, and amy him in his said affidavit are true, and I know to be, and that he resides in this County.	Post-Office  Ordinary of said County  well satisfied that the statements mad  the is the individual he represents himsel
Sworn to and subsquibed before me, this the day of 1906.  Now.—State fully the nature of the found or character articularly the extent of the disability resulting from the wound or certify that I am well acquainted with the applicant in the foregoing affidavit, and amy him in his said affidavit are true, and I know to be, and that he resides in this County.  Given under my official signature day of	Post-Office  Ordinary of said County  Well satisfied that the statements mad the is the individual he represents himselvents  and seal, this  Jacobs.
Sworn to and subsquibed before me, this the day of 1906.  Now.—State fully the nature of the found or character articularly the extent of the disability resulting from the wound or certify that I am well acquainted with the applicant in the foregoing affidavit, and amy him in his said affidavit are true, and I know to be, and that he resides in this County.  Given under my official signature day of	Post-Office  Ordinary of said County  well satisfied that the statements mad the is the individual he represents himsel

#### POWER OF ATTORNEY.

STATE OF GEORGIA,	COUNTY
Som Showing	of Manute, Ca.
to receive and receipt for the p	pension paid hereon, and request that he remit same to
	_by
at.	107
IN WINESS WHEREOF, I ha	ive hereunto set my hand and seal, this
Executed in the present	1905. James X Buston _[L. 8.]

(FOR THOSE ALREADY ENROLLED.

DISABLED

TOWER OF ATTORIVE	<b>31.</b>
STATE OF GEORGIA, COUNTY.	
Jahnstwirey of	, hereby authorize
to receive and receipt for the pension paid hereon, and required by	uest that he remit same to
In Wryness Whereof, I have hereunto set my hand and	seal this 12
day of Ann 1907.	
	Burton [L. O.]
Executed in presence of	
	Penetone
ED PENSIC	
	JOHN W. LINDSEY, Commissioner of ARRANT HANDED TO
DISA DISA DISA DISA DISA DISA DISA DISA	ARRANT
La Carlo Car	MAK WAE

1905. SOLDIER'S PENSION WARRANT HANDED TO JOHN W. LINDSEY, 1905. no date Disability Diacese County

SOLDIER'S PENSI DISABLED 1907

Disability

#### TUN APPLICANTS HERETURURE ALLUWED PENSIONS. STATE OF GEORGIA. took COUNTY. Personally appears Lacres Burton 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\_\_\_ ; 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 Miwali in Company & , of The ment 910 Volunteers 's Brigade; that whilst engaged in such military service in the State of\_ legs They have much particity intompetant to furfrom the accional manual recentions of life 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 County, been allowed an invalid pension of - 50: Dollars, for the year 1904. Sworn to and subscribed before me, this the Note -State fully the nather of the wound or character of disease which causes the disability, and explain with the extent of the disability resulting from the wound or disease. STATE OF GEORGIA, Ordinary of said County, do certify that I am well acquainted with James Dustin 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.

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

County.

Given under my official signature and seal, this

day of Jemman

### FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,	
Cost County.	,
Personally appears James Bur	lan Coth
County, State of Georgia, who, being duly sworn	savs on oath that he is a home fide citizen
and resident of said State, and has resided there	in continuously ever since the
day of; that he en	
federate States (or of the State of	during the war between the
federate States (or of the State ofStates, and served as a	in Company Pulle for it spiles
of Yolanteers_	's Brigade; that whilst engaged
in such military service in the State of	on theday
	wounded, injured or diseased as follows:
Disease	
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	8
	<b>6</b> 5
	The state of the s
	county, been allowed an invalid pension of Dollars, for the year 1906.
Sworn to and subscribed before me, this t	he) 2 =
day of Jany 1907.	Journe Sun
Value Xxx los	Postoffice
1 - May	) Tostomee
Note.—State fully the nature of the wound or charact particularly the extent of the disability resulting from the wound	er of disease which causes the disability, and explain
State of Georgia,	
gounty.	
in John Hotel	Ordinary of said County,
do certify that I am well acquainted with	
the applicant in the foregoing affidavit, and am	
by him in his said affidavit are true, and I know	
to be, and that he resides in this County.	9
Given under my official signatur	e and seal this
day of my	907
	John Hy tory
Affin Pour Pour Pour Pour Pour Pour Pour Pour	narty County.

Notz.—Fill all blanks and of Company and Regiment.
Notz.—All vouchers and affidavits must bear date after January 1st, 1937.

#### POWER OF ATTORNEY

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_G Jvh	rst	why	County.)	of					authorise
to receiv		receipt for the					that he	remit	same to
at	Tennis / Constanting or	THE RESERVE OF THE PERSON OF T		БУ					
In	With	ess Whereof, I	have here	unto set 1	ny han	d and se	al, this		
day of	/	1906	3						
C		,	***	1.	11	130	roll	m	[L. S.]
B	<b>xe</b> cuted	in the presence		0)					
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					1	1906.	I	1	11
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IROLI			4	18	2		K. LINDSEY.	D. 70	A. P.
r 1250. DY EI	3.		3 3	Regiment	20		JOHN W. LINDSEY	WARRANT HANDED TO	8
CODE SECTION 1250	5	DISABI IER'S	20	Regin 4	2		W. L	T HA	The same of the sa
Cobs.	No. 2 S	Si SE C	24	20	X 2	0.0	OHN	RAN	1
CODE SECTION 1250. FOR THOSE ALREADY ENROLLED.)				8 3	ty C	*	7	WAF	
FOR			Name	County	Disability	Amount			1
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Brown J. W.

		FU	WENC	Jr Al	TORNI	SY.		7	
-	STATE OF COOL	GEORGIA, O		INTY.		9	hereby as	neh z	e ·
	lay of Jun	ss Whereor,	I have here1907.	by	energen i sassini serimbono mando dende	seal, this	10	No. of the Company	
こちゃっ	COOR BECTION 1350. (FOR THOSE ALREADY ENROLLED)  NO. 174.	SOLDIER'S PENSION	1907.	County Cott	Amount, \$50 °C	JOHN W. LINDSERY	WARRANT HANDED TO	Gids, W. H. Merion, Statt Printer, Atlanta.	1

nodata

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19	66-017	eounty fo	or 1937 and at th
his Pension of	fl.	or er i sekkini	19, there was Dollars from the
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der my nand and seal thi			Ordinary County
pplication for Pension Due Deceased Soldier UNDER ACT IN	Ways Buston	of mathematical	
sthorise and constitute	and ball and	· · · · · · · · · · · · · · · · · · ·	of said count
	Application for Pension Due Deceased Soldier Due of a truthful and trustweet my hand and seal this der my hand and seal this	Pension Roll of said  the day of the Pension of the Pension of a truthful and trustworthy character and der my hand and seal this day  County.	Pension Roll of said  South Pension of County for the Pension of August County for the Pension of A

## Application for Pension Due Deceased Soldier.

who was duly enrolled as acts.  Who was duly enrolled as acts.  And was paid a Pension of	the said
Personally before me somes Mrs  of said after being duly sworn, on eath says that she is the vidor of the said person of the said and was paid a Pension of the said and was paid a Pension of the said and was due him from the said of the said and resided with him from the date of marriage to her.  Sword and absoribed before me this said of the said of t	the said
who was duly enrolled as a set.  The property of the property	the said
who was duly enrolled as a second of the country for 1922, and that the last of the last o	the said
Dollars from	the said
Dollars from County for 1922, and that the Last of Las	unty or
died in	unty or
died in	unty or
the 1925, and at the time of his death a Pension of Many was due him from	19/0
Applicant further swears that she married the said.  Applicant further swears that she married the said.  State of and resided with him from the date of marriage to heas his lawful wife, and is now his dependent widow, and she asks that the Pension so due and unpaid to her.  Swood of and shearibed before me this.  Ordinary  County.  APPIDAVIT OF WITNESS.  APPIDAVIT OF WITNESS.  Personally before me comes.  APPIDAVIT OF WITNESS.  APPIDAVIT OF WITNESS.  APPIDAVIT OF WITNESS.	3.0
Applicant further swears that she married the said.  the	3.0
State of	O
State of	
State of	nty and
as his lawful wife, and is now his dependent widow, and she asks that the Pension so due and unpaid to her.  Swort of and subscribed before me this. 29 day of the state of th	7.
Sword of and subspribed before me this 29 day of Sword of and subspribed before me this 29 day of Sword of Application of County.  Application of County.  Personally before me comes. A Part of Barrier on oath says that he knew white	
Sword and subspribed before me this 27 day of April 19 day of April 20 day of	be paid
County.  APPIDAVIT OF WITNESS.  County.  Personally before me comes. A Part I British while on oath says that he knew while while while the county.	
APPIDAVIT OF WITNESS.  SEORGIA, County.  Personally before me comes. A Park J Brown while on oath says that he knew while the says thas the says that he knew while the says that he knew while the sa	19/.6
APPIDAVIT OF WITNESS.  SEORGIA, County.  Personally before me comes. A Plant I Broken while on oath says that he knew A while while the county of the county	
AFFIDAVIT OF WITNESS.  County.  Personally before me comes. A Bank   10 Bank.  On oath says that he knew a while while while	7(I' B'
Personally before me comes A Bank   B	
Personally before me comes. A Bank I Bank on oath says that he knew Lands Burkey while	
on oath says that he knew Larris Butter while	
on oath says that he knew James Bulking while	
5 TAU NS 42-14 10:	in life
and that he knows. Mrs. Mrs. Mrs. Tours	hom
the above applicant; that he knows that the said.	
and Many Subanto were in the form of law married in the	
	count
in the State of	OF
the day of day of 1857 and that they resided	2440
a husband and wife from date of marriage to the day of his death on the	ogether
October 1909, and I now know that she is his dependent widow.	1- 27/
	D.H.Caley
(Sween to and subscribed before me shis	O.S.Caley !
Ordinary, M. Markes	ORK <b>aiş</b> I
County. County	085 <b>469</b> 1
Norw 1st. This form was be sured by suredistrict to the state of the s	085 <b>015</b>

bolb " Maimed Soldiers. Maimed Soldiers. 1891. Voucher No. 1814 Voucher No. 399 Maimed Soldiers. Amount \$ 50, Amount \$ 50 Voucher No. 185 Paid walder Burton Paid wanted Parton Amount \$ 50 For General disability For Disables by Paid to falleles Burtin from desiease For Disables by Disease. Mel. 12 1889. Ale! -, 1891. Fely 6 ,890 Included in Warrant No. 1 Included in warrant No. issued to Treasurer. Included in warrant No. issued to Treasurer. issued to Treasurer. WARRANT CLERK R.C. Imin. Radmin

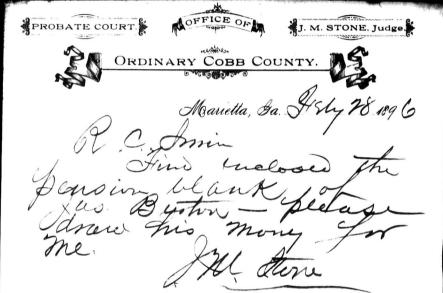
,	
Mr. Januer Bu.	Now of the County
of 10066	naving filed his application in the Executive
Department for an allowance under the Act appro	ved October 24, 1887, as amended by Act.
Dec. 24, 1888, and the same having been allowed decade	
He is entitled to receive the sum of for such disability, the same being the allowance	
The Treasurer will pay the same and how his Executive Department for warrant.	GEORGIA STOPLY
By the Governor Winnisco	Governor.
RECEIVED OF STATE THEASURER, R. U. HAR	DEMAN,
Per above voucher, this 12 of R.	March 1880.

STATE OF GEORGIA,

EXECUTIVE DEPARTMENT

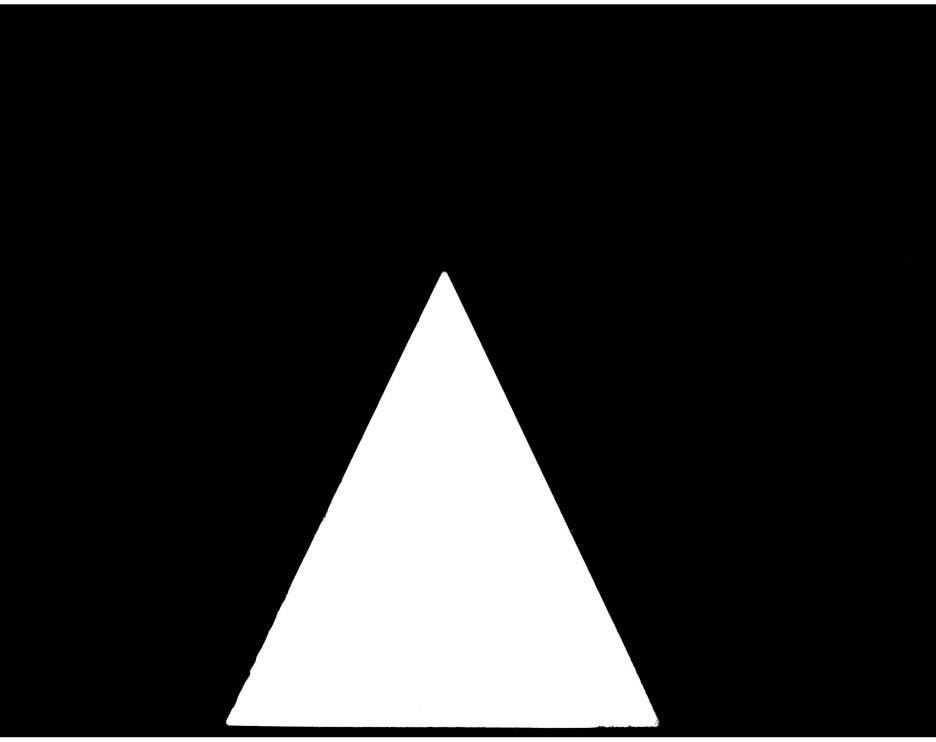
STATE OF GEORGIA, EXECUTIVE DEPARTMENT. mes Barton of the County having filed his application in the Executive Department for an allowance under the Act approved October 24, 1887, as amended by Act, approved, Dec. 24, 1888, and the same having been examined and allowed for He is entitled to receive the sum of for such disability, the same being the allowage due for the year ending October 24, 18 90 The Treasurer will pay the same and hold he reception the voucher, and return same to Executive Department for warrant. GOVERNOR. By the Governor. CLERK EXECUTIVE DEPARTMENT. RECEIVED OF STATE TREASURER, R. U. HARDEMAN, Dollars,

per above voucher, this



Atlanta, Ga. Flehz EXECUTIVE DEPARTMENT. Mr. Lames Bustan having filed his application in the Executive Department for an allowance under the Act approved October 24, 1887, as amended by Acts approved Dec. 24, 1888 and Nov. 11, 1889, and the same having been examined and allowed for He is entitled to receive the sum of Triffy 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, SEC'V EXECUTIVE DEPARTMENT. RECEIVED OF R. U. HARDEMAN, Treasurer of the State of George OF & \_Dollars,

STATE OF GEORGIA.



# Ordinary's Certificate

COUNTY.

----Ordinary of said County, certify that I know

STATE OF GEORGIA

1. 10 Peft. 10, 186.1.	No	, VO.	(TVPE)		12
	Confederate Soldier's Application Under Act 1910—As Amended by Act of 1919.	L. Barfore may questions     'You do solemnly se ur give shall be the whole     Additional Affairit     A. All affairit must be must be certified by se	Juder my hand	e; that they are both 1	s in said county. The
	County St. Bustons  Company 6  Regiment 28 42 Value	are assessed the Ordine war that you will true as a truth. So kelp you Goo may be attached it blank o made before the Ordina- meh Ordinary.	and official seal of office :	residents of said county and all truthful and trustworthy	That I also know
Pusion office.	Approved	y shall swar applicant george make to each of the george are instiffedent. These are instiffedent.	ty.	y and were duly sworn worthy and their statem	pension is the person
Steam of his Co Rus is the to the sulitar Services of the section	ENTERED ROSTER OFFICE	and witnesses in the follow e questions asked you and the applicant or witness	Oelsu	by me before signi	he represents
Sich in frankling Server Jos Lindry	J. W. LINDSEY, Comminuous of Pensions.  Byrd Printing Co., State Printers, Atlanta  / 0/2 0 - /9 20	owing words: I the oridence resides and	1920	ng the forego- full faith and	himself to be and cass swearing to the

#### Ordinary's Certificate

STATE OF GEORGIA ----Ordinary of said County, certify that I know resides in said county. That I also know. service; that they are both residents of said county and were duly sworn by me before signing the foregomg affidavit and they are all truthful and trustworthy and their statements are entitled to full faith and credit Supra under, my hand and official seal of office this 2 day of Osluber 1920 (SEAL)

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

"You do solemnly awear that you will true answers make to each of the questions asked you and the evidence you give shall be the whole truth. So hely you God."

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

3. All affidavits must be made before the Ordinary of the county in which the applicant or witness resides and must be certified by such Ordinary.

Confederate

Soldier's

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

Questions For Applicants to Answer

STATE OF GEORGIA,
Ooff Comment
COUNTY.)  COUNTY.)  of said State and County, hereby applies
for the pension provided by Act of 1910, as amended by Act of 1919, to Confederate Soldiers, and submits
his sworn statement, with his testimony to make out the same, and after being duly sworn true answers to
make to the questions propounded, answers as follows, to-wit:
1. What is your name and where do you reside! (Give County and Post-office)
211 Bunton
How long and since when have you been a continuous resident citizen of this State!
3. Did you enlist in the Army of the Confederate States or in the organized militia of this State from
4. When and where, and in what Company and Regiment did you enlist? (Give the arm and class of
Service) May 1861 Souther to the E. 282 & Inc
5. How long did you remain in the actual military service with said Company and Regiment! (Give date of discharge)
6. When and where was your Company and Regiment surrendered or discharged from the Service!
7. Were you actually present with your command when it was surrendered or discharged!
8. If you were not actually present, state specifically and clearly where you were my Missister Car has when you were my first symmy tenancy) when you
La. Where was your command when you left it! Virginia I had thereby while in the
and they selled on my lung and I was every disch - 10. 15 10%
b. When did you leave the command! Det 1861
c. For what cause did you leave! Dealth, Die 13 /86/ On Get of Airle
d. By whose authority did you leave that is formered I Request
p. For how long was your leave granted! In what way! I was the chorses Jumples
horing disables me La Service
Who did you not return to your sommand after leave expired & was not able but
g. In what was were you prevented I by arming the
h. What effort did you make to return f
Were you captured during the war!
j If so, when, and where? In what prison were you held and when were you released?
9. Are you drawing a pension of any amount from this State or the United States?
10. Have you ever applied for the Georgia Pension and had it refused? and for what cause it was
not allowed 1 . Lo
Sworn to and subscribed before me, this the
277 Garage Ordinary)
County County
(SEAL)
(

J. M. GANN
ORDINARY
CORR COUNTY, GEORGIA

MARIETTA, GA.,

Georgia Cobb County:

Personally appeared before the undersigned, J. N. Du

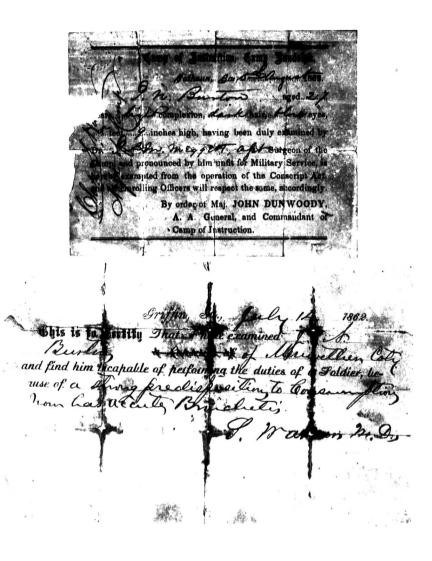
who being duly sworn, on oath says that he enlisted May let, 1861, in Co 28th, Ga. Volunteers, and went to Virginia and while in service I man Measles, and they settled on my lungs, and left me in such condition that I was unfit for further service, and was examined by a board of Physicians who recomende a discharge, and declared me unfit for further service, I returned home and when I improved some I again offered my service in 1862 and 1863 but declared by Dr's unfit, outld not get back in the service. I am unable to find any onefinew living that was in service with me, I am fileing with my application my discharge, as well as the report of Dr's that examined me at different times, after my discharge, and declared me unfit for service, I now ask that the record, offered herewith, and any war record that may be available, be accepted in lieu of the evidence of living witnesses.

Sworn to and subscribed before me this October 2 and, 1920

Addingly Cobe County Gr

J. N. Burton

To whom it may boneen Dear Sir Person Sir Sund Enclosed my Papers from Dors. a sing any disability to cary arms dibring the last part of war my thinesses are all dead Signed Dr. Burton Powder Springs gar



## FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

	of Georgia,	}	
Cu	Who County.	)	• • '
	onally appears	71	of
County, Sta	te of Georgia, who, being duly sw	orn, sa	ays on oath that he is a bona fide citizen
and residen	t of said State, and has resided	herein	continuously ever since the
day of	18; that he	enlis	ted in the military service of the Con-
federate Sta	tes, (or of the State of		during the war between the
States, and	served as a	in (	Company 6, of 4, Leth Regiment
of	Volunteers		's Brigade; that whilst engaged
in such mil			on theday
of a	m Ariably	vas wo	ounded, injured or diseased as follows:
	1 2 450 1		
			•
			n to which he is entitled for the year
30	oth	County	under said law, as a resident of y, been allowed an invalid pension of ars, for the year 1905.
,	to and subscribed before me, this	- 1	of of Brown
Ja.	hutwhen		Post-Office
particularly the ex	tent of the disability resulting from the w	ound or	disease which causes the disability, and explain disease.
State	of Georgia,	}	
1,00	manny		Ordinary of said County
do certify tha	at I am well acquainted with	2	H Born
the applicant	in the foregoing affidavit, and	ama we	ell satisfied that the statements made
by him in his	s said affidavit are true, and I kno	ow he	is the individual he represents himself
	he resides in this County.		-
	Given under my official signat	ure an	d seal, this
	day of Jany		21906.
in his are	0 /	h	In the mer
Affix   your   seal   here	6	rdinary	County.

Norn.—Fill all blanks and of Company and Regiment. Norn.—All voices and allidavita muschest date after January Jar, 1900

## FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of (	· · · · · · · · · · · · · · · · · · ·		`
COPA	County.		0
Personally ap	pears X// 4378	10 July	Eddh
County, State of Geo	orgia, who, being duly sworn	, says on oath that he is a	bona fide citizen
and resident of said	State, and has resided therei	n continuously ever since	the
day of	18; that he onl	isted in the military ser	vice of the Con-
federate States (or of	the State of	1 ) during the	war hetween the
States, and served a	sa formati	in Company Q, of	4 th Regiment
of	• Volunteers	's Brigade; that	whilst engaged
in such military serv	ice in the State of	, on t	heday
of	186 , he was	wounded, injured or dise	ased as follows:
an	///	oad	as ionows.
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	Access dispersals	*	E
THE CONTRACTOR OF THE CONTRACT		. 1	- * ******
Annual Control of the	And the second s	· Maria Control and Special Control of Contr	And the second s
To be discussed in the second	THE RESERVE AND A SECOND SECON	***	
John Soly	ubsgribed before me, this the 1907.  1907.  Light Cold to the wound or character disability resulting from the wound	Postoffice	Sability, and explain
State of G	COrgia.	or disease.	•
Coso	hu Susur	2	
n contifu that a man	vell acquainted with	111-12	of said County,
ie applicant in the fo	regoing affidavit, and am we	4/ 1mm	
v him in his said affice	davit are true, and I know h	ell satished that the sta	itements made
be, and that he resid	les in this County	e is the individual he rep	resents himself
	under my official signature	and seal this 10	
day of_	11.6000	2_1907.	
,	// low	Martin	_
Affix your weal here	Ordina	The Part of the Pa	County.
	Notz.—Fill all blanks and of Compan Notz.—All vouchers and affidavits m	y and Regiment. ust bear date after January 1st, 1	1937.

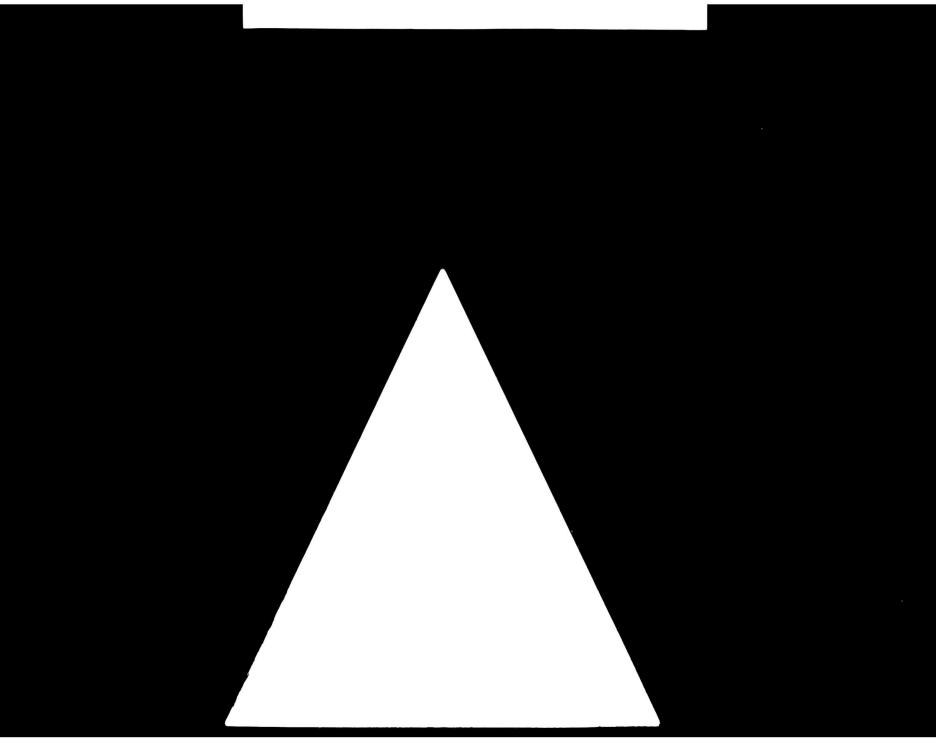
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April 20 71867

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# POWER OF ATTORNEY.

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WIDOW'S INDIGENT PENSION	in the same of the		OF GEOR
Mary Bustin	The hours	Coun	Count to me at the sence of
County Bushen	The last of the second of the	unity.	hereby authorize County to 1  day of
JOHN W LINDSEY, Commissioner of Pensions.	Dropping		eceive and recei
WARRANT HANDED TO	of the state of th		ipt for the pens
3/)	i therit	5	sion allowed

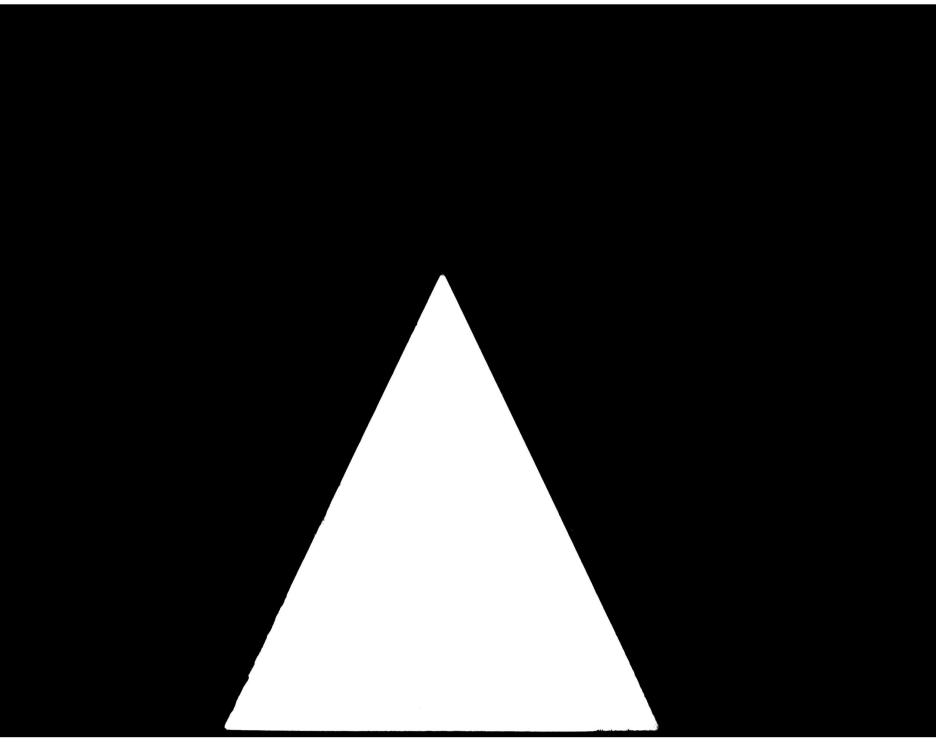
	C OF GEO	Cou	• /				
of			County	to receive an	d receipt for	the pension	allowed
	e remit the sam						nail.
Witne	ss my hand this		day of		19	90	
	Executed in	presence of	]				
	• • • • • • • • • • • • • • • • • • • •	Ord	inary,				L. S.
			County.				
[SEAL!							
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	"S NSION	111 11 7	Name Mery Burken	Alllefy Lying &	JOHN W. LINDSEY, Commissions of Posters WARRANT HANDED TO		SS

QUESTIONS FOR WITWIADDAOS
County.
man forman and the second of t
avail herself of the pension allowed to Indigent Widows of Confederate Soldiers, under Act of Consent
Assembly, passed December 19, 1900, hereby submits her proofs; and after being duly sworn true
avail herself of the pension allowed to Indigent Widows of Confederate Soldiers, under Act of General Assembly, passed December 19, 1900, hereby submits her proofs, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:  1. What is your name and where do you reside? (Give State, County and Postoffice.)
Mary Town Corn County Go
2. How long and since when have you been a resident of this State?
Sime 14 1840 Sevente years
3. When and where were you born? Actival T. 1840. House, Treesing Land
4. When and where was your husband born—state his full name, and when were your and he married? (Attach copy marriage license in every pass) keeps 24 18.36
married? (Attach copy marriage license in every case) fruit 24 1836. 26 8.6
When and when and in what Committee to
in the war between the States? MANON 1962 A Thomas and enlist or serve dur-
married? (Attach copy marriage license in every case) feeler 24 1836 26 16  Marriada feeler 1836 26 16  5. When and where and in what Company and Regiment did your humand enlist or serve during the war between the States? Marion 1862 at January 25 25 25 25 25 25 25 25 25 25 25 25 25
6. How long did sour husband serve in said Company and Postman Line 1
6. How long did sour husband serve in said Company and Regiment levelil khi
When and where did you husband's Company and Regiment surrender and was discharged?
CARTERIALIS DE CURIC 9 1865
8. We your husband present at the time and place when his Company and Regiment surren-
dered?
b. How when he left
command, for what cause, and by what authority? Mr. Trong freezend
·
When and where did your husband die? Ulfoter 19 1909, Oakchok
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? Oge and
property
12. If upon the first ground, state how long you have been in such a condition that you cannot your support. If upon the second, give a full and complete history of the infirmity and its extent.
tarn 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?
Six of 8 Gers
X
13 Whatchas been your occupation since your hashand's death
What has been your occupation since your husband's death?
14. How much can you earn gross by your own exertion or labor?
15. What property, real or personal, or income do you have or possess, and its gross value?
16. What property, real or personal, did you possess at death of husband or he left you, and of the
rears 1905, 1906, 1907 and 1908, and what disposition, if any, by sale or gift have you made of the same?
A The
17. In what counties did you reside in 1905, 1906, 1907 and 1908, and what property did you re-
urn for taxation? Touch None
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
19. How much did your support cost for each of these years, and how much did you contribute
v your own labor or income?
20. What was your employment during 1905, 1908, 1907 and 1908—how much did you receive or each year?
21. Have you a family? If so, who composes such family? Give their means of support? Have
ey any lands or other property? Our doughtworther Sai months in hosting
22. Have you ever made application for pension before? 720
28. How many applications have you made for a pension, and under what class? Would
The visit is a second s
Sworn to and subscribed before me, this the
8 day of Jane 1900
Old Market State of the State o
Ordinary,
//
ofCounty.
ofCounty.

#### OUESTIONS FOR WITNESSES TO HATE STATE OF GEORGIA. ...of said State and County, having been present as a witness in support of the application of Mrs. for a Pension 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 2. Are you acquainted with the applicant, Mrs. Many Burling If so, how long have you known her? 30 years Where does the reside, and how long since when has she been a resident of this State? 4. When and where was she born? Would former 7. When and to whom was he married? And House. 8. When and where was he born? Dust Trusts 9. How long have you known bigh? Level Bense 1862 the States, and in what Company and Regiment did he milist, and how do you know this? Martiella La. March 1862. While part Logistic Co. 18 11 Were you a member of the same Company and Regiment? 12 How long did he perform regular military duty? Washil afril 1865 11. When the washis Company and Regiment surrendered and discharged from service? 14. Were you with the Command when it surrendered? 17. When and where did he leave his Command? For what cause? I'M was aver By whose authority he left? The army had June e How do you know all this? (State fully and clearly.) In the face Company with June 18 When and where did to the Burling Carlolle Ga Oct 19 1909 19. Where did he reside at his death and how long had he been president of Georgia at his death Su visided at Oakdale By 20. Do you of your own knowledge know that applicant is the lawful widow of 4 21. Has she remained unmarried since her soldier husband's death, and is now his widow? 22. What property, effects or income has the applicant, if any, and how do you know this of your own knowledge? Low Throw 23. What property, effects or income slid applicant possess in 1905, 1906, 1907 and 1908, and what disposition did she make of it? 24. Has applicant conveyed any propegy in last two years or given any away, if so, and to whom? 25. What is applicant's physical condition and her chances and ability to earn a support Wort Fenow

286. Is applicant able to say a support at labor	of any sort, if not, why?
AP 17	60 7 7
	and 1908? New T Kun
28. How much did applicant contribute to her	
29. Give a full and complete statement of appl	cant's physical condition?
0	
30. What interest have you in the recovery of	Abla mandan bu Aba anattana 2
ov. What interest have you in the tecovery of	this pension by the applicant r
Swern to and subscribed before me this 2	8 g Arey
County.	Witnesses.
AFFIDAVITS OF	PHYSICIANS.
STATE OF GEORGIA,	
County P	
	10
Parson before me comes	and
physicians of said County, who, being severally swo	rn, say on eath that they have examined carefully
such personal examination say that her physical cond	
Mass wind caternate is	e fee with wear was
solutory book on all without	10.50
and we have no interest in said pension if allowed.	
Sworp to and subscribed before me this	
/	17-2
day of 12000	John Colding von de
County.	J. D. Malone M.D.
the same of the sa	ERTIFICATE.
STATE OF CEORGIA.	) .
County.	**
1. XIII agon	_Ordinary, in and for said County, hereby certify
mat yis approach,	resides In said County,
and has been a bona fide resident of his State Ince	he day of the Man
8, and that the witnesses, Mr.	Jung y y 10 var bu
nents are entitled to full faith and credit	of trustworthy character, and that their state-
I do further certify that before answering the fore	the amdavits was read to the applicant and wit-
esses before the same was signed and subscribed.  I further certify that the tax digest of	County shows that applicant
eturned for taxation in her own name in 1905_	
	dollars worth of property,
1 1907	
nd in 1908	dollars worth of property.
Witness my hand and official seal this	
[SEAL.]	Ordinary,
2. Additional sindavits may be attached, it blank b	chall swear applicant and the witnesses in the following answers make to each of the questions asked of you, struth; so help you God.?!
9 All addawite must be made before Ordinary	sbands while they were soldiers need apply—and are now 35, not entitled.
widows. Those married since the 9th of April, 185  5. Witnesses and two Physicians are neces 6. Attach certified copy of marriage license in every	35, not entitled. seary to make out claims. case, or show why it cannot be obtained.

