

STATE OF GEORGIA,

Coos County,

PERSONALLY appears *J. W. Brown* of *Coos* county, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has been such since the day of *1868*; that he enlisted in the military service of the Confederate States (or of the State of *"C"*) during the war between the States, and served as a *private* in Company *"C"*, of *44th* Regiment of *Georgia* Volunteers *Stovall's* Brigade; that whilst engaged in such military service, at the battle of *Bentonville* in the State of *North Carolina* on the *19th* day of *March* *1865*, he was wounded as follows: *He was shot through the left shoulder blade and joint, the ball going through the joint and breaking it all to pieces making the arm stiff, the bone having been broken in the joint, the arm by reason of the wounds has been rendered substantially and essentially useless and which wound permanently disables deponent and renders him practically incompetent to perform manual labor.*

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

Sworn to and subscribed before me, this the *17th* day of *January* *1888*.

J. W. Brown
Edw. W. H. H. Ordway

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

COMMISSIONED OFFICER'S AFFIDAVIT.

STATE OF GEORGIA.

Coos County.

PERSONALLY came before me *B. Rainey* of the county *Coos* State of Georgia, who, being duly sworn, says that he was a commissioned officer in Company *"C"*, of *41st* Regiment of *Georgia* Volunteers, and that deponent knows *J. W. Brown* and that he received the wounds (or contracted the disease) in the military service, as stated in his foregoing affidavit, and that wounds (or disease) permanently disables the said *J. W. Brown*, as stated by him in said affidavit. Deponent further states that said *J. W. Brown* is a *bona fide* citizen of this State, and resides in *Coos* county.

Sworn to and subscribed before me, this *17th* day of *January* *1888*.

Edw. W. H. H. Ordway } *B. Rainey*

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

STATE OF GEORGIA,

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 _____ 1888

STATE OF GEORGIA,

County. }

PERSONALLY comes before me

H. M. Hammett

Ordinary of said county,

Dr. A. N. Goble

and Dr. E. J. Selge

, 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: *He was shot through the shoulder blade and joint, the ball going through the joint breaking the bone all to pieces, the arm is stiff and by reason of the wound is rendered substantially and practically useless. He is permanently disabled and practically incompetent to perform military duty.*

Sworn to and subscribed before me, this

17th day of January 1888

H. M. Hammett

ORDINARY

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

STATE OF GEORGIA,

County. }

I, H. M. Hammett

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. I also certify that the foregoing witnesses are persons of respectability, and that their statements are worthy of full credit and belief.

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

Given under my official signature and seal, this 17th day of January 1888

H. M. Hammett

Ordinary Cobb County.

POWER OF ATTORNEY.

STATE OF GEORGIA

County. }

Know all men by these presents, That I

J. W. Brown

of Cobb Co.

county, in said State, do hereby appoint

of _____ my true and lawful attorney in fact, for

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

In witness whereof I have hereunto set my hand and seal, this

day of January 1888

J. W. Brown [L. S.]

Executed in the presence of us:

H. M. Hammett

Ordinary

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

PERSONALLY appears W. 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 has resided therein continuously ever since the 15 day of October 1850, that he enlisted in the military service of the Confederate States (or of the State of Ga.) during the war between the States, and served as a Private in Company C, of 4th Regiment of Volunteers, Stovall's Brigade; that whilst engaged in such military service at the battle of Bentonville in the State of N.C. on the 19 day of March 1865, he was wounded as follows:

By gunshot striking in front left shoulder joint, breaking the front ball, mangling, and shattering bone & coming out between shoulder blades. Deponent is unable practically to support his own weight.

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1894. I have heretofore been allowed a pension of \$50 dollars, for the year 1893.

Sworn to and subscribed before me, this, the 7 day of March 1894. } J. W. Brown

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,

I, J. W. Brown Ordinary of said County.

do certify that I am well acquainted with 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 7 day of March 1894.



J. W. Brown
Ordinary Cobb County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

PERSONALLY appears W. 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 has resided therein continuously ever since the 15 day of October 1850, that he enlisted in the military service of the Confederate States (or of the State of Ga.) during the war between the States, and served as a Private in Company C, of 4th Regiment of Volunteers, Stovall's Brigade; that whilst engaged in such military service at the battle of Bentonville in the State of N.C. on the 19 day of March 1865, he was wounded as follows:

By gunshot striking in front left shoulder joint, breaking the bone & point of said shoulder, mangling through and passing inner shoulder blade & was cut off near back bone - on account of which deponent is unable practically to support his own weight.

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 \$50 dollars, for the year 1894.

Sworn to and subscribed before me, this, the 5 day of March 1895. } J. W. Brown

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,

I, J. W. Brown Ordinary of said County.

do certify that I am well acquainted with 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 5 day of March 1895.



J. W. Brown
Ordinary Cobb County.

POWER OF ATTORNEY.

STATE OF GEORGIA.

Colby COUNTY.

I, *Edith A. Bryant*

do hereby authorize

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

Marcella

Witness my hand and seal this

7th day of

Feb 1899.

Edith A. Bryant (L.S.)

Pension Office - 7/20/04.

Applicant has about five minor children now what is the coming capacity of each per week or month state clearly and prove.

John Henry
Com of Pen

Pension Office - 7/20/04.

Pension Office - 7/20/04.

This applicant is not an aged man and his earnings of his minor children - is his income. They certainly can earn a support - unless for some reason. Was applicant living at Albany it was considered as of his state. The clerk and from my statement who was present in the office was from out of the County. I am County Com of Pen.

INDIGENT PENSION

1906

1899

Name *R. A. Bryant*
County *Colby*
Co *Edith A. Bryant*

Approved *1*

RICHARD JOHNSON,
Commissioner of Pensions

WARRANT HANDED TO

Received *3/1/04*
7/6/1902
2/20/04

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,

Cobb COUNTY.

S. W. Fry of said State and County, having been presented

as a witness in support of the application of R. A. Bryant 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? S. W. Fry, near Marietta Cobb County, Ga.
2. Are you acquainted with R. A. Bryant, the applicant; if so how long have you known him? Ever since before the war.
3. Where does he reside, and how long and since when has he been a resident of this State? He lives near Marietta, Ga. Ever since I have known him.
4. When, where and in what company and regiment did he enlist, and how do you know? In the early part of the year 1862 at Marietta Cobb Co. Ga. Co. E, 2nd Ga. Regiment Cavalry in the service of the Confederate States.
5. Were you a member of the same company and regiment? Yes.
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? He performed regular duty for about 1 1/2 years. He made a good soldier and was honorably discharged at the time of Lee's surrender - or was at Appomattox at the time.
7. What property, effects or income has the applicant? (Give your means of knowledge.) Nothing in his own name but he owned a kitchen in Marietta.
8. What property, effects or income did the applicant possess in 1896, 1897 and 1898, and what disposition, if any, did he make of same? I don't recollect exactly, but he is about as he states in his application.
9. Has he conveyed away any of his property in the last three years, if so, what was it, and to whom? None of his own.
10. What is the applicant's occupation and physical condition? He is a farmer, and suffers considerably from rheumatism. He has additional such an extent that he is unable to do any of his own labor and for weeks at a time he is unable to get on his feet.
11. Is the applicant unable to support himself by labor of any sort, if so, why? He is, because of his physical condition and has no means of support. He is uneducated and cannot do anything but farm.
12. How was he supported during the years 1897 and 1898? By his own labor on the side of his children, some of whom are of age.
13. What portion of his support for these two years was derived from his own labor or income? Not more than \$52.00 or \$66.00.
14. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code? As stated in answers to 10, 11, 12, & 13, above.
15. What interest have you in the recovery of a pension by this applicant? None.

Sworn to and subscribed before me, this 18 day of Feb, 1899.

S. W. Fry Witness.

J. M. Stone Ordinary.

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,

Cobb COUNTY.

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

His general physical condition is debilitated and run down as a result of periodical attacks of Bronchial asthma, of many years duration. He also suffers from chronic rheumatic pains in knee joints.

We further say on oath that the physical condition of applicant renders him unable to labor at any work or calling sufficient to earn a support for himself, and that we have no interest in said pension being allowed.

Sworn to and subscribed before me this 18 day of Feb, 1899.

J. D. Malone M.D. Ordinary.

E. J. Setz M.D.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Cobb COUNTY.

J. M. Stone, Ordinary in and for said County, hereby certify that the applicant R. A. Bryant resides in said County, and has been a bona fide resident of this State since the year 1862, and that the witnesses, J. D. Malone and E. J. Setz, are of trustworthy character, and that their statements are entitled to full faith and credit.

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

I further certify that the tax digests of Cobb County show that applicant returned for taxation in his name in 1897 Twenty five (25) Dollars of property, and in 1898 Twenty (20) Dollars of property.

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

Witness my hand and seal of office, this 18 day of Feb, 1899.

J. M. Stone Ordinary.

Cobb County.

NOTE.

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

Questions for Applicant.

STATE OF GEORGIA,

Bullton County, family of Cobb Co.

R. A. Bryant of said State and County, desiring to avail himself of the Pension Act (Section 1264, Code), hereby submits his proofs, and after being duly sworn 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)
R. A. Bryant Bullton Co. Chattahoochee PO
2. How long and since when have you been a resident of this State? from 19th 1847
3. When and where were you born? in Bullton Co. Ga.
4. When and where and in what company and regiment did you enlist or serve?
in 1864 in Cobb Co. Ga. Co. E 2nd Georgia Regiment
5. How long did you remain in such company and regiment?
about 15 months
6. When and where was your company and regiment surrendered and discharged?
in Albany Ga. April 1865
7. Were you present with your company and regiment when it was surrendered? Yes
8. If not present, state specifically and clearly where you were, when you left your command, for what cause and by whose authority?
in Albany Ga. where we surrendered
9. How much can you earn (gross) per annum by your own exertions or labor? about \$500 a year
10. What has been your occupation since 1865? a farmer
11. Upon which of the following grounds do you base your application for pension, viz: first, "age and poverty," second, "infirmity and poverty," or third, "blindness and poverty"? 2nd
12. If upon the first ground, state how long you have been in such condition that you could not earn your support? If upon the second, give a full and complete history of the infirmity and its extent? If upon the third, state whether you are totally blind and when and where you lost your sight?
Suffering Asthma & Rheumatism am not able to work a living
13. What property, real or personal, or income, do you possess, and its gross value?
None
14. What property, real or personal, did you possess in 1894, 1895, 1896, 1897, 1898, 1899 and 1900 and what disposition, if any, by sale or gift, have you made of same?
None
15. In what County did you reside during those years, and what property did you then return for taxation?
in Cobb County Ga. none
16. How were you supported during the years 1899 and 1900?
labor and help from children
17. How much did your support cost for each of those years, and what portion did you contribute thereto by your own labor or income?
Cost \$400 and \$400 per year
18. What was your employment during 1898 and 1899? What pay did you receive in each year?
farmer, no pay
19. Have you a family? If so, who composes such family? Give their means of support? Have they a homestead?
4 Minor Children unable to support themselves
20. Are you receiving any pension? If so, what amount and for what disability?
None
21. Have you ever made an application for pension before? one not in
22. How many applications have you ever made and under what class? proper form

Sworn to and subscribed before me this the

13th day of June 1902

John A. Wilkerson Ordinary,

of Bullton County.

R. A. Bryant Applicant.

Every Question MUST be Answered.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb COUNTY.

I, R. A. Bryant hereby authorize

John W. Lindsey of

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

at

by

WITNESS my hand and seal, this 11 day of May 1906.

R. A. Bryant [L. S.]
main

Executed in the presence of

McKinn

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb COUNTY.

I, R. A. Bryant hereby authorize

John W. Lindsey of

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

at

by

WITNESS my hand and seal, this 11 day of May 1907.

R. A. Bryant [L. S.]
main

Executed in presence of

McKinn

COURT SECTION 1234.
(FOR THOSE ALREADY ENROLLED.)

No. 565

INDIGENT
SOLDIER'S PENSION
1906.

Name R. A. Bryant
County Cobb
Co. 2nd Regiment GA.
Reserve
WARRANT ISSUED
11 22 1906.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Ray

THE PENSION FUND AND PENSION CO. CHAS. W. HARRISON, PRES.

no data

Bryant, R. A.,
Cobb Co.,

COURT SECTION 1234.
(FOR THOSE ALREADY ENROLLED.)

No. 568

INDIGENT
SOLDIER'S PENSION
1907.

Name R. A. Bryant
County Cobb
Co. 2nd Regiment GA.

WARRANT ISSUED
JAN 21 1907.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

THE PENSION FUND AND PENSION CO. CHAS. W. HARRISON, PRES.

no data

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,

Cobb County.

Personally appears R. A. Bryant 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 _____ day of _____ 18____; that he is _____ years old and by occupation a _____, 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 _____ in Company E, of 2nd Regiment of _____; that his physical condition is as follows: Age & Infirmary

that his property consists of the following items: _____

of the value of _____ Dollars. 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 Cobb County, been allowed a pension for the year 1905.

Sworn to and subscribed before me, this the _____ day of January 1906. } R. A. Bryant Ordinary. John Andrew

State of Georgia,

Cobb County.

I, John Andrew Ordinary of said County, do certify that I am well acquainted with R. A. Bryant 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 1906. } John Andrew Ordinary. Cobb County.



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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,

Cobb County.

Personally appears R. A. Bryant 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 _____ day of _____ 18____; that he is _____ years old and by occupation a _____, 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 _____ in Company E, of 2nd Regiment of Cobb County; that his physical condition is as follows: Age & Infirmary

that his property consists of the following items: _____

of the value of _____ Dollars. 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 1907. I have heretofore, as a resident of Cobb County, been allowed a pension for the year 1906.

Sworn to and subscribed before me, this the _____ day of January 1907. } R. A. Bryant Ordinary. John Andrew

State of Georgia,

Cobb County.

I, R. A. Bryant Ordinary of said County, do certify that I am well acquainted with R. A. Bryant 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 1907. } John Andrew Ordinary. Cobb County.



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

STATE OF GEORGIA,

Cobb

County

I, J M Gair, Ordinary of said County, do certify that I personally know Mrs Georgia Ann Bryan, the applicant, and that she is the lawful widow of R A Bryan, and was on the June Pension Roll of said Cobb County, and was paid a Pension from Cobb County for 1922, and at the time of his death on the 26 day of Nov 1922, there was due to him and unpaid his Pension of 100 Dollars from the State of Georgia, and I know J H Dodgen, the within witness, and he is of a truthful and trustworthy character and entitled to full credit.

Given under my hand and seal this 27 of October, 1924
(SEAL.) J M Gair Ordinary
Cobb County.

Bryan, R.A.
Cobb County
E

1924

Application for Pension Due
Deceased Soldier

(UNDER ACT 1891)
(To be paid his Widow or Dependent Children)

BY

Mrs. Georgia Ann Bryan
Widow of R A Bryan
of Cobb County
Old or New Survivor
Date of Death Nov 26 1922

Approved and ordered paid.
JAN 3 1925

M H Davis
Commissioner of Pensions.

Ordinary: Fill out above in full and send this blank to Pension Office for approval before you pay out the money, and then return it with your pay-receipts for permanent filing in the Pension Office.

GEORGIA,

County.

I hereby authorize and constitute _____, of said County, my lawful attorney to collect, and receipt for me in my name, for the Pension due me for 1922, through my deceased husband, _____, who was on Pension Roll and paid from _____ County for 19____.

Witness my hand this _____ day of _____, 1922.

Attested before me:

APPLICATION FOR PENSION DUE DECEASED SOLDIER

(To Be Paid to His Widow or Dependent Children)

UNDER ACT APPROVED OCTOBER 3, 1891.

STATE OF GEORGIA, Cobb County

Personally before me comes Mrs. Georgia Ann Bryan, of said County, who after being duly sworn, on oath says that she is the widow of R. A. Bryan who was duly enrolled as a Indigent Pensioner from the County of Cobb and was paid a Pension of 100 Dollars from Cobb County for 1923, and that the said R. A. Bryan died in Fuller County on the 26 day of November, 1921, and at the time of his death a Pension of \$100 was due him from Cobb County and unpaid for 1924. Applicant further swears that she married the said R. A. Bryan on the 10 day of November, 1870, in Cobb County and State of Ga, and resided with him from the date of marriage to his death as his lawful wife, and is now his dependent widow, and she asks that the Pension so due and unpaid be paid to her.