Thersonally appeared before Cold County 2 me & Barber after Ling Iduly Som deposith and Saya that he was evas well acquained with farmer Burlow desearch and that he had known tim for more than so years that he Finero him when he morning and that he There Many Cannon Turned former Burker in 1868 and lived with him as his mife Antil his derth in 1909, and that she is now the window of the Said James Buston A 13 Bour her Drom to and Subscriber Lefore me Mis Jun 23 2 /9/0 Ordinary Coff Bring



of said State and County is hereby presented by the Act of 1910, in said State, and after Ging sworn true answers to make to the questions, propounded answers as follows: What is your name and where do you reside? 3 2. How long and since when have you known Our boyeans 3. Where does he now reside, and since when has he been a bona fide, continuing resident in this State any how do you know? Stundaw Coth Com 4. When, where and in what Company and Regiment did AM Regiment did Am Regiment during war from 1861 to 1865? (Give date and place) Merrella & Morrel 367 Bo C 11 Li 5. How did you obtain your information of this Service? I was a Juntal 6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (give date) will april 26 1865 When and where was his Command surreplered or discharged (give date and place). 10. Was the applicant personally present with his Command at surrender? 11. If not where was he and how came him there? The twee ... By whose authority did he leave. long was he granted leave?.. all that you have stated to be true? If of your own knowledge (Tell clearly and specifically) 13. In what way was he prevented from returning to his Command? 14. What effort did he make to return to his Command and how do you know? 15. Was applicant captured as a prisoner ...In what prison was he held?... Swern to and subscribed before me, this the

	12	1000	2.7	<b>*</b> * * * * * * * * * * * * * * * * * *
Postelle Defen ale state (1974) Postelle de Postella de la califact				the on-eath
he applicant for proving And so when the ma wife and of the each value to with			meation and cons	relatible and
nd wife and of its each value to with	Make List by them	and raise)		
The Mill	7			
1. What property, if any, has be	The state of the s	away by the anali	hand or his wife	
908? (State it fully by items.)	1		The state of the s	1 4 6
2. When and to whom was it as		TY 2		A Company
3. What was the price paid or st	2000 100 100 100 100 100 100 100 100 100	7.1		
4. What relation to the party to 5. What disposition was made of	The state of the s			M. p. M. Lun.
<ol> <li>What disposition was made of 0. Was the disposition of this pa</li> </ol>	Contact Property and State of Carlot State of St	To the same of the	I values?	
was it made to obtain a pension in-		n n.		100 - 12 - 100 mg
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				Tent.
ORDIN	ARY'S CE	RTIFICATI		
TATE OF GEORGIA.	1			
Cou	nie i			e de la companya de l
ame	ا الما	Table Williams		4. 2. 5. 7.
( many			County, certify.	
of applicants. That I also know.	maion is the per	A MARINE TO SECURE TO	CONTRIBUTE OF THE PARTY OF	100 Styles - 1 A - 1
Marie + 3	00 11	Wina	the witness awe	22 102 1
ey are all residents of said County and			who are freeh	fiders, that
ey are all truthful and trustworthy and	their statements	are entitled to ful	faith and credit.	That the
Returns of		shows that	Merry	and wife
lue for tax is in 1908	for 1909		for 1910   \$ 7	they
Sworn under my Mad and official	seal of office this.		day of	is(3

NOTES 1. Before way questions are heavered the Ordinary shall every applicant, and all everysees in the following won Your distance are heat you will have made were make to seek question seeked you and she estadones yo

Additional affiderits may be attached if blank spaces are insufficient.

All affiderits must be made before the Ordinary and partified by him.

If applicant has no property at all in his postession, use or control of self and wife, afficiavite of Ireshelder unbecausery.

	STATE
	OF.
COUNTY	GEORGIA,

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	pension		
	to receive and receipt for the pension allowed and request that he remit same to		
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7	remit	ĺ	
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# INDIGENT PENSION

1898.

Name /	M	J. 6	34	tz
County.	Ĺ	060	<u> </u>	y

Approved

RICHARD JOHNSON,

WARRANT HANDED TO

BEO. W. HARRISON, STATE PRINTER, ATLANTA

STATE OF GEORGIA. COUNTY. to receive and receipt for the pension allowed and request that he remit same to-Witness my hand and seal this

Executed in presence of

WARRANT HANDED TO RICHARD JOHNSON,

	Agaguation of Abblicant:
	STATE OF GEORGIA (1777)
	10 ale
	County.)
	M. J. Sunty of said State and County, desiring
	to avail himself of the Pension Act approved December 18th 1894 hereby submits his people and A
	being only sworn true answers to make to the following questions demoses and answers as follows and
	want is your name and where do you reside give State County and nest office. My
	The state of the s
	2. How long and since when have you been a resident of this State?
	mac 10 H March 1841.
	3. When and where were you born? At of march 18 41, at Orang Chesta G
	4. When and where and in what company and regiment did you called or serve
	of graniette Colh Count 3a in Company of 7th Reason to
	of Genine Com 16
	b. How long did you remain in such company and regiment? till the war clasel
Ŏ	Tow long and you remain in such company and regiment y account of the company and regiment y
Ď	The state of the s
Ū	
3	6. For how long a period did you discharge regular military duty strongly year 1 9 mouth.
0	7. When, where and under what dircumstances were you discharged from service Research
Ĕ	mo May 1865- at The Clase of the war
Z	
4	8. What is your present occupation & and laner by trade, not asle to do any thin
ě	9. How much can you earn (gross) per annum by your own exertions or labor ? 500 aselaw
7	10. What has been your occupation since 1865?
-	year occupation since 1600 (
Ò	and A
Ű	poverty," second "infirmity and poverty" or third "blindness and poverty" secfusively Proposit
٤	12. If upon the first ground, state how long you have been in such condition that you could not esfen your support? If upon the second, give a full and complete history of the infirmity and its category. If
•	upon the third, state whether you are totally blind and when and where you lost your sight?
Ž	Officeled right hidney and bladder trouble Turis acid
Ö	grund for the last break five ment as las
to	Tolder I get woo se not been of to do aly thing line, 1891
Ü	13. What property effects on heavy 1
2	
0	14. What property, effects or income did you possess in 1893, 1896, 1896 and 1897 and what disposition,
	if any, did you make of same? Nothing but a lettle house
	hald sounds
0	A The second sec
3	
щ	15. In what County did you reside during those years and what property did you then return for texasion?
	The land with the time except of June Willow becall
	16. How were you supported during the years 1896 and 1897? by my family and
	my pour
	17. How much did your support one for each of those years and what portion did you contribute thereto
	by your own labor or income?
	16. What was your employment during 1896 and 1897? What hav fild your marries to
	and the second wind with the sent 2000
,	19. Have you a jamily? If so, who composes such family? Give their means of annual of
	a homestead? I have a confe and and child their mesuset
	they labor they love no familians
	20. Are you receiving any pension, if so, what amount and for what disability?
	and the man appropriately (
	Sworn to and subscribed before me this the \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	A Hans Starte
	day of 1898.) Applicant.
	Ordinary.

#### QUESTIONS FOR WITNESS. STATE OF GEORGIA. Call Bhuell Anderson, of said State and County, having been presented as a witness in support of the application of .... under the Act approved December 15th, 1894, and after being duly sworn bee answer to make to the following questions, deposes and answers as follows: Church Anden 1. What is your name and where do you reside ?... 2. Are you acquainted with..... how long have you known him? 35-07 400 3. Where does he reside, and how long and since when has he been a resident of this State? he lives in Bobblanty ga 35- or 40 year 4. When, where and in what company and regiment did he enlist, and how do you know In Sept 1863 in Marietta Ja Co "I" 74 ga Cardey 5. Were you a member of the same company and regiment?\_\_\_\_ 6. How long did he perform regular military duty, and what do you know of his service as a Confederate soldier, and the time and circumstances of his discharge from the service? Over a geor and a half he was a good soldier don't Know about the discherge 7. What property, effects or income has the applicant? (Give your means of knowledge.) How That I know Or Days Hong & 8. What property, effects or income did the applicant possess in 1896 and 1897, and what disposition, if 9. Has he conveyed away any of his property in the last three years, of so, what was it and to whom? he construction that more from 10. What is the applicant's occupation and physical condition? Vanny Condition back 11. Is the applicant unable to support himself by labor of any sort, if so, why?\_ 12. How was be supported during the years 1896 and 1897; Cond Mow Days and Indian By this wife and on Days of tany of this What portion of his support for these two years was derived from his own labor or income? Cont propertous animal 14. Give a full and complete statement of the applicant's physical condition that entitles him to a pendion under the Act of December 15th, 1894? The is holen

15. What interest have you in the recovery of a pension by this applicant?

	AFFIDAVIT OF PHYSICIANS.
ຶ ອາ	ATE OF GEORGIA,
	Colo County
	Personally came before meand
-4	, both known to me as reputable physicians
49	County who being severally sworn, say on oath that they have examined carefully
11	applicant for pension under the Act of 1894, and after
such	personal examination say that his precise physical condition is as follows:
0	Jind the appliant Suffering from
Lu	Camation of the Kidneys and Blad
	re is rendered unable to do much
nalle	has hat houte and all fishers forting diges
	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
allow	
	Swarm to and subscribed before me this the A. L. Lolinson elle
	1898.)
	XW Store Ser 75 Co. M. S
	Ordinary.
	ORDINARYS' CERTIFICATE.
ST	ATE OF GEORGIA,
*	County.)
	I, Ordinary in and for said County, hereby certify
that t	e applicant MS System resides in said County, and has
been	bona fide resident of this State since the & Mary less the 1804
	at the with sees, viz. & V Atany CE Whiston
ch	E. Johnson Ms. + Hood Ester 241
are of	trust worthy character and that their statements are entitled to full fath and credit.
	I further certify that before answering the forgoing questions, the applicant and each witness took
the or	h 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 County show that applicant
return	od for taxation in his name in 1896 Dollars
of pro	perty, and in 1897 Mothing Dollars of property.
	In my opinion the foregoing claim is made in good faith.
	The state of the s
*	500
	Ordinary
	of County.
	NOIL

POWER OF ATTORNEY. POWER OF ATTORNEY. STATE OF SEORGIA, County hereby authorize to receive and receipt for the pension allowed, request that he remit same to [L. S.] SOLDIER'S PENSION, SOLDIER'S PENSION, (For Those Aiready Enrolled.) Code sec. 1264.
(For Those Aiready Enrolled.) RICHARD JOHNSON, WARRANT ISSUED JOHN. W. LINDSEY, WARRANT ISSUED VARRANT HANDED TO INDIGENT INDIGENT NO. 1675 1900. No.2492 1899. County

Burty, 17:

# For Applicants Heretofore Allowed Pensions.

STATE OF BEORGIA,
Coupty.
Personally appears A Suntraf
County, State of Georgia, who being duly govern
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 Man 18 44 that he is 25
years old and
service of the confed-
and derived for the torm of 2
th Regiment of
follows: A Share Age of the physical condition is as
ontinuty and Us-tel the
unable to Supplied Planing
that his property consists of the following items
Mothie
of the value of Dollars also be
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 1809. I have he tofore as a resident of
county been allowed a pension for the year 189
S
Sworn to and subscriped before me, this, the M. J. Burly
SWO ATO
Ordinary. Varoley Miles
State of Georgia.
County
Ordinary of said County,
do certify that I an 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
day of
AME Story.
Note - The blank spaces must be filled

Note. - Affidavit should not be attested before January 1st, 1899.

# For Applicants Heretofore Allowed Pensions.

,
STATE OF GEORGIA,
County.
personally appears M. J. Busty of Cobb
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 10 at day of March 184/; that he is 58 years old and
by occupation a faculty; that he enlisted in the military service of the Confed-
erate States (or of the State of) during the war between the States,
and served for the term of 2 years in Company of, of 7 th Regiment of
Ma. Wals. Caol. ; that his physical condition is as
follows: Our account of disease in firmity
and proverty he is unable to
sufferet liveself
that his property consists of the following items
Nothing
of the value of Dollars, that by reason of his physical
condition and poverty he is unable to support himself by his own exertion or labor, and
that he receives no pension but the one herein applied for.
Deponent desires to participate in the benefits of the Act, approved December 15th,
1894, and the Acts amendatory thereof, and makes application for the pension to which he
is entitled for the year 1900. I have heretofore as a resident of 6006
county been allowed a pension for the year 1899 1 4 2
Sworn to and subsorted before me, this, the M. J. Burk
day of lagge are 1900.
Condinary.
State of Georgia,
County.
· Aller often
ordinary of said county,
do certify that I am well acquainted with W. I. Butty the
applicant in the foregoing affidavit, and am well satisfied that the statements made by him
in his said affidavit are true, and I know he is the individual he represents himself to be
and that he resides in this County.
Given under my official signature and seal, this
day of accuracy 1900
Me Eline
Ordinary loobb County
Norm.—The blank spaces must be filled,

	_		KNE ;		* -
( .v .//as	y	hereby au			Hooling
			request	that he r	emit same to
my hand and s	seal, this	day of	10 100 100 100 100 100 100 100 100 100	· · · · · · · · · · · · · · · · · · ·	1901.
		m J	Burt		[L. S.]
Jam	•				
INDIGENT DIER'S PENSION.	1901. M J Murter	WARRANT ISSUED	Any 15 1901.	OHN W. LINDSEY, Commissions of Practices. WARRANT HANDED TO	Arches, Sale Prince, Albana
	receipt for the must be must b	receipt for the pension  Mu  my hand and seal, this  ted in presence of  y Gamm	County. Surfy hereby and of receipt for the pension allowed and mu at my hand and seal, this day of my factor of factors.	County.  My Harty hereby authorize of Marc  receipt for the pension allowed and request  Mu at Morre  my hand and seal, this day of  My Shurty  ted in presence of  Warren  The state of March  The state of M	County.)  M. J. Marty hereby authorize John of Maruella receipt for the pension allowed and request that he remains at Maruella my hand and seal, this day of M. J. Brusty ted in presence of J. J. Brusty

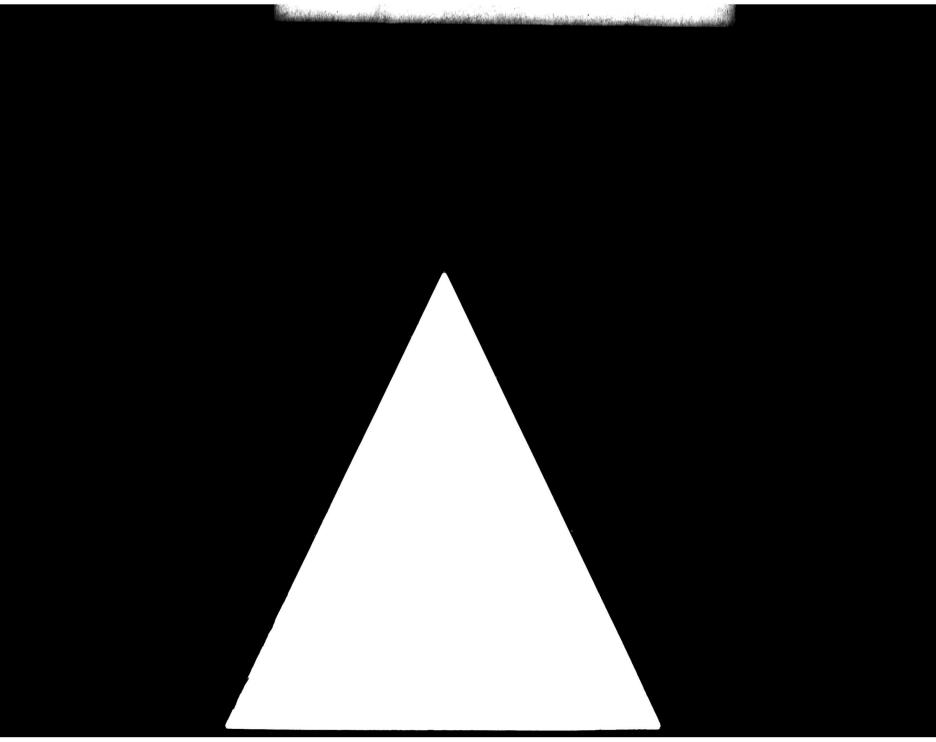
Ear Applicants Berestore Allowed Pensions.

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Dersonally appears H & Burly of Coff
County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citize
and resident of said County and State, and has resided in said State continuously eve
since the 11 day of March 184/; that he is 3 8 years old an
by occupation a January that he enlisted in the military service of the Com
federate States (or of the State of) during the war between th
States, and served for the term of 21 Grass in Company 9, of 7th Regimen of Ha Vols Cavalry that his physical condition is a
follows: On assount of disease Infirmity and
that his property consists of the following items
Nothing
of the value ofDollars, that by reason of his physica
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
894, and the Acts amendatory thereof, and makes application for the pension to which he
s entitled for the year 1901. I have heretofore as a resident of
county been allowed a pension for the year 1900
Sworn to and subscribed before me, this the
12 day of January 1901.
John Awbig Ordinary.
STATE OF GEORGIA,
County.
() I Out
o certify that I am well accainted with M. I Rusty (18
pplicant in the foregoing affidavit, and am well satisfied that the statements made by him
n his said affidavit are true, and I know he is the individual he represents himself to be
nd that he resides in this County.
Given under my official signature and seal, this 12
day of Jonnay 1901.
1801
Will Honly
Ordinary Collins County.

Nors —2 he blank spaces must be filled.

Nors. —Affidavit should not be attested before January 1st, 1801.



The state of the s		and the second
SODN DESCRIPTION INC.  (FOR THOSE ALREADY ENROLLED.)  WAY JACKET 19 1402  OF LITTER CO-1904  INDIGENT	Witnessey to	STATE OF GEORGIA  I,  Marke and receipt for
SOLDIER'S PENSION 1908.	my hand and seal, this	County.
Name Tathan & Burry County Cobb  Co. B. Regiment  MARRANT ISSUED	day of	hereby authorize of. ion allowed and request
JOHN W. LINDSBY, Commissioner of Pencions. WARRANT HANDED TO	E Vand	
Goo. Harristo, State Printer, Alfanta.	1988 S. J. S. J	į

Micross my hand and seal, this day of Sanday.  Received in presence of Sanday.  Witness my trains, Alany Handay To Commissions of Production o	The state of the s
Witness my hand and seal, this day of 1908.  **Barhum & Tanday.**  **Brequted in presence of **Breday.**  **B	78 rd gr. s.]
Witness my hand and seal, this day of 1909.  Executed in presence of	Pandage. s.]
Bysequited in presence of	Pandag. s.]
	- Landon Maria Control of the Contro
	Cinnibery, Commissioner of Pensons.  HANDED TO  Perferer, Atlanta.
	LINDSRY, Openications of Practical.  HANDED TO SPORIES, Albain.
	LINDSRY, Openications of Fraction. HANDED TO 8 Prince, Allant.
	LINDSHY, Openicioner of Practica. HANDED TO 8 Printer, Albeite.
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	LINDSERY, Openiosiser of Prassing.  HANDED TO  8 Printer, Alberta.
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GENT GENT GENT SPENSION OB. Software Finent T ISSUED T IS	LINDSHY, Commissions of Prasjon.  HANDED TO  8 Printer, Albain.
S PENS OB.  S PENS OB.  S Comment C I ISSUED  LINDSBY, LINDSBY, LINDSBY, LINDSBY, LINDSBY, STRUCK CARLEL  LINDSBY STRUCK CARLE  LINDSBY STRUCK CARLE	LINDSRY, Commissioner of Pra HANDED TO es Peteror, Allenta.
S PR CGENT COST COST COST COST COST COST COST COS	LINDSRY Commissioner HANDED
	LINI Comment
	HOLD IS
INDINA WARRANT BOTTON OF THE PROPERTY OF THE P	B F 7

COUNTY.

TE C'RGIA,

FOR APPLICANTS HERETOPORE ALLOWED PENSIONS.

3th Lecyt med, 1862. normalk, Bentomille, md. 19,1865. Mitners O. T. Confederate

Soldier's Application.

UNDER ACT 1910.

J. W. LINDSEY.

ENTERED BOSTER OFFICE

## ATTIFICATE CONTINUES OF THE PROPERTY OF THE PR Quellose for Applicant to Anguer County for said State and County, hereby applies the panels provided by Aut at 1912 to Confederate Suddlers, and sub-the lawyour rentoment, with the seriority to make out the same and plot heing duly sport true answers to make to the questions proportions, an armone as follows, by with What is your came and where do you resides a fixed County and Post-office). Dow long and since when have you been a continuous resident of the State? 3. Bid you enlist in the Army of the Confederate States or of the Organized Militia of this State from 1861 to 1865. 4. When and others, see in what Company and Resiment did you enlist? (Gives a gam and class of Service) 5. How long did you main to the about Military Service with said Company and Regiment (Give date of discharge). (Give date of discharge). (When and where was your Company and Regiment surrendered & discharged from the Service? 7. Were you actually present with your Command when it was surrendered or discharged? 8. If you were not setually present; the specifically and clearly where you were. Where was your sommand when you lets it? When did you leave the Command CANAL 26/13 For what cause did you leave? The proof and By whose authority did you leave? For how long was your leave granted? In what way?... Why did you not return to your Command after leave expired? In what way were you prevented?.... What effort did you make to return?.. Were you captured during the war?... 9. What property of every description was owned, in the use, possession and control of yourself

1. If ec, when and where? In what prison were you held and when were you released? ..

and wife, and its sash value on the 4. Nov. 1908? (Make list by items and value.)

muic 10. What property of any kind here you or your wife disposed of and for what purpose since 4 Nov.

11. What property of any description of any kind, and of any value now owned and in the use.

1908. To whom and for what price?

possession and control of yourself and wife and its cash value? (Make itemized list). we

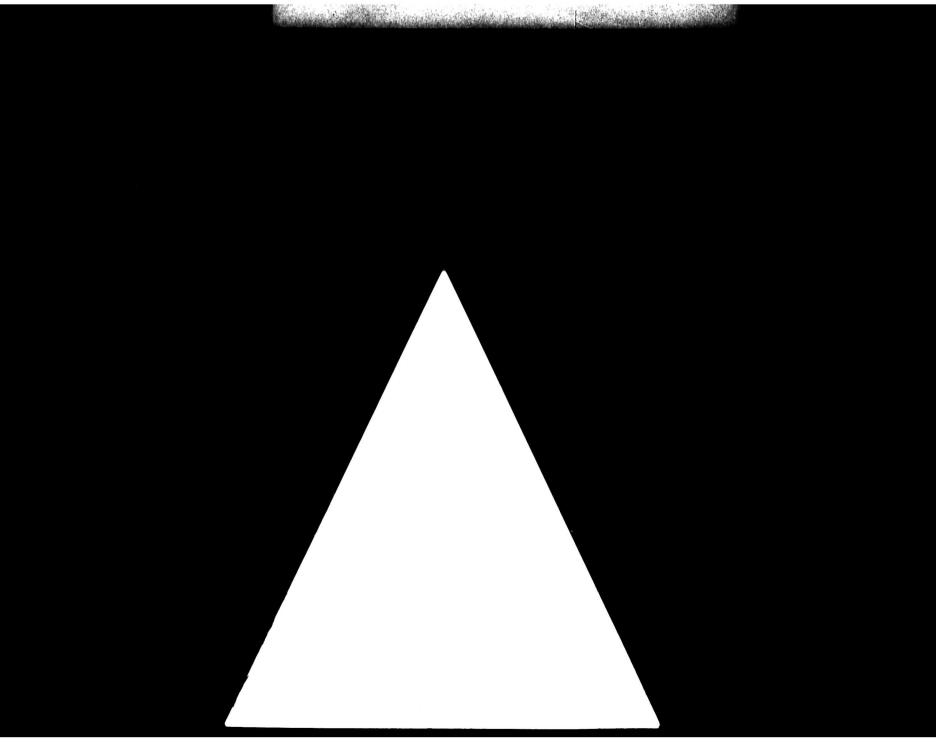
12. What shirted or monthly income as explains of spursed and wife and the source derived have

18. Are you drawing a pension of any amount from this Sizes or the United States?

14. Here you one applied for the office I become and magne setued? and to white manufactured and to white the shirtest and the white statest and the white shirtest and the white shirtest and the shirte

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE C	F GEORGIA	A 1
		•
ر معن	<u></u> 9	ounty.)
Personally :	appears Jak	on & Bussy of Woh
		duly sworn, says on oath that he is a bona fide citizen
		ite, and has resided in said State continuously ever
		18 that he iso 26 years old and
		that he enlisted in the military service of the Con.
		ly melitary under the top to the
States and serve	d for the term of	/ 3 Month in Company B, of Fath Park
of Capt	YE Many	et most ital his physical condition is as
//	wind.	
follows :	rong.	a my my
<b>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</b>		
# Deliver to the second		
that his property	consists of the follow	wing items:
		THMIS
of the value of		Dollars, that by reason of his physical
condition and pe	overty he is unable to	o support himself by his own exertion or labor, and
that he receives	no pension but the or	ne herein applied for.
	•	in the benefits of the Act, approved December 15th,
-		of, and makes application for the pension to which he
		heretofore as a resident of Fullon
	wed a pension for the	
	-	·
Sworn to an	d subscribed before me	1903. Starthan & Bus
day	of	_ 1908. Orachan Ce lous
		Ordinary.
STATE O	F GEORGIA	·
	F GEORGIA	<b>i</b> , }
	Cc	ounty.
Ι,	Cc	ounty.
I,do certify that I	am well acquainted	ounty. Ordinary of said County, with
I,do certify that I the applicant in	am well acquainted the foregoing affidavi	ounty. Ordinary of said County, with
I,do certify that I the applicant in him in his said a	am well acquainted the foregoing affidavi ffidavit are true, and	ounty.  Ordinary of said County, with  it, and am well satisfied that the statements made by I know he is the individual he represents himself to
I,do certify that I the applicant in him in his said a	am well acquainted the foregoing affidavi	ounty.  Ordinary of said County, with  it, and am well satisfied that the statements made by I know he is the individual he represents himself to
I,do certify that I the applicant in his said a	am well acquainted the foregoing affidavi ffidavit are true, and esides in this County.	ounty.  Ordinary of said County, with  it, and am well satisfied that the statements made by I know he is the individual he represents himself to
I,do certify that I the applicant in him in his said a	am well acquainted the foregoing affidavi affidavit are true, and esides in this County. Given under my co	ounty. Ordinary of said County.  with  it, and am well satisfied that the statements made by I know he is the individual he represents himself to
I,do certify that I the applicant in him in his said a	am well acquainted the foregoing affidavi affidavit are true, and esides in this County. Given under my co	Ordinary of said County, with it, and am well satisfied that the statements made by I know he is the individual he represents himself to
I,do certify that I the applicant in him in his said a	am well acquainted the foregoing affidavi affidavit are true, and esides in this County. Given under my co	Ordinary of said County.  with  it, and am well satisfied that the statements made by I know he is the individual he represents himself to  official signature and seal, this
I,do certify that I the applicant in him in his said a	am well acquainted the foregoing affidavi ffidavit are true, and esides in this County. Given under my o day of	Ordinary of said County.  with
I,do certify that I the applicant in his said a	am well acquainted the foregoing affidavi ffidavit are true, and esides in this County. Given under my o day of	Ordinary of said County.  with



in lact for my true and lawful attorney affinisti, here so be issued by the Governor co.

afore aid.

IN HITINESS II III KI DI. Compares to the property of t

DIH BOTIONS. 37,7,

If allowed, send amount by

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Widows' Pension

MILLUM.

PAID TO 
PAID TO 
Mis Millia Killia

Cornty.

急力のかのか。

Warrant Issued

189

AND HANDED TO

so, W. Harrison, ston Printer, Minuta

STATE OF GEORGIA,

County.

Know all Men by these Presents, That I,

of Death County.

of Death County.

Coonty, in said State, do hereby appoint of Milinella

my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of, money I may be entitled to from the State of Georgia as a widow of a Confederate Soldier, an 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

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

Executed in the presence of us:

Julia Butter [L. s.]

Mill House Extra

If allowed, send amount by.



#### Affidavit to be Made by the Widow.

STATE OF GEORGIA,
In person came before me, the undersigned Ordinary
County of Office in and for the County of Cable
Mrs. Asiler , who being sworn according to law, says under
oath that she is the widow of Freenlee Buller , who was a soldier in
the service of the Confederate States, and served as a member of Company , of the
Regiment of Surragia Volunteers; that he enlisted in said
day of Man 1864, and was in the
Confederiele Army up to Tough Morel 17 1862 That while in the
Army, he was on the day of 186 (See Note No. 1)
By disease of the summer to reglish no to call
Dry direau of the lungs toought on to expound which direau compelled hinto to relign in 1862
The continued to use on the
insulted in Consumpliony to the time of his death.
aug 1864_
The offerin after the talle of Mananas othe fored marche just before Coursed the failur of health the original by under occomendation of the army Eurogeon.
marcher pur before Coursed the Failur of health the maine
& under occomendation of the ama Purcha
I want of the state of the stat

Deponent further swears that she was the wife of said deceased soldier during his term of service in the Army, and that she has never married since his death; that she became his wife on the 19day of lec 18  $\mathcal{E}\mathcal{D}$  , and that she has resided in Georgia continuously since the - day of her tirth 1886; that Georgia is her home, and was such on the 23d day of December, 1890, and since said date she has not lived in any other State or locality. Deportent, as the widow of said deceased soldier husband, applies for the pension provided by Act of the General Assembly of Georgia, approved December 23d, 1890, for the pension year ending February 15th, 1892, and herewith tenders the proof of her right to receive the allowance granted by said Act.

ordinary.

Pour Deprice Marutta Ser

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

#### Affidavit for Three Witnesses.

State of Georgia,

County of Furum

In person came before me, the undersigned Ordinary in and for said County, witnesses

and (each known to said Attesting Officer as truthful, reliable and reputable citizens), who severally say under oath, that, from their own personal knowledge, Mrs. Issleri. Batter of the County of

Mrs. Jacker Hartler, of the County of State of Georgia, is the widow of Learlee Brotter, who was a soldier in Company of the Regiment of Volunteers.

That said soldier enlisted in the service of the Confederate States (or the Georgia State Troops) on or about the day of 186

That while in said service, or by reason of said service in the Army, he lost his life as follows:

the first balle of morane, afterward from the spease consigned whom being a soldier his lungs became diseased from which he afterward clied, the wind discharged from service after an examination by a broad of Physicians in consequence of the above mentioned disease, I was surper of the severet Regiment to which he brought,

Our opportunity for knowing the facts stated in reference to death of applicant's husband were

We further swear that Mrs. Julia Suiter was the wife of sald soldier during the service, and that she has not intermarried since his death, and that she resides in County of the State of Georgia.

Sworn to and subscribed before me, this, the

12 day of Jame 1891. Jal, Jr, Alyander Ind

NOTE, Witnesses must not testify about hings they may believe, but coufine their statements to such facts as they personally know

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

State of Georgia,

in and for said County of Octor

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

the applicant for a pension in this case, and know, from my own knowledge, or from positive proof presented to me by reputable witnesses, that she resides in this County, and that she resided in the State of Georgia on December 23d, 1890, and has not lived out of the State since that date. I also certify that the witnesses whose testimony she presents to sustain her claim are known to me to be truthful witnesses, entitled to full faith and credit as such. I am fully satisfied that this claim is made in good faith, and that I have caused the applicant and the witnesses to read or hear read the proofs they sign.

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

SRAL }

June 1 Miller, Religion to State No.

The pension is only payable to certain classes of widows.

Those whose husbands were killed in service.

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

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

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

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

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

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

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

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

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

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

If proofs must be made out of the State, the witnesses must be sworn before a Judge of a Court of Record under seal, and the witnesses must be certified to as reliable, and that their signatures are genuine.

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

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

By order of the Governor

W. H. HARRISON,

Sec. Ex. Department.

t of stipt

#### For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of ALEROSE STATE OF GEORGIA,
County of Colombia
who being sworn, says on oath, that she is a bona fide resident of said County of
State of Georgia, and that she has resided in said State
<i>u</i>
of the 7" Regiment of Georgia
Volunteers, that he enlisted in said Regiment on or about the month of Many
186/ and served in the Army up to. 186/ That he lost his
life on the 25%, day of August 1863 (State bere
full particulars of the husband's death, when, where and from what cause.)
That while in said service as above
stated, the said deceased soldier.
Stated, the said deceased soldier
Contracted Consumption, was distant
Stated, the said deceased soldier

Deponent swears that she was the wife of said deceased soldier during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 1862; that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or focality since that date. I have been allowed a pension for the year ending February 15th, 1893, and now apply for the allowance provided by law for the year ending February 15th, 1894.

Sworn to and subscribed before me, this

Julia & Portler

Post-office Monettes

0440

#### For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA,	Dersonally comes Mrs.
County of	fluia 673 uller
who being sworn, says on oath, that she is a bo	ona fide resident of said County of
	eorgia, and that she has resided in said State
continuously ever since	18 7 & That she is the Widow of
Grinlee Butter	who was a Soldier in Company
/	egiment of Slorgia
Volunteers, that he enlisted in said Regiment on or	about the month of May
186 / and served in the Army up to	186 2 That he lost his
life on the day of	18 (State here
full proteculors of the husband's death, when, when	
	1
ator State in &	aid Serie ax
about Stated, the	Aaid deceased
Doldin Kontractia	Daid deceased
Doldin Kontractia	Daid deceased
Doldin Kontractica Loras Kischnings	d'from the liny
Doldin Kontractia	d'hom inthing d'hom incling me, and died

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 aloresaid, that she became his wife in the year 18 / 4 that Georgia is her home and she resided in this State 23d day of December, 1890, and his not lived in any other State or locality since that date. I have been allowed a pension for the year ending February 15th, 1892, and now apply for the allowance provided by law for the year ending February 15th, 1893

Sworn to and su'scribed before me, this

A day of Febry (893.)

Jackia C. Ballin

Post-office

#### Certificate of Ordinary of the County of Applicant's Reside TATE OF GEORGIA. County of

			, /	slin & O	The state of the s
who being	sworn, says	on oath, that she	is a bona fide re	ident of said cou	uty of
	MORPHUM COMPANIES COM	State	of Georgia, and	that she has resid	led in sa
continuou	sly ever sinc	e fin	Topoda years and a second	18.98 That she	is the W
- Green	nlee W	setter :		who was a Soldi	
_ <b>I</b>	of the	305	Regimen	t of Georgia	<b>-</b>
Volunteers	s, that he en	listed in said Regi			
186/ an	d served in t	the Army up to	,	186 2	That he
		day			
		husband's death, w			
		•			
	non 1	bulumple	on ald	war con	Suc
dus		/			
from	2 de por	un in	treed me	when un	much
from	2 St por	un in	treed me	when un	mide
tym	of after	the fitt	total me	of Miner	11. 4
trongs ample	of after	the firth	torced me	of Miness to lack a	n de
from omfle that	& after	the fitt	tatale fellowed	orher und of Mineral to lach a	es a

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 18 40, that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension for the year ending February 15th, 1894, and now apply for the allowance provided by law for the year ending February 15th, 1895.

Sworn to and subscribed before me, this

Julia & Butter -Post-office Marcutta Ser

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

STATE OF GEORGIA, County of
1 Julia Gratter Ordinary in and for said County of
State of Georgia, hereby certify that I am acquainted with Mrs.
Autia O Briller the applicant for a pension in this case, and
know from my own knowledge (or from positive proof presented to me by reputable witnesses.) that she
resides in this County, and that she resided in the State of Georgia in December 23, 1890, and has not
lived out of the State since that date. That she is the widow of Or Sula Butter
deceased, and as such has heretofore been allowed a pension for the year ending February 15th, 1896
Lo Wirmon Whom C L :

day of Holy 1897.