Sworn to and subscribed before me this 8 day of December, 1923.

J. M. Sam, Ordinary.
Cobb County. Georgia Ann Bryan (L. S.)
(SEAL.)

AFFIDAVIT OF WITNESS

STATE OF GEORGIA, Cobb County

Personally before me comes S. M. Dodgen, who on oath says that he knew R. A. Bryan while in life and that he knows Mrs. Georgia Ann Bryan, the above applicant; that he knows that the said R. A. Bryan and Georgia Ann Dodgen were in due form of law married in the County of Cobb in the State of Ga on the 10 day of November, 1870, and that they were residing together as husband and wife at the time of his death on the 26 day of November, 1921, and I know that she is his dependent widow.

Sworn to and subscribed before me this 8 day of December, 1923.

J. M. Sam, Ordinary.
Cobb County. S. M. Dodgen
(SEAL.)

INSTRUCTIONS:
1st. This form can be used by guardian, or minor children, where there is no widow.
2nd. The Ordinary must, in all cases, send certificate of marriage attached hereto, if marriage is not proven by witness.
3rd. Avoid the use of the enormously large form of marriage certificate in common vogue throughout this State, suitable only for training. Such a certificate is entirely too bulky for use in any sort of pension paper.
4th. This form is for widows of disabled soldiers who died after October 31st, and for widows and dependent children of service soldiers who died after November 1st.
5th. The Ordinary should examine the blank carefully and see that it is fully and correctly completed, and the seals affixed, and put the back when folded, in filed envelope.
6th. Pay out no money on this application until it is approved in the Pension Office, and returned to you as your authority to make the payment.
7th. Return this application with your final settlement to the Pension Office.
8th. The widow signs pay-roll for the pension of her husband, signing her name opposite his name thereon.
9th. The pension for each year can be covered by one voucher. Each year's pension is a separate and distinct transaction and must be so treated. If widow of a "war" pensioner, who was due the war and 1911 pensions, she must make two yellow applications—one for each year. Attach a separate marriage license to each yellow blank.

Georgia - Cobb County -

I, J. M. Stone, Ordny. in and for said county, hereby certify that the witnesses, viz: B. J. Hamby & W. S. Dodgen are of trustworthy character and that their statements are entitled to full faith and credit -

Witness my hand and seal of office -
this Jan. 6, 1904

J. M. Stone
Ordny.
Cobb Co. Ga.

Georgia - Cobb County -

I, in re application of R. A. Bryant for pension -

Personally came the undersigned who upon oath says that they are personally acquainted with the said applicant, his means of support, his physical condition &c - They have resided near him for the last several years and see him quite frequently -

That the statements contained in said application are true - that the said applicant is worthy of belief -

That said physical condition continues to grow worse and that now he is really not able to make more than one fourth to one half a full hand's time without great injury to himself -

They believe that said condition is permanent if not incurable & we further say that he is unable to earn a support by labor of his own hands -

Subscribed before me -

Dec 29, 1899.

J. M. Stone

Ordny.

B. J. Hamby

W. S. Dodgen

Witnessed at Marietta, Ga. my 12th 1904
I, J. M. Stone, Ordny. in and for said county, hereby certify that I am a practicing Physician in the State of Ga. and that I have personally examined the undersigned Mr. R. A. Bryant & find his physical condition as follows: He has Chronic Rheumatism & Gout. He also has frequent attacks of Asthma, all of which combined tend to render him absolutely unable to do manual labor, and is permanently so.

Sworn & subscribed before me this July 15th, 1904. John Hunter

OFFICE OF

JOHN AWTREY

ORDINARY, COBB COUNTY.

Marietta, Ga.,

1901.

Georgia - Cobb County.

Personally before me, John Awtrey,

Ordinary in and for said County, S. F. Mayer a resident of said County, who being duly sworn deposes and says that N. A. Bryant, Applt Cant for pension, was in same Company with deponent, viz. Co. E 24th Ga. Infantries. That said Company and Regiment surrendered and was discharged shortly after Lee's surrender in the Spring of 1865 and the Applicant, N. A. Bryant, was present and surrendered at that time.

S. F. Mayer

Sworn to and subscribed before me this April 11th 1901.

I certify that S. F. Mayer, above Applicant, is a resident of Cobb County, and his evidence is worthy of full faith and credit.

John Awtrey.

CHAS. H. FIELD, M. D.

Memorandum

July 28th, 1905.

Marietta, Ga., Cobb County, 1905.

Georgia,
Cobb County.

I, Chas. H. Field, M. D., do hereby certify that I am a practicing Physician in the County of Cobb State of Georgia and that I have had the opportunity to examine N. A. Bryant during the last two years and that I know the condition of N. A. Bryant prior and after the capture of Lee's Army.

He has been severely and chronically disabled as a result of his military service and his physical condition is very feeble he is unable to do ordinary manual labor and is in all a burden to his family.

Chas. H. Field, M. D.

Sworn to and subscribed before me this July 28th, 1905. I further certify that Dr. Chas. H. Field is a resident Physician of said County of good standing and reputation.

John Awtrey
Ordinary

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, _____ hereby authorize _____

of _____

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 _____ 1896.

[L. S.]

Executed in presence of us _____

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, _____ hereby authorize _____

of _____

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 _____ 1897.

[L. S.]

Executed in presence of _____

Brown, J. W.
ACT OF 14 OCT., 1891.
(For These Already Enrolled.)

No. *412*

SOLDIER'S PENSION.

1896.

Name *J. W. Brown*
County *Cobb*
Disability *Shoulder & Arm*
Amount, \$ *50.*
2/24 1896

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDED TO

adick

Geo. W. Harrison, State Printer, Atlanta.

Brown, J. W.
Cobb County

ACT OF 14 OCT., 1891.

(For These Already Enrolled.)

No. *4663*

INVALID

SOLDIER'S PENSION.

1897.

Name *J. W. Brown*
County *Cobb*
Disability *Left Arm*
Amount, \$ *50.*

2/26 1897.

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDED TO

adick

Geo. W. Harrison, State Printer, AT.ANTA.

No data

ORDINARY CERTIFICATE.

STATE OF GEORGIA,

Fulton COUNTY.

I, John R. Wilkinson Ordinary in and for said County, hereby certify that the applicant, R. A. Bryant resides in said County, and has been a bona fide resident of this State since the 19th day of Jan 1897 and that the witnesses, viz: _____

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

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

I further certify that the tax digests of Fulton County show that applicant returned for taxation in his name in 1899 _____ Dollars of property, and in 1900 _____ Dollars of property.

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

Witness my hand and seal of office, this 15th day of June 1902
John R. Wilkinson Ordinary,
of Fulton County

NOTE.

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

COURT OF ORDINARY,
MARETTA, GA.
JOHN FAWCETT, JUDGE PROPRIO.

Mundumant
Feb. 28th 1905

Georgia, Cobb County.

Personally comes S. W. Dodgen,
who being duly sworn as a witness for
R. A. Bryant deposes and says
that he is personally acquainted with
applicants family and circumstances.
Two of the children who were minors at
time of application to wit: Ben and
Eula, are now married. There are
only two minors now left who are
able to earn anything to wit:
Mattie, earning \$2.50 per week and
Dean, earning one dollar per week.
This is not sufficient to support them-
selves. I personally know John's con-
dition to be as stated by Dr. Fields.

S. W. Dodgen

Sworn to and subscribed before me this Feb.
28th 1905 and I certify that S. W. Dodgen is
a bona fide resident of Cobb County, Georgia.

COURT OF ORDINARY,
MARETTA, GA.
JOHN FAWCETT, JUDGE PROPRIO.

Mundumant
Feb. 28th 1905

Georgia, Cobb County.

Personally comes R. A.
Bryant and deposes his application
and says that two of his minor
children to wit: Ben and Eula, are
now married. One of them, John,
is an invalid and unable to do any
thing - Only two to wit: Mattie &
Dean are able to earn anything. They
are earning \$2.50 & \$1.00 per week
respectively, which is not sufficient
for their support. One of them, Mattie,
is only ten years old and not earning
anything. One of my girls is
one armed and unable to earn
anything.

R. A. Bryant.

Sworn to and subscribed before me
this Feb. 28th 1905.

John Fawcett.

No. 908

Marriage



License

State of Georgia

County of Cobb

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

You are hereby authorized to join
R A Bryan and Georgian Dodgen
in the Holy State of Matrimony according to the Constitution and
Laws of this State and for so doing this shall be your License.
And you are hereby required to return this License to me with your
Certificate hereon of the fact and date of the Marriage.

Nov 18 1890

J Sheppard day of
Ordinary.

STATE OF GEORGIA

CERTIFICATE

COUNTY OF COBB

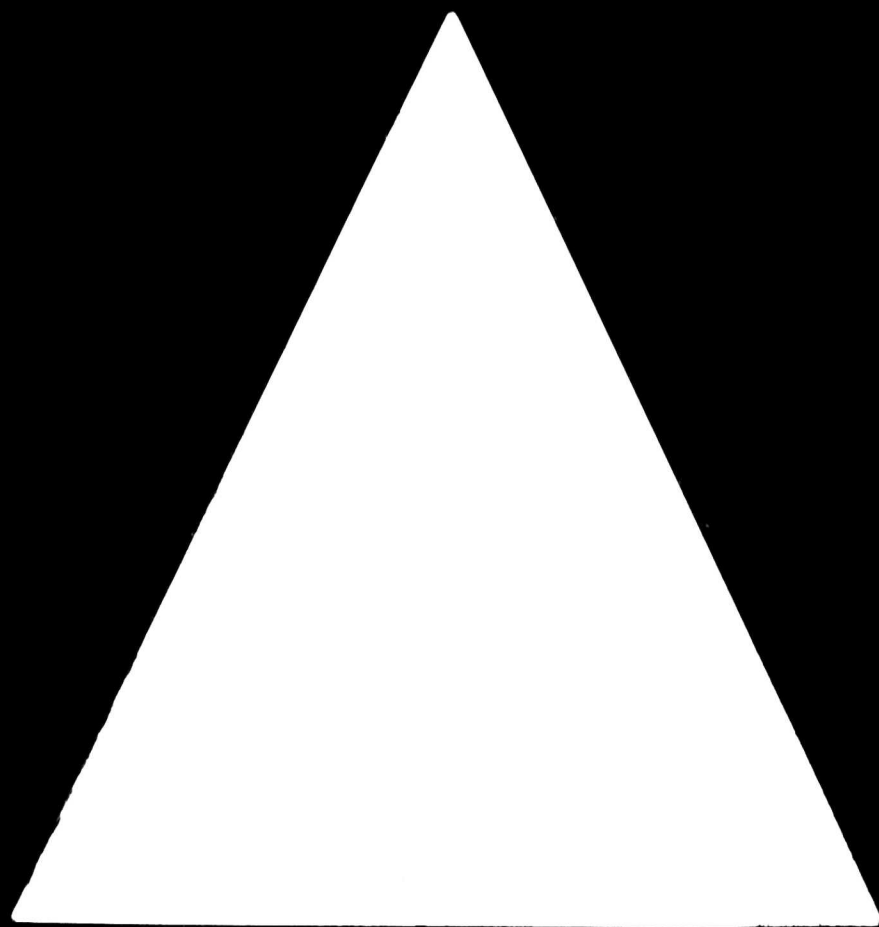
I Certify that R A Bryan and Georgian Dodgen
were joined in Matrimony by me this 18 day of Nov. 1890
and

Recorded Nov 18 1890
J Sheppard
Ordinary.

A H M Gay. M. C.

LICENSE OBTAINED UNDER OATH BY

PARTY PERFORMING CEREMONY RETURN TO ORDINARY TO BE RECORDED.



POWER OF ATTORNEY.

STATE OF GEORGIA,

County } Cobb

I, Samuel Bryant hereby authorize John Lindsey of Cobb County, Georgia, to receive and receipt for the pension allowed, and request that he remit same to me, the said Samuel Bryant, at my residence.

Witness my hand and seal, this 8 day of June, 1904.

ELVIN O. GEORGE, Samuel Bryant [L.S.]

Executed in the presence of

William

Bryant, Samuel
Cobb Co

See provision 1864.
(FOR THOSE ALREADY ENROLLED.)
(2042 Co. 1406)

No. 221

INDIGENT SOLDIER'S PENSION 1904.

Name Samuel Bryant

County Cobb

Co. E Regiment 23

WARRANT ISSUED

12 1904.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

only

Geo. W. Harrison, State Printer, Atlanta.

no date

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb COUNTY.

I, Russell Bryant hereby authorize
John Andrew of _____
 to receive and receipt for the pension allowed, and request that he remit same to
 _____ at _____
 by _____

WITNESS my hand and seal, this 8 day of Jan 1904.

Russell Bryant [L. S.]
mark

Executed in the presence of

W. B. Gamm

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb COUNTY.

I, Russell Bryant hereby authorize
John Andrew of _____
 to receive and receipt for the pension allowed, and request that he remit same to
 _____ at _____
 by _____

WITNESS my hand and seal, this 3 day of Jan 1905.

Russell Bryant [L. S.]
mark

Executed in the presence of

John Andrew

Bryant, Russell
Cobb Co

COBB SECTION 1364
 (FOR THOSE ALREADY ENROLLED.)
23rd Jan 1904

No. 2311

INDIGENT
 SOLDIER'S PENSION
 1904.

Name Russell Bryant
 County Cobb
 Co. E Regiment 23

WARRANT ISSUED
Jan 1904

JOHN W. LINDSEY,
 Commissioner of Pensions.

WARRANT HANDED TO
only
 John W. Lindsey, State Printer, Atlanta.

no date

Bryant, Russell
Cobb Co

COBB SECTION 1364
 (FOR THOSE ALREADY ENROLLED.)
23rd Jan 1905

No. 678

INDIGENT
 SOLDIER'S PENSION
 1905.

Name Russell Bryant
 County Cobb
 Co. E Regiment 23

WARRANT ISSUED
JAN 23 1905

JOHN W. LINDSEY,
 Commissioner of Pensions.

WARRANT HANDED TO
only
 John W. Lindsey, State Printer, Atlanta.

no date

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cobb County.

Personally appears Russell Bryant 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 day of Nov 1826; that he is 70 years old and by occupation a farmer, that he enlisted in the military service of the Confederate States (or of the State of 4 years) during the war between the States, and served for the term of 4 years in Company E, of 23th Regiment of En Vols; that his physical condition is as follows:

He is an infirm and is unable to support himself

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 1904. I have heretofore as a resident of Altoona County been allowed a pension for the year 1903

Sworn to and subscribed before me, this the 8 day of Jan 1904.

Ordinary.

STATE OF GEORGIA,

Cobb County.

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

Given under my official signature and seal, this 8

day of Jan 1904.

Ordinary

Cobb County.

NOTE.—The blank spaces must be filled.

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cobb County.

Personally appears Russell Bryant 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 day of 18; that he is 76 years old and by occupation a farmer, that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served for the term of 4 years in Company E, of 23th Regiment of En Vols; that his physical condition is as follows:

Age infirmity and poverty

that his property consists of the following items:

Nothing

of the value of _____ Dollars. 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 1905. I have heretofore as a resident of Cobb County been allowed a pension for the year 1904.

Sworn to and subscribed before me, this the 13 day of Jan 1905.

Ordinary.

STATE OF GEORGIA,

Cobb County.

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

Given under my official signature and seal, this 3

day of Jan 1905.

Ordinary

Cobb County.

NOTE.—The blank spaces must be filled.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb COUNTY.

I, Russell Bryant hereby authorize
John Andrew of _____
to receive and receipt for the pension allowed, and request that he remit same to
_____ at _____
by _____

WITNESS my hand and seal, this _____ day of May 1906.

Executed in the presence of

W. E. Mann

Russell Bryant [L. S.]
Mont

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb COUNTY.

I, Russell Bryant hereby authorize
John Andrew of _____
to receive and receipt for the pension allowed, and request that he remit same to
_____ at _____
by _____

WITNESS my hand and seal, this _____ day of May 1907.