#### POWER OF ATTORNEY.

Julia & Bullese. Executed in the presence of

RICHARD JOHNSON, WARRANT ISSUED 2/c

IDOW'S PENSIO

3389

Form No. 3

Maimed Soldiers. Voucher No. 1479 Amount \$ 50 Paid of M Brown rd Left arm Meabled March 19 1889 included in Warran: No issued to Treasurer 1889. WARRANT CLERK

Maimed Soldiers. 1891. Voucher No. JH8 Maimed Soldiers. Amount \$ SO Voucher No. 1127 Paid of Monnon Amount \$ 30 Paid to & H Grown rolam disables For Man dis Gely 10 Stely 18 Included in warrant No. Included in warrant No. issued to Treasurer issued to Treasurer.

WARRANT CLERK

applicant

1891.

WARRANT-CLERK.

Geo. W. Harrison, State Printer, Atlanta.

applicant,

#### For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,	Personally Comes Mrs.
County of Cott	Julia G. Butter
who being sworn, says on or	ath, that she is a bona fide resident of said county of
Urff State o	f Georgia, and that she has RESIDED in said State
continuously ever since 18 4 C	18 4 C That she is the Widow of
Manue Buller	who was a Soldier in Company
of the	Regiment of George
Volunteers, that he enlisted in said regiment on or about	ut the month of July 1
1867 and served in the Army up to	186.9. That he lost his
life on the 2.3 % day of	Cicquil 1863 (State here
full particulars of the husband's death, when, where and f	com what causes) ( He Core tractes
lin da da de hanama. Est lin da da de hanama. Est lohiel andea en dencara.	
	101 F - 101 M
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Deponent swears that she was the wife of said deceased s	oldier, during his service in the army as a soldier,
and that she has never married since his death aforesai	d, that she became his wife in the year 18 60.,
that Georgia is her home and she resided in this	
lived in any other State or locality since that date.  County for the year	I have been allowed a pension as a resident of rending February 15th, 1895, and now apply for
The state of the s	

Jolia de Botler Post-office Manetta Ya, For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of 6222

personally Comes Mrs.

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

State of Georgia, and that she has RESIDED in said State

continuously ever since

Allie 12 1835 That she is the Widow of

Who was a Soldier in Company

of the Regiment of Seet fire

Volunteers, that enlisted in said regiment on or about the month of May

1862 That he lost his

click and served in the Army up to

the particulars of the husband's death, when where and from what causes

Allie 1311 Collective Collective Collection

Society of agles the first that the first tha

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 18 & C that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension as a resident of County for the year ending February 15th, 1896, and now apply for the pension provided by law for the year ending February 15th, 1897.

Sworn to and subscribed before me, this graph of Fight 1897.

Butter Post-office Minister Gue.

# POWER OF ATTORNEY. State of Georgia. I. Jackin Contine hereby authorize County. I. Manutta Ha'to receive and receipt for the pension part hereon and request that he remit same to IN WITNESS WHEREOF, I have hereunto set my hand and seal, the day of Hay, 1898. Executed in the researce of Amelia & Bulleria 8.]

For year ending, February 15th, 1898.

RICHARD JOHNSON,

WARRANT ISSUED

WIDOW'S PENSION,

For Those Heretofore Paid

1898.

727

NO.

Pullante.	·]
A. C. Smir	

#### POWER OF ATTORNEY

State of Georgia, , , , , , , , , , , , , , , , , , ,
- · ·
I, hereby authorize
of
to receive and receipt for the pension paid hereon and request that he remit same to
at
IN WITNESS WHEREOF, I have hereunto set my hand and seal, this day of 1899.  Julia & Butter [L. S.]  Executed in presence of Manual Control of the Control o

Those Heretoford Paid.

1899.

No. 2485

No. 2485

MIDOW'S PENSION,

For 1997 Inding February 15th, 1889.

Thu. Antion Count.

Widow of Parameter of Pressions.

RICHARD JOHNSON,

Commissioner of Pressions.

cishiolore Allower represent

WARRANT ISSUED

# For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, Personally Comes Mrs.
County of
who, being sworn, says on oath, that she is a bona fide resident of said county of
State of Georgia, and that she has RESIDED in said State
continuously ever since 18 3 %. That she is the Widow of
who was a Soldier in Company
of the Regiment of
Volunteers, that he enlisted in said regiment on or about the month of.
186 / and served in the Army up to 186 / That he lost his
lite on the court 25, day of Court 186 2 (State here
full particulars of the husband's death, when, where and from what cause.)
The said promise and wind of war son
Line Zine Zine Zine I In ristar
Account him to the same of the care
and a coloren and all find a survey on
and the firms are the second to the firms
the second the second to the s
· · · · · · · · · · · · · · · · · · ·
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 allowed a pension as a resident of
February 15th, 1897, and now apply for the pension provided by law for the year ending February 15th, 1898.
Sworn to and subscribed before me, this  Aug of Hely 1898.  Post-Office I Manuella Garage.
State of Georgia,
County Ordinary of said County, certify that I am well acquainted
with Mrs. Islia 6 Butter who made the above affidavit and am satis-
fied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she
has continuously resided in this State since the day of 1898
Given under my official signature and seal this the
A. Com
Ordinary of County.

# For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,	Personally Comes Mrs.
County of Orff	Julia & Ballin
	//
ho being sworn, a	ays on oath, that she is a bona fide resident of said county of
COOD	State of Georgia, and that she has RESIDED in said State
continuously ever since	18.98 That she is the Widow of
Sounder Bats	who was a soldier in Company
of the Z	Regiment of Surgia
Volunteers, that he enlisted in said regiment on or ab	out the month of May
186and served in the Army up to	186 & That he lost his
life on theday of	august 18 & State here
full particulars of the husband's death, when, when	e and from what cause.)
Ar did from Con	sumplion, Old loss
contracted from exp	sust during the forced
	tym & affect the tattle
of Minister & a com	blication of disease tollow.
to luch a extend the	1- he was finally discharge
from the service of	a medical board of the
ann	
Deponent aways that she was the wife of said day	soldier, during his service in the army as a soldier, and that
she has never married since his death aforesaid, and the	t she became his wife in the year 18 60
I have been allowed a pension as a resident of	611
February 15th, 1898, and now apply for the pension p	rovided by law for the year ending-February 15th, 1899.
to and subscribed before me, this	
y of 215ky 1899.	gulia & Oallin
The Delinary.	Post-Office Manutta
	Gal Am
State of Georgia,	I fore
County.	ordinary of said County, certify that I am well acquainted
with Mrs. Julea Co	who made the above affidavit and am satisf
fied that the facts therein stated are true, and I know s	he is the individual she represents herself to be, and that she
has continuously resided in this State since the	day of1838
Given under my official signature and seal this	he day of Hely 1899.
	XIL Zlone
Official Seal.	rdinary of Cobo County.
(	County.

STATE OF GEORGIA,
County.
I, Mrs. Julia C. Butler hereby authorize R. La Mrivin
1, Mrs. Julia la Butler hereby authorize R. la Arwine of Marietta, Ga.
to receive and receipt for the pension paid hereon and request that he remit same to
at Marietta, ega.
IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 16
day of Stebruary 1900
* Julia G Butter x[L. S.]
IJ. Wamby _

#### 

#### POWER OF ATTORNEY.

STATE OF	GEORG	Cour	ity.}	C	, H Coa	her	eby authorize
day of Jan		VHERE		ve hereun	and requ	est that he	To and the Control of Controls
To Those Heretofore Paid.	No. 177.	OW'S PENSION,	For year ending February 15th, 1901.	County.	JOHN W. LINDSEY,	WARRANT ISSUED	Geo. W. Hartens, and Thaten On.

Forefolors Allowed Pousions.

# For Widows Heretofore Allowed Pensions.

County of Colo	Personally Comes Mrs. Julia C. Butler
Cobb who, being sworn, says	on eath, that she is a bona fide resident of said county of State of Georgia, and that she has RESIDED in said State
continuously ever since	18.38. That she is the Widow of
- Gounles Butter	who was a soldier in Company
of the	Regiment of Seargia
Volunteers, that he enlisted in said regiment on or about	the month of May
186_/ and served in the Army up to _	186_ That he lost his
	ingus18.69 (State here
particulars of the husband's death, when, where and fr	
- Ar died from consum	phon ald was contracte
from Depoure the force	or anher immediately use of marker that he was finally use of a medical transfor
before the tille of Mana	cas on amplication of
diseases followed to such a	n estent that he was grall
ducharged from the leve	uce of a medical trand of
arring	
J and the second	
Deponent swears that she was the wife of said deceased sold	ier, during his service in the army as a soldier, and that
she has never married since his death aforesaid, and that sh	e became his wife in the year 18
she has never married since his death aforesaid, and that sh	
she has never married since his death aforesaid, and that all I have been allowed a pension as a resident of	te became his wife in the year 18.  County for the year ending
she has never married since his death aforesaid, and that all I have been allowed a pension as a resident of	e became his wife in the year 18
she has never married since his death aforesaid, and that af I have been allowed a pension as a resident of— February 15th, 1899, and now apply for the pension p  Sworn to and subscribed before me, this  day of Fig. 1900.	County for the year 18  County for the year ending rovided by law for the year ending February 18th, 1900.  Post Office It cariett & Sta
she has never married since his death aforesaid, and that af  I have been allowed a pension as a resident of  February 15th, 1899, and now apply for the pension p  Sworn, to and subscribed before me, this  day of the beautiful apply to the pension p  State of Georgia,	County for the year 18  County for the year ending rovided by law for the year ending February 18th, 1900.  Julia & Biolice X  Post Office It carriet a, Ila.  1. J. W. Stone
she has never married since his death aforesaid, and that at  I have been allowed a pension as a resident of  February 10th, 1899, and now apply for the pension p  Sworn to and subscribed before me, this  day of fine 1900.  State of Georgia,  County.	County for the year 18  County for the year ending rovided by law for the year ending February 18th, 1900.  Julia G Biolice X  Post Office It carrett & Standard County, ortify that I am well acquainted
she has never married since his death aforesaid, and that af  I have been allowed a pension as a resident of—  February 15th, 1899, and now apply for the pension p  Sworn to and subscribed before me, this  day of Friedrick  1900.  State of Georgia,  with Mrs. County.	County for the year ending rovided by law for the year ending February 15th, 1900.  Julia G Biolica X Post Office Il cariett & Start  1 J. W. Start  rdinary of said County, certify that I am well acquainted who made the above affidavit and am satis-
she has never married since his death aforesaid, and that at  I have been allowed a pension as a resident of  February 10th, 1899, and now apply for the pension p  Sworn to and subscribed before me, this  day of fine 1900.  State of Georgia,  County.	County for the year ending rovided by law for the year ending February 15th, 1900.  Julia G Biolica X Post Office Il cariett & Start  1 J. W. Start  rdinary of said County, certify that I am well acquainted who made the above affidavit and am satis-
she has never married since his death aforesaid, and that af  I have been allowed a pension as a resident of  February 10th, 1899, and now apply for the pension p  Sworn, to and subscribed before me, this  day of friend  1900.  State of Georgia,  with Mrs  County  o  with Mrs  County  o  State data the facts therein stated are true, and I know she is	County for the year ending rovided by law for the year ending February 15th, 1900.  Post Office It carried at, Italian well acquainted who made the above affidavit and am satisthe individual she represents herealf to be, and that she day of
she has never married since his death aforesaid, and that at I have been allowed a pension as a resident of.  February 15th, 189, and now apply for the pension p Sworn to and subscribed before me, this day of the pension p 1900.  State of Georgia, County. o with Mrs. County. o with Mrs. County of the facts therein stated are true, and I know she is has continuously resided in this State since the	County for the year and year.  County for the year and the year and the year and the year and year.  A substitute of the year and year and year and year and year and year and year.  Let ye

# For Widows Herotofore Allowed Pensions.

STATE OF GEORGIA,	Personally Comes Mrs.
All who, being evers, any	on onth, that she is a bona fide resident of said County of
continuously ever since 1838 Seconder Butter	State of Georgia, and that she has REMIDED in said State  That she is the Widow of
I of the YES	who was a soldler in Company  Regiment of Maryon
Volunteers, that he enlisted in said regiment on or a  186 / and served in the Army up to.	1 000 7
the masound's death, when, where	August 1863 (State here e and what cause)
Commeled from	process on the forced by before the battle Manan
an extent that he had	ducases followed to sugs
Service by a Medical 7	Brand of the bring
she has never married since his death aforesaid, and the	d soldier, during his service in the army as a soldier, and that hat she became his wife in the year 18
I have been allowed a pension as a resident of February 15th, 1.900, and now apply for the pension	ofCounty for the year ending don provided by law for the year ending February 15th, 1901.
Syon to and subscribed before me, this day of the hours, 1901.  Dille Michigan Ordinary.	Jalia C. Butter
State of Georgia,	I John Awtres
- County.	
with Mrs. Julia to Butter	Ordinary of said County, certify that I am well abquainted , who made the above affidavit and am satisfied
with Mrs. Julia to Butter	Ordinary of said County, certify that I am well abquainted, who made the above affidavit and am satisfied is the individual she represents herself to be, and that sheday of

EULER OF ATTORNEY

STATE OF GEORGIA.

Cobb County.

L. Julia & Buller \_\_\_\_\_, hereby authorize for the pension paid hereon, and request that he remit same to at \_\_\_\_\_\_\_

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

day of January 1902.

Executed in presence of

In Ganna

1902.

No. 2/3

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

Rue, Julia & Market

C. f. County,
Vidow of

Co. Regiment

Co. Re

STATE OF GEORGIA,	.Courty.	ang
John Auty.	Bully of	"hereby authoriz
to receive and receipt for the pe	at	1,000
In Witness Whereof, I h	. ^	C. Butten [L. S.]
Executed in presence of	,	[L. 8.]

WIDOW'S PENSION,

1903.

No. 190

Heretofore Allowed Pensions.

WARRANT ISSUED

JOHN W. LINDSEY,

# For Widows Heretofore Allowed Pensions.

	. \
STATE OF GEORGIA,	PERSONALLY COMES MRS.
	Julia le Butter
who, being sworn, says on oat	h, that she is a bona fide resident of said County of
continuously ever since 1838	of Georgia, and that she has RESIDED in said State
Greenle Buller	. That she is the Widow of
2 The	who was a soldier in Company
Voluntours that he says a second	Regiment of Georgia
Volunteers, that he enlisted in said regiment on o 186 / , and served in the Army up to	3
life on the 28th day of	and 186 2. That he lost his
, and of	186.3 (State here
particulars of the husband's death, when, where and f	6/- 1 1
Consumption. Pulse "	vas contracted from
all the tall of the	rediance of the first
The loas Lindally ding	such an extent that have
ley a Medicul board	of the admin
	eased soldier, during his service in the Army as a
soldier, and that she has never married since hi	s death aforesaid and that she became his wife in
the year 18	2
I have been paid a pension as a resident of	Coold County for the
year ending December 31, 1901, and now apply for	the pension provided by law for the year ending
Describer 51, 4502	
this & day of fall 1902	Julia & Buller
John Children , Ordinary ) +	Julia & Buller Post Morretta Ga
State of Georgia,	John Awhey
acquainted with Mrs. Julia le Bu	Ordinary of said County, certify that I am well
am satisfied that the facts therein stated are true,	the district attitues it wild
hereself to be, and that she has continuously reside	and I know she is the individual she represents
hav of	a in this State since the
Given under my official signature and seal, this	the 7 day of Jan 1902.
c Official 7	John And Trees
( Soul )	Oramary of County.
NOTE. All blank spaces must be sue	County.

For Widows Heretofore Allowed Pens

STATE OF GEORGIA,	PERSONALLY COMES MAS.
County of	Julia 6 Butter
	h, that she is a bons fide resident of said County o
10	
1000	of Georgia, and that she has RESIDED in said Stat
continuously ever since	. That she is the Widow of
Greenlee Butter	who was a soldier in Compan
of the	Regiment of Gurgin
Volunteers, that he enlisted in said regiment on or	r about the month of May
86 /, and served in the Army up to	1862. That he lost hi
life on the 28 day of	August 1863 ( State her
particulars of the husband's death, when, where and fr	
N. Lin	from Consulution
Cufel was Contracted for	In Extorme on the
from marches there	mediately before the but
of Manana and a C	Emphisallon of dura
Julianes to Such a	my 4 had that he was
Frally dis okonyes	from the Service
any a medical work	a of the army
Deponent swears that she was the wife of said de	ceased soldier, during his service in the Army as
soldier, and that she has never married since his	death aforesaid, and that she became his wife i
the year 18	2.21
I have been paid a pension as a resident of	County for th
year ending December 81, 1902, and now apply for	Tot wi
December 81, 1908.	rese pear ond in
	O PR
Sworp to and subscribed before me,	Julia C. Butter
his day of 1908.	
XMIII HYLLIGHT	4// 1//
Ordinary.	Post-Office Murelly
, Ordinary.	Post-Office Mirrelly
	Post-Office Minelly
State of Georgia	Shushing
State of Georgia, County	I. A. L. A. L. County, cervify that I am we
State of Georgia, County	I. A. L. A. L. County, cervify that I am we
State of Georgia.  County Coun	ordinary of said County, certify that I am we
State of Georgia  County  coquainted with Mrs.  State of Georgia  County  Coun	Ordinary of said County, cervify that I am well who made the above affidavit an and I know she is the individual she represent
State of Georgia	Ordinary of said County, cervify that I am well successful who made the above affidavit and and I know she is the individual she represent
State of Georgia.  County  cou	Ordinary of said County, cervify that I am well who made the above affidavit and and I know she is the individual she represented in this State since the
State of Georgia  County  Coun	Ordinary of said County, cervify that I am well who made the above affidavit and and I know she is the individual she represented in this State since the
State of Georgia.  County  cou	Ordinary of said County, cervify that I am well who made the above affidavit and and I know she is the individual she represented in this State since the

STATE OF GEORGIA, to receive and receipt for the pension paid hereon, and request that he remit same to IN WITNESS WHEREOF, I have hereunto set my hand and seal, this. day of\_ Solis & Buller [L. 8.]

STATE OF GEORGIA. ., hereby authorize to receive and receipt for the pension paid hereon, and request that he remit same to

> In Witness Whereof, I have hereunto set my hand and seal, this.... Pili C. Belle [L. 8.]

Executed in presence of

# FOR WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA, PERSONALLY COMES MRS.
County of John Country of Butley
who, being sworn says on oath, that she is a bona fide resident of said County of
State of Georgia, and that she has RESIDED in said State
continuously ever since /838 . That she is the Widow of
Freender Buller who was a soldier in Company
of the Regiment of 34
Volunteers, that he enlisted in said regiment on or about the month of
186 / , and served in the Army up to 186 Z . That he lost his
life on the 28 day of August 1863 (State here
particulars of the low and's death, when, where and from what cause.)
wed was Contracted,
the faitle of Mannises and a Complete Min
the talle of Manuser and a Compliation of discourt fullowers to Snot an extent the
Thorginally dis changes from the service by
a wadical board of the onny and he dies
of Consumpting
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
year ending. December 31, 1903, and now apply for the pension provided by law for the year ending
Dec-mber 31, 1904.
Sworn to and subscribed before me,
this 23 day of Jan 1904 Julia & Butter
John ho hay Ordinary Post Office.
State of Georgia, I. John Shotrey
Cobb County. Ordinary of said County, certify that I am well
acquainted with Mrs Fulia & Buller, who made the above affidavit and
am satisfied that the facts therein stated are true, and I know she is the individual she represents
herself to be, and that she has continuously resided in this State since the
day of18
Given under my official signature and seal, this the 23 day of 1904.
Official Real Carlo &
Ordinary of County

NOTE.—All blank spaces must be filled. Voucher and Affidavit must bear date after January 1st, 1904.

## For Widows Heretofore Allowed Pensions.

DELETE OF OPOBOLA	
STATE OF GEORGIA.	PERSONALLY COMES MRS.
County of	Julia Multer
who, being sworn says on oath.	that she is a bona fide resident of said County of
	Georgia, and that she has RESIDED in said Stat
continuously ever since	That she is the Widow of
received senter	who was a soldier in Compan
of the	Regiment of Cory
Volunteers, that he enlisted in said regiment on or	about the month of Lucy
186, and served in the Army up to	186 — That he lost h
life on theday of	
particulars of the husband's death, when, where and fr	
particulars of the numbana a again, when, where and fi	rom what cause.)
- We divid from	Engunhalin.
and the state of the same	Expoone while
in demicel	- muy
2.5	
19.	
I have been paid a pension as a resident of	County for the
year ending December 81, 1904, and now apply for	
December 81, 1905.	the pension provided by law for the year ending
2000 m oof 01, 1000.	the pension provided by law for the year endin
Sworn to and subscribed before me,	
Sworn to and subscribed before me,	Julia C. Butter
Sworn to and subscribed before me, this 2/ day of feeting 1905.	Julia C. Butter
Sworn to and subscribed before me,	
Sworn to and subscribed before me, this Z/ day of furning 1905.  John Awding Ordinary.	Julia C. Butter
Sworn to and subscribed before me, his Z day of farm, 1905.  Juliu Hurling, Ordinary.  State of Georgia,	Julia C. Butter Post Office.  I. John Hustur
Sworn to and subscribed before me, his Z day of farm, 1905.  Juliu Hurling, Ordinary.  State of Georgia,	Julia C. Butter Post Office.  I. John Hustur
Sworn to and subscribed before me, his 2/ day of feeing 1905.  Juliu Hurling Ordinary.  State of Georgia,  County.	Julia C. Butter Post-Office  I. John Hustur  Ordinary of said County, certify that I am we
Sworn to and subscribed before me, this Z/ day of feeling 1905.  When Hurling Ordinary.  State of Georgia,  County.	Julia C. Butter  Post-Office  I, John Hurtus  Ordinary of said County, certify that I am we
Sworn to and subscribed before me,  this 2/ day of free 1905.  John Hunger, Ordinary.  State of Georgia,  county.  county.  an actisfied that the facts therein stated are true, a	Post-Office  I, John Hustus  Ordinary of said County, certify that I am we and I know she is the individual she represent
Sworn to and subscribed before me, this Z/ day of 1905.  State of Georgia,  County.  Acquainted with Mrs.  Acquainted with Mrs.  Acquainted that the facts therein stated are true, a merself to be, and that she has continuously resided	Post-Office  I, John Hustus  Ordinary of said County, certify that I am we and I know she is the individual she represent
Sworn to and subscribed before me, this 2/ day of 1905.  Aday of 1905.  State of Georgia,  County.  Acquainted with Mrs.  Acquainted with Mrs.  Acquainted that the facts therein stated are true, a herself to be, and that she has continuously resided day of 1894.	Post-Office  I, John Austur  Ordinary of said County, certify that I am we will the above affidavit an and I know abe is the individual she represent in this State since the
Sworn to and subscribed before me, this 2/ day of 1905.  Aday of 1905.  State of Georgia,  County.  Acquainted with Mrs.  Acquainted with Mrs.  Acquainted that the facts therein stated are true, a herself to be, and that she has continuously resided day of 1894.	Post-Office  I, John Austur  Ordinary of said County, certify that I am we will the above affidavit an and I know abe is the individual she represent in this State since the
Sworn to and subscribed before me, this 2/ day of 1905.  Living August 1905.  State of Georgia,  County.  Scan satisfied that the facts therein stated are true, a herself to be, and that she has continuously resided day of 1844.  Given under my official signature and seal, the	Post-Office  I, John Hustus  Ordinary of said County, certify that I am we will be above affidavit an and I know she is the individual she represent
Sworn to and subscribed before me, this 2/ day of 1905.  State of Georgia,  County.  Scatte of Georgia,  County.  Acquainted with Mrs.  County.  Co	Post-Office  I, John Austur  Ordinary of said County, certify that I am we will the above affidavit an and I know abe is the individual she represent in this State since the

her und Amdavit must bear date after January 1st, 1905.

STATE	OF GE	ORGIA,		}	5.0			
July 200	nh	when	Lutter				, hereby	authoris
to receive	and rec	eipt for the p	pension paid 1	iereon, a	nd reque	est that	he remit	same t
/n pt	igness b	Vhereof, I have	ve hereunto se	t my han	d and se	al, this	190	
day of	m	-	1906,					
day of 27		7	1800.	pm	Juli	indo	But	12 L. S.
R	Execu	ated in preser		***************************************	1			
				nty,		ione.	906,	

To Those Heretofore Paid.

1906.

No. 2022

WIDOW'S

drampor georgia,

Courry.

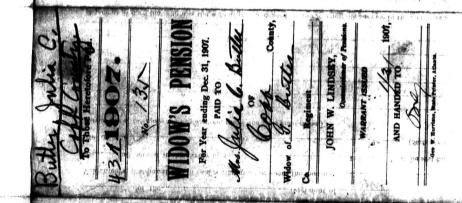
I. Courry.

I. Courry.

In the pension paid hereop, and request that he remit same to at the pension paid hereop and request that he remit same to at the pension paid hereop.

As Wissess Whereof, I have becomes one my least and wal, thin 12.

Executed in presence of



STATE OF GLONGIA.

PERSONALLY COMES MER

ForeWidows Heretofore Allowed Pensious.

d Pensions.

JOHN W. LINDSEY

WARRANT ISSUED

AND HANDED TO

No. 1479	
No. 1479 STATE OF GEORGIA, EXECUTIVE DEPARTMENT. \ Allanta, Ga. Drok 19 1889.	
	1
Mr. A A A O CO 22 of the County baying filed his application in the Executive	7
of Coah having filed his application in the Executive	Y
Department for an allowance under the Act approved October 24, 1887, as amended by Act.	Ι,
Dec. 24, 1888, and the same having been allowed for	
He is entitled to receive the sum of High was Dollars	
ASURER	
for such disability, the same being the allowance drestor the year ending October 24, 1889.	
The Treasurer will pay the same and hold histocera on this voucher, and return same to	
GOVERNOR	/
	1
DN H. Hancoln	
CLERK EXECUTIVE DEPARTMENT.	
51	

Dollars,

per above voucher, this

BECEIVED OF STATE TREASURER, R. U. HARDEMAN,

No. 748 Allanta, Ba., Fly 10 STATE OF GEORGIA, EXECUTIVE DEPARTMENT. of the County 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 Um disabled He is entitled to receive the sum of Dollars for such disability, the same being the allowance during the year ending October 24, 18 to Executive Department for warray By the Governor, CLERK EXECUTIVE DEPARTMENT. RECEIVED OF STATE TREASURER, R. U. HARDEMAN, Dollars,

# For Widows Heretofore Allowed Pensions.

STATE OF GEORGI	A. PERSONALIST COMES MRS.
County of which	Julia 6 Buther
	12 '
C. J. Seing sworn, says	s on oath that she is a bona fide resident of said County
	State of Georgia, and that she has RESIDED in said Sta
continuously ever since	That she is the Widow
Junea Buller	Who was a soldier in Company
The second of th	Regiment of
volunteers, that he enlisted in said regime	ent on or about the month of
186 and served in the Army up to_4	Augst 18 1864 That he lost hi
	day of
particulars of the husband's death when and	day of18 (State her
A	ere and from what cause)
Vin	1 of de-
	of dinon
	and a state of the
	The state of the s
D.	
Deponent swears that she was the wife of s	said deceased soldier, during his service in the Army as a
soldier, and that she has never married sin	ce his death aforesaid, and that she became his wife in
the year 18	
I have been paid a pension as a rea	sident of County, for the
	oply for the pension provided by law for the year ending
December 81, 1906.	per state pension provided by law for the year ending
Sworn to and subscribed before m	ma di la Par
day 190	m Julia & Butter.
Ordinar,	y. Post Office
	000
State of Georgia,	who whey
County	
equainted with Mrs. Julia 6	Ordinary of said County, certify that I am well
m satisfied that the facts therein stated are	true, and I know she is the individual she represents
erself to be, and that she has continuously r	true, and I know she is the individual she represents
	esided in this State since the
40	0
Given under my official signature and a	seal, this the day of 1906.
Official }	& hutober
Seal (	Ordinary of Coff

NOTE.—All blank spaces must be filled.

Voucher and Addayits must bear date after January 1st, 1906.

continuously ever	who, being swor		o, that she is a of Georgia, and	that she	has Rp	SIDKO i	n said 8
continuously ever	Z L	4.7			Land Street	76	e Wido
20.00	10	1990克里加达600米 1990克里加达600米	Rogime	who y		oldier	in Comp
Volcunteers, that h		A Comment			1/2		#1.
186, and serve		· 600	6		84	The	he lost
ife on the		day of.	aus	_	18		(State
particulars of the hu				1			(otters
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-	Martin Committee of Committee of		,				1 (1 1 1
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	r 1	17	1.0	5,			
oldier, and that she ne year 18	has never mar	ried since his	death aforesai	d, and th		became	his wife
oldier, and that she ne year 18 I have been p	has never mar	ried since his	death aforesaid	d, and th	st she l	Cou	his wife
oldier, and that she ne year 18  I have been poser ending Decemb	has never mar	ried since his	death aforesaid	d, and th	st she l	Cou	his wife
oldier, and that she he year 18  I have been pear ending December 81, 1907.	has never mar	ried since his a resident of_ now apply for	death aforesaid	d, and th	st she l	Cou	his wife
I have been poser ending December 81, 1907. Sworn to and	has never marraid and a pension as a pension a pension a pension a pension a pension a pension a	ried since his a resident of_ now apply for	death aforesain	d, and the	st she l	Cou	his wife
ear ending December 81, 1907.	aid a pension as a ser 81, 1906, and	ried since his a resident of now apply for ore me	death aforesaid the pension programme death aforesaid programme death aforesaid the pension pensio	d, and the	y law fo	Cou	his wife
I have been poser ending December 81, 1907. Sworn to and	has never marraid and a pension as a pension a pension a pension a pension a pension a pension a	ried since his a resident of now apply for ore me	death aforesain	d, and the	y law fo	Cou	his wife
I have been pueser ending December 81, 1907. Sworn to and	ald a pension as a per 81, 1908, and a subscribed bes	ried since his a resident of now apply for ore me	death aforesaid the pension programme death aforesaid programme death aforesaid the pension pensio	d, and the	y law fo	Cou	his wife
I have been pueser ending December 81, 1907. Sworn to and	e has never mari	a resident of now apply for ore me 1907.	death aforesaid the pension purification processes of the pension proce	d, and the	y law fo	Cour	his wife
I have been pueser ending December 81, 1907. Sworn to and that the day of the County o	ald a pension as a per 81, 1906, and a subscribed before and a subscribed before a sub	a resident of now apply for me 1907.	death aforesaid the pension programme of the pension programme of the pension programme of the pension of the p	c &	y law for	Courthe y	his wife
I have been puesar ending December 81, 1907. Sworn to and days date of George quainted with Mrs.	aid a pension as a per 81, 1906, and a subscribed before and a subscribed before a sub	a resident of now apply for ore me 1907.	death aforesaid the pension programme of the p	covided b	y law for	Courthe y	his wife
I have been pues as a satisfied that the	ald a pension as a per 81, 1908, and a subscribed best subscri	a resident of now apply for me	death aforesaid the pension programme of the pension programme of the pension programme of the pension of the p	covided b	y law for	Courthe y	his wife
I have been pueser ending December 81, 1907. Sworn to and day of tate of George quainted with Mrs. a satisfied that the result to pe, and the	aid a pension as a per 81, 1906, and a subscribed before the rein state to the hat continue to the hat con	ried since his a resident of_ now apply for one me	death aforesaid the pension programme of the pension programme of the pension programme of the pension of the p	covided b	y law for	Courthe y	his wife
I have been poser ending December 81, 1907.  Sworn to and day of tate of George quainted with Mrs. a satisfied that the resilf to be, and the you will be the control of th	ald a pension as a per 81, 1908, and a subscribed best subscri	ried since his a resident of_ now apply for one me	death aforesaid the pension property of the pension property of the pension property of the pension of the pens	covided b	y law for	Courthe y	his wife

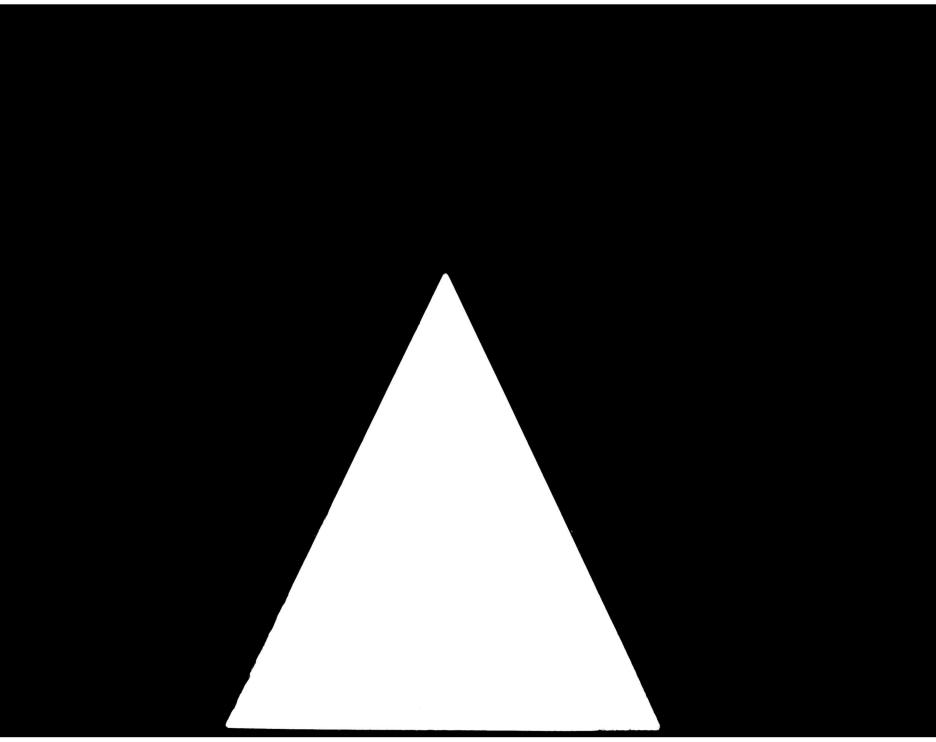
, In hum com before me .. lother cumby & Melann Hullih who being duty Sommer Ange that he was will requally mith here see Buthe in life . that while not present at the manage women he house have bearing at the hour when he man macind to Julia Jumin the applicant five a partien and that they were mound When the said because Bontler light cobb co 1110 in the in the yet High the halandery light, decate army. That he may much a granted his the his hother and state Is hunh Butter hand in Metaula & Mus mande with has him with whomus Surer 100% and him Kund he heard of any had now my disease in the family I was simile, track it may undustreak ing the jamely who men internal fundy of my mine family & Sudy In mine family that to Butter had contracted deserve in the army from a hume a new burned to hisi gen + that When he returned hume That his health may distrust + that he may a physical him it - that my much by Suffe 20 mannt muth him mutt his death I then be himed to define aly family - That Wale how he phase i war or how personally mathe Me with he knows that Me Butter Cuntade

Lection County 3 Before me Person ally appeared, Rich's H. black of laid Countya Judge of the Superia Court of said Nate, who being duly seven says, that he knew as life, I for a dang time hunde Butter the hus bound of Mrs Julia Butter once friend of the country of both - that this assistance which became a frendship, antig dated for many years the you 1861 - that he San Said Bubbe Sometime after the first battle of Manassas, & Learner from him, that the was actively in that battle as the Capacity of Adjutant of the 7 " In Pagiment, and seccined a very shight wound, which he & hibted to me - it may an above of the Okin on his church bone, madely a bullet in pressing, deft a slight how but planly to be observed - that as Jermender he was in a furtingh or discharge from failing health, I he never new back wito the army - his health continued fuble, but after this I saw very little of him, as hus have was in both County, & sughome in Doughety County - He was the Answers of leve George A. Loster as Reporter of the supreme count of the Hate of

Charact in the Compedent wany & from the effect, hear Juneed to sedige and died from the desary So lumbach he brances as mall as any other facil The Which he may had anely entitles that he cannot give dates but his head In alle chan is though them her Butter died in 1964. Ma Hillian Tilleria lo una dula antra thois file This 15 day of fine 15 %. Excliny. Force, Colol Cracinty; 2 hereby Certify That fling Flicking, forho Gualifil a to The For-County Cofficiarit is a citizen of met ( Henry une is worthy of The suith and Oredition a witness,

Grazia for a time, whis mak will be found in the Rapplement to the 33, ga. - A I am informed his health authoris tendily to decline, with he did before the close of the war - during my Knowledge of Said Butter before thetras, I never knew or heard of his being affected with any disease, whit as I Said I Saw him after the Said battle of Manassas - He had only one brother one sister, and both are get dring in fair health, & with are more than Dighty years of age. Show of Sala and to Riches St. 6 Lark before me this 18 of April 1891 m. L. Lachmil Downing.

State of Georgia ? Hullin Comby I gafore me personally appeared Tromp Butter of said Hate I County, who being duly swom deputh that he is the Brothing Greender Butter deceand - That there was a for year defference in their age, he. This deponent being the younge, I that they grew up togethin & neve both groung men at the beginning of the man deponent puther says he forme Know no heard ysaid Greenhee having my Chronic disease, or other bad health gape much nature, before he enter lest in The Confederate service - that an his return from the sorrice this health was impused, the Continues to deline he had, which occurred before the spiratury the war, Summo Tulranted before One this 20 " April 1891 - Irong Buther 9r. L. Lachm Oreunay



# Power of Attorney.

Rutter W. Costas  94 () / (			6 1000	SIA
INDIGENT PENSION,		Executed	I,we and receipt for Witness my hand	I E OF G
<del>1900</del> .		in presence of	or the pension al	EORGIA,
Name 21 - I 13 utter County Coff			County	
Approved 1900.			ofday of	_
JOHN W. LINDSEY,  commissioner of Pensions.		L.	by	
WARRANT HANDED TO			bereby a	•
9/9-19 04		[L. 8.]	uthorize	

Questions for Applicant. STATE OF GEORGIA. STATE OF GEORGIA. County. to avail himself of the Pension Act (Section 1254, Code), hereby submits his proofs, and after being duly sworn true answers to make to the following questions, deposes and answers as follows: \_\_of said State and County, desiring to receive and receipt for the pension allowed, and request that he remit same to.... What is your name and where do you reside? (give State, Courty and post office). Witness my hand and seal, this 2. How long and since when have you been a resident of this Stat 3. When and whose were four born? Jan 1834 Newton & Jan 1862.

4. When and where and in what company and regiment did you enlist or serve? Murch 1862.

4. When and where and in what company and regiment did you enlist or serve? Murch 1862.

4. When and whose were four born? Jan 1834 Newton & Jan 1862. Executed in presence of 5. How long slid you remain in such company and regiment? Multi the Surrey at appointed Court house 6. When and where was your company and regiment surrendered and discharged? 7. Were you present with your company and regiment when it was surrendered? Was Brulu 8. If not present, state specifically and clearly where you were, when you left your command, for what 8. If not present, state speciment, cause and by whose authority? Was present 9. How much can you earn (gross) per annum by your own exertions or labor ? Nothing 10. What has been your occupation since 1865? Homese up h 7 year ago / 11. Upon which of the following grounds do you base your application for persion, viz: arst, "age and poverty," second, "infirmity and poverty," or third, "blindness and poverty" Age Infirmly of foverty 12. If upon the first ground, state how long you have been in such condition that you guld 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?, Wast Havel Japo I proper Bronchal brouble and also listhing this trouble are do Jam unable to exert my self 13. What property, real or personal, or income, do you possess, and its gross value? 14. What property, real or personal, did you possess in 1894, 1895, 1896, 1897, 1898 and 1899, and what disposition, if any, by sale or gift, have you made of same? It thinks Ja, what County did you reside during those years, and what property did you then return for taxation? 19 How were you supported during the years 1898 and 1899? 1900 Two Duppertue 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? # 170 / 10 Jollens Arthung 18/ What was your employment during 1898 and 1899? What pay did you receive in each year?

The Annual do any fleet, I below from Mark 1999. Have you a family? If so, who composes such family? Give their means of support? Have they homestead?

The Mark your and Saughter: My form LINDSEY 20 Are you receiving any pension? If so, what amount and for what disability? 21. Have you ever made an application for pension before? 22. How many applications have you ever made and under what class? hove × JOHN Sworn to and subscribed before me this the

LOWCI OF ALLOTTICY.

#### AFFIDAVII OF PHYSICIANS.

STATE OF GEORGIA,	
Personally came before me J. Malone	<i>llR</i> and
of said County, who, being severally sworn, say on oath that they have exact	to me as reputable physicians
, applicant for pension under	Section 1254, Code, and after
such personal examination say that his precise physical condition is as follow	
	and tras
the state of the s	
frequent attacks of bornel	was atthing
lungs, and also from to	wela
They further say on oath that the physical condition of applicant re-	nders him unable to labor at
any work or calling sufficient to earn a support for himself, and that we have	ve no interest in said pension
being allowed	-
Sworn to and subscribed before me, this the	Malone &
day of Settle 1900	
Hur Wwhy Ordinary.	
ORDINARY'S CERTIFICA	TE.
STATE OF GEORGIA.	
Course (Course )	
Official VIII	
	or said County, hereby certify
	sides in said County, and has
been a bona fide resident of this State since the day of	any 180 4.
and that the witnesses, viz: IN Malone MIND I'M	At Reynolds MI
are of tenetworthy character, and that their statements are entitled to full fait	
I further certify that before approximately formation the formation that	h and credit.
I further certify that before answering the foregoing questions the ap the cath hereon prescribed, and that the full text of the affidavits was read	plicant and each witness took
before same was signed.	to the applicant and witness
I further certify that the tax digests of Cobb	C
returned for taxation in his name in 1896.	County show that applicant
of property, and in	Dollars
	Dollars of property.
In my opinion the foregoing claim is made	in good faith.
Witness my hand and seal of office this day of	1996,
of Contr	Ordinary,County.
NOTE.	
<ol> <li>Before any questions are answered, the Ordinary shall swear applicant and the witn shall true answer make to each of the questions asked of you, and the evidence you sha you God."</li> </ol>	esses in the following words: "You ill give will the whole truth, so help
2. Additional affidavits may be attached if blank spaces are insufficient. 3. In every case the Orlinary must certify to the character of the witness, and as to t	he execution of the proof or char-

### POWER OF ATTORNEY,

County.	}		
John Swang	of	uthorise	
to receive and receipt for the pension	n allowed and :	request that he re	mit same to
Witness my hand and seal, this_	6th day of	Jany 3 Suller	[L. S.]
Executed in presence of			

CODE SECTION 124.

( FOR THOSE ALREADY ENROLLED. )

#### POWER OF ATTORNEY.

STATE OF GEORGI	COUNTY.	
John Swith	sulter of	hereby authorise
to receive and receive	for the pension allowed, and request	that he remit same to
by		2
	15	
WITNESS my han	nd and seal, thisday of	Jany 1907.
Witness my han		Buller [L. s.]

the, M. T.,	Come Burner 184. Ano. 576	IDIER'S PENSION 1907.	M. J. B. Lealer  14 Collection  2. Lolo.  WARRANT ISSUED	JAN 21 3 1907. JOHN W. LINDSEY, Commissioner of Positions.	WARRANT BANDED TO
R El	(equation 2)		Name M. County Co. 13.	Or	WAR

State of Georgia,

FOR APPLICANTS HERETOFORK ALLOWED PENSIONS

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA	, )		
Costo Con	inty.		0
Personally appears MY	Bitte		hall
	June	of	
County, State of Geoogia, who being d and resident of said County and Sta	te and has resi	on oath that he	s a bona fide citizen
since the day of sany			
11. 11 - 1	100	; that he is	68 years old and
by occupation a Laborer	tnat ne enliste		
federate States (or of the State of	1100	during t	he war between the
States, and served for the term of A	y Vo, in (		
follows: On account	*	that his phys	sical condition is as
Tollows: Macconia	1 of ag	Jufismi	3 and
porenty he do make	1 Bruff	for him	e C
		F	
that his property consists of the follow			
	rother		
<b>**</b>			
of the value of	Doll	ars, that by reas	son of his physical
condition and poverty he is unable to	support himself	by his own exe	rtion or labor and
that he receives no pension but the one	herein applied	for.	,
Deponent desires to participate in	the benefits of	the Act, approve	ed December 15th,
1894, and the Acts amendatory thereof,	and makes appl	ication for the	nsion to which he
is entitled for the year 1902. I have			
county been allowed pension for the y	ear 190 2		1
Sworn to and subscribed before me,	this the	my Bu	Men
6 day of Jany	. 1902.		
John Auting.	0-1		
	Ordin	ary.	
STATE OF GEORGIA,			
County.			
1. John Autur	•	Ordina	ry of said County.
do certify that I am well acquainted w	ith MJ	11 -	y or said County,
the applicant in the foregoing affidavit,			tements made bu
him in his said affidavit are true, and I l	know he is the i	idividual he rep	resents himself to
be and that he resides in this County.		1	
Given under my offic	cial signature ar	d seal this	6 th
day of Jan	10/	19	
Aiffa	0.7	1 6.7	
seal here	- XVA	u nu	7
	Ordinary	Cora	County.
Norn.—The blank spaces t	must be filled.		

LAW STAMMENTO DEMETAKANE STRAMED LENSION	1
State of Georgia,	
Cubb County.	
Personally appears N & Butter of Post	
County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citis	****
and resident of said County and State, and has resided in said State continuously en	en
since theday of that he isyears of	rer
and by occupation a, that he enlisted in the military service of the Co	ыа
federate States (or of the State of) during the war between the	n-
States, and served for the term of is Company, of th Regime of; that his physical condition is	nt
follows; and the follows:	
	-
- Andrew - A	
that his property ognishes of the following items:	
The state of the s	
and the second s	
of the value of Dollars. I am now Carnin	g
by my latter, Dollars per month. That by reason of h	is
physical condition and presents 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 15t	ı,
1894, and the Acts amendatory thereof, and makes application for the pension to which I is entitled for the year 1907. I have heretofore, as a resident of	e
County, been allowed a pension for the year 1906.	100'8
Sworn to and subscribed before me, this the Say of Sucry 1907.	
De Mu Musque Ordinary.	
State of Georgia,	
I, San Swilling Ordinary of said Count	,
do certify that I am well acquainted with A Buller	
he applicant in the foregoing affidavit, and an well satisfied that the statements mad	e
by him in his said affidavit are true, and I know he is the individual he represents himse	f
o be, and that he resides in this County.	
Given under my official signature and seal this	

Affix your seel here

Norn.—Affidavis should not be attested before January 1st, 1907.

1891.
No. 1/2-7
STATE OF GEORGIA.  EXECUTIVE DEPARTMENT. Standar, Ba. Flety 1891.
of Cobb having filed his application in the Executive
of Coff having filed his application in the Executive
Department for an allowance under the Act approved October 24, 1887, as amended by Acts
approved Dec. 24, 1888 and Nov. 11, 1889, and the same having been examined and allowed for
He is entitled to receive the sum of Heffy - Dollars
for such disability, the same being the allowance due for the year ending October 24, 1891.
The Treasurer of the late and hold his receipt on this voucher and return same to
Executive Department for Warmant? The William Governor.
By the Governor.  Sec'y Executive Department.
,50
RECEIVED OF R. U. HARDEMAN, Treasurer of the State of Georgia.
per above voucher, this sof Staty 1891.
J. W. Beaun

# POWER OF ATTORNEY. hereby authorize to receive and receipt for the pension allowed and request that he remit same to Witness my hand and seal, this.... Executed in presence of

WARRANT HANDED TO

no data

JOHN W. LINDSEY,

WARRANT. ISSUED

(FOR THOSE ALREADY ENROLLED.)

736

SOLDIER'S PENSION

1903

Name

INDIGENT

to receive and receipt for the p	ension allowed and	request that he	remit same
by	187 day of		190 Cer_[is
(FOR THOSE ALREADY ENROLLED.)  No. >06  INDIGENT  LEO 4.	ame W. Buller ounty Colly b. & 35 Regiment & 1869	JOHN W. LINDSEY.	WARRANT HANDED TO

SOLDIER'S

POWER OF ATTORNEY.

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

· ·
STATE OF GEORGIA,
County,
Personally appears A J Bulling of Och
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 18; that he is 69 years old and
by occupation a , that he enlisted in the military service of the Con.
federate States ( or of the State of ) during the war between the
States, and served for the term of Trans in Company B, of St th Regiment
of that his physical condition is as
follows: I wing to age fortimit and
somerly !
that his property consists of the following items:
· Nothing
of the value ofDollars, that by reason of his physical
condition and poverty he is unable to support himself by his own exertion or labor, and
that he receives no pension but the one herein applied for.
Deponent desires to participate in the benefits of the Act, approved December 15th,
1894, and the Acts amendatory thereof, and makes application for the pension to which he
is entitled for the year 1903. I have heretofore as a resident of
county been allowed a pension for the year 1906
Sworn to and subscribed before me, this the liay of 1903. 1903. Ordinary.
STATE OF GEORGIA,
County.
I, John From the 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
day of 1908.
Beal here
Ordinary County.

Note.—The blank spaces must be filled.

Note.—Affidavit should not be attested before January 1st, 1968.

## FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
County.
Personally appears & C. Bulling of 2017
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 of the day of Acc. 1854; that he is 9 years old and
by occupation a the first that he enlisted in the military service of the Con-
States, and served for the term of - 12073 in Company 3, of 3 v th Regiment
, that his physical condition is as
follows: and reach & . 200 , recognition
elect of the year of the S
Deciport himsely
that his property consists of the following items:
22. Kilisa
of the value of Dollars, that by reason of his physical
condition and poverty he is unable to support himself by his own exertion or labor, and
that he receives no pension but the one herein applied for.
Deponent desires to participate in the benefits of the Act, approved December 15th,
1894, and the Acts amendatory thereof, and makes application for the pension to which he
is entitled for the year 1904. I have heretofore as a resident of
County been allowed a pension for the year 1905
Sworn to and subscribed before me, this the
1 St day of Laurary 1904.
Ordinary.
STATE OF GEORGIA.
County.
I the Future Ordinary of said Country
Oldinary of said County,
do certify that I am well acquainted with // / Dulle
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 / 81
day of array 1904.
(Att ) The Hurley
Ordinary County.
Norge,—The blank spaces must be filled.

Non-Amdaett-should not be attended before Jamuary 1st, 1904.

POWER O	F ALLORNET	•
STATE OF GEORGIA,		
John holing to receive and receipt for the pension	· of	at he remit same to
	at	
WITNESS my hand and seal, this	5 day of	1905.
Executed in the presence of	W.J.	/2. t(,)
	1905.	- 1 11.
(FOR THOSE ALREADY ENROLLED.  No. (* & ?)  INDIGENT  OLDIER'S PENSIO  1905.	88	Commissioner of Pensions Commissioner of Pensions CANT HANDED TO AMAGER FOR 1517 PRINTER, ILLANDER
INDIGENT	Regiment Regiment MARRANT ISSUED	WARRANT HANDED TO
IND	WARE JAN	WARRAN
SOLI Name	County Co.	7 A 000

### POWER OF ATTORNEY.

STATE OF GEORGIA,	Treat
John Anny	hereby authorise
to receive and receipt for the pension	allowed, and request that he remit same to
WITNESS my hand and seal, this	day of true 1908.
Executed in the presence of	[L. S.]

3	ALREADY ENROLLED.)	600	I'S PRINSION CO.	Buller	Regiment SA	الم	W.LINDSEY.	T HANDED TO	Petruma Co., do. V. Homeson, Men.
of to Court	Com So	No	MINDIAN SERVICE	iame hat h		1/2 2	JOHN W,	WARRANT	he Passer of Passers and Patrick

FOR APPLICANTS HERETAFORE ALLOWED

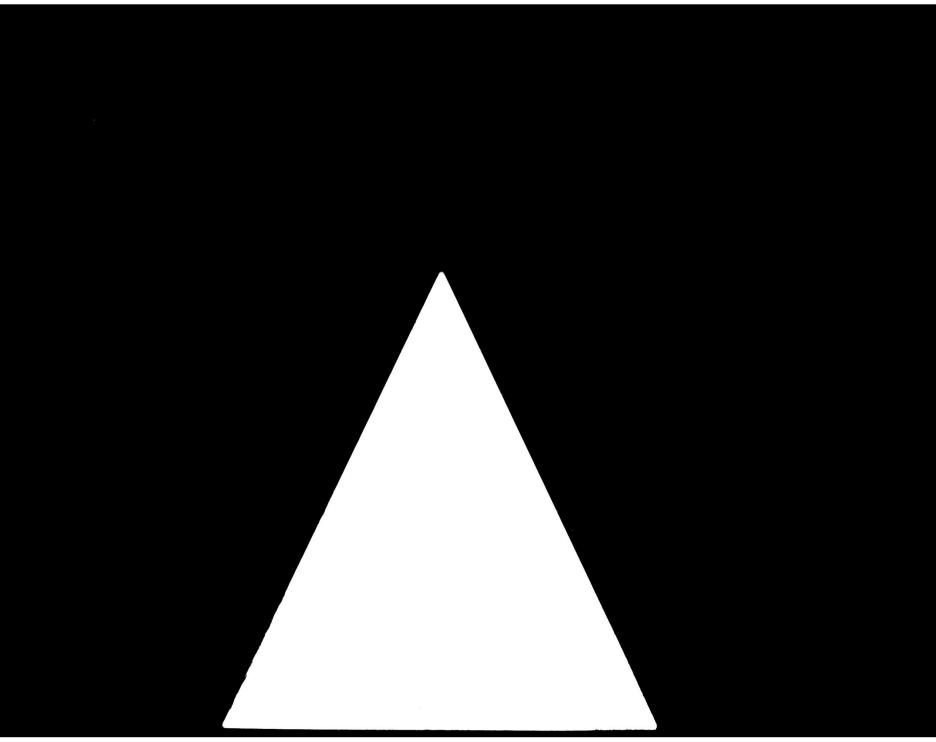
## FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,	L 4 3
County.	
Personally appears M FBuller	of Coff
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	
	that he is 21 years old and
by occupation a ferries, that he enlisted in	the military service of the Con-
federate States (or of the State of	during the war between the
federate States (over the State of States, and served for the term of 4 fee sin Comp	any B, of 35 Th Regiment
of by Vals	that his physical condition is as
follows:	that his physical condition is as
To vist	•
, ,	
that his property consists of the following items:	Thing
of the value of	Dollars. I am now earning,
	month. That by reason of his
physical condition and poverty he is unable to support h	
labor, and that he receives no pension but the one herein	
Deponent desires to participate in the benefits of th	
1894, and the Acts amendatory thereof, and makes applica	
is entitled for the year 1905. I have heretofore as a resident	ent of SOD
County been allowed a pension for the year 1904.	111 -11
Sworn to and subscribed before me, this the day of 1905.	11 7 B. Ther
form then Ordinary	y.
STATE OF GEORGIA,	×
Cosh County.	Ordinary of said County,
do certify that I am well acquainted with.	Onley
the applicant in the foregoing affidavit, and am well sati	sfied that the statements made
by him in his said affidavit are true, and I know he is the	• •
to be, and that he resides in this County.	15-H
Given under my official signature and seal	
day of January 1905	
Affix Your	0.11
here Ordinary	County
Nors.—The blank spaces must be filled.	7

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

	County.
Personally appear	HI Butter of Cosh
	who, being duly sworn, says on oath that he is a bona fide citize:
and resident of said Cour	nty and State, and has resided in said State continuously eve
since theday	of18; that he isyears old an
by occupation a	, that he enlisted in the military service of the Cor
federate States (or of the	State of ) during the war between th
States, and served for the	term ofin Company, of 35 MrRegimen
of Dolo	; that his physical condition is a
follows:	
IOIIOWB.	
	Infinis Towns
Ma	
that his property consists	of the following items:
	manhamatan and a manham
of the value of	Dollars. I am now earning
by my labor.	Dollars per month. That by reason of hi
-, -,	
physical condition and me	werty he is unable to support himself by his
physical condition and po	everty he is unable to support himself by his own exertion o
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DR. H. V. REYNOLDS, OFFICE SOUTH-WEST CORNER OF PUBLIC SQUARE. RESIDENCE POWDER SPRINGS ST. TELEPHONE NO. 17 Mariella, Ga, Letterich 51-1901 This is to state that I the undersigned attended mr wy Butter about ~ years ago for bub-acute Bomolito — also prior to that time, for injuries subtamed in our meney ~ meet of a refractory home, I negard mit Butter as being in a precarous State of health bisides being a worthy one well meaning Citizen HuRayweds Ma Swone & and Dubscribed before me This Seft 5th, 1901, John Sway



# Ordinary's Certificate

MERET S	Victoria de la Companya del Companya de la Companya del Companya de la Companya d				•
in the state	No. Callica	NOTES	worthy, au Sworn 1	that I k is the pe and was the witn	STATE
of of the first	Widow's Pension Under Act 1910—as Amended by Act of 1919.	Before any ''You do sail you shall give you shall give 2. Additional a: 3. Only widows see Ordinar 5. Attach certification. 'reputation.	ly sworn by 1 and their stat ; t under my h L)	erson she reps on the 4th l	OF GEORGIA
12 Section	Name Man Mildred Quien Ritts	questions are a demany search to evail be the tre fisheries may be who married be must be made of copies of m	ne before ag tements are e and and offic	Mildel rescuts herself vovember 1908 rs to the service	
	Widow of LAND BUILTS	navered the O and you will trat you will trat to help you the So help you prior to Januar a before the O arriage license	ning the fore nittled to ful sial seal of of	If to be and a se, that I also see of husban	00 00
The Kolo	Regiment 32 Sa Vol. 2 september 1	rdinary shall s le answers make (Ged.)'' Ged.'' J. 1881, and rdinary of the if obtainable.	oregoing affidate full faith and coffice this	Leas Dona she is a bona she is a bona show	COUNTY.
r inser	Approved	wear applicant to each of t to to safely the statistical residence of t If not, prove	redit.	hona fide continuing	
the first	(E)	and the witne be questions as the person to marriage, by s	at they both	the applicating resident c	Ordinary of
in the	ENTERED ROSTER OFFICE	ss in the following man was a man with the sworn and ome person, or	are trath	nt for printing of said	said County
23.63	J. W. LINDSEY, Commissioner of Pensions, Byrd Printing Co., State Printers, Atlanta.	wing words: the cridence certified by r by general	ful, trust.  19/2 inary.  County.	said County County and	3
And the second second	10-30-1919		,	8	

Ordinary's Certificate STATE OF GEORGIA. Ordinary of said County, do certify that I knowlles Willard Course Butto the applicant for pension. She is the person she represents herself to be and she is a bone fide continuing resident citizen of said County and was on the 4th November 1908; that I also know\_\_\_\_\_ the witness who swears to the service of husband; that 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 30 SEAL

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

"You do solemnly awear 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, and the state of the property lett, 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 technique.

4. All affidiaties must be made entere the Orthoday of the residence of the partial successful of the successful of the

OFF

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

Questions for Applicant

STATE OF GEORGIA. COUNTY.
Personally before me comes. Man Muldred away Butte 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 1 : Mildred awen Butt, Marietta
2. How long and since when have you been a continuing resident of the State of Georgia! All My lefs 72
3. When, where and to whom were you married? 1968 Nov. 26. Sallet le to
a. Have you married since the death of first and soldier husband?
4. When, where and in what Company and Regiment did your husband enlist as a soldier in Con-
Content of Georgia Militia! (State the arms and class of Service April 1868 Uplion
5. When and where did the commands of your husband surrender or discharge from the army!
6. Was your husband personally present at the time of the surrender or discharge of this command 1
7. If he was not present state clearly where he was ! He was how he
8. Where was his command when he left! What 1865
a. For what cause did he leave his command from and
b. By whose authority did he leave his command?
c. For how long was he granted leave of absence
e. What was his physical condition when he left his command!
f. What effort did he make to return to his command?
g. In what way was he prevented from going back to Command
h. Was he captured by the enemy at any time!
i If so, when and where captured and where held as a prisoner, and when and for what cause released?
j. When and where did your first husband diet. Deton 13-1908 Bull phones &
k. Were you residing together when he died!
I If not, how long had you resided apart?
m. Are you now a widow?
9. Have you or your husband heretofore been paid a pension by the State!
If so, when and for what cause were you or your husband placed on the roll?
Sworn to and subscribed before me this the  Althory October 1919  Ordinary  (SEAL)

	Questions for With	trees di to Bei des	d'Hustard and	Marriage
	STATE OF GROUGIA.			
	Merinetteer	COUNTY		
	Personally before me comes	ra aline	mi	
	being duly sworn, true answers to	make to the following question	ons, answers as follows:	who, arter
	1. What is your name and when	e do you residat / L	aberes	uli
WAR	Bullschuffle	Mirwella	a Carrel &	
1 S. N. V.	2. How long and since when has		udown Au	spplicant!
	8. How long all these when he	2000年1000 (1900年100年100年100年100年100年100年100年100年100	1860	
TATEL SIL	Mulde Warde	and companyonaly resided in	this State 1. (Give date.)	27 11
1	4. When and to whom was she u	arried 21 - 24 - 97 4 7	11.6 25	01
	5. How long and since when did	you know LANE 16	Man Coult	know tot /lesse
7° ľ	husband? Service 18	60. 597		-I her
	6. When and where did			
	the husband of applicant, die	ex, 13 - 1908	Beelschuit	Le Fa
	7. Were the applicant and her h	usband living together as hu	sband and wife at the	date of his death?
	8. If not, how long did they live	apart before his death?	/	
1 4	Were they divorced!			
· ni	9. When, where and in what Cor			selle enlist!
upe	el 1863 year C	40,00,00	32= 4	Regibato
1 1	10. Were you's member of the	same Company	<b>4</b>	
	11. How long within your person	at knowledge did he perform	actual military service	with his Company
	and Regiment!	mand summender and was di		
a	CALL 1865. The	where ne.	energed 1	
	13. Were you personally present	when it was surrendered?	7401	tf not mhon
	were you	and how, came	you there!	not, where
1	14. Was the husband of applican	personally present at surrer	ider! Jus	If not
	where was he!		When, wi	here and for what
•	cause did he leave Command (G	ive date.)		By whose
	authority did he leave his Command	1		
	I year win	& Thin -	How do y	ou know all this?
	V Read		The state of the s	
are well pale a delega	15. For what cause, if you know o	your own knowledge, was h	e prevented from return	ning to his Com-
	16. What effort did he make to re	turn to his Command and h	low do you know this	Of your own
		¥		
	Sworn to and subscribed before me	this the	1 / 1 . 1	50.
Service a	11 to a lex	1922 XA. 14	Weros	mbir.
201	ma 04.			1:1
1 P 1	med to	Ordinary		". ".
Maria Salt	of the survey	County )	* .	
	(SEAL)			
BREEL THE STATE OF	Water and the state of the stat	100 PM	12 7 7 7	

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Green to S. A. vel behneesse A. A. Jacobs

, results an areas areas.

The State of Georgia, Talbot County.

To and Judge, Justice of the Superior Court, Justice of the Peace, or minister of the Dospel:

Tou are hereby authorized to join Jessee B. Butts and Mildred O. Burt in the Moly State of Intrimony, according to the Constitution and Laws of this State, and for so doing, this shall be your sufficient License.

Given under my Official Signature and Seal of Office this 26th day of Nov.1868

Albert W. Bethune, Ordinary.

State of Georgia, Talbot County.

I hereby certify that Jesse B.Butts and Miss Wildred O.Burt were duly joined in Matrimony, by me , this 26th day of Mov, 1808.

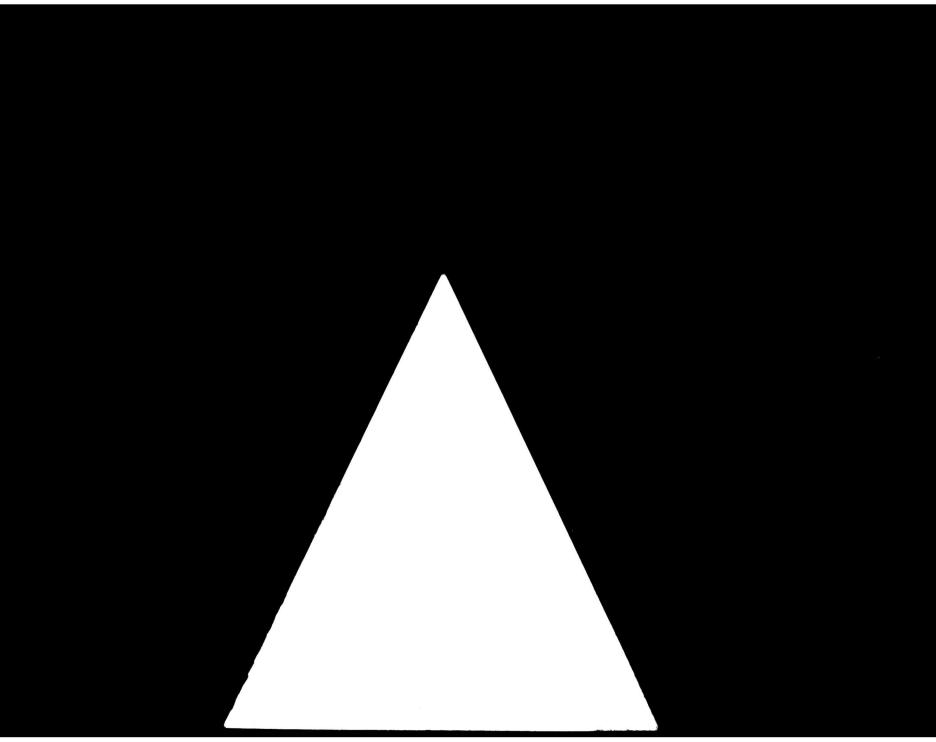
S.D. Clements, M. G.

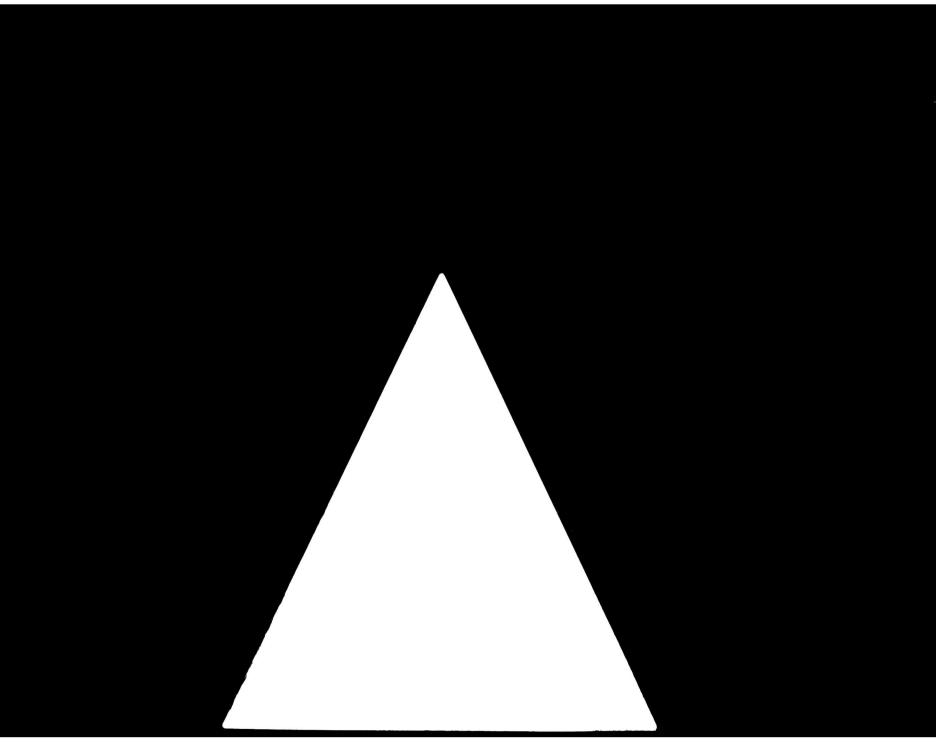
Georgia, Talbot County.

I,J.S.Smith, ordinary and ex offices clerk of the court of ordinary, do certify that the above and foregoing is a true and correct copy of the marriage certificate of Jesse B.Butts and Miss Mildred C.Burtses shown on page 155 of the marriage records from 1867 to 1870, in my office.

This October 17th, 1919.

Ja Smuch Ordinary, Talbot County, Georgia.





Application for Allowance Seft am disables Amount 25 Date of Warranghey 3//88

Application for Allowance

FOR

Application for Allowance

FOR

Applicant & Bouts

County County

Dute of Warrundury 31/8

Expersed on Rebord.

Expersed on Rebord.

Secretary Experiment Leparament.

STATE OF GEORGIA,

This E Bulls a looth State of Georgia, who, being duly sworn, says on oath that he a bona fide citizen and resident of said State, and has been such since the 22" day of A a enlisted in the military service of the Confiderate States (or of the State of in Company (Q ( ) during the war between the States, and served as a pringle 41 th Regiment of Georgia Volunteers Stralls 's Brigade; that whilst engaged in such military service, at the battle of the State of Georgia on the 10 day of hul 1864, he was wounded as follows, Ke was short Through the obbited der and through the arm, fines below the allow, the arm was booking, the arm my rendered slift by maron of the bound, the hand and the fing is age tigh, by musing the mond the arm is rendered substantially lind weathally muches, by man this mon of the applicant is rem desired the state to her of the mile the hand bent with the will be peponent desires to participate in the benefits of the Act, approved October 24, 1887, and makes application for the allowance to which he is entitled thereunder

Sworn to and subscribed before me, this the

lay of farmary 1888

Then Ex Butt

Yo Mo Vo am most togety

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

PERSONALLY came before me 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 to the Country of Contracted the disease) in the military service, as stated in his foregoing affidavit, and that wounds (or contracted the disease) in the military service, as stated in his foregoing affidavit, and that wounds (or disease) permanently disables the said that the contracted by him in said affidavit. Deponent further states that said that the Country is a bone fide.

citizen of this State, and resides in Oorto

25 day of & armusy

John In James and Lut Cof A, 21, Bu

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

- //

PRABONALLY CAME Hilly of Astoney &
John Mr. Hand as the first him
citizens of falls beauty and the latter propose county, in said State,
who, being duly sworn, say that they are acquainted with
and, know received the wounds (or contracted the
disease) in the military service, as stated by him in the foregoing affidavit; that said wounds (or
of this State, and resides in Level County, and we are well satisfied that all the state-
ments in his affidavit are true.
Sworn to and subscribed before me, this  24-day of Jany 1888  M.B. Hamel  M.B. Hamel  M.B. Hamel  M.G. Aughtmon
STATE OF GEORGIA, County.
Personally comes before me H. M. Hammell Ordinary of said county,
are fully examined Thr. & Butto and after such examination say that the
applicant has been injured as follows He was chot Trough the placeder
and through the area below the attack the arm
is lift and by mason of the second is rendered
and through the area below the attack the arm
is lift and by mason of the second is rendered

STATE OF GEORGIA.

NOTE. The physicians will state fully the extent of the wound and the disability resulting therefrom

County.		
I, H. M. Hacumett Ordinary of a do certify that I am well acquainted with Thos Es. Butto	said county,	

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 have been compared to the statements are worthy of full credit and belief.

I further certify that the said affidavits and signatures thereto are genuine.

Given under my official signature and seal, this 2 Her day of Jacq

Ordinary Co-bh County.

#### POWER OF ATTORNEY

#### STATE OF GEORGIA

County

Know all men by these presents, That J

or it - irright

county, in said State, do hereby appoint

my true and lawful attorney in fact, for

me and in my name to receive and receipt for whatever amount of money I may, be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this States, 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

. L. S.