Executed in presence of

W. E. Mann

Russell Bryant [L. S.]
Mont

Order Section 1234.

(FOR THOSE ALREADY ENROLLED.)

No. 278

INDIGENT SOLDIER'S PENSION 1906.

Name Russell Bryant

County Cobb

Co. E 23 Regiment 24

WARRANT ISSUED

11/22

1906.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

for day

The Pensioner's Name and Post Office Address, See. W. E. Mann, Sec.

no data

Bryant, Russell,
Cobb Co.,

Order Section 1234.

(FOR THOSE ALREADY ENROLLED)

No. 271

INDIGENT SOLDIER'S PENSION 1907.

Name Russell Bryant

County Cobb

Co. E 23 Regiment 24

WARRANT ISSUED

1907.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Order Section 1234.

no data

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,

Cobb County.

Personally appears Russell Bryant 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 _____ day of _____ 18____; that he is _____ years old and by occupation a _____, 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 _____ in Company E, of 22nd Regiment of Vol; that his physical condition is as follows: _____

Age & Infirmary

that his property consists of the following items: _____

of the value of _____ Dollars. 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 Cobb County, been allowed a pension for the year 1905.

Sworn to and subscribed before me, this the _____ day of January 1906. John Hurley Ordinary.

Russell Bryant

State of Georgia,

Cobb County.

I, John Hurley Ordinary of said County, do certify that I am well acquainted with Russell Bryant 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 1906.

John Hurley Ordinary Cobb County.



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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,

Cobb County.

Personally appears Russell Bryant 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 _____ day of _____ 18____; that he is _____ years old and by occupation a _____, 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 _____ in Company E, of 22nd Regiment of Vol; that his physical condition is as follows: _____

Age & Infirmary

that his property consists of the following items: _____

of the value of _____ Dollars. 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 1907. I have heretofore, as a resident of Cobb County, been allowed a pension for the year 1906.

Sworn to and subscribed before me, this the _____ day of January 1907. John Hurley Ordinary.

Russell Bryant

State of Georgia,

Cobb County.

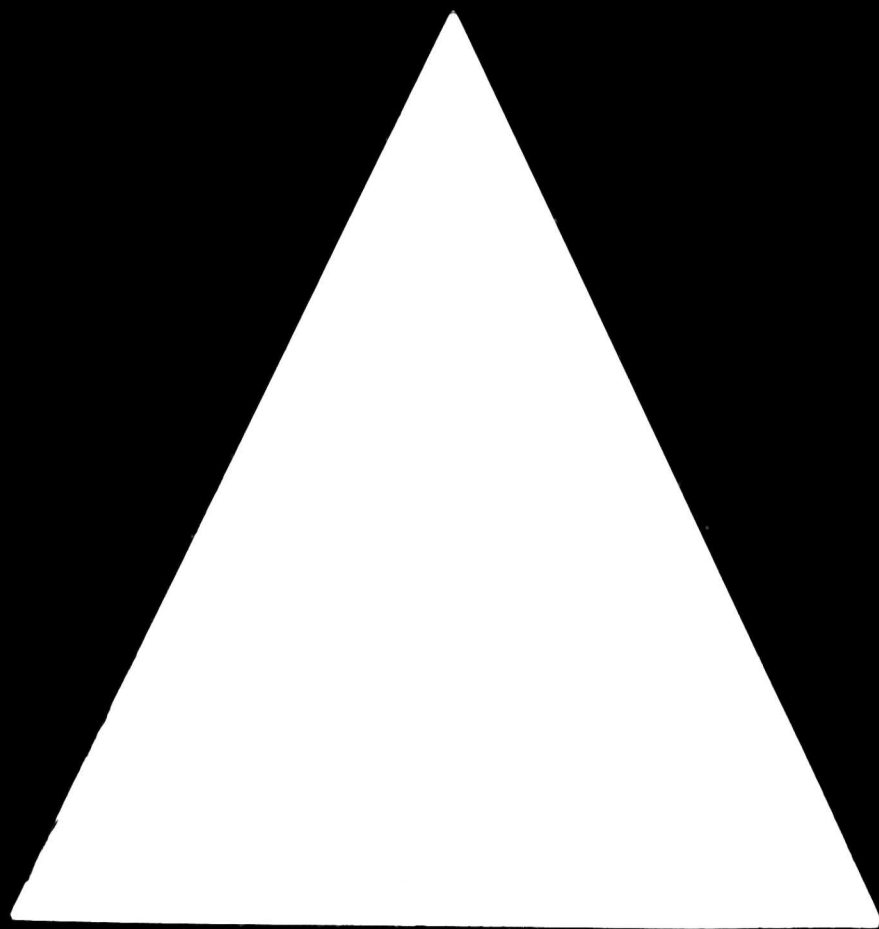
I, John Hurley Ordinary of said County, do certify that I am well acquainted with Russell Bryant the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be, and that he resides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

Given under my official signature and seal, this _____ day of January 1907.

John Hurley Ordinary Cobb County.



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



For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears W. 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 has resided therein continuously ever since the 15 day of Oct. 1862, that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as Private in Company C, of 44th Regiment of Volunteers, Shreve's Brigade; that whilst engaged in such military service in the State of Georgia, on the 19th day of March 1865, he was wounded, injured or diseased as follows:

By gunshot striking the front of the left shoulder joint passing through and under shoulder blade bring out out near the back bone, rendering applicant practically incompetent to perform the ordinary manual duties of the

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 Cobb county been allowed a pension of \$30. dollars, for the year 1890.

Sworn to and subscribed before me, this, the

21st day of July 1896.

J. M. Stone

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,

Cobb County.

I, J. M. Stone Ordinary of said County, do certify that I am well acquainted with 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 21st day of July 1896.



Ordinary Cobb County.

LOANER OF VILLOBIUS

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears W. 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 has resided therein continuously ever since the 18 day of May 1862, that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company C, of 44th Regiment of Volunteers, Shreve's Brigade; that whilst engaged in such military service in the State of Georgia, on the 19th day of March 1865, he was wounded, injured or diseased as follows:

By bullet striking the front of shoulder joint & left arm & causing still arm to be useless.

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 26th, 1897. I have heretofore under said law as a resident of Cobb county been allowed an invalid pension of \$30. Dollars, for the year 1890.

Sworn to and subscribed before me, this, the

21st day of July 1897.

J. M. Stone

POST OFFICE

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

STATE OF GEORGIA,

Cobb County.

I, J. M. Stone Ordinary of said County, do certify that I am well acquainted with 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 21st day of July 1897.



Ordinary Cobb County.

Buckner, D. S.

Cobb.

No.

APPLICATION FOR ALLOWANCE

FOR YEAR ENDING OCTOBER 31, 1889

Loss of left leg &
left arm

Applicant, D. S. Buckner

County

Amount 150.

Date of Warrant

Entered on record

Feb 18 1889

SECRETARY EXECUTIVE DEPARTMENT.

Upstream

Buckner, D. S.

Cobb

No. 642

APPLICATION FOR ALLOWANCE

FOR YEAR ENDING OCTOBER 26, 1889.

Inscribed by
D. S. Buckner

Applicant, D. S. Buckner

County

Amount

Date of Warrant

Entered on record

Feb 18 1889

W. H. H.

SECRETARY EXECUTIVE DEPARTMENT.

W. H. H.

STATE OF GEORGIA,

PERSONALLY appears 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 been such continually since the 13th day of March 1846, that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company D, of 19th Regiment of Volunteers Men's Brigade; that whilst engaged in such military service, at the battle of Chickasaw in the State of Mississippi, on the 10th day of June 1862 he was wounded as follows: by a bullet that struck the left arm above the elbow, breaking the bone, & causing amputation of the arm & hand & arm

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 18th day of Feb, 1889 } D. S. Buckner

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

STATE OF GEORGIA,

County, }

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

Sworn to and subscribed before me, this _____ day of _____ 1889 }

ORDINARY,

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, *Liberty*

I, *Henry J. Buckner* 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 of said county, and the said affidavits and signatures thereto are genuine.

Given under my official signature and seal, this *15th* day of *July* 188*8*

Ordinary *Henry J. Buckner* County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County, *Liberty*

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 service of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

In witness whereof I have hereunto set my hand and seal, this

day of *July* 188*8*

Executed in the presence of us:

(L. S.)

DIRECTION:

Send money to me as follows, by

to
County, Georgia.

P. O.

NOTES.

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

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

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

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

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

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

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

STATE OF GEORGIA,

Cobb County.

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

I further certify that *M. R. Power* before
whom the foregoing affidavits were made and power of attorney was signed, is a
Sotary Public of said county, and the said affidavits and
signatures thereto are genuine.

Given under my official signature and seal, this *15* day of *Febry* 189*2*

J. M. Stone
Ordinary *Cobb* County.

Buckner, D. S.,
Cobb Co

1890.

No. *1334*
APPLICATION FOR ALLOWANCE.

FOR THE YEAR ENDING OCTOBER 31, 1890.

Snoddy & Arm
Applicant, *D. S. Buckner*

County, *Cobb Co.*

Amount, *150*

Date of warrant, *July 17*

Entered on record

Dec 17 189*2*

20 H H

No. 1334

WARRANT RETURNED TO

Applicant

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

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

Given under my official signature and seal, this 15 day of February 1892

W. H. Power
Ordinary Calhoun

County.

Buckner, W. S.
Calhoun

1890.

No. 1334

APPLICATION FOR ALLOWANCE.

FOR THE DEEDS GIVEN BY THE

—FOR—

Frederick & Co.

Applicant, D. B. Beckman

County, Calhoun

Amount, 150

Date of warrant, July 17

Entered on record

Dec 17 1892

20 H. H.

No. 1334

WARRANT SAID TO

Applicant

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County. }
PERSONALLY appears *D. S. Buckner* 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 been such continually since the *13th* day of
October 18*42*; that he enlisted in the military service of the Con-
federate States (or of the State of *Georgia*) during the war between the
States, and served as a *Private* in Company *B*, of *19th* Regiment
of *Georgia* Volunteers *Archer*'s Brigade; that whilst engaged
in such military service, at the battle of *Mechamsville* in the State
of *Virginia*, on the *26* day of *June* 1862, he was
wounded as follows: *By being shot in left arm four inches below*
cutting arm nearly near
elbow and after wards amputated with below elbow. Also shot
in left leg just above knee and leg was amputated
about half way between knee and hip

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

Sworn to and subscribed before me this *15th* day of *July* 1890 } *D. S. Buckner*
W. R. Brown *N. L. L. L.*

NOTE.—State fully nature of *Wound* as character of *disability* which causes 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

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal; this
_____ day of _____ 189

Executed in the presence of us:

[L. S.]

DIRECTION.

Send money to me as follows, by _____

to _____

P. O.

County, Georgia.

Audited

1889.

COMPTROLLER-GENERAL

Cobb.

Maimed Soldiers.

Voucher No.

642

Amount. \$ 150.

Paid to

D. S. Buckner

For

Loss of left
arm & left leg
Feb 18 1889.

Included in Warrant No.

issued to Treasurer.

1889.

WARRANT CLERK

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

Applicant

Audited

18

COMPTROLLER-GENERAL

Cobb

Maimed Soldiers.

Voucher No. 1334

Amount \$ 150.

Paid to

D. S. Buckner

For

Loss of arm
& leg

July 17 1890

Included in warrant No.

issued to Treasurer

18

WARRANT CLERK

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

Applicant

No. 642

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.

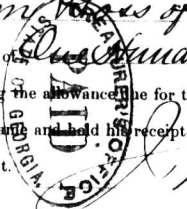
Atlanta, Ga. Feby 18 1889

Mr. D. S. Buckner of the County
of Cobb having filed his application in the Executive
Department for an allowance under the Act approved October 24, 1887, as amended by Act,

Dec 24, 1888, and the same having been allowed for

Loss of left arm and loss of left leg
He is entitled to receive the sum of One Hundred and Fifty Dollars
for such disability, the same being the allowance due for the year ending October 24, 1889.

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



By the Governor

W. H. Hamisen

CLERK EXECUTIVE DEPARTMENT.

\$ 150.

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

One Hundred and Fifty Dollars,

per above voucher, this 18 of Febry 1880.

D. S. Buckner

No. 1334

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.

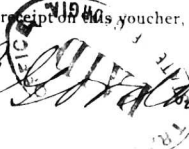
Atlanta, Ga. Feby 17 1890

Mr. D. S. Buckner of the County
of Cobb having filed his application in the Executive
Department for an allowance under the Act approved October 24, 1887, as amended by Act,

approved, Dec. 24, 1888, and the same having been examined and allowed for

Loss of an Arm and one leg
He is entitled to receive the sum of One Hundred and Fifty Dollars
for such disability, the same being the allowance due for the year ending October 24, 1890.

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



By the Governor,

W. H. Hamisen

CLERK EXECUTIVE DEPARTMENT.

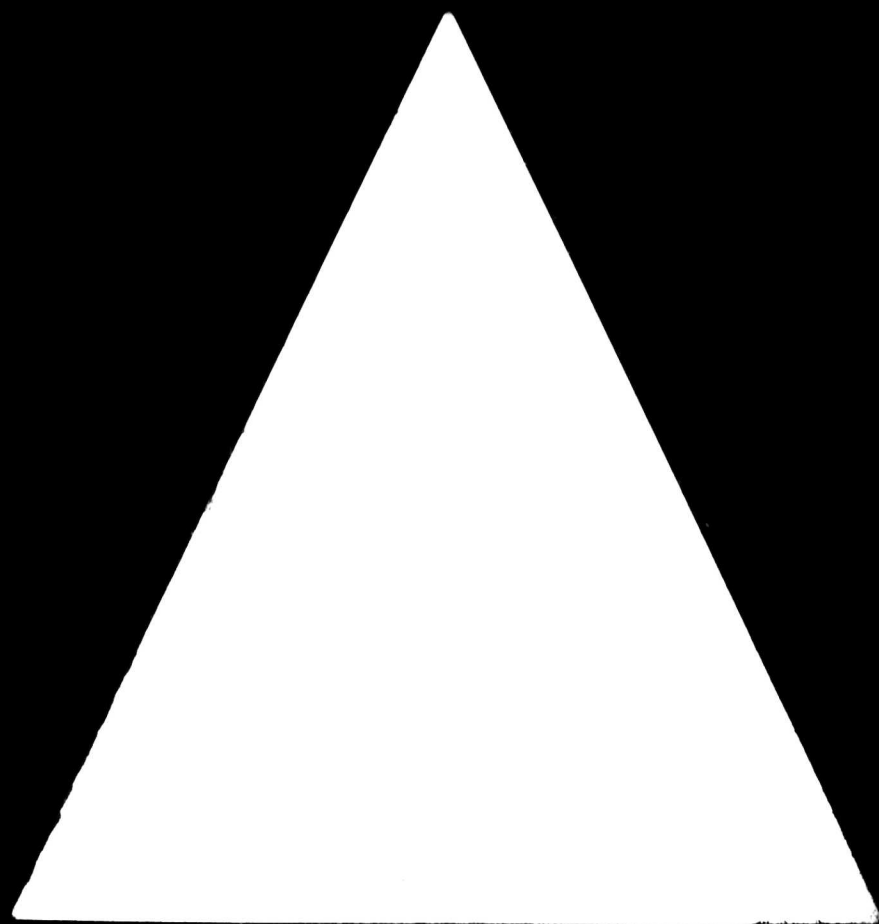
\$ 150.00

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

One Hundred and Fifty Dollars,

per above voucher, this 17 of Febry 1890.

D. S. Buckner



11
28 Apr 1911

**Confederate
Soldier's Application.**

✓ UNDER ACT 1910.

County Colt
Name W E Buchanan
Company 19th Inf
Regiment Infantry
Approved _____

J. W. LAMBERT
Commissioner of Revenue

11/5/11

POWER OF ATTORNEY.

STATE OF GEORGIA,
County. }

I, _____ hereby authorize
_____ of _____
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 _____ 1898.

[L. S.]

Executed in presence of _____

Brown, J. W.
2/21

ACT OF MARCH 1877
(For Those Already Enrolled.)