Executed in the presence of us

IPPLICATION FOR ALLOWAN

STATE OF REPRICIA
County County
Personally appears here & Total Control
State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and
restant of said State, and has been such continually since the day of
that he enlisted in the military service of the Con-
during the war between the
States, and served as a in Company, of 44 th Regiment
in such mattery service, at the battle of Men Table (The State
of the country service, at the battle of the country service, at the cou
woulded of follows: Tay gunshit Bessing would
the left om flugt blook slowed baretile or
freeting the boms of Daid and aprile
Cuthing for murcles & legders, Cangine, the
ing to prich bridg and have thiff
though then dering said arm pubotonthilly and
Deponent deares to participate in the benefits of the Act, approved October 24, 1887,
and the Act amendatory thereof, approved December 24, 1888, and makes application for
the allowance to which he is entitled for the year ending Actober 26, 1889.

Thos. & his Butto

factor of disease which causes the disability, and explain particularly

STATE OF GEORGIA, Ordinary of said county, , both known to me as reputable physicians of said county, who being severally sworn, say on oath that they have carefully examined have. It is the said and after such examination say that the applicant has been injured as follows: 134

Angerber Ind. Sworn to and subscribed before me, this about 188 g

will state fully the extent of the wound, and then give facts to show the extent of

Ordinary of said county. do certify that Vam well acquainted with Mrs. 6. 13 allo applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and that he is disabled to the extent he claims, and I know he is the individual he represents himself to be, and that he resides in this county. I also certify that the foregoing witnesses, to-wit: are persons of respectability, and that their statements are worthy of full credit and belief.

I further certify that before whom the foregoing affidavits were made and power of attorney was signed, is a or said county, and the said affidavits and signatures thereto are genuing Given under my official signature and seal, this 26

POWER OF ATTORNEY.

STATE OF GEORGIA.

Knyw all Men by these Presents. That I,

county, in said State, do hereby appoint Marsette

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 2-6.

day of Jeby

Those XE. Butts (L.S.)

Executed in the presence of us:

DIRECTION

Send money to me as follows, by

P.O.

County, Georgia.

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

3. It will not answer to say that an arm is "substantially useless for ordinary pursuits of life, etc." There is no qualification to the clause of the Act in reference to the arm or leg, but the limb must for all purposes be "substantially and essentially useless."

4. If the application is for a wounded leg, it would seem to be a fair construction of the Act, and the words above quoted, to say that unless the injury is such as to require the constant use of crutch or stick,

that the leg is not "substantially and essentially useless."

5. If application is for loss of fingers or toes the proofs must be made to show the number, and points where amputated.

6. If papers are returned for correction, and amendments are added to any of the affidavits, the amendmects must be made under oath before an officer, and the proofs must show that the amendments have

7. Every application must be certified by the Ordinary of the county of the residence of the applicant.

The certificate of any other will not be received in any case.

Audited Feb. 27 Um Amglh

Maimed Soldiers.

Voucher No. 421

Amount \$ 00. Paid to Thos & Putts

For Seft and Verebled Self 7-7 1889.

Included in Warrant No.

1889.

WARRANT CLERK

issued to Treasurer

By the Governor

CLERK EXECUTIVE DEPARTMENT.

GOVERNOR.

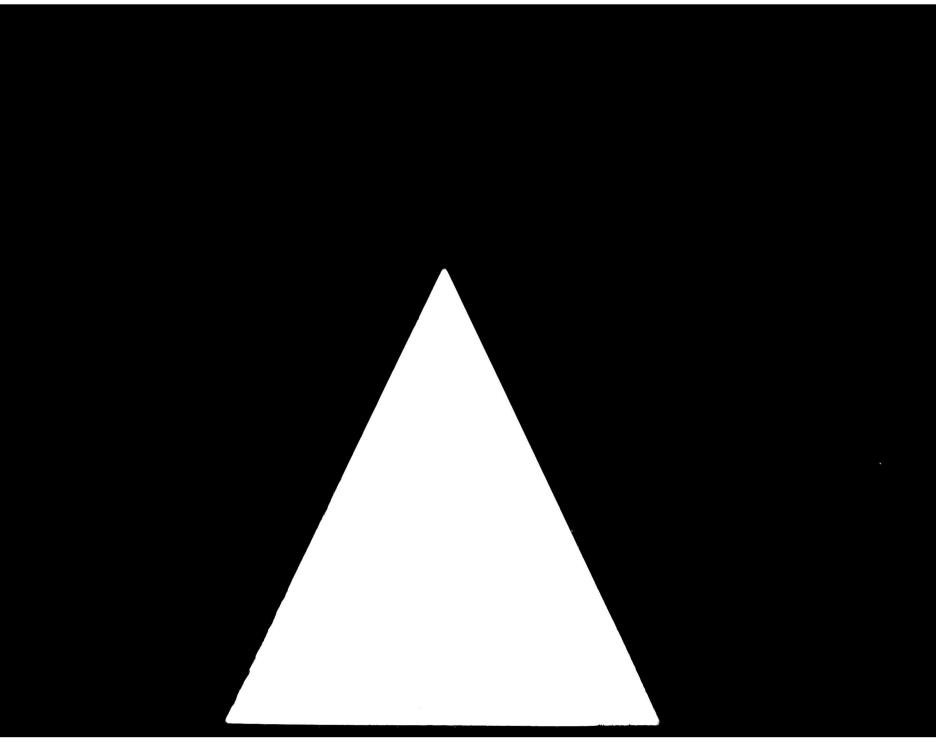
RECEIVED OF STATE THEASURER, R. U. HARDEMAN,

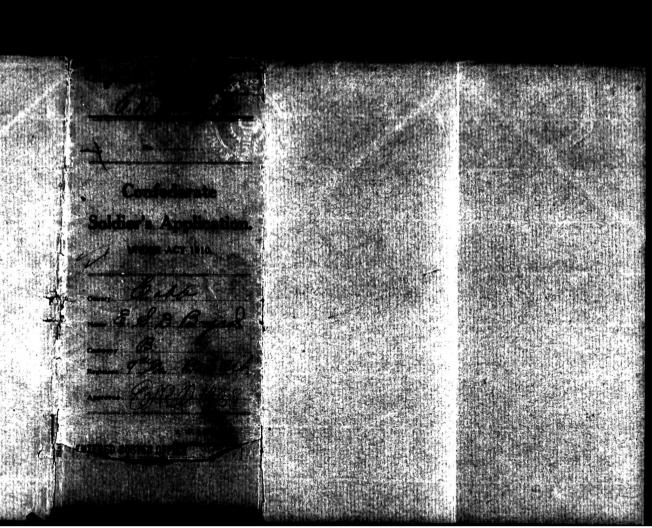
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per above voucher, this 2 / of Close

Llove 6.x Bulls

R. C. Junio Mak





# Ordinary's Certificate

motor well from afor 26,64	No. a. C. france	NOTES	were worth Swe (SE	STA:  1,  that  is the  and w
	Widow's Pension Under Act 1910—as Amended by Act of 1919.  County  Name Ulalling Paracon Widow of H. Brown  Company	1. Before any questions are answered the 'Yest do solemnly swear that you will be you shall give will be the truth. So help ye Additional afforts may be standed if 2. Additional afforts may be standed if 3. Only widows who married prior to Januar 4. All afforts must be made before the Attack contain.	re duly sworn by me before signing the for thy, and their statements are entitled to for Sworn under my hand and official seal of (SEAL)	STATE OF GEORGIA,  U. J
	Regiment 2 La Reserve 7 Approved	ordinary shall seem applicant and the air ma namers make to each of the questions as Gad." on the parameter and the state of the parameter are interferent. See the person to distinct of the person to distinct of the person to decimable. If not, prove marriage, by	regoing affidavits and that they both all faith and credit that they have the first that they be the first that they both the first they be the first	Ordina  Transition  The sale is a bona fide continuing results to know M. M. Mundale, and that both of them are now re
	J. W. LINDSEY, Commissioner of Pensions.  Byre Printing Co., State Printers, Atlanta.	sees is the following words saked you and the evidence to be sworm and certified by some person, or by general	oth are truthful, trus  ### 194  ###################################	ry of said County, do certical applicant for pension. Solident citizen of said County and State of State

10-20-1919

3. Did you smill in the Army of the Confederate States or of the Organized Militia of this State

where was your Command when you left it? Confirmally Count Securi

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

What senues or monthly income or earnings of rounself and sole, and the source derived have

OUESTIONS FOR WITNESS AS TO STATE OF GEORGIA ultock County. as a witness in support of the application of the Act of 1910, in said State, and after being sworn true snaves to make to the 1. What is your name and where do you reside? A grant Carolla v JC will Over so wave or sever 1860 3. Where does he now reside and since when his he been a boundfule, continuing resident in this state and how do you know. 4. When, where and in what Company and Regiment did 2 4 70 6 ORDINARY'S CERTIFICATE. OF GEORGIA. 5. How did you obtain your information of this Service? 6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (give date). When and where was his Command surrendered or discharged (give date and place) of are all residence of said Collady and were duly award by me before signing the forego y are all tentiful and trustworthy and their statements are entitled to full faith, and or Were you personally present at the Surrender? 9. If not, where were you and how came you there?.... 10. Was the applicant personally present with his Command at surrender?.... 11. If not where was he and how came him there? 12. When did he leave his Command? Chiral Paris Where was his Command ore any questions are answered the Ordinary shall seven applicant and all winesses in the following or colomic ways that you will true answers in the symbol question said you and the symbol question as a simple question and the symbol question and the symbol question and symbol question and symbol question and symbol question are properly at all in his possession; use up content of self-shid wife, affidavits of Free hydrone. when he left it? appared to the for what cause did he leave? I distribute of By whose authority did he leave...... long was he granted leave?. all that you have stated to be true? If of your own knowledge (Tell clearly and specifically). 13. In what way was he prevented from returning to his Command? How do you know? ...... 14. What effort did he make to return to his Command and how do you know?..... 15. Was applicant captured as a prisoner...... ...If so, when and where?.... In what prison was he held?... and when released? Sworn to and subscribed before me, this the AFFIDAVIT OF TWO FREEHOLDERS. STATE OF GEORGIA. County. Personally before me comess James Cantile Je William was our oath Personally before me comesses, and county and we know that they are free holders residing in said County and we know the property that is now in the use, possession and souther of himself. and wife and of its cash value to wit: (Make List by terms and value). we will from any me

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

STATE OF GEORGIA and wife and of its each value to wit: (Hake Elst by Hema and value) family to the loss 1. What property, if any, has been sold or given away by the applicant or his wife since 4 Nov 1908? (State it fully by items.) min 2. When and to whom was it sold or given to? 8. What was the price paid or stated to be paid? What relation is the party to applicant? 5. What disposition was made of the proceeds of the sale? 6. Was the disposition of this property made in good faith and full values?.... or was it made to obtain a pension? Sworn to and subscribed before me, this the ORDINARY'S CERTIFICATE. STATE OF GEORGIA. Ordinary of said County, certify that I know

### the applicant and largest for Pension is the person he represents himself to be and resides in said County. That I also be service and LM Surphy A B Assert who are fresholders, that they are all residents of said County, and were daily sworn by me before signing the foregoing affidavit and they are all truthful and trustworthy and their statements are suitled to full faith and credit. That the value for tax is in 1908 . 2.2 Swore under may head and official seat of office this Comp. NOTES I. Before any questions are described

THE RESERVE OF THE PERSON OF T

STATE OF GEORGIA, 6006 Ordinary of said county. do certify that I am well acquainted with & W Brown 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 that the foregoing witnesses, to-wit: are persons of respectability, and that their statements are worthy of full credit and belief. I further certify that before whom the foregoing affidavits were made and power of attorney was signed, is a or said county, and the said affidavits and signatures thereto are genuite Given under my official signature and seal, this 4 POWER OF ATTORNEY STATE OF GEORGIA,

county, in said State, do hereby appoint

Know all Men by these Presents, That I, of farther R. Green

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

March

1889. 1 M. Baow (L.S.)

Executed in the presence of us:

all Tone, any

DIRECTION:

Send money to me as follows, by

P.O.

County, Georgia.

#### NOTES

1. If an applicant has been wounded, the description of the wound should be carefully and fully set forth by applicant and physician, and followed by a plain statement of facts showing the extent of the disability. If applicant claims disability from disease contracted in the service, a full and carefully stated history of the disease should be given, tracing the disability by positive proofs to the service.

2. The law makes no allowance for an arm or leg, unless the arm or leg has been rendered substantially and essentially useless.

3. It will not answer to say that an arm is "substantially useless for ordinary pursuits of life, etc." There is no qualification to the clause of the Act in reference to the arm or leg, but the limb must for all purposes be "substantially and essentially useless." 4. If the application is for a wounded leg, it would seem to be a fair construction of the Act, and the

words above quoted, to say that unless the injury is such as to require the constant use of crutch or stick, that the leg is not "substantially and essentially useless."

5. If application is for loss of fingers or toes the proofs must be made to show the number, and points where amoutated

6. If papers are returned for correction, and amendments are added to any of the affidavits, the amendmerts must be made under oath before an officer, and the proofs must show that the amendments have been duly sworn to.

7. Every application must be certified by the Ordinary of the county of the residence of the applicant. The certificate of any other will not be received in any case.

Ordinary's Certificate STATE OF GEORGIA. COUNTY. Ordinary of said County, do certify 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 W 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 (SEAL) MMA Ordinary. ----- County. 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 saked you and the evidence you shall give will be the truth. So help you Qod."
 Additional affdavite may be attached if blash spaces are insufficient.
 Only widows who married prior to January 1st, 1881, are entitled.
 All affdavite must be made before the Ordinary of the residence of the person to be swern and certified by much Ordinary. such Ordinary.

5. Attack certified copies of marriage license if obtainable. If not, prove marriage, by some

37.81....

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

Questions for Applicant

STATE OF GROEGIA,
COUNTY,
mu LB
Personally before me comes William Tonda of said State and County,
and, after being dilly sworn, says that the desires to apply for a pension allowed under the Act
of 1910, as amended by Act of 1919, and submit testimony to make out the same, true answers makes to
the following questions to-wit:
1. What is your name, and where do you reside? Mallis Tomon Wantle
2. How long and since when have you been a continuing resident of the State of Georgia!
When, where and to whom were you married? New 113 7883, Cobb County
a. Have you married since the death of first and soldier husband?
4. When, where and in what Company and Regiment did your husband snlist as a soldier in Con-
federate Army or Georgia Militia; (State the arms and class of Service.) The 1863 C
5. When and where did the sommands of your husband surgender or discharge from the army!
6. Was your husband personally present at the time of the surrender or discharge of this command !
7. If he was not present state clearly where he was 1 112 to 20 1011
8. Where was his command when he left?
7
b. By whose authority did he leave his command?
c. For how long was he granted leave of absence f
e. What was his physical condition when he left his command?
f. What effort did he make to return to his command?
g. In what way was he prevented from going back to Command
and the state of t
i If so, when and where captured and where held as a prisoner, and when and for what cause released?
j. When and where did your first husband die! Lobb Co
k. Were you residing together when he died!
I If not, how long had you resided apart?
m. Are you now a widow!
9. Have you or your husband heretofore been paid a pension by the State!
If so, when and for what cause were you or your husband placed on the roll! he has drawn
Sworn to and subscribed before me this the
24 day of QIT 1019 Mattery Brown
AM Daniel Ordinary)
Cobb County
(SBAL)

Application for February by n. Wich in June 11. 11. 11.

GOV NO. 12 January

PH	COUNTY		
Personally before me comes		undocht	AM Fires.
being duly aworn, true answers to	make to the following or	MICH WALL	ALLI
1. What is your name and when	selo vou reside I III	It Well	
Monette	4		
2. How long and since when have		ky Johnson	applyant!
8. How long and gines when he	she continuously regided	in this State! (Give dat	(4.)
<ol> <li>When and to whom was she m</li> <li>How long and times when did</li> </ol>	you know Will	Manager do	you know! Assume g f
husband!	Salar de la Contraction de la	10	
6. When and where did	1.07	E	
7. Were the applicant and her hi	usband living together as	s husband and wife at t	he date of his death?
8. If not, how long did they live	apart before his death?		ů.
9. When, where and in what Com	many and Regiment did	Meele Ola	Detroite
Juny 1863, CS1	Bin 8 6 2	me & Reser	enlist
10. Were you a member of the s	ame Company !		
11. How long within your persons and Regiment? Walls	knowledge did he per	orm actual military servi 6 L	ce with his Company
12. When and where did his Communication	mand surrender, and we	discharged! She	a May 11865
13. Were you personally present	when it was surrendered	, he yes	If not, where
14. Was the humand of applicant where was he? Command? The cause did he/leave Command?	personally present at a	When	where and for what
authority did he leave his Command	,		And how
long was he granted leavet		How d	o you know all thin?
		200	91
15. For what cause, if you know of mand?	your own knowledge, w	as he prevented from re	turning to his Com-
16. What effort did he make to re	turn to his Command a	d how do you know t	hist Of your amount
knowledge or how!	number	Same B F A	June 1
Sworn to and subscribed before me	this the	J'murdoc	h , The
In Jan		SW Fr	Y'
V Look	County		
(SBAL)		Mic Alabama Mala	

raticof. Brown

A POTE

AND

LICENSE

MARRIAGE

191

State of Georgia Cobb County.

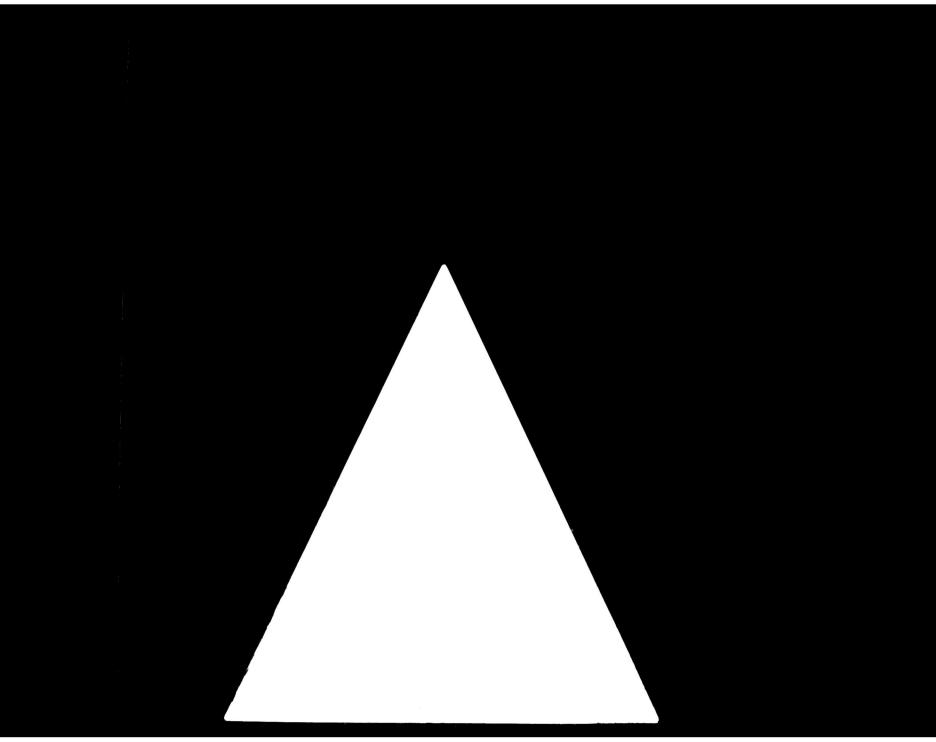
I J.M.Cann ordinary of said county.
Hereby Certify that the within is a true copy of Marriage as appears of record in my office.

J.M.Gann Ordinary.

# MARRIAGE LICEN; OF AND and recorded on page Book \_\_\_\_\_\_of Marriage License

. 1849 TO AS JUDG JUSTICE OF PROPERTY OF THE GOSPEL You are hereby authorized to join and fitting & Zinton V soun in the Holy State of Matrimony, according to the Constitution and Laws of this State and for so doing this shall be your License. And you are hereby required to return this License to me, with your Portificate hereen of the fact and date of the Harriage Given under my hand and seal this STATE OF GEORGIA I Critify that U. J. Brown and Morties Entone urrejoined in Matrimony by me this 18 Rounded Lit- 55 14 ( War. V. Cordinary.

<u>^^^^^</u> 1849 JUDG JUSTICE OF PROPERTY OF THE GOSPEL You are hereby authorized to join and little & Zuton in the Holy State of Matrimony according to the Constitution and Frans of this State and for so doing this shall be your License Ind you are hereby required to return this License to me, with your Cortificate hereen of the fact and date of the Marriage. Given under my hand and seal this 18 STATE OF GEORGIA I Citify that Il to losown and Mirthey Zaton universitied in Matrimony by me this 18 Rowided + 1- 15 157219



Ourson 14/2 This mentoon the and of all of and of the wor - In Des 2 relent Widow's Pension UNDER ACT 1910. fait a discurer County Coff
Name Mrs S. E. Brown

Widow's Pension UNDER ACT 1910.

Application for	Pension by a Widow Under Act of 1910 Questions
and the second	for Applicant.
STATE OF GEO	IRGIA,
un	County
Personally befor	me come Who State & Branch
nd after being duly st	worn, on oath says that she desires to apply for a many that and County,
	old, and submit testimony to make out the same tour
- Carrie Co.	C I D
1. What is your	name, and where do you reside? With O. Frown, lest les
2. How long an	d since when have you been a continuing resident in the State of Georgia?
4. When, where	and to whom were you married? CHF Co. Oct 275/86 5
derate Army or Georg	and to whom were you married?  and is what Company and Regiment did your husband sellet as a goldier in Conditional Control of the Condition of the Condi
8. When and wi	here did the Commands of your husband surrender or discharge, from the army?
o. was your hus	hand personally present at the time of the surrender or discharge of this Command?
7 If he was not	present state clearly where he was?
8. Where was h	S Command where he was?
a. For what can	is Command when he left?
b. By whose aut	se did he leave his command?
c. For how long	thority did he leave his Command?
e. What was his	was he granted leave of absence?
1. What effort d	physical condition when he left his Command?
g. In what way	nd he make to return to his command?
h. Was he cantu	was he prevented from going back to Command?
when a	red by the enemy at any time?
ed?	runable parelle state and for what cause re-
long had you resided	ere did your husband die? Were you residing together when he died? If not, apart? At Cold to the March 25 3 190 5 h. died
o. what property	of any description did you own, hold or control for your ness.
1 1908. (State sar	me by items.) = 40 acres of land worth fire Hundred
10. What property	
t and what did you de	of any kind have you sold or given away since Nov. 4, 1908? What was received
tand what did you do	with the proceeds thereof? (Give items and cash value.)
11. What property	of any description of any value have you now!
list and cash value?.	monal property both Fort along
12. What are your	annual earnings or prome and their value?
VIOUL,	COME What The land Nield Alm I BIA.
13. Have you heret	ofore been paid a pension by the State?
when and for what o	pause were you struck from the Roll?
Sweet o and subser	ibed before me this the
70.1	aunt - Mu Sarah 6x 7 Trong
1111	mary 1970
	Ordinary
	County.
estions for the	Witnesses as to Service of Husband and Marriage.
TE OF GEORG	21A
THE DE PROPERTY	JIA,
	County.
Personally before	Wash Standard Roads to
duly sworn true answ	ers to make, to the following questions, answers as follows:
	Anawers as follows:
West No.	
A Company of the State of the State of	

7 3

1. What is your name and where do you realds 2. How long and since when have you known 3. How long and since when has she continuously resided in this State  A continuously resided in this State	spplicant?
4. When and it whose weache married. How do you know? 5. How long and since when did you know the husband?	project of the Reserve
7. Were you a member of the same Company?	Control 1862
8. How long within your personal knowledge did he perform actual means and Regiment?	litary service with his Com-
10. Were you personally present when it was surrendened? were your and how came	
11. Was the husband of applicant personally present at surrender?	The state of the s
cause did he leave Command? (Give date.)	when, where and for what
authority did he leave his Command?	and how
12. For what cause, if you know of your own knowledge was he preve	nted from returning to his
Command?	
own knowledge or how?	704 MION 61151 OI 704
Sworn and subscribed before me this the	Bandall
	to be had a seed to be the seed
of County	V.
of County	
AFFIDAVIT OF TWO FREEHOLDE STATE OF GEORGIA,	
AFFIDAVIT OF TWO FREEHOLDE	RS.
AFFIDAVIT OF TWO FREEHOLDE STATE OF GEORGIA,  County.  Personally before me comes are freeholders of said County and that they know and the case of said County and know what property she comes on 4th Nov. 1908, and its case of said County and know what property she comes on 4th Nov. 1908, and its case of said County and know what property she comes on 4th Nov. 1908, and its case of said County and know what property she comes of the county and county and know what property she comes of the county and county and know what property she comes of the county and county and know what property she comes of the county and county and know what property she comes of the county and county and know what property she county are considered.	RS.
AFFIDAVIT OF TWO FREEHOLDE STATE OF GEORGIA,  County.  Personally before me comes in the state of said County and that they know are freeholders of said County and that they know are freeholders of said County and know what property she owned on 4th Nov. 1908, and its cast Schedule (A) as follows	RS.
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AFFIDAVIT OF TWO FREEHOLDE STATE OF GEORGIA,  County.  Personally before me comes and that they know are freeholders of said County and that they know are freeholders of said County and know what property she owned on 4th Nov. 1908, and its cast Schedule (A) as follows  Personal property.  Total  Schedule (B).  We know the property sold or given away since Nov. 4th 1908, its cash val.	o on oath says that they  a walue to be as set out by  3
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AFFIDAVIT OF TWO FREEHOLDE STATE OF GEORGIA,  County.  Personally before me comes and that they know are freeholders of said County and that they know are freeholders of said County and that they know are freeholders of said County and know what property she owned on 4th Nov. 1908, and its cast 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 val.  Personal property.  Money, Notes and accounts.  Schedule (C).  We also know what property she has now in her possession, use and control of the county of	o on oath says that they  walue to be as set out by  3
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AFFIDAVIT OF TWO FREEHOLDE STATE OF GEORGIA,  County.  Personally before me comes.  County.  Personally before me comes.  County and that they know are freeholders of said County and that they know are freeholders of said County and know what property she owned on 4th Nov. 1908, and its case Schedule (A) as follows  Personal property.  Notes and accounts away since Nov. 4th 1908, its cash val.  Personal property away since Nov. 4th 1908, its cash val.  Personal property she has now in jer possession, use and control of the county and she with the count	o on oath says that they  walue to be as set out by  3

# ATE OF GORGA.

	is the person she represents forcell to be and she is a b	Ordinary of said County do certification. She applicant for pension. She onaids continuing resident citizen of said
•	County and was in the 4th Nov. 1005  That I also know.  That I also know.  The transport of husband, and 100 for the freeholders. That all of them are now residents of said County the foregoing affidavits and that they all, are truthful, trustwell faith and credit.	If I formation who areas
	1908 SACCE	Returned for Tax is for
K.	SEAL. (SEAL)	day of Add State Ordinary.
	NOTES 1. Before any questions are answered the Ordinary shall swear "You do scientily swear that you will true asswers make to a you shall give will be the truth. So help you got a did the structure of the property of the structure of the property of the structure of the struct	applicant and the witness in the following words: such of the questions asked you and the evidence fleient.
	averal very marriage license if obtainable. If i	not, prove marriage, by some person, or by gen-
• •	and the same and add the same of the same	

A Production of the second

or Apparants Heretologe Allowed Pensions.

STATE OF GEORGIA do certify that I am well acquainted with applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and that he is disabled, to the extent he claims, and I know he is the individual he represents himself to be, and that he resides in this county. I further certify that whom the foregoing affidavits were made and power of attorney was signed is a of said county, and the said affidavits and signatures thereto are genuine. Given under my official signature and seal, this 10 day of Fleby 1890.

Ordinary Coll County.

#### For Applicants Heretofore Allowed Pensions

STATE OF GEORGIA.

resident of said State, and has resided therein continuously ever since the County, State of Georgia, who being duly sworn, says on oath that he is a hone fragiginen on

TATE OF GEORGIA - POWER OF ATTORNEY

Salters thereto are periodical true or the relief to appropriate and according to the different production of the control of of the contr

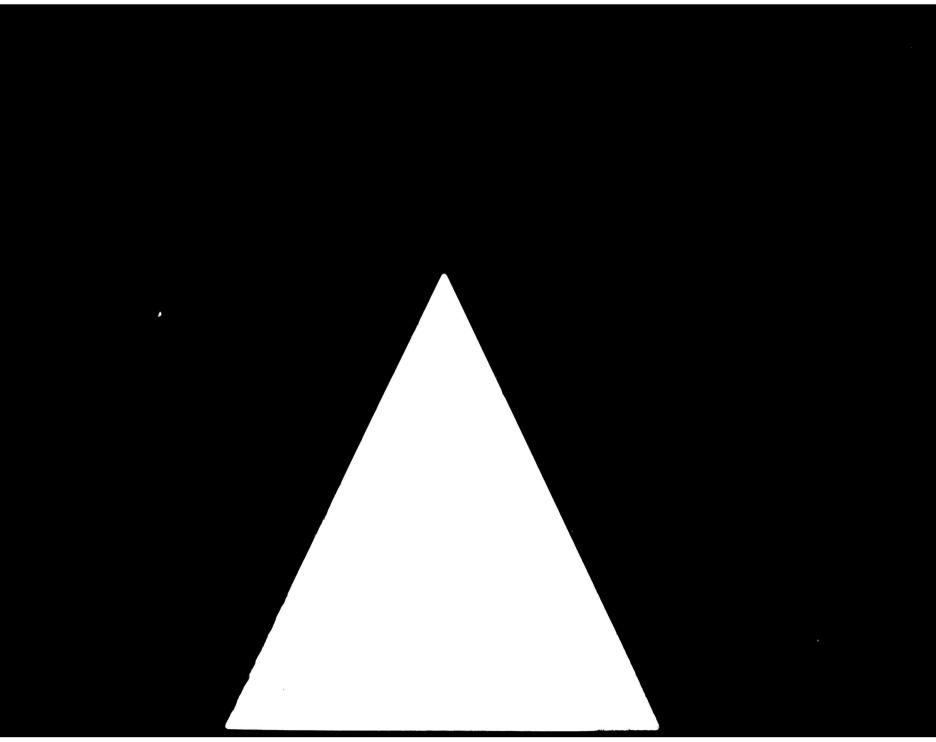
before (whom the foregoing affidavits were made and power of attorney was signed is a not not some strong respective to the second of the second some strong respective to the second some strong respective to the second some strong respective to the second some second some strong respective to the second some strong respective to the second some strong respective to the second some second some strong respective to the second some strong respective to the second some seco

ant in the foregoing affidavit, and am well satisfied that the statements made by him in his said amount are true, and that he is displied to the extent he claims, and I know he is the individual he represents himself to be, and that he realdes in this County. I further certify that

STATE OF GEORGIA

Onthe My Jarole Office of Covort Mershall Litto Pison Restimond Ti 18/mil 17# 1865. I de Colone of Jungato Con that owill fund the little the Colone of the Muita Thether fall the said of the States theremade, and that I will be for the line of the support all fets of Congres foreign during the Proting brokethon with refunee to, Claves, to, long and b'o far so not referred, modellator Steld Do a by Congres of by decision of the Supremy bouts and that while in like wines white by and futhefully Villor air horseinestion of the Similat mitte duying the 12 toling rebellion hereing reference to staves, to long and So find a to relifiet for theirest void by tecision of The Valore Grist De Suite va Lad . And of give My John proch to begrow (a so befored excording to Melitam law) that I deli hold in derrispondinge with for afford aligaid for Locafort to vin inquir'er of possess of the Suited States Stor it in ceft of humanity to betweenister to the recognities of Instici land , The her sie Siethings or distrigs: that " Sotumbly Medan that this party and prote day taken days given frely And Willingles, Without May mental reservations or exacition Whatever lute with full indution to Map the some - The 

Sergen Coto County of My Say Ordinary of Said County leuby Certify that the willing and fordering is a true Perfey of the State and parole of W. Brown as whiteled to the This August 194 1900 2 Jania Ordinay Coll &



# Form No. 5.

STATE OF GEORGIA, County, 2/2
-------------------------------

Know all Men by these Presents, That I,

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

hand and seal, hereunto set my urgy Allman WHEREOF day of S & S

this

If allowed, send amount by

and oblige

3

Warrant Issued

AND HANDED TO

1891

me at

#### POWER OF ATTORNEY.

STATE OF GUORGIA,

Know all Men by these Presents, That I, Has Susan Brown

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

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

Executed in the presence, of us: I Moreles

If allowed, send amount by

me at , and oblige



#### Affidavit to be Made by the Widow.

. STATE OF GEORGIA.

County of , loss and for the County of Loss

Mrs. Sugar Brown who being sworn according to law, says under oath that she is the widow of Galliel Brown

the service of the Confederate States, and served as a member of Company, of the service on or about the day of May 1862, and was in the

Army up to the Summer lev 186. That while in the

Army, he mas on the Tallere day of Fill 1861, (See Note No. 1) + never receivered his health so as to be able

to do any let he has suffering continuely from a cough , cononce diorrhoca winter

He dies of soid disease in the Yew 1870.

Her was never able to do any work after the war

Deponent further swears that she was the wife of said deceased soldier during his term of service in the Army, and that she has never married since his death; that she became his wife on the-18 44, and that she has resided in Georgia continuously since the day of faunay 18 77; that Georgia is her home, and was such on the 23d day of December, 1890, and since said date she has not lived in any other State or locality. Deponent, as the widow of said deceased soldier husband, applies for the pension provided by Act of the General Assembly of Georgia, approved December 23d, 1890, for the pension year ending February 15th, 1892, and herewith tenders the proof of her right to receive the allowance granted by said Act.

Sworn to and subscribed before me, this, the

Susan X Brown roma tatroman look of

Nors 1. State in blank above the date of the death of the husband, and how, and when, and where he died. case his death resulted from disease, state how the disease is known posttively to have resulted from the service of the firm any other cause.

#### Affidavit for Three Witnesses.

	111100000
	State of Georgia,
	In person came before me, the undersigned Ordinary
	in and for said County, witnesses
	and I William M. Euverth
	(each known to said Attesting Officer as truthful, reliable and reputable citizens), who severally say under oath, that, from their own personal knowledge,
	State of Georgia, is the widow of a chall Bracon who was a soldier in
	Company a of the Jayden arthury of 9th Gall Voluntarion
	That said soldier enlisted in the service of the Confederate States (or the Georgia State Troops) on or
	day of 186 That while in said service, or by
	reason of said service in the Army, he lost his hie as follows:
	do in work on second if a
	constant worship through abonhoce from
	bearing at this
	S. A. Ster Justice
	I was in the same Comfany with me Exstill Brown
	The set that he was a saldie in Ca. E. 9t Ga Bath
	a limited of a warden to la le. y da Wark
a v	of distilling (Saden Both Ga actuary) for
, (f 7 <b>1</b>	ish Mr. Michaele Cle Michillian
	ness(
	n. E. Errecce omean that he know
	that Egethel Bornon was in the
	be inteducte drug & man a member of
	his Empany her & 9" Ball Ba Mull
	and was in the Dunie at the clowof
	Our deportunity for knowing the facts stated in reference to death of applicant's husband were
	Out opportunity for knowing the facts stated in reference to death of applicant's husband were
	In Ho A Turner Conficer that to bekjel Boun
	Dirited in the Corner on Mile The tile
6	Meased with a Cough, Chronic Digort x0-100
	(make W) do day while in the army to I lead at
	We further swear that Mrs.
	soldier during the service, and that she has not intermarried since the death, and that she resides in
	County of the State of Georgia.
	Sworn to and subscribed before me, this, the
	To day of Cost 1890
	The thorn
	anto Trilday x June 2
	Note, Witnesses must not testify about things they may believe, but coufine their statements to such facts as they personally know.
Sam	to and outs when

Super my M. S. Esmell The Ber 24 1892 What Ber 24 1892

Certificate of Ordinary	of the County of Applicant's Residence.
State of Georgia,	AV 0 Star

- La Caracter Control	Ordinary
County of Cold in and for said County & Col	Ho
State of Georgia, hereby certify that I am acquainted with Mrs. Dusan	Your
the applicant for a pension in this case, and know, from my own knowledge, or from n	ositive proof
presented to me by reputable witnesses, that she resides in this County, and that she re-	esided in the
State of Georgia on December 23d, 1890, and has not lived out of the State since that	date. I also
certify that the witnesses whose testimony she presents to sustain her claim are known to	o me to he
truthful witnesses, entitled to full faith and credit as such am fully satisfied that this clai	m is made in
good faith, and that I have caused the applicant and the witnesses to read or hear read the pro	ofs they sign
In Witness Whereof, I have Pereunto set my hand and affixed the seal of my off	ice, this, the

×all except Eventh - am not acquest with him - only, Calhum cutpering No. 5. 1. NOTES.