No. 2720

INVALID
SOLDIER'S PENSION.

1898.

Name *J. W. Brown*
County *Cobb*
Disability *Wound*
Amount, \$ *50.* 2/21 1898.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO
affch

Geo. W. Harrison, State Printer, Atlanta.

in data

POWER OF ATTORNEY.

STATE OF GEORGIA,
County. }

I, _____ hereby authorize
_____ of _____
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 _____ 1899.

[L. S.]

Executed in presence of _____

Brown, J. W.
Cobb Co.

CODE SECTION 125A
(For Those Already Enrolled.)

No. 2212

INVALID
SOLDIER'S PENSION.

1899.

Name *J. W. Brown*
County *Cobb*
Disability *Wound*
Amount, \$ *50* 2/15 1899.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO
affch

Geo. W. Harrison, State Printer, Atlanta.

in data

CHAS. P. BYRD, State Printer, Atlanta

QUESTIONS FOR WITNESS

STATE OF GEORGIA

Carroll County

W. H. Bagwell

as a witness in support of the application of W. H. Bagwell by the Act of 1910, in said State, and after being sworn true answers to the following questions as follows:

1. What is your name and where do you reside? W. H. Bagwell

2. How long and since when have you known W. H. Bagwell? Since Dec. 1882

3. Where does he now reside, and since when has he been a bona fide continuing resident in this State and how do you know? At Carroll County, Ga.

4. When, where and in what Company and Regiment did W. H. Bagwell serve during war from 1861 to 1865? (Give date and place) April 1862 - 1865 - 1st Regt. Ga. Inf.

5. How did you obtain your information of this Service? from his own statements

6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (give date) from 1862 to 1865

7. When and where was his Command surrendered or discharged (give date and place) April 26, 1865 - Carroll County, Ga.

8. Were you personally present at the Surrender? Yes

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

10. Was the applicant personally present with his Command at Carroll County, Ga.

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

12. When did he leave his Command? At Surrender Where was his Command when he left it? Carroll County, Ga. for what cause did he leave? was present

By whose authority did he leave? By official order and how long was he granted leave? discharged How do you know all that you have stated to be true? If of your own knowledge (Tell clearly and specifically) was in same Co. & personally present

13. In what way was he prevented from returning to his Command? was not over How do you know? see above

14. What effort did he make to return to his Command and how do you know? was not over

15. Was applicant captured as a prisoner? no If so, when and where? see above

In what prison was he held? see above and when released? see above

Sworn to and subscribed before me, this the 27 day of April, 1912 } W. H. Bagwell

W. H. Bagwell Ordinary

of Carroll County

AFFIDAVIT OF TWO FREEHOLDERS

STATE OF GEORGIA

Carroll County

Personally before me come W. H. Bagwell & W. H. Bagwell who do all

says that they are free holders residing in said County and we know the applicant for pension and we know the property therein now in the hands of the applicant and his wife and of the said W. H. Bagwell (Make known names and where)

W. H. Bagwell Ordinary

ORDINARY'S CERTIFICATE

STATE OF GEORGIA

Carroll County

I, W. H. Bagwell Ordinary of said County, certify that I know

the W. H. Bagwell person is the person he represents himself to be and resides in

said County, Carroll County, Georgia, the witness appearing to the

Ordinary, W. H. Bagwell who are free holders, that

they are all entitled to said pension and have duly sworn by me before signing the foregoing affidavit and

their statements are entitled to full faith and credit. That the

tax for 1862 for 1862 for 1863 for 1863 for 1864 for 1864 for 1865 for 1865 for 1866 for 1866 for 1867 for 1867 for 1868 for 1868 for 1869 for 1869 for 1870 for 1870 for 1871 for 1871 for 1872 for 1872 for 1873 for 1873 for 1874 for 1874 for 1875 for 1875 for 1876 for 1876 for 1877 for 1877 for 1878 for 1878 for 1879 for 1879 for 1880 for 1880 for 1881 for 1881 for 1882 for 1882 for 1883 for 1883 for 1884 for 1884 for 1885 for 1885 for 1886 for 1886 for 1887 for 1887 for 1888 for 1888 for 1889 for 1889 for 1890 for 1890 for 1891 for 1891 for 1892 for 1892 for 1893 for 1893 for 1894 for 1894 for 1895 for 1895 for 1896 for 1896 for 1897 for 1897 for 1898 for 1898 for 1899 for 1899 for 1900 for 1900 for 1901 for 1901 for 1902 for 1902 for 1903 for 1903 for 1904 for 1904 for 1905 for 1905 for 1906 for 1906 for 1907 for 1907 for 1908 for 1908 for 1909 for 1909 for 1910 for 1910 for 1911 for 1911 for 1912 for 1912 for 1913 for 1913 for 1914 for 1914 for 1915 for 1915 for 1916 for 1916 for 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W.E. Buckner, W.E.
Cobb Co. 1923
1923

**Application for Pension Due
Deceased Pensioner**

(UNDER ACT 1904)

(To pay expenses of last illness or funeral)

J.M. Gann Ordinary
for *W.E. Buckner*
of *Cobb* County
Old or New Class? *Old*
Died *June 10* 1923
Amount \$ *\$100*

Approved and ordered paid.

W.E. Buckner 1923
W.E. Buckner

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. July 20 1923.

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

TO HARRY G. POOLE, DR.

"FUNERAL HOME"

96 S. PRYOR STREET

PHONES MAIN 0780
MAIN 2285

PRIVATE AMBULANCE

June. 10 1923.

Casket & Box.	\$ 175.00
Embalming & Services.	15.00
Suit.	40.00
Hearse.	10.00

	\$ 240.00

Cobb County.

Personally appeared 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.

Harry G. Poole

A.F. Kinnear
Notary Public (Bulton Co. Ga.)

Marietta, Ga.
August 15, 1923.

Received of J.M. Gann, Ordinary,
Cobb County, Ga., check for One Hundred Dollars,
to apply on above account.

(Signed) *Harry G. Poole*

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.

GEORGIA, Cobb County.

Personally before me, the Ordinary of said County, comes B. N. Buckner

of said County, who, after being sworn, on oath says that he knew W. E. Buckner of said County, and that said pensioner was on the Senior Pension Roll of Cobb County at the time of death, which occurred in Cobb County, in this State, on the 10th day of June 1923, and that a Pension of One hundred Dollars was due pensioner and

unpaid at the time of pensioner's death. That he left no widow or dependent children surviving, and ⁰⁰no estate of any value sufficient to pay these funeral expenses, which amounted to the sum of \$240, per sworn statement fully and completely itemised, hereto attached.

Sworn to and subscribed before me

this 24 day of July 1923
J. M. Lamm Ordinary
Cobb County.

B. N. Buckner

AFFIDAVIT OF ORDINARY

GEORGIA, Cobb County.

I, J. M. Lamm Ordinary of said County, do certify that I personally know B. N. Buckner, who is a resident citizen of said County, and that said person is of a truthful and trustworthy character, entitled to full faith and credit.

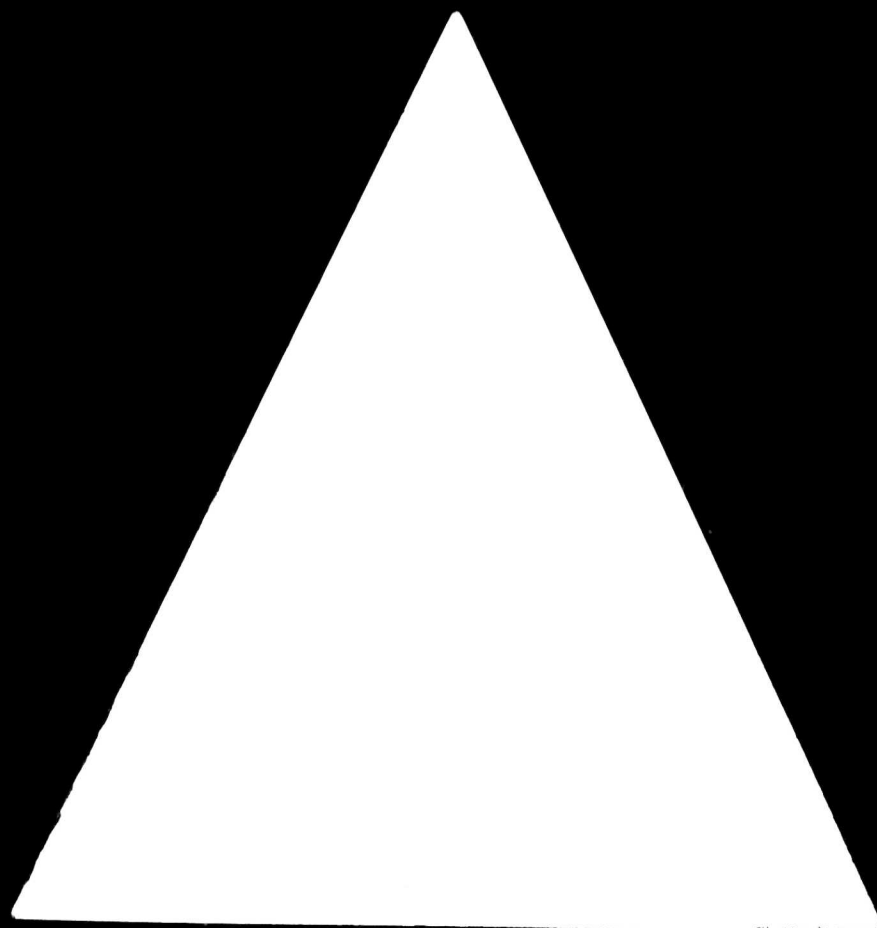
I also know W. E. Buckner while in life and that this was the same person whose name appears on the Senior Pension Roll of Cobb County, and was paid a Pension of One hundred Dollars in said County for 1922, and I now believe said pensioner to be dead.

Given under my hand and official seal, this 24 day of July, 1923

(SEAL)

J. M. Lamm Ordinary.
Cobb County.

INSTRUCTIONS:
1st. For use in all cases where pensioner died after January 1st, had not been out of State longer than twelve months, and died without owning sufficient property to pay such expenses. The widow of a soldier, if she is living, has prior claim over these expenses, and must make application on yellow form, and attach same to this bill.
2nd. Require those claiming accounts for expenses of last illness, and expenses of funeral, to make out their account in fully itemised form, giving each item and the value of it, and each date.
3rd. Running accounts cannot be paid—only those connected with the last illness, just before death when pensioner grew worse to die.
4th. Each account must be sworn to before the Ordinary, and in the following form: (Do not use the terms: "Just, true, due, unpaid," etc.)
"The above and foregoing account is rendered for services in the last illness (or for funeral expenses, as the case may be) of _____ who died without owning sufficient property to pay this bill."
5th. The Ordinary must see to it that each bill is perfectly legitimate in every respect, and properly sworn to, and all attached neatly to this blank, after this blank has been properly completed as indicated.
6th. The completed voucher, this blank and the bill, must be sent to the Pension Office for approval and no money must be paid out until it is returned to you as your authority to make the payment.
7th. The Ordinary signs pay-roll as Ordinary, for the pension and then disburses the money himself and takes receipts.
8th. Accept no bills for nursing until you write the Pension Office, stating the circumstances in very great detail.
9th. Pensioner's children, or children-in-law, must not charge the State for doing only what the law and common humanity demand of them.
10th. Return this application, and attached bills, with your final settlement to the Pension Office.
11th. Ordinary should see that the back of this blank is filled out.
12th. Funeral expenses of deceased "new" pensioners covering all or part of both the 1920 and 1921 pensions require two separate sets of this voucher and bills—one set to be filed in the Pension Office with the pension papers of each year.



Bullard, James M.
Cobb Co

No. 806

APPLICATION FOR ALLOWANCE

FOR YEAR ENDING OCTOBER 26, 1889.

FOR
James M. Bullard
Applicant
Cobb
County
Amount 100.
Date of Warrant Feb 23/
Entered on record
Feb 23 1889
MNH
SECRETARY EXECUTIVE DEPARTMENT.

Applicant

Bullard James M.
Cobb Co

No. 806

APPLICATION FOR ALLOWANCE

FOR YEAR ENDING OCTOBER 26, 1889.

FOR
Applicant *James M. Bullard*

County *Cobb*

Amount *100*

Date of Warrant *Feb 23*

Entered on record *Feb 23 1889*

W. M. H.

SECRETARY EXECUTIVE DEPARTMENT.

Applicant

STATE OF GEORGIA,

County.

PERSONALLY appears *James M. Bullard* 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 been such continually since the *12th* day of *April* 18*48* that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Private* in Company *10*, of *19th* Regiment of *Vol.* Volunteers *Archer's* Brigade; that whilst engaged in such military service, at the battle of *Archer's Run* in the State of *Va.* on the *10* day of *August* 186*2*, he was wounded as follows: *by gunshot striking left leg below knee above the ankle thereby rendering it useless and necessitating amputation.*

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 *July* 188*8*

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

STATE OF GEORGIA,

County.

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

Sworn to and subscribed before me, this

day of _____ 188*8*

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

are persons of respectability, and that their statements are worthy of full credit and belief.

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

Given under my official signature and seal, this 11 day of April 188 7
Ordinary Wm. M. Bullard County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

Know all Men by these Presents, That I, Wm. M. Bullard of

county, in said State, do hereby appoint

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

In witness whereof I have hereunto set my hand and seal, this

day of April 188 7

(L. S.)

Executed in the presence of us:

)

)

DIRECTION:

Send money to me as follows, by

to

P. O.

County, Georgia.

NOTES.

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

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

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

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

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

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

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

STATE OF GEORGIA,

Cobb County.

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

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

Given under my official signature and seal, this 17 day of Feb 1890

Ordinary

Cobb County.

STATE OF GEORGIA,

Cobb County.

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

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

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

Ordinary

Cobb County.

APPLICATION FOR ALLOWANCE.

FOR THE YEAR ENDING OCTOBER 31, 1891.

No. 928

IN

Case of Leg

Applicant, Jas M. Bullard

County, Cobb

Amount, 100

Date of warrant, Feb 11

Entered on record Feb 11 1890

PAID

No other debt

WARRANT HANDED TO

Apple cart

Geo. W. Harrison, State Printer & Engraver.

1891

Geo. W. Harrison, State Printer & Engraver.

Cobb Co

1891, 12

No. 1202

Application for Allowance

FOR THE YEAR ENDING OCTOBER 31, 1891.

IN

Case of Leg

Applicant, J. M. Bullard

County, Cobb

Amount, \$100.

Date of Warrant, Feb 14

Entered on record Feb 14 1891

PAID

No other debt

WARRANT HANDED TO

applicant

Geo. W. Harrison, State Printer & Engraver.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County. }
PERSONALLY appears *James M. Ballard* 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 been such continually since the *12* day of

April 18*40*; that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served as a *Private* in Company *H*, of *19*th Regiment of *Georgia* Volunteers *Archer*'s Brigade; that whilst engaged in such military service, at the battle of *Cedar Run* in the State of *Virginia*, on the *9* day of *August* 1862, he was wounded as follows: *By minnie ball passing through left leg below the knee causing amputation of said left leg about 2 inches below the knee*

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

Sworn to and subscribed before me, this the

17 day of *February* 1891.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

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

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

Executed in the presence of us:

[L. S.]

DIRECTION.

Send money to me as follows, by _____

to _____

P. O.

County, Georgia.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County. }
PERSONALLY appears *W. M. Ballard* 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 *12* day of

April 18*40*; that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served as a *Private* in Company *H*, of *19*th Regiment of *Georgia* Volunteers *Archer*'s Brigade; that whilst engaged in such military service at the battle of *Cedar Run* in the State of *Virginia*, on the *9* day of *August* 1862, he was wounded as follows: *By bullet striking left leg between ankle and knee fracturing said leg so that it necessarily amputated just below the knee*

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

\$100.

dollars, for *said leg*

Sworn to and subscribed before me, this, the

17 day of *February* 1891.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

Know all Men by these Presents, That I,

of _____ County, State of Georgia, do hereby appoint

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

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

[L. S.]

Executed in the presence of us:

DIRECTION.

Send money to me as follows, by _____

to _____

P. O.

County, Georgia.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears J. H. 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 has resided therein continuously ever since the 15th day of Oct. 1850; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company B, of 41st Regiment of Georgia Volunteers, Stovall's Brigade; that whilst engaged in such military service in the State of N. C., on the 19th day of March, 1865, he was wounded, injured or diseased as follows:

By gun shot - ball striking front of left shoulder - breaking joint and ranging under shoulder blade and cut out near back-bone, and rendering applicant practically incompetent to perform the manual avocations 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 pension to which he is entitled for the year ending October 26th, 1898. I have heretofore under said law as a resident of Cobb county been allowed an invalid pension of \$50, Dollars, for the year 1897.

Sworn to and subscribed before me, this, the

31st day of Feb. 1898. POST-OFFICE - Kennesaw

Not a State fully the nature of wound or character of disease which causes the disability, and explain particularly the extent of disability, resulting from the wound or disease.

STATE OF GEORGIA,

Cobb County.

I, J. W. Stone Ordinary of said County, do certify that I am well acquainted with J. H. 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 21st day of Feb. 1898.

Ordinary.

Cobb County.



For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears J. H. 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 has resided therein continuously ever since the day of 1850; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company B, of 41st Regiment of Georgia Volunteers, Stovall's Brigade; that whilst engaged in such military service in the State of N. C., on the 19th day of March, 1865, he was wounded, injured or diseased as follows:

By Minnie Ball striking in front of left shoulder and breaking shoulder joint and thereby rendering left arm and shoulder incompetent to perform the ordinary avocations of life.

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 Cobb County been allowed an invalid pension of \$50, Dollars, for the year 1898.

Sworn to and subscribed before me, this, the

15th day of Feb. 1899. POST OFFICE Marietta, Ga.

Not a State fully the nature of wound or character of disease which causes the disability, and explain particularly the extent of disability resulting from the wound or disease.

STATE OF GEORGIA,

Cobb County.

I, J. W. Stone Ordinary of said County, do certify that I am well acquainted with J. H. 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 15th day of Feb. 1899.

Ordinary.

Cobb County.



For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

PERSONALLY appears

James M. Bullard of *Cobb* County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of Georgia, and has been such continuously since the day of *April* 18*40* that he enlisted

in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a *Private* in Company *No. 10* of *19*th Regiment of *Pa.* Volunteers *Archy*'s Brigade; that whilst engaged in such military service at the battle of *Cedar Run* in the State of *Virginia*, on the *9th* day of *August* 186*2*, he was wounded as follows:

Between knee and ankle, striking left leg, bone broken so that it was amputated just below the knee.

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

\$100. Dollars for *Said leg*

Sworn to and subscribed before me this the

11th day of *March* 1892.

James M. Bullard

Full Stone Ordinary.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb 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 service of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.*

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

Executed in the presence of us

[L. S.]

DIRECTION.

Send money to me as follows, by

to

P. O.

County, Georgia.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

PERSONALLY appears

James M. Bullard 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 *April* 18*40* that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a *Private* in Company *No. 10* of *19*th Regiment of *Pa.* Volunteers *Archy*'s Brigade; that whilst engaged in such military service at the battle of *Cedar Run* in the State of *Virginia*, on the *9th* day of *August* 186*2*, he was wounded as follows:

Left leg between knee and ankle, striking bone, broken so that it was amputated just below the knee.

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, 1892. I have heretofore been allowed a pension of

\$100. Dollars for *Said leg*

Sworn to and subscribed before me, this the

11th day of *March* 1892.

James M. Bullard

Full Stone

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

STATE OF GEORGIA,

Cobb County.

I, *Full Stone* Ordinary of said County,

do certify that I am well acquainted with *James M. Bullard* the

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

I further certify that before whom the foregoing affidavits were taken, and power of attorney was signed, is a Justice of the Peace for said County, and the said affidavits and signatures thereto are genuine.

Given under my official signature and seal, this *11th* day of *March* 1892.

Full Stone Ordinary

Cobb County.

STATE OF GEORGIA,

POWER OF ATTORNEY.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

Know all Men by these Presents, That I,

of

County, State of Georgia, do hereby appoint

of _____ my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of 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,

day of _____ 1894.

[1. S.]

Executed in the presence of us

DIRECTIONS.

Send money to me as follows, by

to _____
County, Georgia.

P. O.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

KNOW ALL MEN BY THESE PRESENTS, That I,

of

County, State of Georgia, do hereby appoint

of _____ my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of 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

day of _____ 1895.

[1. S.]

Executed in presence of us

DIRECTIONS.

Send money to me as follows, by

to _____
County, Georgia.

P. O.

Soldier's Pension.

1894.

Name

Jas. M. Bullard

County

Cobb

Disability

Loss of leg

Amount, \$

100

1894.

W. H. HARRISON,

Secretary Executive Department.

WARRANT HANDED TO

applicant

Geo. W. Harrison, State Printer, Atlanta.

(For Those Already Enrolled.)

SOLDIER'S PENSION.

1895.

Name

Jas. M. Bullard

County

Cobb

Disability

Loss of leg

Amount, \$

200

1895.

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDED TO

ack

Geo. W. Harrison, State Printer, Atlanta.

No later

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }

Cobb County, }

PERSONALLY appears *Jas. M. Bullard* *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 *12th* day of *April* *1840*, that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Private* in Company *N.*, of *19th* Regiment of *Volunteers*, *Archey*'s Brigade; that whilst engaged in such military service at the battle of *Cedar Run* in the State of *Georgia*, on the *9th* day of *August*, *1862*, he was wounded as follows:

By gunshot striking the left leg between knee and ankle, on account of which wound the said left leg was amputated just below the knee.

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 *\$100* dollars, for the year *1893*.

Sworn to and subscribed before me, this, the *15th* day of *March*, *1894*.

Jas. M. Bullard

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, }

Cobb County, }

I, *J. M. Stone* Ordinary of said County, do certify that I am well acquainted with *Jas. M. Bullard* 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 *15th*

day of *March*, *1894*.



Ordinary

Cobb County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }

Cobb County, }

Personally appears *M. Bullard* 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 *12th* day of *April* *1840*, that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Private* in Company *N.*, of *19th* Regiment of *Volunteers*, *Archey*'s Brigade; that whilst engaged in such military service at the battle of *Cedar Run* in the State of *Georgia*, on the *9th* day of *August*, *1862*, he was wounded as follows:

By bullet striking the left leg between knee and ankle, on account of which wound the said leg was amputated just below knee.

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 *100* dollars, for the year *1894*.

Sworn to and subscribed before me, this, the *8th* day of *March*, *1895*.

Jas. M. Bullard

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, }

Cobb County, }

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

Given under my official signature and seal, this *8th*

day of *March*, *1895*.



Ordinary

Cobb County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, _____ hereby authorize _____

of _____

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 _____ 1896.

[L. S.]

Executed in presence of us _____

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, _____ hereby authorize _____

of _____

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 _____ 1897.

[L. S.]

Executed in presence of _____

Bullard, James M.
Cobb Co.
ACT OF NOV. 1890.
(For Those Already Enrolled.)

No. 2920

SOLDIER'S PENSION.

1896.

Name J. M. Bullard
County Cobb
Disability Loss left leg
Amount, \$ 100.

3/6

1896

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDED TO

Appld

Geo. W. Harrison, State Printer, Atlanta.

W. L. Lato

Bullard, James M.
Cobb County
ACT OF NOV. 1890.
(For Those Already Enrolled.)

No. 3075

INVALID

SOLDIER'S PENSION.

1897.

Name J. M. Bullard
County Cobb
Disability Loss leg
Amount, \$ 100.

3/6

1897.

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDED TO

Appld

Geo. W. Harrison, State Printer, AT.ANTA.

W. L. Lato

For Applicants Deserving Allowed Pensions.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears J. M. Bullard 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 12 day of April 1840, that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company H, of 19th Regiment of Georgia Volunteers, Brigade's Brigade; that whilst engaged in such military service, in the State of Georgia, on the 9th day of August 1862, he was wounded, injured or diseased as follows:

By bullet striking the left leg between the knee and ankle causing the lower leg to be amputated just below the knee

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 Cobb county been allowed a pension of \$100 dollars, for the year 1896.

Sworn to and subscribed before me, this, the 15 day of March 1896. Jas M Bullard

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,

Cobb County.

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

Given under my official signature and seal, this 15 day of March 1896.



Ordinary Cobb County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears J. M. Bullard 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 12 day of April 1840, that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company H, of 19th Regiment of Georgia Volunteers, Brigade's Brigade; that whilst engaged in such military service in the State of Georgia, on the 9th day of August 1862, he was wounded, injured or diseased as follows:

By gunshot striking the left leg between the thigh and the knee causing the lower leg to be amputated just below the knee

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 26th, 1897. I have heretofore under said law as a resident of Cobb county been allowed an invalid pension of \$100 Dollars, for the year 1896.

Sworn to and subscribed before me, this, the 15 day of March 1897. Jas M Bullard POST OFFICE Pond Springs

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,

Cobb County.

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

Given under my official signature and seal, this 15 day of March 1897.



Ordinary Cobb County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, _____ hereby authorize _____

of _____

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 _____ 1898.

[L. S.]

Executed in presence of _____

Bullard, James M.

Cobb Co.

ACT OF 24 OCT. 1887

(For These Already Enrolled.)

No. 3360

INVALID

SOLDIER'S PENSION.

1898.

Name

County

Disability

Amount, \$ 100.

3/25

1898.

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDED TO

appet.

NO. 11, 1898, STATE PRINTER, ATLANTA

No data

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, _____ hereby authorize _____

of _____

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 _____ 1899.

[L. S.]

Executed in presence of _____

Bullard, James M.

Cobb Co.

CODE SECTION 126.

(For These Already Enrolled.)

No. 3336

INVALID

SOLDIER'S PENSION.

1899.

Name

County

Disability

Amount, \$ 100.

3/8

1899.

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDED TO

appet.

GEO. W. HARRISON, STATE PRINTER, ATLANTA

No data

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears James M. Bullard 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 14th day of April 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 Private in Company A, of 19th Regiment of Ga. Volunteers, Archers's Brigade; that whilst engaged in such military service in the State of Ga., on the 9 day of August 1862, he was wounded, injured or diseased as follows:

By gun shot striking left leg below the knee which caused the leg to be amputated just below the knee.

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 26th, 1898. I have heretofore under said law as a resident of Cobb county been allowed an invalid pension of \$1.00, Dollars, for the year 1897.

Sworn to and subscribed before me, this, the 16th day of March, 1898. } James M. Bullard
M. Stone Only } POST OFFICE Powder Springs

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,

Cobb County.

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

Given under my official signature and seal, this 16th day of March 1898.



Ordinary Cobb County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears James M. Bullard 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 12th day of April 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 private in Company A, of 19th Regiment of Ga. Volunteers, Archers's Brigade; that whilst engaged in such military service in the State of Ga., on the 9th day of August 1862, he was wounded, injured or diseased as follows:

By gun shot striking left leg and rendering it necessary to amputate said leg just below the knee.

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 Cobb County been allowed an invalid pension of \$1.00, Dollars, for the year 1898.

Sworn to and subscribed before me, this, the 15th day of Feb, 1899. } James M. Bullard
M. Stone } POST OFFICE Powder Springs, Ga.

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,

Cobb County.

I, J. W. Stone Ordinary of said County, do certify that I am well acquainted with James M. Bullard 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 15th day of Feb, 1899.



Ordinary Cobb County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, _____ hereby authorize _____

of _____

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 _____ 1900.

[L. S.]

Executed in presence of _____

*Bullard, James M.
Cobb Co.*

CODE SECTION 128

(For Those Already Enrolled.)

*No. 1704
(In Hardman 1901)*

INVALID

SOLDIER'S PENSION.

1900.

Name *J. M. Bullard*

County *Cobb*

Disability *Leg*

Amount, \$ *100.*

Warrant issued *July 5* 1900.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDLED TO

J. W. Lindsey
Gen. W. Lindsey, State Printer, Atlanta.

No date

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, *J. M. Bullard* hereby authorize _____

John Lindsey of *Marion*

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

by *me*

at *Powder Springs*

IN WITNESS WHEREOF, I have hereunto set my hand and seal this *14*

day of *January* 1902.

James M. Bullard [L. S.]

Executed in presence of _____

*Bullard, James M.
Cobb County*

CODE SECTION 128

(For Those Already Enrolled.)

No. *510*

Marion 1901
DISABLED

SOLDIER'S PENSION.

1901-1902

Name *J. M. Bullard*

County *Cobb*

Disability *Left Leg*

Amount, \$ *100.*

Warrant issued *July 5* 1902.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDLED TO

Ordy
Gen. W. Lindsey, State Printer, Atlanta.

No date

RECEIVED FOR GEORGIA
Pensions Herebefore Allowed

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears *J. M. Bullard* 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 *12th* day of *April* 18*40*; that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served as a *private* in Company *2^d*, of *19th* Regiment of *Georgia* Volunteers, *Archer's* Brigade; that whilst engaged in such military service in the State of *Va.*, on the *9th* day of *August* 1862, he was wounded, injured or diseased as follows:

By gunshot striking left leg and rendering it necessary to amputate said leg just below the knee

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 *Cobb* County been allowed an invalid pension of *\$100.* Dollars, for the year 189*8*.

Sworn to and subscribed before me, this, the *6th* day of *March* 1900. *James M. Bullard* POST OFFICE *Powder Springs, Ga.*

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,

Cobb County.

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

Given under my official signature and seal, this *6th* day of *March* 1900.

Ordinary *J. M. Stone* County.



For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears *J. M. Bullard* 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 _____ 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 *private* in Company *H*, of *19th* Regiment of *Va.* Volunteers, *Archer's* Brigade; that whilst engaged in such military service in the State of *Va.*, on the *9th* day of *August* 1862, he was wounded, injured or diseased as follows:

By gun shot striking left leg, thereby causing it to be amputated below the knee

Deponent makes application for the pension to which he is entitled for year ending October 26th, 1902. I have heretofore under said law as a resident of *Haralson* County been allowed an invalid pension of *\$100-* Dollars, for the year 189*8*.

Sworn to and subscribed before me, this, the *14th* day of *January* 1902. *James M. Bullard* Postoffice _____

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,

Cobb County.

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

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

Ordinary *John A. Harty* County.



POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

I, _____ hereby authorize _____

of _____

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 _____, 1900.

[L. S.]

Executed in presence of _____

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

I, J. W. Brown hereby authorize _____

of Marion

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

by me

at his office

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

day of January, 1901.

[L. S.]

Executed in presence of _____

Jas M. Gann

Brown, J. W.

Cobb G.

CODE SECTION 120

(For Those Already Enrolled.)

No. 1675

INVALID

SOLDIER'S PENSION.

1900.

Name J. W. Brown
County Cobb
Disability Arms
Amount, \$ 50.
Warrant issued July 5 1900.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Cobb
Me

Geo. W. Harrison, State Printer, Atlanta.

Brown, J. W.
Cobb G.

CODE SECTION 120

(For Those Already Enrolled.)

No. 126.

DISABLED

SOLDIER'S PENSION.

1901.

Name J. W. Brown
County Cobb
Disability Invalid Gun Shot
Amount, \$ 57.00

Jan 15 1901.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Justing

Geo. W. Harrison, State Printer, Atlanta.

No date

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.

I, E. M. Bullard hereby authorize John H. Tray of Cobb 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 Jan 1903.

Executed in presence of

James M. Bullard [S.]

GEORGIA, Cobb County.

I, John H. Tray, Ordinary of said county, do certify that I personally know Samantha Bullard, the applicant, and that she is the lawful widow of J. M. Bullard, and was on the Invalid Pension Roll of said Cobb county, and was paid a Pension from Cobb county for 1903, and at the time of his death on the 29th day of January 1904, there was due to him and unpaid his Pension of Five hundred dollars from the State of Georgia, and I know A. H. Morlin, the within witness, and he is of a truthful and trustworthy character and entitled to full credit.

Given under my hand and seal this _____ day of Jan 1904.
John H. Tray Ordinary
Cobb County.

DISABLED
SOLDIER'S PENSION
1903.