The pension is only payable to certain classes of widows

Those whose husbands were killed in service.

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

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

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

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

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

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

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

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

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

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

If proofs must be made out of the State, the witnesses must be sworn before a Judge of a Court of Record under seal, and the witnesses must be certified to as reliable, and that their signatures are genuine.

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

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

By order of the Governor.

W. H. HARRISON,

Sec. Ex. Department.

t or most

#### For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA,	Personally comes Mrs.
County of Coble	us an Froun
who being sworn, says on oath, that she is a bona fide resi	•
	hat she has resided in said State
continuously ever since	1834That she is the Widow of
"E of the Ja Bat. Regiment	who was a Soldier in Company
Volunteers, that he enlisted in said Regiment on or about	t the mouth of May
186 Wand served in the Army up to	186 That he lost his
life on the day of Join	1870 (State here
full particulars of the husband's death, when, where and	from what cause.) (
That while in	the Confer -
into any he cont	weter lung
Trouble and gene.	al debitation-
from Johich he	never stagres
after the wat, and	die from
Doja disease in	the Spring
08. 1870:	, ,

Deponent swears that she was the wife of said deceased soldier during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 185 that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension for the year ending February 15th, 1893, and now apply for the allowance provided by law for the year ending February 15th, 1894.

	Dusan & Brown Post-office Wahrman Yo
V .	loob co.

#### For Widows' Heretofore Allowed Pensions.

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to grand the aid to all of all of	2
STATE OF GEORGIA,	Personally Comes Mrs.
County of	Dusan Town
who being anorn, says on bath, that she is	a bona fide resident of said county of
State of	Georgia, and that she has resided in said State
continuously ever since	18 34 That she is the Widow of
Ozekiel on	who was a Soldier in Company
of the	Battallion du
Volunteers, that he enlisted in said Regist	ent on or about the month of May
186 Wand served in the Army up to	That he lost his
life on the	
full particulars of yel husband's death, sphe	
$M \rightarrow M$	
I shar whi	e in the Confederal
perore he con	husted Chronia Sea.
Thisa and Dov	en Couch, from
which he never	Pearter - 2 t
bring able to	de la companya della companya della companya de la companya della
	no any juyer from
Thy Hay The Care	
life to his death,	He died with
Daid disease in	The Spring of 1870
	mid deceased soldier, during his service in the
	rried since his death aforessid, that she became
	her home and she resided in this State 23d day
	other State or locality since that date. I have
	February 15th, 1894, and now apply for the
allowance provided by law for the year endi	ng February 15th, 1895.
Sworn to and subscribed before me, this	1 hrs
day of 1895.	Susan & lower
Ordinary.	Post-office Waterman La

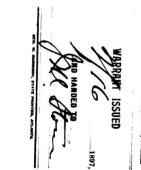
Certificate of Ordinary of the County of Applicant's Residence.

STATE OF GEORGIA, County of Ordinary in and for said County of State of Georgia, hereby certify that I am acquainted with Mrs. ...the applicant for a pension in this case, and know from my own knowledge (or from positive proof presented to me by reputable witnesse-,) that she resides in this County, and that she resided in the State of Georgia on December 23, 1890, and has not lived out of the State since that date. That she is the widow of Bulkish deceased, and as such has heretofore been allowed a pension for the year ending February 15th, 1896. In Witness Whereof, I have hereunto set my and and affixed the seal of my office, this

Form Vo 1

POWER OF ATTORNEY.

STATE OF GEORGI		County.
Qusan 89		1.100
that he remit same to	Mo to receive and receip	t for the pension skid hereon and request
	uve bereinto set my hand and	Ment, this 765
day of Ottoly	INU7.	her DV
Executed in the present	Pusan	X Sour II
· Sym flee	e e e e e e	UI,
2/11		
Im please	ereg	<i>U''</i>



RICHARD JOHNSON

lidoay's pe**nsio No.** 

#### For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of Oob	Susan Brown
	she is a bone fide resident of said county of is, and that she has manual in said State
Enokiel Jove Entrant  The Following State of the Volunteeps, that he collisted in said regiment on or about the residence of the said regiment of the residence of the said regiment of the residence of the said regiment	who was tolder in Company
life on the	186 6 That he lost his
full particulars of the purposal Aleath, when, where any from what while grate army the	in the Confe -
Jum Juhich a	lisease he
From Sain of 187	
Deponent swears that she was the wife of said deceased soldier, d and that she has never married since his neath aforesaid, that s	the became his wife in the year 18

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 ceah aforesaid, that she became his wife in the year 18 that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension as a resident of County for the year ending February 15th, 1895, and now apply for

Sworn to and subscribed Jaffore me, this Australia Brown Brown 1896.

W. Hand Ordinary. Post-office Waterman Ju.

#### For Widows Heretofore Allowed Pensions.

County of Cool	Personally Comes Mrs.
who being sworn, says on oath, that she is a bo	ona fide resident of said county of at she has RESIDED in said State  Here That she is the Widow of
E of the Golden Regiment of	who was a Soldier in Company
Volunteers, that enlisted in said regiment on or grout the month of.  186 Annul served in the Army up to life on the.	That he lost his
full particulars of the probabile death, when some and from what cause.)  A Mut while in the  Ne Contraction Mooning	/ //
and Dame Rome out	
X 1870.	in the

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 18. I that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension as a resident of County for the year ending February 15th, 1896, and now apply for the pension provided by law for the year ending February 15th, 1897.

Sworn to and subscribed before me, this deposit of the subscribed before me, the subscri

For Applicants Heretofore Allowed Pensions.	
STATE OF GEORGIA.	POT Applicants herefulore Allowed Pensions.
COOK (Cognice)	
PERSONALLY appears Missenson of TOOUS county,	
State of Georgia, who, being duly sworn, says on oath that he is a hong tide citizen and	PERSONALLY appears (10 15 sound of 0060
resident of sand States and has been such continually since the day of	County, State of Georgia who being duly sworn, says on oath that he is a long fide citizen and resident of said State, and has resided therein continuously ever since the
1841 That he enlisted in the military service of the Confederate States (or of the State of) during the war between the	day of 1817, that he enlisted in the military service of the Con-
States and served as a first of in Company of the Regiment	federate States (or of the State of) during the war between the
of Volunteers Work is Brigade; that whilst engaged	in Company C of L/ th Pariment
in such military service, at the battle of I Unitarity in the State	of Volunteers State of Springage : that whilst engaged
of L. ( ) on the play of Morely 1854 To wee	in such military service at the battle of
wounded as follows: In Millian Vall Striking the fort alth.	on the day of let also he was
eft shoulder fractioning and brusting the bones in the	wounded as follows: See track the Men from the
shoulder foint them passing under thoulder Rade may out out you the back bone - the shoulder and while the	the shoulder land a and lind to to the
	blade, tranging they thesh misseles & to fact
Daid Thoulder and form is and rote autical	the fromes of this Thoulder & frint, that shoulder & one
( AMA I A / VAAR ANT ANT I A MANA A A	a personed busy to Min and bow and is espentials
Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and the acts amendatory the red, and makes application for the allowance to which he is	Deponent desires to paralipate in the benefits of the Act appropriate Courts and the Act appropriate Court and the Act appropriate Court and the Act appropriate Courts and the Act appropriate Court and the Act appropriate Courts and the Act appropr
entitled for the tray ending October 26, 1890. I have heretofore been allowed a pension	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 25, 1891. I have heretofore been allowed a pension of
Sworn to any subscribed before me, this the	dollars, for said dis Welit.
May of a Hely 180 of M. Lower	Sworn to and subscribed before me, this, the
Jul Stone Codme	
Norm.—Staffs fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability.	Jus Stone Orany
DOMER OF ASSOCIATION	Nora.—State fully nature of wound or character of disease which causes the disability, and espisis particularly the extent of the disability, resulting from the wound or disease.
POWER OF ATTORNEY, STATE OF GEORGIA	DOWED OF ATTORNEY
}	POWER OF ATTORNEY.
VNOW ALL MEN BY THESE PROPERTY OF THE TAIL	STATE OF GEORGIA,
KNOW ALL MEN BY THESE PRESENTS, THAT I,	County.)
county, in said State, do hereby appoint	Know all Men by these Presents, That I,
of	ofCounty, State of Georgia, do hereby appoint
me and in my name, to receive and receipt for what ever amount of money I may be entitled	of my rue and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be actived
service of the Confederate States (or of this State), as stated in the foregoing affidavity, hereby authorizing my said attorney to receipt in my name for any Warrant that may be insued by the Governor, by for any said of money which may be coming to me for the feesion	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.
haved by the Governor, by tor any sain of money which may be coming to me for the tesson	of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing my, said autorney to receipt in my name for any Warrent that may be issued by the Country of the c
aforesaid.  IN WITNESS WHEREOF, I have hereunto set my hand and seal, this	nor, or for any sum of money which may be coming to the for the reason aforesaid.
TN WITNESS WHEREOF, I have hereunto set my hand and seal, this day of the same than the seal of the same than the seal of the same than the same that the same than the same than the same than the same than the sa	IN WITNESS, WIEREOF, I have hereunto set my hand and seal, this day of
John and Line	The Grant of the G
Executed in the presence of us:	Executed in the presence of us:
ind.	applicant in the bengging author and are yell suisted that the seatements made
DIRECTION.	de configuration well-auque to a with
Send money to me as follows, by	G. January and Committee of the Committe
P.O.	Send money to me as follows by
County, Georgia.	County Georgia

State of Copraia, County. for, I have hereunto set my hand and to receive and receipt for the pension paid hereon and request that he remit same to IN WITNESS WHEREOF, I have hereunto set my hand and seal, this. Executed in the presence of 1899. Susan Brown [L.S.] Executed in presence of PENSION HARD JOHNSON, RICHARD JOHNSON WARRANT ISSUED CIIDOW'S

POWER OF ATTORNEY.

POWER OF ATTORNEY.

#### For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA Personally Comps Mrs.  County of Susan Even
State of Georgia, and that she has RESIDED in said State  Continuously ever lines.  That she is the Widow of
Volunteers, that he enlisted in said regiment on or about the month of
186 Vand served in the Army up to 180 That he lost his life on the 18 O State here full particulary of his husband's death Ahen, where and from what caused
army he contracted Commission
and from which disease the
Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that
I have been allowed a pension as a resident of
day of Hely 1890.  Devre Ordinary.  Post-Officer Waterman In
State of Gorgia,  County, Ordinar of sid County, certify that I am well acquainted with Mrs. who made the above affidavit and am satisfications.
has continuously resided in this State since the discontinuously resided in th
Official Beal. Ordinary of County.

## For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of	Personally Comes Mrs. Susaw Broww
Colf who, being sworn, sa	ys on oath, that she is a bona fide resident of said county of
Ezekiel Brown 6 of the 9th Bath	1834 That she is the Widow of who was a soldier in Company Regiment of Sal,
Volunteers, that he enlisted in said regiment on or about 1862, and served in the Army up to day of	
full particular of your wood and a death, when, where	ile ju the Con fre the Con
Diarrhola, for	m which he
of paid dise	soldier, during his service in the army as a soldier, and that
she has never married since his death aforesaid, and that I have been allowed a pension as a resident of	she became his wife in the year 1887.  County for the year ending
Sworp to and subscribed before me, this day of the pension process o	Sussuy Brown Post-Office Waterman
State of Georgia, County.	ordinary of said County, certify that I am well acquainted
	e is the individual she represents herself to be, and that she
Given under my official signature and seal this the	In Stone
Beal. On	dinary of County.

#### POWER OF ATTORNEY.

STATE OF GEORGIA,	
County.	
I, Suisau Brown hereby authorize J. M. Stan	U
of Marcetta Sa.	_
to receive and receipt for the pension paid hereon and request that he remit same to	0
une by him	_
IN WITNESS WHEREOF, I have hereunto set my hand and seal, this	-
day of February_1900.	
Susun Brown [L. S.	]
Executed in presence of	
M. J. Manuby -	
1900.	
1900. W. LINDSEY,  Commissions of Person  No. 177  No. 177  No. 177  For year ending February 16th, 1900  L. Alundauu Arour  Coff Cou  Sw of Ggehrich Arou  JNO. W. LINDSEY,  Commissions of Pears  MARRANT ISSUED  MARRANT IS	
SSEY SEEY	
1900.  1900.  No. / H.  No. / H.  OW'S PENS  Ludau B.  Coff Ludau B.  Commissioner  As Le  As Le  As Ludau B.  Commissioner  As Le  As Ludau B.  Commissioner  As Le  As Ludau B.  Commissioner  As Le  As Ludau B.  As Ludau B	
S P S P S P S P S P S P S P S P S P S P	
WRR O. W. WRR	
W Wid	

· · · · · · · · · · · · · · · · · · ·
STATE OF GEORGIA,  County.  I. Anson Boom hereby authorize  John Antrey of Mondie  to receive and receipt for the pension paid hereon and request that he remit same to
m mariely
IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 4 day of 1901.  Subaut Brown [L. S.]
James M. Game
•

To Those Heretofore Paid. 1901.

WIDOW'S PENSION, No. 118

For year cading February 19th, 1901.

Widow of Cyclical Horney

JOHN W. LINDSEY,

WARRANT ISSUED

#### For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,	Personally Comes Mrs.
County of Cobb	Lusau Brown
. Cobb who, being sworn	, says on oath, that she is a bona fide resident of said county of  State of Georgia, and that she has RESIDED in said State
continuously ever since	18 34. That she is the Widow of
Ezekiel Brown	
E 9th Rott	who was a soldier in Company
Volunteers, that he enlisted in said regiment on or	
186 2 and served in the Army up to	uly 1885 That he lost his
life on theday or	r about the month of May  uly186.5 That he lost his  subjecting of1870_ (State here  and from what cause)
particulars of the husband's death, when, where	and from what cause)
onias wing in	an confeanale
Army he the	deceased lusband
contracted co	brouic diarrhoea
from which.	he never recovered
	said disease in the
Spring of. 18.	70
Deponent swears that she was the wife of said decease	sed 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 54.
I have been allowed a pension as a resident of	of County for the year ending
	nsion provided by law for the year ending February 15th, 1900.
Sworn to and subscribed before me, this	Jusan Browill
hay of Theby 1900.	Post Office Waterman, Sa
State of Georgia,	J. M. Stone
County.	Ordinary of said County, certify that I am well acquainted
with Mrs. Dusau Bro	
fied that the facts therein stated are true, and I know	w she is the individual she represents herself to be, and that she
has continuously resided in this State since the	day of18_3 4
Given under my official signature and seal,	this the 6 ty day of heby. 1900.
	DIO Stone
Official   Small	
	Ordinary of County.

## For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA	Personally Comes Mrs.
County of Coff	Susan Brown
ğ	1 - pure som
who, being sworn,	says on oath, that she is a bona fide resident of said County
Cobb	State of Georgie and the county
continuously ever since 1834	State of Georgia, and that she has RESIDED in said Sta
Exekiel Brown	
Sol at 1	who was a soldier in Compa
of the / Dall	Regiment of Georgia
Volunteers, that he enlisted in said regiment on	
186 21 and served in the Army up to.	ly 186.5 That he lost h
life on theday	0 / .
particulars of the husband's death, when, we	here and from what cause) That while
in the Considerate	Army he the deceased
from which ter	ever visovered and die in the spring of 1870
of a il dies	ever viewvered and di
Dam austase v	in the strong of 1870
	0
	The state of the s
he has never married since his death aforesaid, an I have been allowed a pension as a reside	nt of County for the year ending ension provided by haw for the year ending February 15th, 1901.  SuSul B101171
Colf County,	Ordinary of said County, certify that I am well acquainted
	Nown, who made the above affidavit and am satisfied
at the facts therein stated are true, and I know	she is the individual she represents herself to be, and that she
s continuously resided in this State since the	
Given under my official signature and seal,	
ander my omeiat signature and seal,	this the day of 1901.
Official	Jan currey

# POWER OF ATTORNEY. STATE OF GEORGIA, Suluic Brown . Executed in presence of

WIDOW'S PENSION

1902.

	C	Lohn receive and rece	ipt for the pens	ofof		hat he remit same to
	day	1 /	Whereof, Lhave	1000		eal, this Z
		Executed in	presence of		v.	( , , , , , , , , , , , , , , , , , , ,
			(ON)	County,	Pensions.	1903.
	eretofore Paid	03.	For year ending Dec. 31, 1903.	77 (A)	Regiment JOHN W. LINDSEY, Commissioner of	WARRANT ISSUED  AND HANDED TO  GOOD!
	John Sunt	No.	For year endi	Midow of	JOHN W. LI	AND HA
- const	Cohen		N K	Wie Wie	<u>.</u>	

COUNTY.

E'M Migame Helefolore Allowed Pensions.

#### For Widows Heretofore Allowed Pensions.

¥
STATE OF GEORGIA, PERSONALLY COMES MRS.
County of Wolf   Suran Brown
who, being sworn, says on oath, that she is a bona fide resident of said County of
. State of Georgia, and that she has RESIDED in said State
continuously ever since 1834 . That she is the Widow of
Ogestuel Brown who was a soldier in Company
Regiment of Per gen
Volunteers, that he enlisted in said regiment on or about the month of 186 2, and served in the Army up to 1861. That he lost his
186 L. and served in the Army up to hife on the day of Army 1890 (State here
Confederale Agus the booking when where and from what capses while in the Confederale Agus the deceased his. I all Contracted Choonis Drosohora from which he never recovered and deed of said disease in the oppring of 1870
Confederale Uring the deceased hus.
from what if Thoonis Drownhouse
theil of said disease in the shring of 1970
78"
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
They ear 1854  They been paid a pension as a resident of Coll  County for the
County for the
year ending December 31, 1901, and now apply for the pension provided by law for the year ending.  December 31, 1902
/
this of the property page which the day of the page to the page to the page that the page to the page
The Autof Ordinary Post Office
State of Georgian I when the
State of Georgia.  County. Ordinary of said County, certify that I am well
acquainted with Mrs. Aus an Brown who made the above affidavit and
am satisfied that the facts therein stated are true, and I know she is the individual she represents
hereself to be, and that she has continuously resided in this State since the
day of
Coven under my official signature and seal, this the day of Aug 1902.
Otheral ; Soul !
Ordinary of County.
NOTE. — All blank spaces must be bled.

# For Widows Heretofore Allowed Pensions.

Security of the Control of the Contr
STATE OF GEORGIA PERSONALLY COMMENTERS
County of Cook
who, being sworn says on oath, that she is a bona fide resident of said County of
State of Georgia, and that she has RESIDED in said State
continuously ever since
who was a soldier in Company
of the Regiment of Regiment
Volunteers, that he enlisted in said regiment on or about the month of
186 2, and served in the Army up to 1860. That he lost his
life on the day of the life of
particulars of the husband's weath, when, whose and from what lause.)
A I That While me the Confederal
Charing discher town Which I were
secovered and died of fair divine
in the Spring of 1870
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 18574
I have been paid a pension as a resident ofCounty for the
year ending December 31, 1902, and now apply for the pension provided by law for the year ending
December 31, 1903.
Sworn to and subscribed before me,
this Adayot July 1903. Susau Brown
Miller hy Ordinary. Post Office Vaterman
State of Georgia 1. State State
County. Ordinary of said County, certify that I am well
acquainted with Mrs. Susan form, who made the above affidavit and
am satisfied that the facts therein stated are true, and I know she is the individual she represents
herself to be, and that she has continuously resided in this State since the
day of18
Given under my official signature and seal, this the day of 1908.
Official   Seal.   Ordinary of County.
Officery of

# POWER OF ATTORNEY. STATE OF GEORGIA, County. S IN WITNESS WHEREOF, I have hereunto set my hand and seal, this ... Susan Brown [L. S.] Executed in presence of WIDOW'S PENSION IO THOSE HERETOPORE PAID. YEAR ENDING DECEMBER 31, 1904. AND HANDED TO

	STATE	or crocking	for the per	COUNTY.	hereon, and		, hereby a	
	daylot	Witness WA		ne hereunte 190b.			alishis flo	[L. 8.]
Brown Juston	To Those Heredighe Paid.	No. 2740	For year ending Dec. 31, 1906.	Muschellen Moun	Widow of Besthiel Moura	JOHN W. LINDSEY, Commissioner of Passions.	WARRANT ISSUED  AND HANDED TO	The Present Presson and Presson Co. All-sets.

For Widows Heretofore Allowed Pensiones

STATE OF GEORGI	A, PERSONALLY COMES MRS.
County of well	Susan Brown
who, being sworn so	ays on oath, that she is a bona fide resident of said County of
Cook	State of Georgia, and that she has RESIDED in said State
continuously ever since	34 That she is the Widow of
Gestial Bro	who was a soldier in Company
of the 9 /	Quel Regiment of La
	regiment on or about the month of May
186 2 , and served in the Arm;	/ / /
	day of Spine of 18 20 (State here
particulars of the husband's death, wh	en, where and from what cause)
Imme to de as	while on the Confederale
	hear from which he men
Jeornered and	I dies of Sais disease
in the ofring	9/8700
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Deponent swears that the was the	
	rife of said deceased soldier, during his service in the Army as a stried since his death aforesaid, and that she became his wife in
the year 1862	stried since his death aforesaid, and that she became his wife in
I have been paid a pension as	a resident of Cosh County for the
year ending December 31, 1908, and	d now apply for the pension provided by law for the year ending
December 81, 1904.	
Sworn to and subscribed before	re me,
this day of the	1904 Susan Brown
Mu Kurling	Post Office
	7/1/
State of Georgia	1. Duy ofenly
com	County. Ordinary of said County, certify that I am well
acquainted with Mrs. Sus	an Mown who made the above affidavit and
am satisfied that the facts therein s	stated are true, and I know she is the individual she represents
herself to be, and that she has contir	nuously resided in this State since the
day of Many gra	of o
Given under my official signatu	ire and seal, this the day of day 1904.
( Official )	Dhu Auskul
Beal	

NOTE. – All blank spaces must be filled. Voucher and Affidavit must bear date after January 1st, 1904.

# For Widows Heretofore Allowed Pensions.

The second secon	
STATE OF GEORGIA,	RECNALLY COMES MRS.
County of Coba	can forman
O who hadne arrows and at the state of	
who, being sworn says on oath, that she is a b	
	nat she has RESIDED in said State
Saile Aa	. That she is the Widow of
	who was soldier in Company
Regime	nt of
Volunteers, that he enlisted in said regiment on or about the mont	
186 2, and served in the Army up to	
life on theday of	18 (State here
particulars of the husband's death, when, where and from what cause.	
and the form	This in the
Demper took which to	never begons
dies de 1870	Le de la constante de la const
Jean Long	,
A.C.	
	•
Deponent awears that she was the wife of said deceased soldier, du	ring 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
he year 18 <u>574</u>	
I have been paid a pension as a resident of	County for the
ear ending December 31, 1904, and now apply for the pension pro-	
December 81, 1905.	, and the , and the distance
Sworn to and substribed before me.	, ,
his /6 day of semant 1905.	Sou Brown
Post-Office	
Post-Omce.	11.1.1.1
State of Georgia.	his Charles!
Doll o	in 1100 thing
// //	aid County, certify that I am well
equainted with Mrs Subau Mown	Who made the above affidavit and
m satisfied that the facts therein stated are true, and I know abo	is the individual she represents
erself to be, and that she has continuously resided in this State si	nce the / 3/
- duing Ou	
ey of flying 18 4	. A
	gry of lane 1905.
Given under my official signature and seal, this the	day of January 1905.
	whis

Voucher and Affinist must bear date after January zet, 1905.

COUNTY. Busan Broise to receive and receipt for the pension paid hereon, and request that he remit same to In Wilgess Whereof, I have hereunto set my hand and seal, this. Exegetted in presence of To Those Heretofore Paid. JOHN W. LINDSEY, 1908 203

		To a consequence	
Jugarn Dugan off Grundig To Those Heretofore Pald. 1807.	Mow's PENSION For Year ending Dec. 31, 1907.	Legiment Count, COHNY, COHNY, COMMENT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT OF PRINCES OF PR	WARRANT ISSUED  (2) 1804, AND HANDED TO

In Wifteen Whereof, I have becomen set my head and seed, the

Executed in presence of

ive and receipt for the pension paid hereop, and request that he remit same to

Susan Brown

. W

for Widows Heretofore Allowed Pension

Allowed Pensions.

## For Widows Heretofore Allowed Pensions.

STATE OF CEORGIA,	PRHIONALLY COMMO MINO.
	th that she is a bona fide resident of said County of
continuously ever since M M V	
of the Q'Y	who was soldier in Company  Regiment of
Volunteers, that he enlisted in said regiment on	
186 Z and served in the Army up to.	
life on theday	
particulars of the husband's death anhand	of from what cause.)
And the second s	
	The second secon
•	,
Deponent swears that she was the wife of said de	ceased soldier, during his service in the Army as a
soldier, and that she has never married since his	death aforesaid, and that she became his wife in
the year 18	contact and that she became his wife in
I have been paid a pension as a resident	, ioi me
ear ending December 31, 1905, and now apply fo	r the pension provided by law for the year ending
December 81, 1906.	
Sworn to and subscribed before me his	Susan Boom
Mu Swilf, Ordinary.	Post Office
State of Georgia,	John Andrey
County.	Ordinary of said County, certify that I am well
equainted with Mrs./SWIau - 19	who made the above affidavit, and
m satisfied that the facts therein stated are true,	and I know she is the individual she represents
erself to be, and that she has continuously resided	in this State since the
ay of18	7
Given under my official signature and seal, the	day of free 1906.
Official   Seal	semonothey.
	inary of County.

# For Widows Heretofore Allowed Pensions.

STATE O	GEORGIA	1. 1965	PERSONALLY	3433
continuously ever	ess	Brown	and that she has a	she is the Widow o
Volounteers, that l	e enlisted in said reg	riment on or about the	month of	
86 and serv	ed in the Army up	to	166	That he lost hi
ife on the		day of		1820. (State her
particulars of the h	usband's death, when,	where and from what c	ause.)	
43	<i>i</i>			
	visi	of on	brahi	
				. 4.0
oldier, and that sh		of said deceased sold d since his death afor		
oldier, and that she year 18	e has never marrie	d since his death afor	resaid, and that sh	e became his wife i
I have been gear ending December 31, 1907.	e has never marrie	resident ofw apply for the pension me	resaid, and that she Sell on provided by law	e became his wife i
I have been gear ending December 31, 1907. Sworn to as its day tate of George	paid a pension as a reber 31, 1906, and not desubscribed before the control of th	resident of wapply for the pension mary. Post Officiary.	on provided by law	County, for the year ending.  Brown  Brown  Titly that I'm wel
I have been gear ending December 31, 1907. Sworn to at that of George quainted with Manager and that the control of the contro	ce has never married be has never married be at a reber 81, 1908, and not be 81, 1908, and not be started before the started be	resident of we apply for the pensi e me 1907. hary. Post Office sunty. Ordinary.	on provided by law  Sas asserting to the said County, ce  who had the is the individual to the said County.	County, for the for the year ending
I have been gar ending December 31, 1907. Sworn to at the day day day day are determined with Min a satisfied that the reself to by and the	ce has never married be has never married be at a reber 81, 1908, and not be 81, 1908, and not be started before the started be	resident of we apply for the pension e me 1907. Post Office sunty. Ordinary	on provided by law  Sas asserting to the said County, ce  who had the is the individual to the said County.	County, for the for the year ending
I have been gear ending December 81, 1907. Sworn to at that of Georgian day and that of Georgian day at the control of the con	ce has never married be has never married be at a pension as a reber 31, 1906, and not be 31, 1906, and not be at a subscribed before the subscribed befor	resident of we apply for the pensi we me 1907. Inary.  Ordinary ordinary is are true, and I knows asly resided in this S	on provided by law  Sas asserting to the said County, ce  who had the is the individual to the said County.	County, for the for the year ending

applican said affi individu	nt in the for davit are tr al he repes	ue, <i>and that</i> ents himself	nted with  wit, and and we  he is disabled to be, and that  mature and see	he resides in	nd he claim this county.	, and I kn	by him in	the V
			Ordinary		och	and acception of the second	Cour	nty.
and survey and survey and	and the second s		A 004	Tayon I				j., ,,
24: B.	S PENSION.	DING OCTOBER 26, 1892.	ham	Jam	1 8gr.	TARRISON	lee A	
Brown Mr.	SOLDIER	a distributed and the	Comy Cox	District Of State of	Entered on record	W. H. HARR		
pen n	i i i i	prais	en an ' en an		ngio who si	sten sach e	The state of the state of	λ
514	LE OF	GEORG	Α.   					

STATE OF GEORGIA.

STATE OF GEORGIA

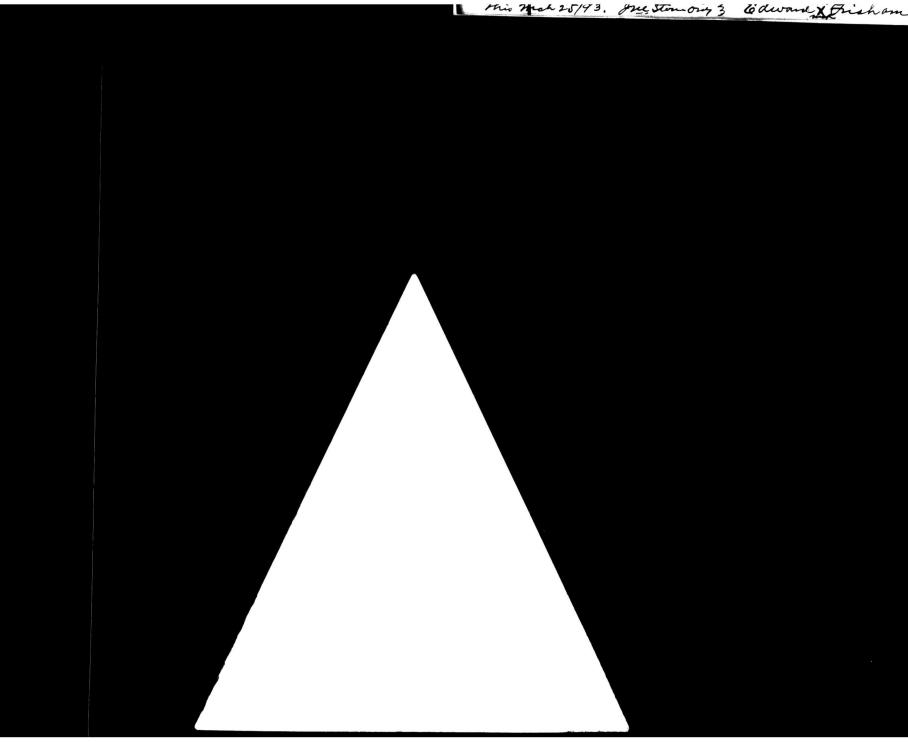
RESIDENCE, POWDER SPRINGS ST Manuella & Jehy 8th 1893 Judy Ino Methone Deat Sin! ( commend to your Mirty attention this for Woman ... Persons in position to Know have advised her to that the is Entitled to a perison from our thate, as an Ex. tolans witout deconer guller testify to facts relating therets of were in passission of any or had opportunity to know them. for too not of a more worthy character of one whom hart Experiences have Equals Russing illustrating Such Enfinor and entring & xullusion at the hay Shown in life Kindnes thorn het will be half affinettes he gos friends He Rengers

Terryin babb County;
An Seay a citizen of full
faith and credit as a withers, Who on oath says that he is a equanto with Susan Brown thy solder of Estill Brown thy Sphiant for Dengion in the af-phistion - that he was acquaits with Ezekief Howen before he Went into the army - that he the deforment served in the Dange Com-Day wigh Daja Hown - that he was a hearthy man before the the dis ease of Chronic Dysentry Cough while in the army - that Daing Contract. ed discuse Continued free he died in the year 1870 - that he never was able to do any most of any Consequence after the war - that the disease he contracted in the aging Joflows him up Pontinuous from the time he contragted the it tile his death, from which said disease hy dies as above Staten. that Said Susan thrown was his swift during the Fisher of his service in

1 1 1 Long ja Cobb County; In berown appearst is. Days that he trated Exelliel Hown your the close of the war sup to his death I. That the Contracted disease a Seven cough and chronic aysenting, he was never able to do any most for against of Said diseases after the war. that he was continuously unahle on account of Dain disease contracted in the army to do any sork - that he died Some Time Bout the year 1870 with Said disease Contracted in the Confederation States by Mhs Susan Barown et al. Smoon to and Dubsentro 3 x 1 2 200 mil x before me this 8" day Frely Jou Storn

the anny, and that she has not restroned Sina his death from to and Subsinher & ABS cay before me this 22 mal

Teory in Cobb County Theregoe County; Edward Frish am who on oath Days that he Show Eze. Banus who bring duly mom deposeth and Says! tiel Brown before the went that he was acquaintry into the Confeder at army that the Sain Ezekiel Brown with Ezekiel Brown for forty years - that the Said Exellect Served in the confederate ar-Brown Dewed in the Longesmy as abour stated - that exate army - that he orthermed he Contracted the digease home after the war and die of Something like Chronic about 1870. from some old Dysenting While in the any lingwing disease Daidy to hove - that when he ortimed howher bien Pontruited while in The was thee afflicted with the army. That the deforent sprys he to mork - that faid digease is acquaintra with Duls an Continued to afflight the Said Brench the midow of Ezelliel Explice Brown up to the time Brown - that he had Known of his death which disease Dusan Brown ergor Dine 1857 Caused his death sometime - that the was the wife of azekie in the year 1870 - theat the Brown during the Fine of his Daid Etskiel Brown never was Dervice in the army and that able to mork from the Cione The has not marked lines her of the war who to the time Rusbondo death. W. L. Barnes If his death! , Mrs. Susan Brown the Omounto and Subscribes 2 applicant for pension in before me This 8' day Achy 1893 tow own 3 of Ezekiel Brown during over the Time he served in the army and has not morned mut his her husband death.



Choray 40/16					
(For Those Stready Envalled.)		182	<b>3</b> N	#   8   10	TATS
No. 975	make go ten	Execute 1	MILIA	<b>16</b>	So L
INDIGENT		A HI P	No.	receipt	77
Soldier's Pension.		presence of	HERBOF,	for Et	'ZS' ROLL
1897.		76 %	OF, 11		
Name It A Brown County Dobh			1897.	n paid hereon	of of
// 6 1897.		m	ereunto set my hapd :	on and reque	
RICHARD JOHNSON, Commissioner of Panistons.		20		100	
WARRANT HANDED TO		r			
no data		in a la l	٠ ' <b>'</b> '	# <b>\</b> 	

## POWER OF ATTORNEY. ATE OF GEORGIA

STATE OF GEORGIA,	)  Whereby author	Ing	4-
	_of	ancella	fr
to receive and receipt for the pension	paid hereon and re	equest that he remi	t same to
IN WITNESS WHEREOF, I ha	ave hereunto set my h	and and seal, this	/a5
y 1	1897. J	11/2	([L. S.]
Executed in presence of III Fleuring		wyc	Υ.