Name James M. Bullard
County Cobb
Co. 4 Regiment 19
Disability 100%
Amount, 100% 1903.

JOHN W. LINDSEY,

Commissioner of Pensions

WARRANT HANDED TO

John H. Tray

no data

Approved and Paid
JAN 25 1 1904
J. W. LINDSEY,
Commissioner of Pensions
Co. _____ Regt _____ Vols _____
Widow of J. M. Bullard
of County Cobb
Mrs. Samantha Bullard

Application for Pension
Due Deceased Soldier
Under Act 1891.

No. 346
100/100

GEORGIA, Cobb County.

I hereby authorize and constitute John H. Tray of said county, my lawful attorney to collect and receipt for me in my name the Pension due me for 1904 through my deceased husband J. M. Bullard, who was on Invalid Pension Roll and paid from Cobb County for 1903.

Witness my hand this 12 day of January 1904.
Attested before me: Samantha Bullard

Bullard James M.
Samantha
100 100
12

CODE SECTION 1891.
(FOR THOSE ALREADY ENROLLED.)

No. 237

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cobb County.

Personally appears *J M Bullard* 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 *1842*; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Private* in Company *A*, of *19*th Regiment of *Volunteers*, *Archer's*'s Brigade; that whilst engaged in such military service in the State of *va*, on the *9* day of *August* *1862*, he was wounded, injured or diseased as follows:

Gun shot striking left leg causing amputation.

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 *Cobb* County, been allowed an invalid pension of *\$100* Dollars, for the year 1902.

Sworn to and subscribed before me, this *7* day of *Jan* 1903. *James M Bullard* Post-office *John Henry*

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

STATE OF GEORGIA, }
County. }

I, *John Henry* 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 *22* day of *Jan* 1903.



John Henry Ordinary *Cobb* County.

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

APPLICATION FOR PENSIONS DUE DECEASED SOLDIER.

UNDER ACT APPROVED OCTOBER 9, 1891.

STATE OF GEORGIA, *Cobb* County.

Personally before me come Mrs. *J M Bullard*, of said county, after being duly sworn, on oath says that she is the widow of *J M Bullard* who was duly enrolled as a *Invalid* Pensioner from the county of *Cobb* and was paid a Pension of *\$100* Dollars from *Cobb* county for 1903, and that the said *J M Bullard* died in *Cobb* county on the *4* day of *January* 1904, and at the time of his death a Pension of *\$100* was due him from *Cobb* county and unpaid for 1904. Applicant further swears that she married the said *J M Bullard* on the *29* day of *January* 1899, in *Cobb* county and State of *Ga* and resided with him from date of marriage to his death as his lawful wife, and is now his dependant widow, and she asks that the Pension so due and unpaid be paid to her.

Sworn to and subscribed before me this *15* day of *January* 1904. *John Henry* ORDINARY *Cobb* County. *Samantha Bullard* [L.S.]

AFFIDAVIT OF WITNESS.

GEORGIA, *Cobb* County.

Personally before me come *A A Martin*, who on oath says that he knew *J M Bullard* while in life and that he knows *his widow* Mrs. *Samantha Bullard*, the above applicant; that he knows that the said *J M Bullard* and *they* were in due form of law married in the county of *Cobb* in the State of *Ga* on the *10* day of *January* 1899, and that they resided together as husband and wife from date of marriage to the day of his death on the *4* day of *January* 1904, and I now know that she is his dependant widow.

Sworn to and subscribed before me this *10* day of *January* 1904. *John Henry* ORDINARY *Cobb* County. *A A Martin*

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.

Audited

1889.

COMPTROLLER GENERAL

Cobb

Maimed Soldiers.

Voucher No. 806.

Amount \$ 100.

Paid to Jas M Bullard
For Loss of Leg
July 23, 1889

Included in Warrant No
issued to Treasurer

1889

WARRANT CLERK.

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

Applicant

Audited

18

COMPTROLLER GENERAL

Cobb

Maimed Soldiers.

Voucher No. 928

Amount \$ 100

Paid to Jas M Bullard
For Loss of Leg

July 21st 1890

Included in Warrant No
issued to Treasurer

18

WARRANT CLERK.

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

Applicant

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.

No. 806
Atlanta, Ga. Feb 23 1890

Mr James M. Bullard of the County
of Cobb having filed his application in the Executive
Department for an allowance under the Act approved October 24, 1887, as amended by Act,

Dec. 24, 1888, and the same having been allowed for

Loss of left leg
He is entitled to receive the sum of One Hundred & 00/100 Dollars
for such disability the same being the allowance due for the year ending October 24, 1889

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

By the Governor

W H Harrison

CLERK EXECUTIVE DEPARTMENT.

J B Gordon
GOVERNOR

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

One Hundred & 00/100

Dollars

per above voucher, this

23 of Feb

1889.

James M. Bullard

STATE OF GEORGIA.

EXECUTIVE DEPARTMENT.

No. 928
Atlanta, Ga. Feb 11 1890

Mr James M. Bullard of the County
of Cobb having filed his application in the Executive
Department for an allowance under the Act approved October 24, 1887, as amended by Act,

approved, Dec. 24, 1888, and the same having been examined and allowed for

Loss of leg
He is entitled to receive the sum of One Hundred & 00/100 Dollars
for such disability, the same being the allowance due for the year ending October 24, 1889

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

By the Governor,

W H Harrison

CLERK EXECUTIVE DEPARTMENT.

J B Gordon
GOVERNOR

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

One Hundred & 00/100

Dollars,

per above voucher, this

11 of Feb

1890

James M. Bullard

Bullard, J. M.
Cash

1891.

Maimed Soldiers.

Voucher No 1202

Amount \$ 100

Paid to *J. M. Bullard*
for *Loss of leg*

July 19 1891.

Included in warrant No.

issued to Treasurer.

1891.

WARRANT CLERK.

Geo. W. Harrison, State Printer, Atlanta.

applicant

Audited

1891.

COMPTROLLER GENERAL

1891.

No. 1202

STATE OF GEORGIA.
EXECUTIVE DEPARTMENT.

Atlanta, Ga. July 19 1891.

Mr. J. M. Bullard of the County
of Cobb 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, 1889, and the same having been examined and allowed for
Loss of *One Hundred* Dollars
He is entitled to receive the sum of *One Hundred* Dollars
for such disability, the same being the allowance due for the year ending October 24, 1891.

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

H. J. Nathan
GOVERNOR.

By the Governor,

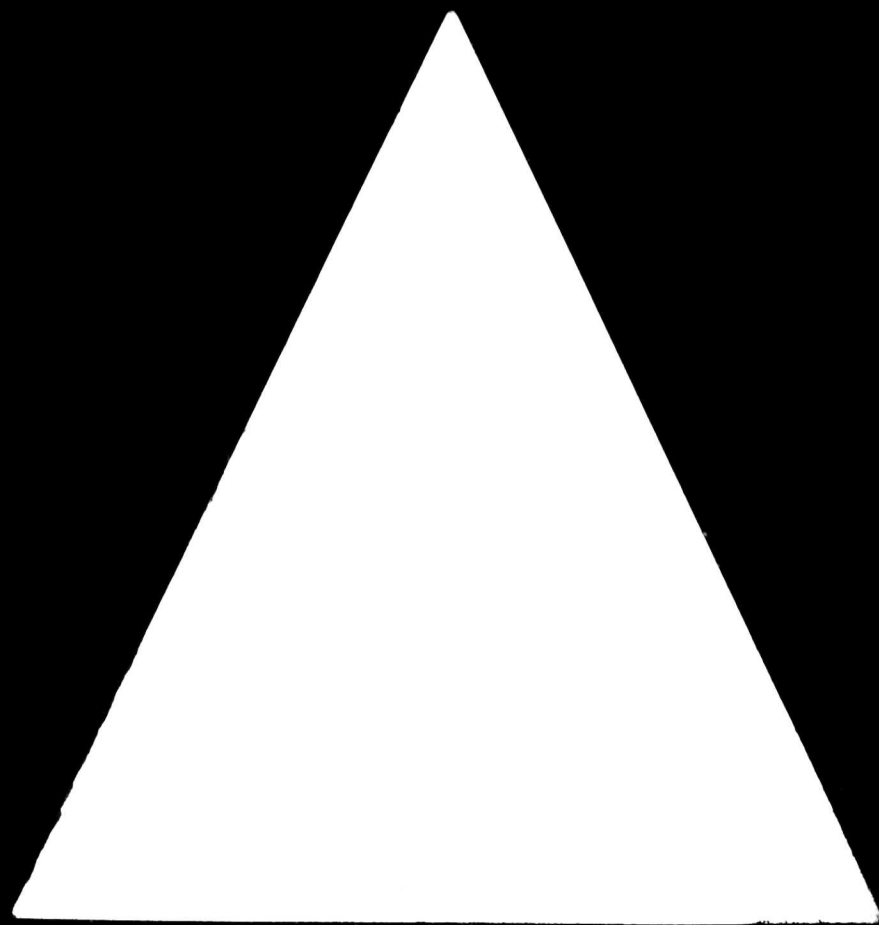
W. H. Harrison
SECY. EXECUTIVE DEPARTMENT.

\$ 100

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

One Hundred 00/100 Dollars,
per above voucher, this 19 of July 1891.

James M. Bullard



POWER OF ATTORNEY.

STATE OF GEORGIA.

Know all Men by these Presents, That I,
John H. Bullard

County, in said State, do hereby appoint
of *Wm. H. Bullard*

John H. Bullard
of *Cobb County*
of *Georgia*

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

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

Executed in the presence of us,

Wm. H. Bullard
John H. Bullard

DIRECTIONS.

If allowed, send amount by

me at

and oblige,

to



John H. Bullard
Cobb County
Georgia
1891.

No. *3465*

Widows' Pension

PAID TO
my J. H. Bullard
Cobb COUNTY.

\$100.00.

Warrant Issued

1891

AND HANDED TO

POWER OF ATTORNEY.

Form No. 5.

STATE OF GEORGIA.

County.

Know all Men by these Presents, That I,

J. R. Bullard
of *Cobb County*
do hereby appoint *J. B. Humphries*

County, in said State, do hereby appoint

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

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

day of

May

1891

Executed in the presence of us:

J. H. Howell

DIRECTIONS.

If allowed, send amount by

me at

and oblige,

[L. S.]



Widow's Pension

J. R. Bullard

Cobb

COUNTY

\$100.00.

Warrant Issued

AND HANDED TO

1891

W. H. HARTMAN, State Printer, Atlanta.

Affidavit to be Made by the Widow.

Form No. 1.

STATE OF GEORGIA.

In person came before me, the undersigned Ordinary

County of

Cobb

in and for the County of

Cobb

Mrs.

J. R. Bullard

, who being sworn according to law, says under

oath that she is the widow of

Wm. H. Bullard

, who was a soldier in

the service of the Confederate States, and served as a member of Company

"C"

of the

35th

Regiment of

Georgia

Volunteers; that he enlisted in said

service on or about the

21st

day of

August

1861, and was in the

Army up to

8th August

1862. That while in the

Army, he was on the

day of

May

1862. (See Note No. 1)

while in line of duty at Seven pines battle in Virginia, he was Amsted and Taken Prisoner and was taken to Ft. Delaware in the State of Delaware as Prisoner, and while in said Prison he contracted Fever and was severely sick, and came near dying while in Prison. He was then exchanged and returned home and elapsed at Petersburg Va. and died in three days after arrival of said place with said elapse of fever. He died the 8th day of August 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 30th day of May 1855, and that she has resided in Georgia continuously since the day of May 1862, 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

day of

May

1891.

J. R. Bullard

Ordinary.

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

Affidavit for Three Witnesses.

Form No. 2.

STATE OF GEORGIA,

County of *Douglas* } In person came before me, the undersigned Ordinary
A. H. Bynum, *Baylis Richardson* } in and for said County, witnesses
 and *W. S. Allen* } (each known to said Attesting Officer as truthful,
 reliable and reputable citizens), who severally say under oath, that, from their own personal knowledge,
 Mrs. *J. R. Bullard*, of the County of *Cobb*, State of Georgia, is the widow of *J. R. Bullard*, who was a soldier in
 Company *C* of the *55th* Regiment of *Georgia* Volunteers.
 That said soldier enlisted in the service of the Confederate States (or the Georgia State Troops) on or
 about the *17th* day of *August* 1861. That while in said service, or by
 reason of said service in the Army, he lost his life as follows:

*While in line of duty at the Seven
 Pines battle in the State of Virginia
 J. R. Bullard was taken prisoner
 in said battle by the enemy on or about
 the 8th day of April 1862. And that
 is the last I saw personally know
 of J. R. Bullard.
 We and each of us belonged to
 the same company and Regiment
 with J. R. Bullard, and personally
 knew him, and know he was cap-
 tured at the time and place as
 above mentioned. And personally
 know that he has not returned
 home since the war.*

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

Sworn to and subscribed before me, this, the

17th day of *July* 1891.

J. D. Barps
Baylis Richardson
W. S. Allen
 Ordinary.

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

Form No. 3.

STATE OF GEORGIA,

County of *Cobb*

I, *J. H. Stone* Ordinary
 in and for said County of *Cobb*

State of Georgia, hereby certify that I am acquainted with Mrs. *J. R. Bullard*
 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

8th day of *May* 1891.

SEAL.

J. H. Stone
 Ordinary.

Form No. 4.

NOTES.

The pension is only payable to certain classes of widows.

Those whose husbands were killed in service.

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

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

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

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

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

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

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

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

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

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

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

Fill out the "directions" below 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,

Cobb County.

Personally appears *J. W. 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 *1850*; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *private* in Company *C*, of *41st* Regiment of *Georgia* Volunteers, *Stovall's* Brigade; that whilst engaged in such military service in the State of *N. C.*, on the *19th* day of *March* *1865*, he was wounded, injured or diseased as follows:

By Minnie Ball striking in front of left shoulder and breaking shoulder joint and thereby rendering left arm and shoulder incompetent to perform the ordinary manual avocations of life

Deponent makes application for the pension to which he is entitled for the year ending October 20th, 1900. I have heretofore under said law as a resident of *Cobb* County been allowed an invalid pension of *\$50.* Dollars, for the year 1899.

Sworn to and subscribed before me, this, the *8th* day of *March* 1900. POST OFFICE *Kennesaw, Ga.*

J. M. Stone

STATE OF GEORGIA,

Cobb County.

I, *J. M. Stone* Ordinary of said County, do certify that I am well acquainted with *J. 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 *8th* day of *March* 1900.

J. M. Stone
Ordinary *Cobb* County.



For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears *J. W. 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 has resided therein continuously ever since the day of *1850*; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *private* in Company *C*, of *41st* Regiment of *Ga.* Volunteers, *Stovall's* Brigade; that whilst engaged in such military service in the State of *N. C.*, on the *19th* day of *March* *1865*, he was wounded, injured or diseased as follows:

By Minnie Ball striking in front of left shoulder and breaking shoulder joint and thereby rendering left arm and shoulder incompetent to perform the ordinary manual avocations of life

Deponent makes application for the pension to which he is entitled for year ending October 20th, 1901. I have heretofore under said law as a resident of *Cobb* County been allowed an invalid pension of *\$50.* Dollars, for the year 1900.

Sworn to and subscribed before me, this the *10th* day of *January* 1901. Postoffice *John A. W. Brown*

John A. W. Brown

STATE OF GEORGIA,

Cobb County.

I, *John A. W. Brown* Ordinary of said County, do certify that I am well acquainted with *J. 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 *10th* day of *January* 1901.

John A. W. Brown
Ordinary *Cobb* County.



BOJAEK OF VLLOBWEEA

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

Form No. 2.

STATE OF GEORGIA, County of Cobb

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

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this, the 6th day of February 1893.



John Stone Ordinary.

POWER OF ATTORNEY.

Form No. 2.

STATE OF GEORGIA, County of Cobb

KNOW ALL MEN BY THESE PRESENTS, That I, Mrs. J. R. Bullard of Cobb County, in said State, do hereby appoint John Stone my true and lawful attorney in fact, for

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 6th day of February 1893.

Mrs. J. R. Bullard X [L. S.]

Executed in the presence of us:

J. B. Hamilton X
J. B. Smith X

DIRECTIONS.

Send amount by _____ to me at _____, and oblige

See act & reg.

AND HANDLED TO John Stone

Warrant Issued 7th 1893

J. R. Bullard OF Cobb COUNTY.

for year ending February 15th, 1893.

Widow's Pension,

No. 742

1893.

J. R. Bullard Cobb County

State of Georgia
County of Douglas

H. G. Hooper

Ordinary in and for said County
of Douglas State of Georgia, hereby
certify that I am acquainted with
A. C. Banks, Bayley Richardson
and W. J. Allist. The witnesses who
Mrs. J. R. Bullard presents to sustain
her claim are known to me to
be truthful witnesses, entitled to
full faith and credit as such,
and that they reside in Douglas
County.

I, the witness whom I have hereunto
set my hand and affixed the Seal
of my office, this the 1st day of
July 1891.

H. G. Hooper
Ordinary

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of Cobb

Personally comes Mrs.

J. R. Bullard

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

Cobb

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

continuously ever since her birth in 1827 That she is the Widow of

William A. Bullard

who was a Soldier in Company

E

of the

35th

Regiment of

Inf

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

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 Confederate soldier
contracted fever while in service
and died from same in Richmond
Va in August 1862

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

Sworn to and subscribed before me, this

6th

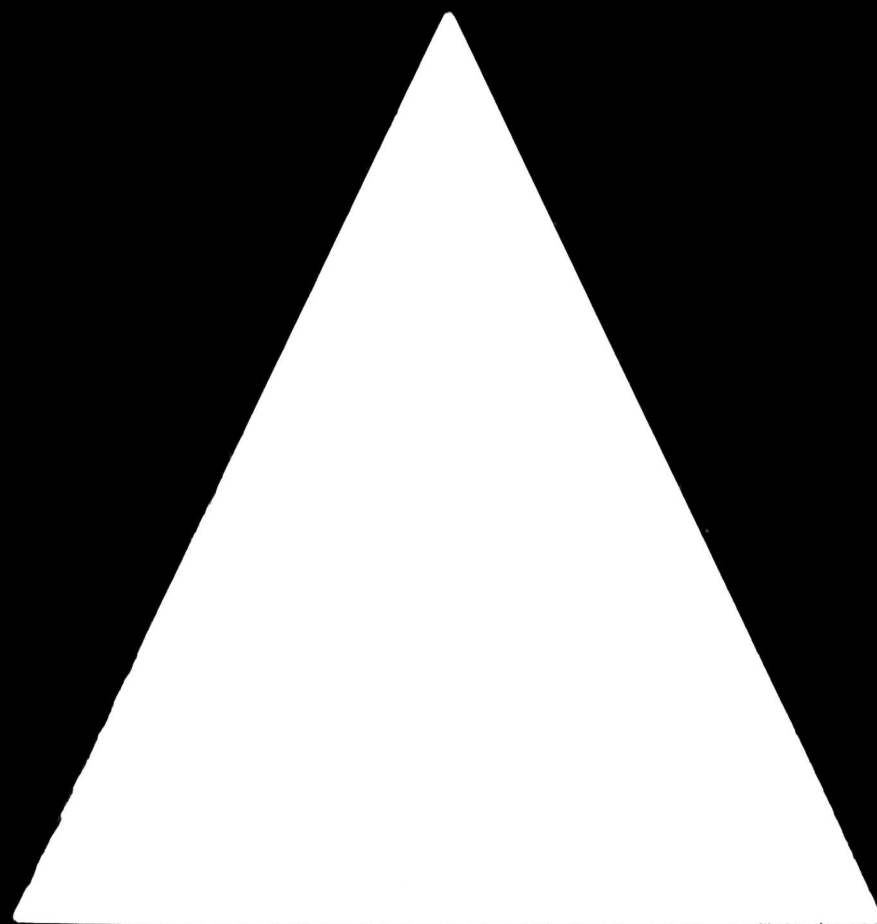
day of

July

1893.

J. M. Stone
Ordinary.

Mrs J. R. Bullard
Post-office Austell



POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY. }

I, _____

of _____

herely authorize

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

at _____

by _____

Witness my hand and seal, this _____ day of _____

190

Executed in presence of _____

[Seal]

ACT DEC. 16, 1901.

No. _____

WIDOW'S PENSION,

1906

Mrs. Samantha E. Bullard

County of Cobb

Widow of James M. Bullard

Warrant issued _____ 190

and handed to _____

J. W. LINDSEY,
Commissioner of Pensions.

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

10/7/06

Bullard, Samantha E.
Dec 1901
Cobb County
074

POWER OF ATTORNEY.

STATE OF GEORGIA,
COUNTY.

I, _____ hereby authorize
_____ of _____
to receive and receipt for the pension allowed and request that he remit same to _____
at _____ by _____
Witness my hand and seal, this _____ day of _____ 190_____
Executed in presence of _____

WIDOW'S PENSION,

No. _____

1906

Mrs. Samantha E. Bullard

County of Cobb

Widow of James M. Bullard

Warrant issued _____ 190_____
and handed to _____

J. W. LINDSEY,
Commissioner of Pensions.

10/2/06

WIDOW'S AFFIDAVIT.

STATE OF GEORGIA, Personally came Mrs. _____
COUNTY OF _____ who says on oath she is the

widow of James M. Bullard to whom, in the County of
Cobb State of Georgia, she was married on the

19th day of January 1869, that she remained his wife up to the 4th
day of January 1906, at which time he died, and that she has not since married.

At the time of his death he was a resident of Cobb County, in said State of
Georgia, and was on the Invalids pension roll of the State of Georgia, having been allowed
a pension of \$ 1.00 per annum on account of being a soldier in Company # 19th
Go. Regiment, En Volunteers or State _____

What affliction have you and how does it affect you? Bronchitis And General
Debility. I am not at any time able
to do any towards earning my support
What have you been doing to earn a support since 1st of January, 1900? Nothing

What property or effects had you on 1st January, 1900? None

What have you acquired since, and what income have you now? 100 dollars pension year
of husband's death 160 dollars from husband's estate
no income now.

What disposition have you made of any property since 1st January, 1900, and at what price and for what
purpose? Used the property acquired as mentioned
above for my support and maintenance
during the years 1904, 1905 and 1906.

Deponent further says that she is now a resident of Cobb County, and has contin-
uously resided in the State of Georgia since the 19th day of November 1894

She applies for the pension provided by Act of the General Assembly, approved December 18, 1901.

Sworn to and subscribed before me, this 1st day of October 1906

Ordinary of Cobb County

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

AFFIDAVIT FOR THREE WITNESSES.

STATE OF GEORGIA, } Personally came A. S. Henderson
COUNTY OF Cobb } John Rakastine and
J. H. Moon, known to me to be reputable and truthful person, who says
on oath that from his own personal knowledge Mrs. Samantha C. Bullard
who made the foregoing affidavit, is the widow of James M. Bullard
who died in Cobb County and State of Georgia on the
4th day of January 1894, and that she has not since married; that she became his
wife on the 19th day of January 1867, and so remained up to the time of his death,
and that she has resided in this State continuously since the 18th day of November 1888
With what affliction does she suffer? Branchitis, old age and
general debility
What property or income had she on 1st January, 1900? None
What has she in her possession and control now? Nothing
How was she supported in 1900 and 1901? By her husband
I have no personal interest in the pension asked for
Sworn to and subscribed before me, this 1st day of October 1906
John A. Tracy
Ordinary of Cobb County, Georgia.

PHYSICIANS' AFFIDAVIT.

STATE OF GEORGIA, } Personally came before
COUNTY OF Cobb } J. D. Middlebrooks, M.D.
and J. D. Cotton, both of whom are known to me to be reputable
physicians, who say on oath that they personally know Mrs. S. E. Bullard
mentioned in the foregoing affidavit, that she is permanently afflicted with (state disease and how it prevents her
earning a support) Branchitis and great
debility and old age she is
physically unable to do any work
to earn a living
Sworn to and subscribed before me, this 1st day of October 1906
John A. Tracy
Ordinary of Cobb County.

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

STATE OF GEORGIA, } I, John A. Tracy, Ordinary,
COUNTY OF Cobb } In and for said County of Cobb
State of Georgia, hereby certify that I am acquainted with Mrs. Samantha C. Bullard
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 has resided in the State of Georgia con-
tinuously since the first day of January 1894, and has not lived out
of the State since that date. I also certify that the witnesses, to-wit: A. S. Henderson
John Rakastine and J. H. Moon
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 1st
day of October 1906
John A. Tracy
Ordinary.

{ SEAL }

NOTES.

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. Date of marriage is essential and must be submitted.
Proofs by one witness and two physicians will be accepted when it is shown that the same cannot be furnished,
but in all cases the best proof accessible will be required, and it is incumbent on the applicant to make out a clear case
covering the above points.
Affidavits must be made in presence of the Ordinary.

NOTICE - POWER OF ATTORNEY.

STATE OF GEORGIA,
 COUNTY OF Chick
 I, S. E. Bullard, do hereby authorize
John Lindsey
 to receive and receipt for the pension paid hereon, and request that he remit same to
 at 1907
 In Witness Whereof, I have hereunto set my hand and seal, this 8th day of January, 1907.

Executed in presence of
Mrs. S. E. Bullard
 December 31, 1907.

Chick County
 To Those Hereofore Paid
 1907. 36
 No. 331
 WIDOW'S PENSION
 For Year ending Dec. 31, 1907.
 PAID TO
Mrs. S. E. Bullard
 OF
Chick County,
 Widow of James Bullard
 of Regiment
JOHN W. LINDSEY,
 Commissioner of Pensions.
 WARRANT ISSUED
 1/31/07
 AND HANDED TO
Ozley
 Clerk of Court, State Prison, Atlanta.

STATE OF GEORGIA
 FOR WIDOWS HERETOFORE ALLOWED PENSIONS.

For Widows Heretofore Allowed Pensions.

Form No. 1

STATE OF GEORGIA,

County of Cobb

PERSONALLY COMES Mrs.

S. E. Bullard

who, being sworn says on oath, that she is a bona fide resident of said County of Cobb State of Georgia, and that she has RESIDED in said State continuously ever since _____.

That she is the Widow of Joe M. Bullard 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 life on the _____ day of _____ 18____.

(State here particulars of the husband's death, when, where and from what cause.)

Died from wounds received in war

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 Cobb County, for the year ending December 31, 1906, and now apply for the pension provided by law for the year ending December 31, 1907.

Sworn to and subscribed before me

this 8 day of January 1907.

John H. Harty

Ordinary.

Mrs. S. E. Bullard

Post Office _____

State of Georgia,

Cobb

County.

I, John H. Harty

Ordinary of said County, certify that I am well

acquainted with Mrs. S. E. Bullard, who made the above affidavit, and am satisfied that the facts therein stated are true, and I know she is the individual she represented herself to be, and that she has continuously resided in this State since the _____

day of _____ 18____.

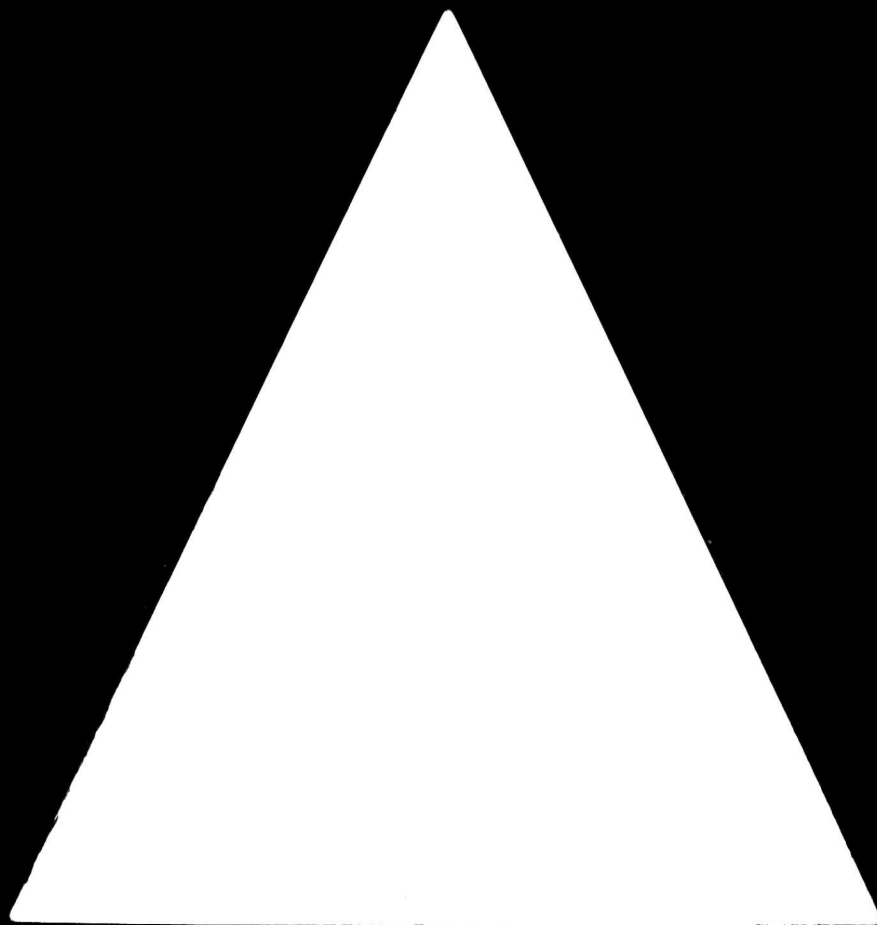
Given under my official signature and seal, this the 8 day of January 1907.

Official Seal

John H. Harty

Ordinary of Cobb County.

NOTE.—All blanks must be filled.
Verifiers and Affidavits must bear date after January 1st, 1907.



POWER OF ATTORNEY.

State of Georgia.

County.

I, A. J. Bunge hereby authorize John R. R. R.
at McDonna

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

McDonna

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

day of January 1898.

21816

Executed in presence of

J. W. R. R.

A. J. Bunge [R. S.]
Shaw

ACT OF 11 DEC. 1894.

(For Those Already Enrolled.)

For NO 252
Franklin 1900

INDIGENT
SOLDIER'S PENSION,
1901
1898.

Name A. J. Bunge
County Cobb

WARRANT ISSUED

Jan 15 1898.

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDED TO

Franklin

No date

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, John M. Brown hereby authorize

John M. Brown

of

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 18

day of July 1902.

J. M. Brown [L. S.]

Executed in presence of

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, John M. Brown hereby authorize

John M. Brown

of

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 3rd

day of July 1903.

J. M. Brown [L. S.]

Executed in presence of

SOLDIER'S PENSION

1902.

DISABLED

No. 390

Name J. M. Brown

County Cobb

Co. 6 Regiment 41st

Disability

Amount, \$ 50

1902.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Ordy

Geo. W. Harrison, State Printer, Atlanta.

no data

SOLDIER'S PENSION

1903.

DISABLED

No. 240

Name J. M. Brown

County Cobb

Co. C. 41st Regiment Ga. 4th

Disability Left Shoulder

Amount, \$ 50

1903.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Ordy

Geo. W. Harrison, State Printer, Atlanta.

no data

POWER OF ATTORNEY.

State of Georgia,

County.

I, A. J. Burgess, hereby authorize John H. Harty
of Marcella

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

at Marcella

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 7th

day of January 1898.

Executed in presence of

L. M. Henson

Burgess, A. J.
Cobb Co

ACT OF 1894, SEC. 1894

(For Those Already Enrolled.)

No. 202
For Pensioner

INDIGENT

SOLDIER'S PENSION,
1901
1898.

Name A. J. Burgess
County Cobb

WARRANT ISSUED

Jan 15 1898.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDLED TO

Harty
REC'D. HARRISON, STATE PRINTER, ATLANTA

No date

Burgess, A. J.
Cobb County

CODE SECTION 1894
(FOR THOSE ALREADY ENROLLED.)

No. 486

INDIGENT

SOLDIER'S PENSION
1902.