		,	and the second of the second of	ल पराम्यान्यसम्बद्धाः	a serie a commen	STATEMATE
Of or or up the 196 (For Those Arranty Emplet)	INDICENT Soldier's Pension.	1897. Name W. W. Brown County Orly	// 6 1897.	RICHARD JOHNSON, Commissions of Protions.	WARELYN BASDED TO	No date

#### POWER OF ATTORNEY

State of Georgia,	1	
	bereby authorise	
	u pot	- Charles - Char
to receive and receipt for the	pension paid hereon and requ	est that he remit same to
		Commence of the state of the state of
P.C.	Land to the state of the state	A SALE CONTRACTOR
in witness wher	BOF, I have hereunto set my h	and and seal, this
lay of	BOF, I have hereunto set my h	and seal, this
layof	1808.	ind and seal, this
lay of	1808.	
lay of	1808.	

@	1	8	13	**************************************	1	
REC	12 L		Brown	1	OHNSON,	(ch
	# STAN	<b>E</b> 4	40	1//	CHARD J	de
	4		Name (	1		A A A A A A A A A A A A A A A A A A A

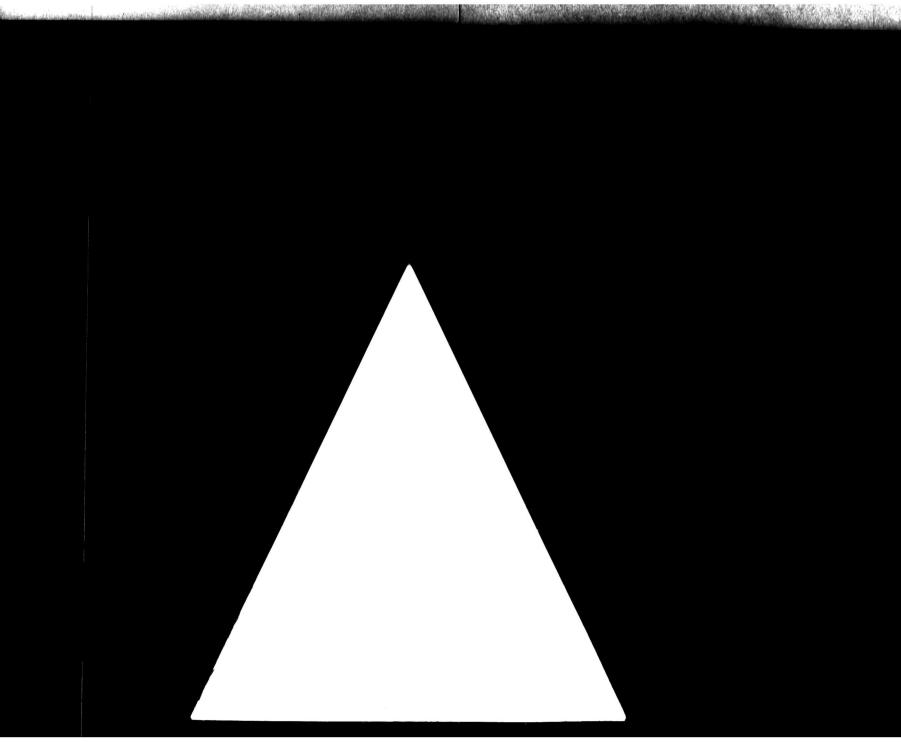
SIA: OF O SOLA

#### For Applicants Heretofore Allowed Pensions. STATE OF GEORGIA, County. personally appears It. A. Brown of County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen and resident of said County and State, and has resided in said State continously ever since 1837 that he ist 25 years old and by occupation a Horner; that he enlisted in the military service of the Confederate States (or of the State of ....) during the war between the States. care in Company of the Regiment of that his physical condition is as follows: of the value of Dollars, that by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for. Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1897. I have heretofore as president of county been allowed a pension for the year 189 Sworn to and subscribed before me, this, the 1897. Ordinary of said County. do certify that I am acquainted with 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

Note-The blanks spaces must be filled

### Por Applicants Heretofore Allowed Pensions. STATE OF GEORGIA Personally appears A A Dropoll of County, State of Georgia, who being duly sworn, says on oath that he is a bone fide citizen and resident of said County and State, and has resided in said State continuously ever 183/; that he is 66 years old and by occupation a farmed; that he enlisted in the military service of the Confederate States (or of the State of\_ during the war between the States, in Company of th Regiment of and served for the term of that his physical condition is as that his property consists of the following items of the value of... Dollars, that by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for. Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the acts amendatory thereof, and makes application for the pansion to which he is entitled for the year 1898. I have heretofore as a resident of..... county been allowed a pension for the year 189 Sworn to and subscribed before me, this, the 1898. Ordinary of said County, do certify that I am well acquainted with applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and 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

POWER OF ATTORNEY



No. 1909					E	IN day of	request t	<b>3.</b> I	STATE
INVALID		,- <b>4</b>			xecuted in	N WITNESS	that he remit		EOF
SOLDIER'S PENSION,					the pres		nit same t		GEORGIA
V 190		1 ,	151		ence of	WHEREOF	8		GIA
Name W. J. Brown		, .	Felt	•		, I ba			County
County Class Chate Regt.					1	e hereunto			ty.
Disability	5					E 25		hereby	
Amount, \$		<b>Š</b>				y hand and	<b>b</b>	authorize to receiv	
JOHN W. LINDSEY, Commissioner of Pensions.						seal, this		sand reagn	
WARRANT HANDED TO		į					January P.	t for the p	
Ordinary will write Name of Applicant, Company and Regiment on back as indicated above.		i					OHSTON BLOWN	allow allow	
Geo. W. Harrison, Blate Printer, Allania.					( <del>4</del>			Ĺ	
	Market								

Brown, W.Z.

STATE OF GEORGIA,

County.
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1		hereb	y authorize	
of			to receive and receipt for t	he pension allowed and
equest th	nat he remit same to		by	
IN	WITNESS WHEREOF,	I have hereunto set r	ny hand and seal, this	
lay of _		190	,	V
				[L. <del>S</del> .
• • • • • • • • • • • • • • • • • • • •	recuted in the presence of			

Pension office 11/18/08 The present infirm condition of and does not appear to be attributable to any injury received as a way to enter the injury to one that is present is the sele result of the injurt.

WARRANT HANDED

FOR USE OF APPLICANTS WHO HAVE NOT HERETOFORE DRAWN.

	STATE OF GEORGIA,
	looff
	County.)
	PERSONALLY appears 1. Total of said to of
	County, State of Georgia, who being duly sworn, says on oath that he was born on the
g	1111
Б	18.44 i, that he is a bong fide citisen and resident of Georgia, and has been
H	continuously since the day of tragues 1844, that he enlisted
ŭ	in the military service of the Confederate States (or the State of
Ծ	day of February 1864, during the war between the States, and
U	E Due - F Com
Q	served in Company of the Regiment of Valueteers,
ρ	Brigade, and was honorably discharged on theday of
g	May 186 ; that whilst engaged in such military service, and in line of duty in
4	E
ษ์	the State of the day of the last the la
À	he was disabled or wounded as follows: We fell from the loss of a
m	Car When he had Meen placed as a
ğ	aunid frid Par heine land a west De
ŏ	Said the said the said will be said
Z	Tonsoners. Applicant & Joine was sens
	and primamently inquied from which he ha
ď	Deel a Pulley wer Pine and from refine
#	habe T' Do To De To De
Ч	he is fir we yeally, essentially and premanen
ä	rendered ucapable of performing Manual
بد	labor to with live to bunk to bush to
δ	Sie allisti
U	The affection became to severe that the
¥	Much became agranged and he was fint to
ดั	The Thete Junatice Asplican want treated for Sever
70	Must the
g	WWW.
m	A
ä	Where was command surrendered? Albania Ga
ö	Was allows the Character of the Characte
Ä	Was applicant present? Was - I If not, where
ă	was he! How come there!
Ľ	And by whose authority? State fully: Usuand
Ħ	
ď	
Ĥ	
0	Deponent desires to participate in the benefits of Section 1250 of the Code, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year thereunder, ending October 26th, 190
Д	Sworn to and subscribed before me, this the
H	was the works
	190 Jay of 1908
	Post Office
	Name Case (all assessed as a second assessed as a second assessed as a second assessed as a second as a seco
	NOTH.—State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability. If claim is based on disease, give full and connected history of disease, tracing it directly to the service.
	service.

PENSION,

SOLDIER'S

STATE OF GEORGIA, Cevl. a applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and that he is disabled, to the extent he claims, and I know he is the individual he repesents himself to be, and that he resides in this county SOLDIER'S PENSION

## For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, )

day of 4869 h 1946
Such military service at the partie of the printer
of Vocamer's Springade that with a page and
States, and Served as a 1842. s in Company of the Region of
is a a c States, (or of the State of
day of. 18 C of that he cellsted in the military service of the Con-
residentiof said State, an I has resided therein continuously over since the
County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen and
PERSONALLY appears of party of of
(coult)

			Carre	to ty, Georgia.	eathlive, and explain fai	P.
		-day et	18	93 ( )	MERLET A WARE COMPANY THE	Healary the extent
1	ine acts minered increase action limit	October 26. 1	menage: appa	eretugre bren,a	llowance to which	in grantine go
1. B. N	000	desires to grati	Tor Age to the be	300	L'approfession	T. Harmen
none	18	No	plication		f Warrand,	8 8

Send money to me as follows, by

POWER OF ATTORNEY.

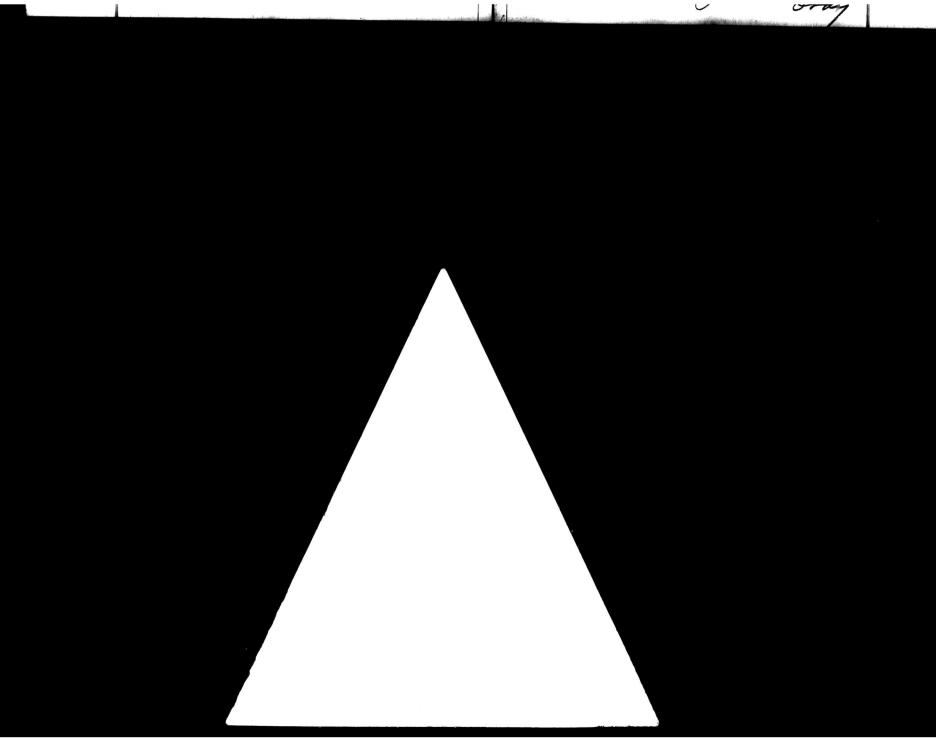
## AFFIDAVIT FOR THREE WITNESSES.

STATE OF GEORGIA,	
leable County	}
	5 7/c 2
Personally appears before me, the unc	dersigned Ordinary in and for said County
1. A. Myan	and Mill Wurdber
personally known to me to w trustworthy citizen	ns, each of whom, being duly sworn according to law, severally say
under oath, that they are personally and well a	
whose application is herewith presented for a	pension, that he has resided in this State continuously since the
day of	1864, that he served in Company 6 of the
Regiment of Hale	Brigade, and from our personal knowledge he,
while in line of duty, was injured by the service	as follows: (Give full statement, and tell in your own language
when, where, and how the injury happened, disabled from work as a direct result thereof.	or the disease was contracted, and to what extent applicant is If he does any labor or can do any, state what.)
	Let applicant While relien
min a transaction	
The protect of cede	ny prosoner veno removed
from Andireowille	ta be fell from the lop of
a car loaded with	Drisours was wisued fin Spine
A Supi in extent?	that he can ret to be
Pla 1	as a com arm pergonal
Milial Day, Jana	My my recur to seven that
Mes Mind became a	exemped and was fruit to the
Stale Quatro 75	section and in 1900 and
was breates they &	of Person Worther the
PT91 . 011.	2 de la
es, the a sufferen	and becomes Alore feeble and
less able to work	as he grows older.
_	
Where was applicant's command surrendered?	Album
Was he with it?	Were all of you present?
Tr.	
If not, where was he?	
Where were you all?	
	7.
How do you know the facts you state to be true?	From proval Russledge
	The second second
We personally know above stated facts.	We were with him in the army and have known him ever since.
He was honorably discharged or retired from the	service onday of Man
186 5 . Applicant is permanently disabled as st	tated and has been so to our certain knowledge ever since 18
We have no interest in the recovery of a pension	by him.
Sworn to and subscribed before me, this	1 Jugger
200 day of Succe 1908	Tell. Braw
ble Kenteen	in 7 to murrock
Ordinary	
NOTE I.—The Ordinary will are that the full legally qualified to the same.	text of the affidavit is understood by the witnesses, and that they are
2.—Witnesses are asked to make their sta	stements full and explicit, tracing disability to its true cause.

### PHYSICIANS' AFFIDAVIT.

1
STATE OF GEORGIA,
Country of the Transfer of the
Ordinary of said County,
me as reputable physicians of said County, who, being severally sworn, say on oath, that they have carefully
examined Wesley 4. Brunne and after such personal examination, say that the present
condition of applicant is a follows: About three year and afterne had
multiple neurities from which he has never fully
recovered. At present he is solve debilitated
and very news - Specially ofter the coat
existion
and that such condition is permanent. Said condition arises from the following facts:
Consider office 11/18/00 The promit infinitely of applicant on a constant of a policy of the constant of the c
The wenters the error of the injury to show that in present condition
does arise from hereditary or congenital candat within addit to intitle and a factor of the control of the cont
does arise from bereditary or congenital cases, the first the first that the confidence of the cases of the c
does arise from hereditary or congenital candat within addit to intitle and a factor of the control of the cont
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does arise from hereditary or congenital cases with the makes to make the state of
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arise from hereditary or congenital cases, which allow the interprete hands of the second of the sec
arise from hereditary or congenital cases, which allow the interprete hands of a second to and subscribed before me, this  Sworn to and subscribed before me, this  Actually  Ordinary  Norm 1—State fully the physical condition and especially the extent of disability. If disability results from wound or injury, state its location, character and present sondition. If from disease, give its nature and character, and its causes or origin, in understood by affinity.  Norm 1—State fully the physicians will be careful to fill every blank space in oath.  STATE OF GEORGIA,  County.  Ordinary of said County,  do certify that I am well sequainted with the statements made by him in his said affidavit are
arise from hereditary or congenital cases, the making to interprete hands of the same of t
arise from hereditary or congenital cases, which allow the interprete hands of a second to and subscribed before me, this  Sworn to and subscribed before me, this  Actually  Ordinary  Norm 1—State fully the physical condition and especially the extent of disability. If disability results from wound or injury, state its location, character and present sondition. If from disease, give its nature and character, and its causes or origin, in understood by affinity.  Norm 1—State fully the physicians will be careful to fill every blank space in oath.  STATE OF GEORGIA,  County.  Ordinary of said County,  do certify that I am well sequainted with the statements made by him in his said affidavit are
arise from hereditary or congenital cases, to the making to incorporate hands of a superior of the superior of
arise from hereditary or congenital cases, the making to interpert hands of a sworm to and subscribed before me, this  Sworn to and subscribed before me, this  Ordinary  Nors 1—State fully the physical condition and especially the extent of disability. If disability results from wound or injury, state its location, character and present condition. If from disease, give its nature and character, and its causes or origin as understood by adjants.  Nors 2.—The physicians will be careful to fill every blank space in oath.  STATE OF GEORGIA,  Ordinary of said County,  do certify that I am well acquainted with  applicant in the foregoing affidavit, and am well estated that the statements made by him in his said affidavit are true, and he is disabled, as he claims, and I know he is the individual he represent himself to be, and that he resides in this County and has been a bona the resident since the day of the statements are worthy of fully and the foregoing affidavit are persons of resectability, that their statements are worthy of fully and the foregoing affidavit are persons of resectability, that their statements are worthy of fully and the foregoing affidavit are persons of resectability, that their statements are worthy of fully and the foregoing affidavit are persons of resectability, that their statements are worthy of fully and the foregoing affidavit are persons of resectability, that their statements are worthy of fully and the foregoing affidavity are persons of resectability, that their statements are worthy of fully and the foregoing affidavity are persons of resectability, that their statements are worthy of fully and the foregoing affidavity are persons of resectability, that their statements are worthy of fully and the foregoing affidavity are persons of resectability, that their statements are worthy of fully and the foregoing affidavity and an are sections.
arise from hereditary or congenital cases, the second of t
arise from hereditary or congenital cases, which allow to include the hands of the second to and subscribed before me, this  Sworn to and subscribed before me, this  Actually  Bower to and subscribed before me, this  Condition  Noth I.—State foully the physical condition and especially the extent of disability. If disability results from wound or injury, table its location, character and present sondition. If from disease, give its nature and character, and its causes or origin, as understood by a figure.  STATE OF GEORGIA,  County.  I. Delve Supplicant will be careful to fill every blank space in oath.  STATE OF GEORGIA,  County.  I. Ordinary of said County, do certify that I am well acquainted with the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and he is disabled, as he claims, and I know he is the individual he represent himself to be, and that he resides in this County and has been a bona file resident since the day of the supplicant in the foregoing affidavit are true, and he is disabled, as he claims, and I know he is the individual he represent himself to be, and that he resides in this County and has been a bona file resident since the day of the applicant of the applicant and belief, and that the full text of the applicant was read to and understood by them before they signed
arise from hereditary or congenital cases, the second of t
arise from hereditary or congenital cases, the second of t

Georgia Gorsonally appeared bythe Me the Mider signed Ording This entipies that I have known M. J. Brown for part twenty years on more and have brom his family physician Who bung Som Large that he was a Muchen a Targe faction of that time. At various times I have proceided of the Same Company with Wy Brown and Knows for him for a Chronic pain and lam When he received the fall from the car while nus of his opine. quarding prisoners Which coused the signey Whent the year 1902 he was compe 5. wie Spice and from which he has Sufferness Ed to his hea several days with loer Suce and now Suffers, rendering him mostly said trauble, as which time & to perform Manual labor of any Kinds made him sural proposional riside Africant Says he is intimately. In still at this Time, suffer with Grown him wor Suice afficient and has a wrattrusa of spine accompanie with para after any under exertion. were in the army to getter, Lu 17-1908. J. D. Malour M. D. Sworn to theliveribed & To Die defore me they Pore 2/7th 1908. Alactrotoeg Ording Swoon to toutocales befor M. Sand Ordinary Ook Cruety By Certify that of the Malore is a posseling See Original Application for Certificate as to rotture faith voreit fain 5 1919



Calla.				
ACT OF SI OCT., 1887. (For Those Already Enrolled.)		IN day of	to receive	STAT
En cherokee 1897-	. DXG.u	_		STATE OF GEORGIA
INVALID		ESS V	receipt	GEO
SOLDIER'S PENSION.	Executed III presence of	VHER	and receipt for the pension	GIA,
1898.	2	BOF,	le pens	County.
Name Abraham Bree		[ have h	ion pa	
County Disability Com		nereunt	of paid hereon by	here
Amount, \$ 100		o set m	on and	hereby authorize
3/31898.		y hand	reques	orize
RICHARD JOHNSON,  Commissioner of Pensions.		and sea	and request that he	
WARRANT HANDED TO		al, this_	he remit	
GED. U. RARRISON, STATE PRINTER, ATLAYTA		F	iit same	
no Sata		[L. S.]	e   t	

Ι,	hereby authorize	
	of	* ) - ( * + + + + + + + + + + + + + + + + + +
to receive and receipt for t	he pension paid hereon and request	that he remit same t
	by	
at_		
	tEOF, I have hereunto set my hand an	d seal, this
day of	1898.	
		[L. S.
Executed in presen	ce of	
	4.00.4.000.00	
T II		II (1)
	3 3	ивомя.
For Those Already Enrolled.)  (A. No. 3188 97  IN VALID  (DIER'S PENSI(	1 2 50	N. O.
	0 12/2/	WARRANT HANDED TO WARRANT HANDED TO  WARRANT HANDED TO  WARRANT HANDED TO  WARRANT HANDED TO  WARRANT AND PROPERTY, AND PROPERTY
WAL	0 1/2 0	Comm
For Those Art IN V. IN V.	2000	CHARD WARRANT
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POWER O	F ATTO	RNEY.	`
STATE OF EORGIA,		1	
County	hereb	y authoriza	W Hiri
	of	More	The year
o receive and receipt for the pension	n paid hereo	n and regrest that	he remit same to
me	by	new	
ıt			03
IN WITNESS WHEREOF, I h		set my hand and ses	ll, this
		Adamus.	[L. S.]
Executed in presence of			۳.
•	-		

Bruce, Olucaham

Cons Left Land Co.

(For Those Aiready Enrolled.)

No. 3/84

INVALID

SOLDIER'S PENSION.

1889.

Amount, \$ 100.

Amount, \$ 100.

Connections of Presions.

WARRY BANDER TO

10 11 36:

## For Applicants Heretofore Allowed Pensions. STATE OF GEORGIA. personally appears Abraham America County, State of Georgia, who being duly sworn, says on oath that he is a cona fide citizen and resident of said State, and has resided therein continuously ever since the 18.39; that he enlisted in the military service of the Con-...) during the war between the in Company of 4th Regiment he was wounded injured or diseased as follo Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 26th, 1898. I have heretofore under said law as a county been allowed an invalid pension of Dollars, for the year 189\_\_\_\_ Sworn to and subscribed before me, this, the 1898. POST-OFFICE Marithuly e fully the nature of wound or character of disease, which causes the disability, and explain particularly the extent, resulting from the wound or disease. STATE OF GEORGIA Ordinary of said County, do certify that I am well acquainted with.... applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County Given undarmy\_official signature and seal, this...

Ordinary

## For Applicants Heretofore Allowed Pensions. STATE OF GEORGIA. Dersonally appears Abraham Bruce of 606 County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen and resident & said State, and has resided therein continuously ever since the 30 that he enlisted in the military service of the Conin Company , of Chi Regiment . he was wounded, injured or diseased as follows Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1899. I have heretofore under said law as a resident of County been allowed an invalid pension of Dollars, for the year 189 8. Sworn to and subscribed before me, this, the | ARMILE 1899. POST OFFICE Marietta Ga. disease which causes the disability, and explain particularly the do certify that I am well, acquainted with Abraham Aruce 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

County.

	County.	ŦŻ.
	hereby authorize.	
•	об <sub>теринализичности по предоставления предоставления предоставления по предоставления по предоставления предоставления по предост</sub>	
	e and receipt for the pension paid hereon and request that he remit same	
at		
IN	WITNESS WHEREOF, I have hereunto set my hand and seal, this	some
day of	.1900,	
	[I.,	<b>s</b> . ]
	Executed in presence of	

SOLDIER'S PENSION

1900.

INVALID

No 20 40

to receive and re	script for the printion	paid hereon and requ	ot that he samit same
Wanter of the State of the Stat	Mile and a	11 14 14 15 14 14 14 14 14 14 14 14 14 14 14 14 14	amind discontinued distributed by the second
	DORGIA.	ot. Abraha	id and seal this
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Jas M	Garne	tan ( ) stone	gr ing a
			<b>.</b>
3		7 7941	

JOHN W. LINDSEY,

Warrant issued 7 July

STATE OF GEORGIA

For Applicants Heretofore Allowed Pensions

## For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
County.
personally appears Abraham Bruce of Cook;
County, State of Georgia, who being duly sworn, says on oath that he is a bond fide citizen
and resident of said State and County, and has resided therein continuously ever since the
30 day of Afril 1839; that he enlisted in the military service of
the Confederate States (or of the State of tween the States, and served as a firmate in Company , of 14th
Regiment of Deorgia Volunteers, Audersow's Brigade; that whilst
engaged in such military service in the State of Wa., on the 27th
day of June 1862, he was wounded, injured or diseased as follows:
By gunshot striking the left arm causing the said left arm to be
causing the said left arm to be
and the contraction of the contraction
Deponent makes application for the pension to which he is entitled for the year
ending October 26th 1900 I have heretofore under said to see the contract of t
County been allowed an invalid pension of
Dollars, for the year 1899.  Sworn to and subscribed before me, this, the 1 - 4 Bra Luss Bruce
9 day/of McN: 1900.) POST OFFICE
Auf The Control of th
Marine Ordy
NOTE -State fully the nature of wound or character of disease which acres the disability, and explain particularly the extent of the disability resulting from the wound or disease.
STATE OF GEORGIA,
County.
I fill, estace Ordinary of said County
I. J. M. S. Loull Ordinary of said County, do certify that I am well acquainted with Abraham Asual 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
Ama day of Mak 4 1900.
ber Stone
Ordinary Gobb County.
•

## For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Lobb County,
Personally appears Abraham Bruce of Cabb
County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen
nd resident of said State, and has resided therein continuously ever since the
ay of Africa 18.59; that he enlisted in the military service of the Con-
ederate States (or of the State of) during the war between the
states, and served as a furivate in Company 9, of 14 th Regiment
f Dieargia Volunteers, Quederson 's Brigade; that whilst engaged
n such military service in the State of Wa, , on the 27 day
f Juil 1862, he was wounded, injured or diseased as follows:
By que shot striking the left arm
causing the said left arm to be
aufutated wear the shoulder
The state of the s
The second secon
The second secon
Deponent makes application for the pension to which he is entitled for year end- g October 26th, 1901. I have heretofore under said law as a resident of County been allowed an invalid pension of Dollars, for the year 1900.
Sworn to and subscribed before me, this the
day of January 1901. Postoffice
L'unelway ordy
Nort - State fully the nature of the wound or character of disease which causes the disability, and explain particular the extent of the disability resulting from the wound or disease.
TATE OF GEORGIA, County.
The state of the state county,
certify that I am well, acquinted with Chbraham Bruch the
plicant in the foregoing affidavit, and am well satisfied that the statements made by him
his said affidavit are true, and I know he is the individual he represents himself to be
d that he resides in this County.
Given under my official signature and seal this
day of January 1901. When Out
Ordinary Roobb County.
TORNE

STATE OF GEORGIA,	
STATE OF GEORGIA,	$r_i$ sure $r$
I Abraham Bruay hereby authorize	
John awhey of	
to receive and receipt for the pension paid hereon and request that he remit	same to
at	1 (mprimary)
IN WITNESS WHEREOF, I have hereunto set my hand and seal this	4
day of fan 1902.  101.01 V Abrilin his Bruce  Executed in presence of	f 1
	[L. S.]
- JMGame	

	Atlanta.	
	. State Primer, Atlant	
	arrison, State	
-	M. Harr	i
1	3	

( FOR THOSE ALREADY EN No. 236

DIER'S PENS DISABLED 1903.

nor	11				12,3 1908.	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3	Regiment 14		20	120	IOHN W. LINDSEY.
The		Re	N A	\$ PUD		OHN W.
Name	County	<b>ુ</b>	Disability	Amount, \$400		

( FOR THOSE ALBEADY ENROLLED.) SOLDIER'S PENSION JOHN W. LINDSEY, DISABLED 1902 No.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

POWER OF ATTORNEY.

HEREOF, I have hereunto set my hand and seal this. of Brille

## FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA, County.
Personally appears Abraham Bones of Cobo
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 189; 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 moral in Company of the Regiment of Morale Volunteers, Anderson Brigade; that whilst engaged
in such military service in the State of by on the 27 day
1862, he was wounded, injured or diseased as follows:
lift alon Canain the Jaly Of
The state of the s
was a second of the second of
and an
production of the second of th
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 ofCounty, been allowed an invalid pension ofDollars, for the year 1901.  Sworn to and subscribed before me, this the ) C I Standard Share.
John Whin,
Norm. Attace 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,  County.  County.  Ordinary of said County,  do certify that I am well acquainted with Abrahom
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
( Aug ) John Chury
Nors.—Fill all blanks and of Company and Regiment. Nors.—All vouchers and affidavits must bear date after January 1, 1902.
A CONTRACTOR OF CASCAMAN CA

## FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
County,
Personally appears that meet ath
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 1839; that he enlisted in the military service of the Con-
lederate States (or of the State of) during the war between the
in Company 1, of 4 th Regiment
of Volunteers, Andrew 's Brigade; that whilst engaged
in such military service in the State of, on the, on the
of he was wounded, injured or diseased as follows:
Day ann that strikery the left
anno Coming The said left about to the
assiputation reas the Shortleter
The control of the co
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
County, been allowed an invalid pension of
Dollars, for the year 1902.
Sworn to and subscribed before me, this the ) A Ca raballus Bruce
1908, Post-office
27/100
Many - State fully the nature of the wound or character of disease which causes the disability and contribute
Many - Atale 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, )
County County
· Carly
I, Ordinary of said County,
do certify that I am well acquainted with Aman Tomas
the applicant in the foregoing affidavit, and am well satisfied that the statements made by
him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County.
Given under my official signature and seal, this
day of 1903
may way was a second of the se
Affix your seal
Ordinary County.
Now.—FiH all blanks and of Company and Regiment. Now.—All youshers and affidavits must bear date after January 1, 1903.

For Applicants Heretofore Allowed Pensions.	For Applicants Heretofore Allowed Pensions
STATE OF GEORGIA	STATE OF GEORGIA, )
County. ()	STATE OF GEORGIA.
Personally appears	
County, State of Georgia, who, being duly sworn save	Preservative appears A Color State of State
on oath that he is a bona fide citizen and resident of Georgia, and has been such continuously	County, State of Georgia/who, being duly sworn, says on oath that he is a best fide citizen and
since the day of ( a tile 1820 that he enlisted	resident of said State, and has resided therein continuously over since the
in the military service of the Confederate States (or of the State of	day of A 18 02 that he enlinted in the military service of the Confederate States (or of the State of
during the war between the States, and served as a William in Company	States on served as a State of the Company of the Regiment
of 1 th Regiment of Georgia Volunteers Staceace 's	of Volunteers Brigade; that whilst engaged in
in the State of Desta Concern the day of	such military service at the battle of Alexander small in the State
111(1) to h 1865, he was wounded as follows:	of the set of the 186 to was
By henre Short will have	wounded as follows: Que Que & March
fruit hart of left thoulder, be shing thoulden't	left the ville the Son
Joint and bul range and Should blade	and rougis along the water and
edial but an in the second	sunder from de blace - ann is por
Shoulder frint and two been relikered, thereby,	almost useles - deponent co
Deponent desires to participate in the banefits of the Action 10.1	Andered proched incomplant
	Alexander Ordinary many and and the
the year ending October 26, 1892. I have heretofore been allowed a pension of	Deponent deares to praticipate in the benefits of the Act, approved October 24th 188% and
Swarn to and subscribed before me this the	the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending Couber 26, 1893. Khave heretofore been allowed a pension of
Tol Tol	dollars, for Dai a describet
) (day of Jet cheary 1892.)	Sworn to and subscribed before me, this, the
Sworn to and subscribed before me this the day of felicinary, 1892.  Some-State fully nature of wount or character of diseases which causes the disability, and explain particularly the	day of mah 1893. }
ottent of the disability and explain particularly the	Mestoria
POWER OF ATTORNEY	Norz-State fully nature of wound or character of disease which causes the disability, and espisies perficularly the extent of the
STATE OF GEORGIA.	County, Georgia.
County	STATE OF GEORGIA,
Know all Men by these Presents, That I.	Garage of Garage
of	I, Ordinary of said County,
County, in said State, do hereby appoint	do certify that I am well acquainted with the
of	applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his
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	said affidavit are true, and that he is disabled, to the extent he claims, and I know he is the in-
	dividual he represents himself to be, and that he resides in this County.
my said attorney to receip: 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	Nurther Serify that HALLEN NO. 1 1976 DESERVED SELECTION OF THE PROPERTY OF TH
day of1892.	before with the follogoing affidivits were made and power of attorney was signed, is a not say apope in a react power party of any Managaran are provided to the control of
[L. S.]	118. C. Wichelde State 2 (or or right grain) as structure of said Govern, and the said affidavits and
Executed in the presence of us	agosmics received to receipt for whatever around of money 1 may be entitled to 1 om the State of Georgia by reason of the injury received as aforesaid in the military service of
· · · · · · · · · · · · · · · · · · ·	Given under my official signature and seed this 1971 day of 1971 2000 10 181893.
	Friday description appoint
DIRECTION.	VHOW MI THE TO STANK STANKE THE THE TOWN OF THE TOWN O
Send money to me as follows, by	County.
P. O.	STATE OF GEORGIAN

-County, Georgia.

POWER OF ATTORNEY.

STATE OF GEORGIA, COUNTY.	
1. Clerahon Bones	hereby authorize
Lohn Andray of	America manada de manada d
to receive and receipt for the pension paid hereon, and request that he	remit same to
byby	Control of the second second second
at.	
IN WITNESS WHEREOF, I have hereunto set my hand and seal, this	
day of	
A Bruce	[L. S.]
Executed in presence of	

## to receive and receipt for the pension paid hereon, and request that he remit same to In Winess Whereor, I have hereunto set my hand and seal, this. A Bruce Executed in the presence of SOLDIER'S PENSION JOHN W. LINDSEY, DISABLED CODE SECTION 1202 (FOR THOSE ALREADY EN 1905. Ji. 33 No. 744 Amount, \$16.0 County D Disability\_

POWER OF ATTORNEY.

STATE OF GEORGIA,

SOLDIER'S PENSION

1904.

Namel Land County
County
County
Co.

S. Regiment
Disability
Amount, \$ / 2 0

July \$ 5 2

(FOR THOSE ALREADY ENROLLED.)

30%

n) date

hereby authorize

## FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
Personally appears Abraham Ponce of Cosh
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 April 1899; that he enlisted in the military service of the Con-
federate States (or of the State of
States, and served as a Annal in Company of the Beginner
day of Land 1899; 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 Land in Company of the Regiment of Nolunteers Ambissons's Brigade; that whilst engaged in such military service in the State of Od on the 27 day
in such military service in the State of Or on the 27 day
186_2 , he was wounded, injured or diseased as follows:
and Survey the Said left king the left for months
the state of the s
5.00
3 3 Marie
Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1804. I have heretofore, under said law, as a resident of County, been allowed an invalid pension of Dollars, for the year 1903.
Sworn to and subscribed before me, this the day of tare 1904.
& Afin Notrey   Post-office
Norz. State fully the nature of the wound or character of disease which causes the disability, and explain pertucularly the extent of the disability resulting from the wound or disease.
STATE OF GEORGIA, County,
County.
do certify that I am well acquainted with Cobraham Bance
the applicant in the foregoing affidavit, and am well satisfied that the statements made
by him in his said affidavit are true, and I know he is the individual he represents himself
to be, and that he resides in this County.
Given under my official signature and seal, this.
day of land 1904.
( After ) John And Tray
OrdinaryCounty.
Nore — Fill all blanks and of Company and Regiment.  Nore.—All vouchers and affidavits must bear date after January 1, 1904.

## FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA.
COUNTY.
Personally appears abraham Bruse of Coff
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 1837; 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 finale in Company of 14 th Regiment
of Volunteers Villeron's Brigade; that whilst engaged
in such military service in the State of 27 day
of Jun Shot Shuking the left ann
Cansing to the pulation new the Shoulder
The state of the s
•
Deponent makes application for the pension to which he is entitled for the year
ending October 26th, 1905. I have heretofore, under said law, as a resident of
County, been allowed an invalid pension of
Dollars, for the year 1904.
Sworn to and subscribed before me, this the
( + 52 11 Ce
_day of 1905.
Post-omce_
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,
COUNTY. S
I, Ordinary of said County,
do certify that I am well acquainted with
the applicant in the foregoing affidavit, and am well satisfied that the statements made
by him in his said affidavit are true, and I know he is the individual he represents himself
to be, and that he resides in this County.
Given under my official signature and seal, this
day of1905.
Affix
Pour Beal bers. Ordinary County.

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

2	
STATE OF GEORGIA,	
COUNTY.	
1 A Makan Price	
al allam roma	hereby authorize
of	
to receive and receipt for he pension paid hereon, and request the	iat he remit same to
by	
at	_
IN WITNESS WHEREOF, I have hereunto set my hand and seal	, this
// .	
A Bruce	[L. S.]
Production the presence of	
Executed in the presence of	
•	

WARRANT HANDED TO

JOHN W. LINDSEY.

SOLDIER'S PENSION

1906.

CODE SECTION 1250. (FOR THOSE ALREADY ENROLLED.)

No. 37 7

		The statement of the square	ne jude i i i të viluan u
Bure, Afrika	No. 196.	SOLDIER'S PENSION 1907.	Name of Bluce County Both Co. N. 14 Regiment 26, 126. Disability Last ann

#### POWER OF ATTORNEY

Copo	COUNTY   COUNTY	
Some Swit	Imac and Look to to	promining, hereby authorize
to reteive and recei	for the pension paid hereon,	and request that he remit same to
	by	
••	Z (3111)	
at		

state of ecorgin.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

WARRANT HANDED TO

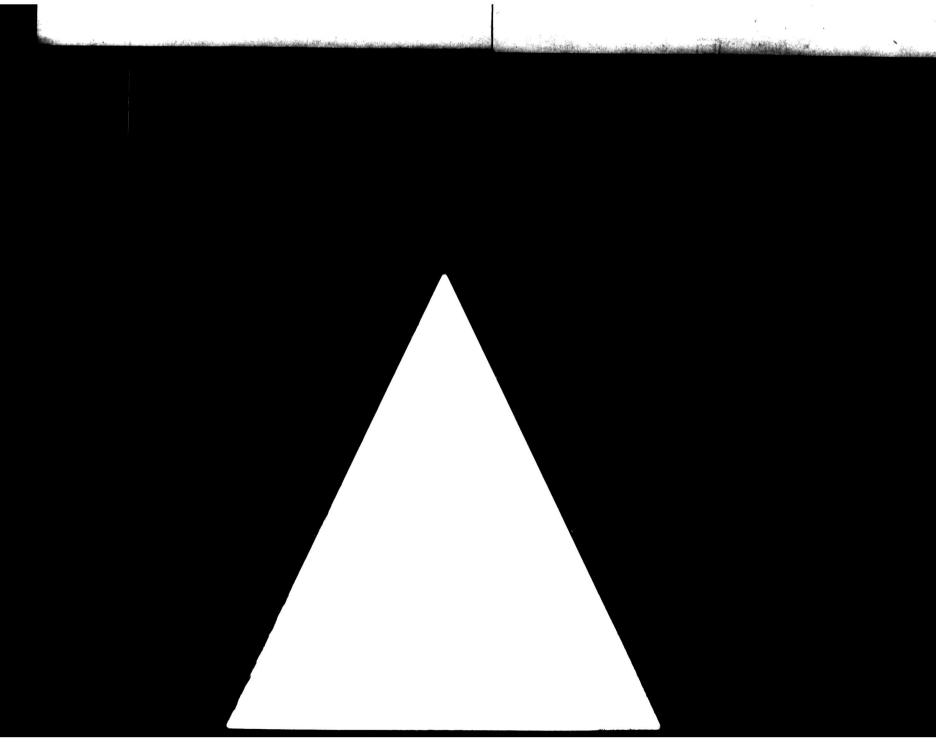
## FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Go	eorgia,	5
Cooh	Sounty.	
Personally appea	18 Thehom 48	nee of Cobb
County, State of Georgie	a, who, being duly sworn, s	ays on oath that he is a bona fide citizen
and resident of said Sta	te, and has resided thereis	n continuously ever since the
		sted in the military service of the Con-
		during the war between the
States, and served as a_	in	Company , of H Kegiment
of Ha	.Volunteers	's Brigade; that whilst engaged
in such military service	in the State of	on theday
of		ounded, injured or diseased as follows:
	out ame	
	11 F. D. B. B. B. D. D. D. D. D. D. B.	
	z 184,	
	with a second	***
Deponent makes	application for the pensi-	on to which he is entitled for the year
	Coun	e, under said law, as a resident of ity, been allowed an invalid pension of illars, for the year 1905.
Sworn to and subs	cribed before me, this the	A D NUCU
day of	1906.	Post-Office
holm S	when	Post-Office
Nors.—State fully the magneticularly the extent of the dis	ature of the yound or character of ability resulting from the wound of	J of disease which causes the disability, and exploin or disease.
State of Ge		
1.4	County.)	
	way	Ordinary of said County
do certify that I am we	ll acquainted with	raham Bruce
the applicant in the for	egoing affidavit, and am	well satisfied that the statements made
by him in his said affida	vit are true, and I know h	e is the individual he represents himself
to be, and that he resides	in this County.	
	der my official signature	and seal, this
day of	Marriage /	1908 0/
/	amay /	The Contract of
private 1	/ M	in Systeef

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

(14	of Georgia,	· m	
Persona	County.	of	Poble
	of Georgia, who, being duly sworn		
and resident of	f said State, and has resided there	in continuoualy aver sine	oba jue citiza
day of	18; that te en	leted in the military	e the
federate States	(or of the State of	isted in the military ser	vice of the Co
States, and se	(or or the State of	during the	war between th
of La	rved as a	in Company , of	≠ Act Regime:
		's Brigade; tha	٠,٠
.0	y service in the State of	, on	
of	186 , he was	wounded, injured or dis	eased as follows
new coddy concerns	Frank Com	_	
	N an		
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	* * * *		
Market Sampression of at Section	-	<u> 2:</u>	March
		and a state of the	
ending Octobe		ore, under said law, a ounty, been allowed an ir Dollars, for the year 19	s a resident walid pension of 08,
Sworn to	20th 1907. I have heretof	ore, under said law, a county, been allowed an in	s a resident walid pension 08,
Sworn to	p 20th, 1907. I have heretof	ore, under said law, a county, been allowed an in Dollars, for the year 190 and the Postoffice Postoffice	s a resident avalid pension 06.
Sworn to  Sworn to  One of the state of the	o and substribed before me, this the part of the post	ore, under said law, a county, been allowed an in Dollars, for the year 190 and the Postoffice Postoffice	s a resident avalid pension 06.
Sworn to  Sworn to  One of the state of the	o and substribed before me, this the profession of the wound or character of the disability resulting from the wound of Georgia,	ore, under said law, a county, been allowed an in Dollars, for the year 190 and the Postoffice Postoffice	s a resident avalid pension of 06.
Sworn to  Sworn to  One of the state of the	o and subscribed before me, this the part of 1907.  I have heretoff the part of the wound or character of the disability resulting from the wound or the wound or the disability resulting from the wound or the wound or the disability resulting from the wound or the wound or the disability resulting from the wound or the wound	ore, under said law, a county, been allowed an in Dollars, for the year 19th he Dollars, for of disease which causes the dordisease.	s a resident avalid pension of the control of the c
Sworn to  Sworn to  One of the state of the	o and substribed before me, this the profession of the wound or character of the disability resulting from the wound of Georgia,	ore, under said law, a county, been allowed an in Dollars, for the year 19th he Dollars, for of disease which causes the dordisease.	s a resident avalid pension of the control of the c
Sworn to di Anna Anna Anna Anna Anna Anna Anna Ann	p 20th, 1907. I have heretoff to and subspribed before me, this the proof 1907.  I am well acquainted with	Postoffice  Post disease which causes the dordisease.	s a resident avalid pension of said Count
Sworn to di Anna Anna Anna Anna Anna Anna Anna Ann	p 20th, 1907. I have heretoff to and subspribed before me, this the part of the wound or character into the disability resulting from the wound of Georgia,  Ounty.  I am well acquainted with the foregoing affidavit, and am of the foregoing affidavit and am of the foregoing affidavi	Postoffice  Ordinary  Ordinary  Well satisfied that the s	s a resident availed pension of said County tatements made
Sworn to di Anna Anna Anna Anna Anna Anna Anna Ann	p 20th, 1907. I have heretoff to and subspribed before me, this the proof 1907.  The full he nature of the wound or character into the disability resulting from the wound of Georgia,  Ounty.	Postoffice  Ordinary  Ordinary  Well satisfied that the s	s a resident avalid pension of said Count tatements made
Sworn to disparticularly the extension of the special control of the	p 20th, 1907. I have heretoff to and subspribed before me, this the part of the wound or character into the disability resulting from the wound of Georgia,  Ounty.  I am well acquainted with the foregoing affidavit, and am of the foregoing affidavit and am of the foregoing affidavi	Postoffice  Ordinary  Ordinary  Well satisfied that the s	s a resident availed pension of said County tatements made
Sworn to disparticularly the extension of the special control of the	p 20th, 1907. I have heretoff to and substribed before me, this the proof of the wound or character and of the disability resulting from the wound of the disability resulting from the wound of Georgia,  I am well acquainted with the foregoing affidavit, and am waid affidavit are true, and I know the resides in this County.  Given und my official signisture	Postoffice  Ordinary  Well satisfied that the she is the individual he re	s a resident availed pension of said County tatements made
Sworn to disparticularly the extension of the special control of the	p 20th, 1907. I have heretoff to and substribed before me, this the set of 1907.  I sure full the nature of the wound or character of the disability resulting from the wound of Georgia,  I am well acquainted with the interest of the foregoing affidavit, and am valid affidavit are true, and I know he resides in this County.	Postoffice  Ordinary  Well satisfied that the she is the individual he re	s a resident availed pension of said County
Sworn to disparticularly the extension of the special control of the	p 20th, 1907. I have heretoff to and substribed before me, this the proof of the wound or character and of the disability resulting from the wound of the disability resulting from the wound of Georgia,  I am well acquainted with the foregoing affidavit, and am waid affidavit are true, and I know the resides in this County.  Given und my official signisture	Postoffice  Ordinary  Well satisfied that the she is the individual he receiped and seal this	s a resident of availability, and explain of said County
Sworn to disparticularly the extension of the special control of the	o and substribed before me, this the proof of 1907.  I have heretoff the would be fore me, this the proof of 1907.  I am well acquainted with the foregoing affidavit, and am waid affidavit are true, and I know he resides in this County.  Given under my official signature day of Manager	Postoffice  Postoffice  Ordinary  Well satisfied that the she is the individual he related to the same search and seal this.	s a resident availed pension of the control of said County tatements made presents himse
Sworn to disparticularly the extension of the special control of the	o and substribed before me, this the proof of 1907.  I say of	Postoffice  Postoffice  Ordinary  Well satisfied that the she is the individual he related that the standard that the standard that the she is the individual he related that the standard that	s a resident availed pension of said County tatements made

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



STATE OF GEORGIA,

### Campiler of State Records

Atlanta, Ba., 10/19/ 190

I, A. D. Candler, do hereby sertify that the roll of Co. E-

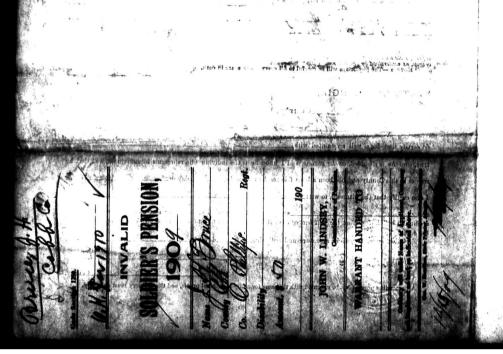
4th Regiment Georgia State Troops bears the following entry:-

"Bruce, J. Harrison, Private, Oct. 31, 1861. "

Other than this we have no record of his services.

A. b. bandler

Compiler of State Records.

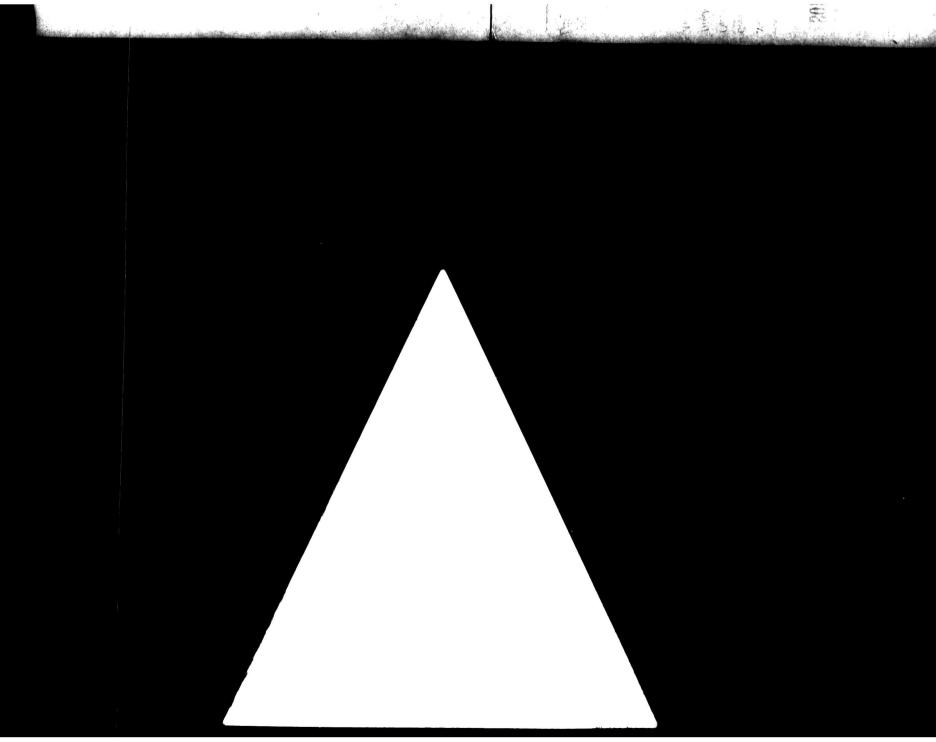


## OR USE OF APPENDANTS/WHO HAVE NOT HERETOFORE DRAWN.

STATE OF GEORGIA.	
STATE OF GEORGIA,	41.428
County,	_
9 4113	2
PERSONALIT APPEARS TO THE PERSONALITY APPEARS TO	
County, State of Georgia, who being duly sworn, says on cath that he was born on the 26	do 0
A Milanian	day of
18#1, that he is a gona side citizen and resident of Georgia, an	d bas been
continuously since the day of the last that	he enlisted
in the military service of the Confederate States (or the State of	
Option of the state of the stat	) on the
day of 1862, during the war between the	States, and
The state of the s	
	Volunteers,
Brigade, and was honorably discharged on the walk for the last that whilst engaged in such military service, and in line	day of
in 186.3 ; that whilst engaged in such military service, and in line	
	or duty in
the State of, on theday of	186
be was disabled or wounded as follows: Atter Loveing a Ric Mouths con	Lister
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S 100 to talkers Vegion in three weeks after his for	I don't
O de Man 1862 film allit with Alli	- 4
The way 1000 the was defacted with response poor	and
Received and was butined in him lited for Burn	me. L
Sil M. Pill'1-	Just
were sufficiently recovered he was honorably disc	haroud
Joon the service Sometime in Jahran 1865 Ah	blicat
Melitare a commend of week to the	C
Mountered as a Wagour for the 11st Id Regional	and Muse
Muder Dul J. G. Foliston at Brushow all It C	The state of the s
HA HAT WIN	Lil
White in Entral	Jung for
una popularous applicant thream afficted listle	Klunch
and has been a tall I it is all	Sett .
way was been a various from it wer was moreasing	y were un
age much I am whate to persone manual later	,
	-
Where was command surrendered? Last Command Virrandored at Freeur	borouge
Was applicant present? Les	
If n	ot, where
was he? How come there?	
And by whose authority 9 Class A.H.	
And by whose authority? State fully:	
	-
Denoises define to problem to the book of the book of the second	
Deposent desires to participate in the benefits of Section 1250 of the Code, and the Aots amendator and makes application for the pension to which he is entitled for the year thereunder, ending October 26th	y thereof,
Sworn Fand subscribed before me, this the	Mg 100
M. M. A. M. ANIC	E
day of White 1909	
1/ Mall	
Ordinary. Post Office.	
/ //	
extent of the disability. If claim is based on disease, give full and connected history of disease, the disability of disease, the disease of disease, the disease of disease, the disease of disease, the disease of disease of disease.	warly the
Work.—Do not trouble to mention wounds which do not disable and delight the same of	

STATE OF GEORGIA,
County.
PERSONALLY appears before me, the undersigned Ordinary in and for said County
7 9 11
personally known to me to be trustworthy citizens, each of whom, being duly sworn according to law, severally say
under oath, that they are personally and well acquainted with whose application is herewith presented for a pension, that to has resided in this State continuously since the
day of 1842 , that he served in Company flower below Wiendowsel
of the
Regiment of Brigade, and from our personal knowledge he, while in line of duty, was injured by the service as follows: (Give full statement, and tell in your own language
when, where, and how the injury happened, or the disease was contracted, and to what extent applicant is disabled from work as a direct result thereof. If he does any labor or can do any, state what.)
Applicant Grove a Six Months
alistant in Co & Call Roland Command HITE Ret
State Droube a leaving intisting is Both Bis and died
With his Bit-last of Ab 11 186 & to Man 181 & the
in Co Hillip la Co Ctt.
in a comment agrow work uneras we was taken with soper
The the theunionia vant of Norpital at Norskevelle V. 6,
(Med Was lisology of from the server by Mideal board
When he lift the nospital - Nout the latter woulter of the
Way be pelisted both the 4 th Ga Regut and homendered
at trees borough A. le te later Service we Know from Got
Understood before at the time . We were well as quainted
applieant and Know the factor and Liver a with hind in Philips
Legio to Whole le Court of history to and a list in the
The his district of the state o
Miles his first whethere and afficien with Munching and Musey the
Where was applicant's command/surrendered?
Was be with it? Were all of you present? S. oncy was making all in prison of the cur in the Errorice Latter part of war fortund 2 That Gold
If not, where was he?
Where were you all? Italia affin
William Mid. Houndoes not Revow of service
How do you know the lagte you existe to be true? From Derornal Knowledge and reliable
mation at the line of Service -
We personally know abov $\theta$ stated facts. We were with him in the army and have known him ever since.
He was honorably discharged or retired from the service onday of
.186 Applicant is permanently disabled as stated and has been so to our certain knowledge ever since 18  We have no interest in the recovery of a pension by him.
Swarm to and subscribed before me, this
Day of Ochober 1900 \ Namuel
Modanie Whater
Ordinary. Prince
NOTE: The Ordinary will see that the full tent of the affidavit is understood by the witnesses, and that they are legally qualified to the same.
s.—Witnesses are asked to make their statements full and explicit, tracing disability to its true cause.  3.—All blank spaces was to filled when signed.

County,  Francoually comes before me and County,  Market Hull and County, who, being severally sworn, and on oath, that they have carefully	STAT	è of ge	ORGIA	)	773	•			
Doth known to both known to both known to both known to me as reputable physicians, of said County, who, being severally sworm, say on oath, that they have carefully examined and after such personal examination, say that the present officiation of applicant is as follows:  A substitute of the several physicians will be careful to fill every blank space in oath.  The physicians will be careful to fill every blank space in oath.  The physicians will be careful to fill every blank space in oath.  The physicians will be careful to fill every blank space in oath.  The physicians will be careful to fill every blank space in oath.  The physicians will be careful to fill every blank space in oath.  The physicians will be careful to fill every blank space in oath.  The physicians will be careful to fill every blank space in oath.  The physicians will be careful to fill every blank space in oath.  The physicians will be careful to fill every blank space in oath.  The physicians will be careful to fill every blank space in oath.  The physicians will be careful to fill every blank space in oath.  The physicians will be careful to fill every blank space in oath.  The physicians will be careful to fill every blank space in oath.  The physicians will be careful to fill every blank space in oath.  The physicians will be careful to fill every blank space in oath.  The physicians will be careful to fill every blank space in oath.  The physicians will be careful to fill every blank space in oath.  The physicians will be careful to fill every blank space in oath.  The physicians will be careful to fill every blank space in oath.  The physicians will be careful to fill every blank space in oath.  The physicians will be careful to fill every blank space in oath.  The physicians will be careful to fill every blank space in oath.  The physicians will be careful to fill every blank space in oath.  The physic		CL			1	2			
both known to no as reputable physicians of said County, who, being severally sworn, and on oath, that they have carefully examined by the said county who, being severally sworn, and on oath, that they have carefully manufactured and after such personal examination, any that the present of addition of applicant is as follows:    Angle   Ang				i AZ	16	THI O			
both known to no as reputable physicians of said Country, who, being severally sworn, and act such that they have carefully examined by the said country, who, being severally sworn, and act such physicians of applicant is as follows:  And after such personal examination, any that the present of addition of applicant is as follows:  And the act of applicant is as follows:  And the such act of applicant is as follows:  And the such act of applicant is as follows:  And the such act of applicant is as follows:  And the such act of applicant is as follows:  And the such act of applicant is as follows:  And the such act of applicant is as follows:  And the such act of applicant is as above stated,  Book and the such act of disability is act of disability. If disability results from sound or such act is toution, character and present condition. If from disease, give its nature and character, and its country or competity that it is toution, character and present condition. If from disease, give its nature and character, and its country or country.  Norm 1—State sully the special condition and especially the extent of disability. If disability results from mound or specially the states of the applicant in the foregoing added vist, and as feel is attended that the statements made by him in his said affidevit are use, and he is detabled, as he colouns, that It have be to the individual harpspressons himself to be, and that the state is toution that the state of the applicant is an experience of respectability, that their statements are worthy of full delt and belief, and that the full test of the applicant understood by them before they signed as came.	1	BROWALLY COM	es before me_	Office of	A STATE OF	West .	UL Ord	inary of said (	County.
and after such personal examination, say that the present of distriction of applicant is as follows and after such personal examination, say that the present of distriction of applicant is as follows and after such personal examination, say that the present of the such as the such	MAR	fu St A	uld	and	( Min	Kin	6		
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IN WITNESS WHEREOF, I have	hereunto set my hand and seal, this.
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Soldier's Pepsion.

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Secretary Executive Department.

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County, Georgia.

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## POWER OF ATTORNEY.

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and resident of said	County and State, as	nd has resided in	n said State contin	uonaly ever
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of the value of Dollars. I am now corning by my labor. Dollars per month. That by reason of his physical condition and possety he is anable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for. Deponent desires to participate in the benefits of the Act approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1907. I have heretofore, as a resident of\_ County, been allowed a pension for the year 1906. Sworn to and subscribed before me, this the Ordinary. State of Georgia, John Awhry Ordinary of said County, do certify that I am well acquainted with A Homes the applicant in the foregoing affidavit, and am well astinial ab a she 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 upder my official signature and seal this\_ County. Nova.—Affidavis should not be assessed before January lab, 1907.



Hon. . W.Lindsey.

Commissioner. Atlanta, Ca...

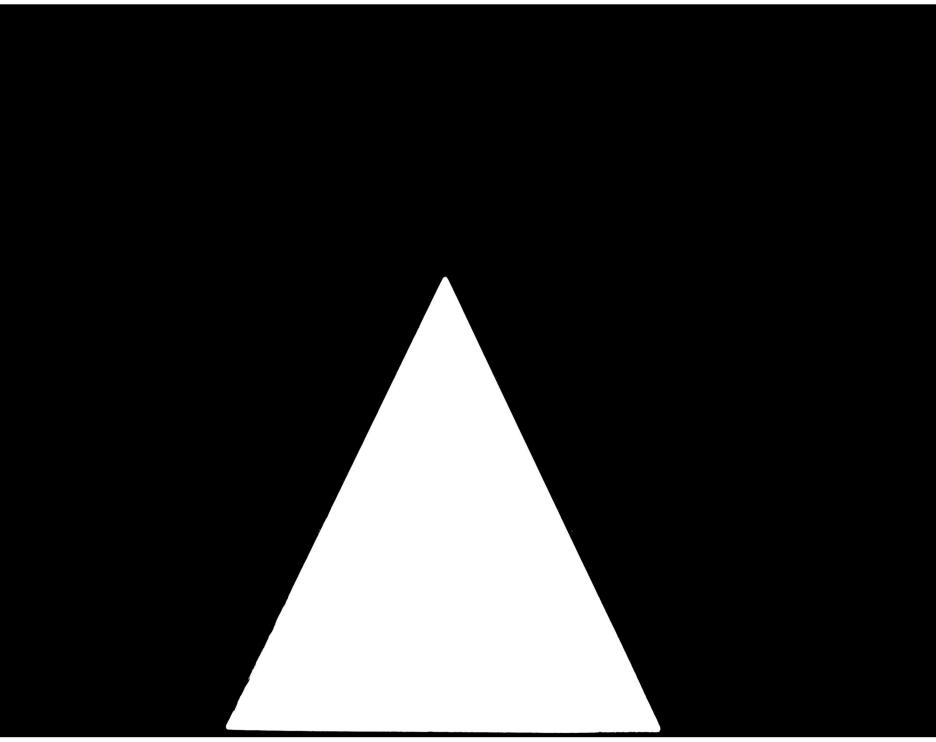
Dear " . 'Indony:-

I send you herewith the application of Mr. J.K.Bruce, strengthered by two efficients.

I can say without reserve that this man's present condition is such that it brings him clearly within the class of pensioners to which he makes application. He has lived in a small but on my fathers place for 11 years, and there can and is no question about his condition, he is unable to work, and has no property except a small amount of household goods.

I would like very vuch to see him succeed in geting on the pension roll. With best wishes for your continued improvement, and assuring you that if at anytime I can serve you either through my newspaper of otherwish, and with high personal regards for you. I have the honor to be,

Yours Very Truly,



No. 1975	NOTES		before	on t	ST.
Widow's Application To Be Put en Boll in Her Own Right Wien Rusband Was on the Indigent Boll or Put on Under Act of July 11, 1910— As Amended by Act of 1919.	S: 1. Before any quantiza  'You shall give will be you shall give will be you shall give will be 3. All affishmen who 4. Only widows who 5. Attach confided copin triputation. 6. Widows of Dunkad service—became be	Sworn under my hand (SEALL)	re signing the respective	on theday for That I also know	STATE OF GEORGIA
Name George Bryann Widow of R. a. Bryan	s are answered the Ordina- wear that you will true am the truth. So help you God. may be attached if blank he made before the Ordina- redel prior to first. January so of marriage license if ob- Pransioners must use the H B made no proof of service a	and official scal of office	affidavits,	M. Nedger	COUNTY.
Regiment 2 Has Approved Fill 5, 1925	If shall sever applicant as were make to each of the warren are immfaint. If of the centry of the centre of 1,1811, are catified. If safe, prove man the Application Beach and a not was not required to do and was not required to do	Tice this 39	and that they are truthful and tr	fide continuing	applies
Vallaria Commissioner of Pansions	d the visuas is the failures, questions asked you said the critical properties of the state and proper full terms of the said.	Court Ordinary	foregoing were duly sworn trustworthy and their stat	resident of said County and was	Ordinary of said County, do certify that I
Byrd Printing Co., State Printers, Atlanta.	ing worth: he oridance by general husband's	19 A / County.	rn by me	y and was also know	tify that I

STATE OF GEORGIA. -----Ordinary of said County, do certify that I the applicant for this pension, and that she is the person she represents herself to be, and that she is a bona fide continuing resident of said County and was ---witness as to marriage, and I also know .....; that both of the foregoing were duly sworn by me before signing the respective affidavits, and that they are truthful and trustworthy and their statements are antitled to full faith and credit. Sworn under my hand and official (SEAL.) Ordinary. County. NOTES: 1. Hefore 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 affodavits must be made before the Ordinary of the country of residence.

3. All affodavits must be made before the Ordinary of the country of residence.

4. Only widows who married prior to first January, 1881, are entitled.

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

d. Widows of Disabled Pensioners must use the Blue Application Blank and state and prove full term of husband's service—because he made no proof of service and was not required to do so. Application Ħ Widow's

## WIDOW'S AFFIDAVIT

STATE OF OBORGIA,
COUNTY.
Personally before me comes Mus Larryan Bryan of said County,
who, after being duly sworn, says that she is the widow of 12 9134724
to whom, in the County of State of State of she was married on
the LO day of MW. 1870, and that she remained his wife, and resided with him to the
date of his death in 2 26 1923 and that she has not since his death remarried. At
the time of his death he was a resident of Hullen County, in said State
of Georgia, and he was on the Pension Roll of the State and paid a pension
of \$/DD in Colle County for 1923 per annum, on account of being a soldier in
Company & 2 Ha Regiment. (Volunteers or State Militia)
That she is now a bona fide resident citizen of said County of all has left and she has so continuously resided since for day of 1823.
has so continuously resided sinceday of1923.
Sworn to and subscribed before me, this the
8 day of the accular 1923 4
AM Clarer Ordinary Levy is the Stry and
County County
County
(SEAL)
(SEAL)
County.
Affidavit of Witnesses to Prove Marriage and to Whom.  Date of Death of Husband
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Affidavit of Witnesses to Prove Marriage and to Whom.  Date of Death of Husband  STATE OF GEORGIA,  COUNTY  Personally before me comes. State of County, who after having been duly sworn, say: that
Affidavit of Witnesses to Prove Marriage and to Whom.  Date of Death of Husband  STATE OF GEORGIA,  COUNTY  Personally before me comes Standard Sta
Affidavit of Witnesses to Prove Marriage and to Whom.  Date of Death of Husband  STATE OF GEORGIA,  COUNTY  Personally before me comes. State of County, who after having been duly sworn, say: that
Affidavit of Witnesses to Prove Marriage and to Whom.  Date of Death of Husband  STATE OF GEORGIA,  COUNTY  Personally before me comes  COUNTY  Personally before me comes  County, who after having been duly sworn, say: that of their own personal knowledge Mrs.  Again, who made the foregoing affidavit, is the lawful widow of  County in said State of  On 24 day of Assessment 1923, and that she has not since remarried. That she became the wife of A. A. Bryan.  On
Affidavit of Witnesses to Prove Marriage and to Whom.  Date of Death of Husband  STATE OF GEORGIA,  COUNTY  Personally before me comes  COUNTY  Personally before me comes  County, who after having been duly sworn, say: that of their own personal knowledge Mrs.  Again, who made the foregoing affidavit, is the lawful widow of  County in said State of  On 24 day of Assessment 1923, and that she has not since remarried. That she became the wife of A. A. Bryan.  On
Affidavit of Witnesses to Prove Marriage and to Whom.  Date of Death of Husband  STATE OF GEORGIA,  COUNTY  Personally before me comes.  County, who after having been duly sworn, say: that of their own personal knowledge Mrs.  The provided Herman Argan, who made the foregoing affidavit, is the lawful widow of Argan, who died in Fallow.  County in said State of Argan, on 26 day of Execution 1923,
Affidavit of Witnesses to Prove Marriage and to Whom.  Date of Death of Husband  STATE OF GEORGIA,  County  Personally before me comes State of Language who after having been duly sworn, say: that of their own personal knowledge Mrs. Language State of Language who died in Fully  County in said State of Language on the wife of Language on the Language on the Language on the Language of La
Affidavit of Witnesses to Prove Marriage and to Whom.  Date of Death of Husband  STATE OF GEORGIA,  COUNTY.  Personally before me comes.  COUNTY.  Personally before me comes.  County, who after having been duly sworn, say: that of their own personal knowledge Mrs.  Arriage and to Whom.  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.  Arriage and to Whom.  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.  Arriage and to Whom.  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.  Arriage and to Whom.  Arriage and to Whom.  Arriage and to Whom.  Date of Death of Husband  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.  Arriage and truthful persons, residing in said County, who after having been duly sworn, say: that of their own personal knowledge Mrs.  Arriage and truthful persons, residing in said County, who after having been duly sworn, say: that of their own personal knowledge Mrs.  Arriage and truthful persons, residing in said County, who after having been duly sworn, say: that of their own personal knowledge Mrs.  Arriage and truthful persons, residing in said County, who after having been duly sworn, say: that of their own personal knowledge Mrs.  Arriage and truthful persons, residing in said County, who after having been duly sworn, say: that the personal knowledge Mrs.  Arriage and truthful persons, residing in said County, who after having been duly sworn, say: that the personal knowledge Mrs.  Arriage and truthful persons, residing in said County, who after having been duly sworn, say: that the personal knowledge Mrs.  Arriage and truthful persons.  Arriage and truthful persons.  Arriage and trut
Affidavit of Witnesses to Prove Marriage and to Whom.  Date of Death of Husband  STATE OF GEORGIA,  COUNTY  Personally before me comes Standard County, who after having been duly sworn, say: that of their own personal knowledge Mrs. Assignment Standard, who made the foregoing affidavit, is the lawful widow of Standard who died in Stallard County in said State of Standard State State Standard State State State State State Standard State State State Standard State State State Standard State State Standard State Standard State State State Standard State State Standard Stan
Affidavit of Witnesses to Prove Marriage and to Whom.  Date of Death of Husband  STATE OF GEORGIA,  COUNTY  Personally before me comes Standard County, who after having been duly sworn, say: that of their own personal knowledge Mrs. And the same man who was on the pension roll of said State  On 24 day of Marriage and to Whom.  Landard County who after having been duly sworn, say: that of their own personal knowledge Mrs. And the same man who was on the pension roll of said State  County in said State of 1923, and that she has not since remarried. That she became the wife of Andread together as man and wife continuously since 10 day of 1820, and that she and he had resided together as man and wife continuously since 10 day of 1820, and that the Andread together as man and wife continuously since 10 day of 1820, and that the Andread together as man and wife continuously since 10 day of 1820, and that the Andread together as man and wife continuously since 10 day of 1820, and that the Andread together as man and wife continuously since 10 day of 1820, and that the Andread together as man and wife continuously since 10 day of 1820, and that the Andread together as man and wife continuously since 10 day of 1820, and that the Andread together as man and wife continuously since 10 day of 1820, and that the Andread together as man and wife continuously since 10 day of 1820, and that the Andread together as man and wife continuously since 10 day of 1820, and that the Andread together as man and wife continuously since 10 day of 1820, and that the Andread together as man and wife continuously since 10 day of 1820, and that the Andread together as man and wife continuously since 10 day of 1820, and that the Andread together as man and the same man who was on the pension roll of said State 1820, and that the Andread together as man and the same man who was on the pension roll of said State 1820, and that the Andread together as man and the same man who was on the pension roll of said State 1820, and that the Andread togeth
Affidavit of Witnesses to Prove Marriage and to Whom.  Date of Death of Husband  STATE OF GEORGIA,  COUNTY  Personally before me comes  COUNTY  And that in lawful widow of  COUNTY  And that she lawful widow of  COUNTY  And that she has not since remarried. That she became the wife of  COUNTY  And that she had resided together as man and wife continuously since  COUNTY  Was  The same man who was on the pension roll of said State  COUNTY  When he died.  Sworn to and subscribed before me, this the

(SEAL)



TO ANY JUDGE, JUSTIGE OF THE PEACE, OR MINISTER OF THE GOSPEL.

Jou are hereby authorized to join and Georgia Gree Dodge and Georgia Gree Dodge and Free of Matrimony according to the Constitution and Faces of this State and for so doing this shall be your Freense. Ind you are hereby required to return this Freense to me with your Collicate hereon of the fact and date of the Marriage.

The Joyn under my hand and seat this for day of the STATE OF GEORGIA CABRIFICATOR COUNTY OF COME

and Recorded JUN J 8-1890 19

PARTY PERFORMING CEREMONY RETURN TO ORDINARY TO BE RECORDED.