Name A. J. Burgess
County Cobb
Co. B Regiment 34th

WARRANT ISSUED

116 1902.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDLED TO

Harty
Gen. W. Harrison, State Printer, Atlanta.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

I, A. J. Burgess, hereby authorize John H. Harty
of _____

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

Witness my hand and seal, this 17th day of January 1902.

A. J. Burgess [L. S.]
mark

Executed in presence of

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears A. J. Burgess 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 since the _____ day of _____ 18____; that he is 60 years old and by occupation a farmer; 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 3 years & 3 in Company G, of 34th Regiment of _____; that his physical condition is as follows: Age, infirmity and poverty disables him so that he is not able to support himself

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 1898. I have heretofore as a resident of Franklin county been allowed a pension for the year 1891 1900

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

Ordinary.

State of Georgia,

Cobb County.

I, John A. Axtell Ordinary of said County,

do certify that I am well acquainted with A. J. 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 _____ 1901

John A. Axtell

Ordinary.

Cobb County.



NOTE.—The blank spaces must be filled.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cobb County.

Personally appears A. J. Burgess 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 _____ day of _____ 1840; that he is 61 years old and by occupation a farmer; that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served for the term of 3 1/2 years in Company G, of 34th Regiment of the role; that his physical condition is as follows: On account of infirmity and poverty he is unable to support himself

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 1902. I have heretofore as a resident of Cobb county been allowed a pension for the year 1891

Sworn to and subscribed before me, this the _____ day of _____ 1902.

Ordinary.

STATE OF GEORGIA,

Cobb County.

I, John A. Axtell Ordinary of said County,

do certify that I am well acquainted with A. J. 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 _____ 1902.

John A. Axtell

Ordinary.

Cobb County.



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

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

I, _____ hereby authorize _____

of _____

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

at _____

by _____

Witness my hand and seal, this _____ day of _____ 1903.

Executed in presence of _____

A. F. Burgess [L. S.]

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

I, *A. F. Burgess* hereby authorize _____

of *Marquette*

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

at *his office*

by *hand*

Witness my hand and seal, this _____ day of _____ 1904.

Executed in presence of _____

A. F. Burgess [L. S.]

Burgess A. F.
Cobb County

CODE SECTION 1384.

(FOR THOSE ALREADY ENROLLED.)

No. *433*

INDIGENT

**SOLDIER'S PENSION
1903.**

Name *A. F. Burgess*

County *Cobb*

Co. *4* Regiment *34*

WARRANT ISSUED

1/23 1903.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Ady

Geo. W. Harrison, State Prisoner, Atlanta.

No data

Burgess A. F.
Cobb Co

CODE SECTION 1384.

(FOR THOSE ALREADY ENROLLED.)

No. *709*

INDIGENT

**SOLDIER'S PENSION
1904.**

Name *A. F. Burgess*

County *Cobb*

Co. *4* 34th Regiment *34*

Vol.

WARRANT ISSUED

1/25 1904.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Ady

Geo. W. Harrison, State Prisoner, Atlanta.

No data

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cobb County.

Personally appears A. J. Burgess 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 day of 18; that he is 63 years old and by occupation a farmer, that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served for the term of 3 1/2 years in Company E, of 24 th Regiment of Ken Tals; that his physical condition is as follows: From Paralysis

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 1903. I have heretofore as a resident of _____ county been allowed a pension for the year 1 _____

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

Ordinary.

A. J. Burgess
Mack

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.

Ordinary _____ County.

NOTE.—The blank spaces must be filled.
NOTE.—Affidavit should not be attested before January 1st, 1908.



FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cobb County.

Personally appears A. J. Burgess 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 day of 1840; that he is 63 years old and by occupation a farmer, that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served for the term of 3 years & 1 month in Company E, of 24 th Regiment of Ken Tals; that his physical condition is as follows: Owing to age infirmity and poverty he is unable to support himself

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 1904. I have heretofore as a resident of Cobb County been allowed a pension for the year 1903

Sworn to and subscribed before me, this the 1st day of May 1904.

Ordinary.

A. J. Burgess

STATE OF GEORGIA,

County.

I, John A. Wright Ordinary of said County, do certify that I am well acquainted with A. J. 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 2 day of January 1904.

Ordinary Cobb County.

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



POWER OF ATTORNEY.

STATE OF GEORGIA.

Cobb COUNTY.

I, A. J. Burgess hereby authorize
John Lindsey of _____
to receive and receipt for the pension allowed, and request that he remit same to
at _____
by _____

WITNESS my hand and seal, this 9 day of Jan 1905.

A. J. Burgess [L. S.]

Executed in the presence of

John Lindsey

Burgess, A. J.
Cobb Co.
(FOR THOSE ALREADY ENROLLED.)
No. 684
INDIGENT
SOLDIER'S PENSION
1905.
Name A. J. Burgess
County Cobb
Co. A Regiment 34

WARRANT ISSUED
11 99 27 1905.

JOHN W. LINDSEY,

Commissioner of Prisons.

WARRANT HANDED TO

CHAS. W. HARRISON, MANAGER FOR STATE PRINTER, ATLANTA.

no data

Burgess, A. J.
Cobb County

CHAS. W. HARRISON, MANAGER FOR STATE PRINTER, ATLANTA.

(FOR THOSE ALREADY ENROLLED.)

No. 642

INDIGENT
SOLDIER'S PENSION
1906.

Name A. J. Burgess
County Cobb
Co. 23rd Regiment

WARRANT ISSUED
11 22 1906.

JOHN W. LINDSEY,

Commissioner of Prisons.

WARRANT HANDED TO

Ord

The Prisoner's Pension and Pensions Co. Chas. W. Harrison, Sec.

no data

POWER OF ATTORNEY.

STATE OF GEORGIA.

Cobb COUNTY.

I, A. J. Burgess hereby authorize
John Lindsey of Cobb County
to receive and receipt for the pension allowed, and request that he remit same to
at his office
by me
hand

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

A. J. Burgess [L. S.]

Executed in the presence of

John Lindsey

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cobb County.

Personally appears *A. J. Burgess* 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 *1st* day of *January* 18*40*; that he is *64* years old and by occupation a *carman*, that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served for the term of *3 years* in Company *6*, of *34*th Regiment of *Vol.*; that his physical condition is as follows: *Infirmit and poverty*

that his property consists of the following items:

nothing

of the value of _____ Dollars. 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 1905. I have heretofore as a resident of *Cobb* County been allowed a pension for the year 1904.

Sworn to and subscribed before me, this *1st* day of *January* 1905. *A. J. Burgess*
John H. Wray Ordinary.

STATE OF GEORGIA,

Cobb County.

I, *John H. Wray* Ordinary of said County, do certify that I am well acquainted with *A. J. 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 *3* day of *January* 1905.

John H. Wray Ordinary *Cobb* County.



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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,

Cobb County.

Personally appears *A. J. Burgess* 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 _____ day of _____ 18____; that he is _____ years old and by occupation a _____, 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 _____ in Company *6*, of *34*th Regiment of *Vol.*; that his physical condition is as follows: *Infirmit and poverty*

that his property consists of the following items:

of the value of _____ Dollars. 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 *Cobb* County, been allowed a pension for the year 1905.

Sworn to and subscribed before me, this *1st* day of *January* 1906. *A. J. Burgess*
John H. Wray Ordinary.

State of Georgia,

Cobb County.

I, *John H. Wray* Ordinary of said County, do certify that I am well acquainted with *A. J. 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 *3* day of *January* 1906.

John H. Wray Ordinary *Cobb* County.



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

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb COUNTY. }

I, A. J. Burgess, hereby authorize
John Lindsey of _____
to receive and receipt for the pension allowed, and request that he remit same to
_____ at _____

by _____

WITNESS my hand and seal, this 5 day of January 1907.

Executed in presence of

W. G. Sam

A. J. Burgess [I. S.]
mark

Burgess, A. J.
Cobb Co.

Order Service 1284.
(FOR THOSE ALREADY ENROLLED)

No. 576

INDIGENT
SOLDIER'S PENSION
1907.

Name A. J. Burgess
County Cobb
Co. 1. 34 Regiment 89.
Mo. Co.

WARRANT ISSUED

JAN 21 1907.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

GEN. W. H. LINDSON, STATE PRINTER, ATLANTA.

no data

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,

Cobb County.

Personally appears A. J. Burgess 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 _____ day of _____ 18____; that he is _____ years old and by occupation a _____, 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 _____ in Company C, of 24th Regiment of Geo. Colo; that his physical condition is as follows: Age & infirmity

that his property consists of the following items: _____

of the value of _____ Dollars. 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 1907. I have heretofore, as a resident of Cobb County, been allowed a pension for the year 1906.

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

John A. Hooten Ordinary.

A. J. Burgess
Chair

State of Georgia,

Cobb County.

I, John A. Hooten Ordinary of said County,

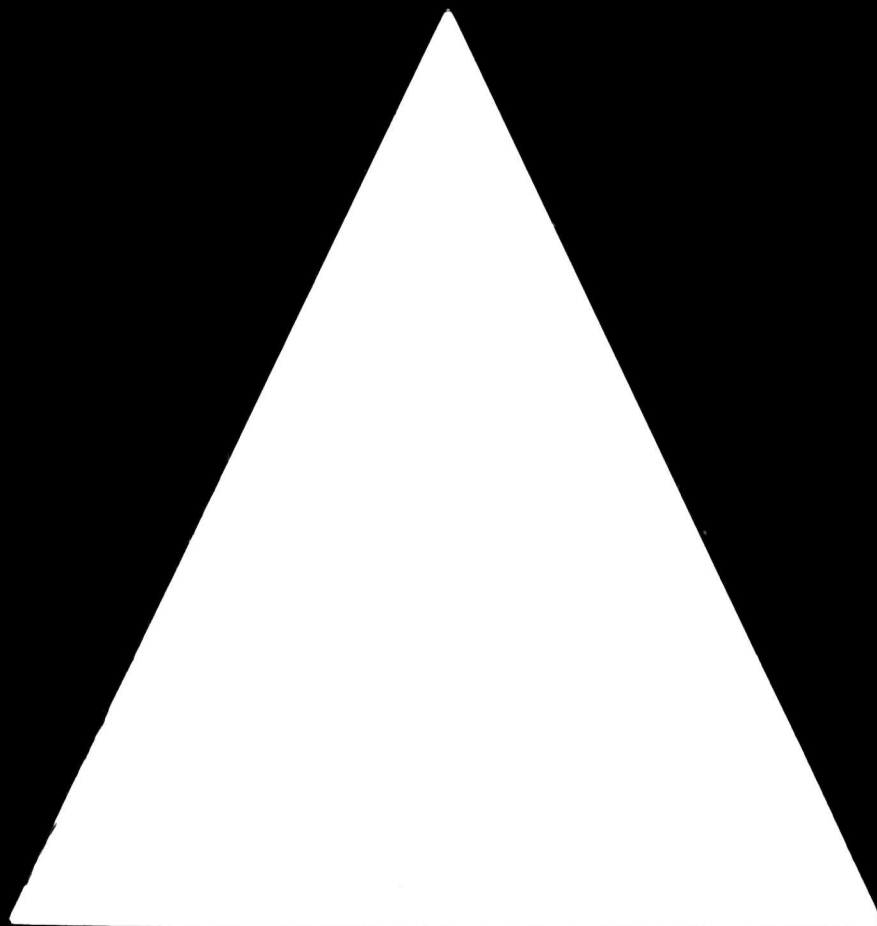
do certify that I am well acquainted with A. J. Burgess the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be, and that he resides in this County.

Given under my official signature and seal this 15 day of Jan 1907.

John A. Hooten
Cobb County.

ASLs
your
seal
here

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



ORDINARY'S CERTIFICATE

36

COUNTY.

Ordinary of said County, do certify that I
know Mrs. Frank M. Mungier the applicant for this position, and that she is the
person she represents herself to be, and that she is a bona fide continuing resident of said County and was
on the _____ day of _____ 1900

-1900-

That I also know Edm Lloyd

-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 seal of office this 26 day of Oct 1924
(SEAL.) *JM Davis*

(SEAL.)

Office this 26 day of Oct
J M Evans
Clerk

Ordinary.

County.

[illegible]

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cobb County.

Personally appears J. W. 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 has resided therein continuously ever since the day of 1850; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a private in Company 6, of 41th Regiment of Georgia Volunteers, Stovall's Brigade; that whilst engaged in such military service in the State of Georgia, on the 19 day of March 1863, he was wounded, injured or diseased as follows:

By Minnie Ball striking in front of left shoulder and breaking shoulder joint thereby rendering left arm and shoulder incompetent to perform the ordinary manual 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 Cobb County, been allowed an invalid pension of \$3.00 Dollars, for the year 1901.

Sworn to and subscribed before me, this 15 day of May 1902. John Autrey, Dea. Post-office Monetta

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,

Cobb County.

I, John Autrey Ordinary of said County, do certify that I am well acquainted with J. 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 15 day of May 1902.

Ordinary John Autrey County.

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

ALL
your
seal
here

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cobb County.

Personally appears J. W. 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 has resided therein continuously ever since the day of 1850; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a private in Company 6, of 41th Regiment of Georgia Volunteers, Stovall's Brigade; that whilst engaged in such military service in the State of Georgia, on the 19 day of March 1863, he was wounded, injured or diseased as follows:

Minnie Ball striking in front of left shoulder and breaking left shoulder joint thereby rendering left arm and shoulder incompetent to perform the ordinary manual avocations of life

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 Cobb County, been allowed an invalid pension of \$3.00 Dollars, for the year 1902.

Sworn to and subscribed before me, this 5 day of May 1903. John Autrey, Dea. Post-office Kennesaw, Ga.

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

STATE OF GEORGIA,

Cobb County.

I, John Autrey Ordinary of said County, do certify that I am well acquainted with J. 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 3rd day of May 1903.

Ordinary John Autrey County.

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

ALL
your
seal
here

ORDINARY'S CERTIFICATE

STATE OF GEORGIA,

Cobb COUNTY.

I, J. M. Gamm Ordinary of said County, do certify that I know Mrs. Frank J. Burgess the applicant for this pension, and that she is the person she represents herself to be, and that she is a bona fide continuing resident of said County and was on the _____ day of _____ 1920.

That I also know Edm. Legg 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 seal of office this 26 day of Oct 1921.

(SEAL.)

J. M. Gamm Ordinary.
Cobb County.

- NOTES: 1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the truth. So help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. All affidavits must be made before the Ordinary of the county 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 reputation.
6. 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.

Widow's Application
10/29/21
Cobb County
No. _____

Widow's Application

To Be Put on Roll in Her Own Right When
Husband Was on the Indigent Roll or
Put on Under Act of July 11, 1910—
As Amended by Act of 1919.

County Cobb
Name Frank J. Burgess
Widow of Frank J. Burgess
Company 46
Regiment 34 Co Valentine
Approved _____

4-27-14

J. W. LINDSEY,
Commissioner of Pensions.

Byrd Printing Co. State Printers, Atlanta.

10/29-1921

WIDOW'S AFFIDAVIT

STATE OF GEORGIA,

Cobb COUNTY.

Personally before me comes Joseph J. Burgess of said County, who, after being duly sworn, says that she is the widow of A. J. Burgess to whom, in the County of Franklin State of Ga. she was married on the 15 day of January 1866, and that she remained his 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 Cobb County, in said State of Georgia, and he was on the Indigent Pension Roll of the State and paid a pension of \$60.00 in Cobb County for 1914 per annum, on account of being a soldier in Company A Regiment 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 since Dec day of 1900

Sworn to and subscribed before me, this the

15 day of October 1921

E. J. Tamm Ordinary

of Cobb County.

(SEAL)

Joseph J. Burgess
mar

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

STATE OF GEORGIA,

Cobb COUNTY.

Personally before me comes Joseph J. Burgess 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. Joseph J. Burgess, who made the foregoing affidavit, is the lawful widow of A. J. Burgess who died in Cobb County in said State of Ga. on 27 day of April 1914.

and that she has not since remarried. That she became the wife of that they on the 15 day of January 1866, and that she and he had resided together as man and

wife continuously since I know them, up to the time of his death, I have day of 18 and that the known as man wife since 1910 until his death was the same man who was on the pension roll of said State from Cobb County Cobb when he died.

Sworn to and subscribed before me, this the

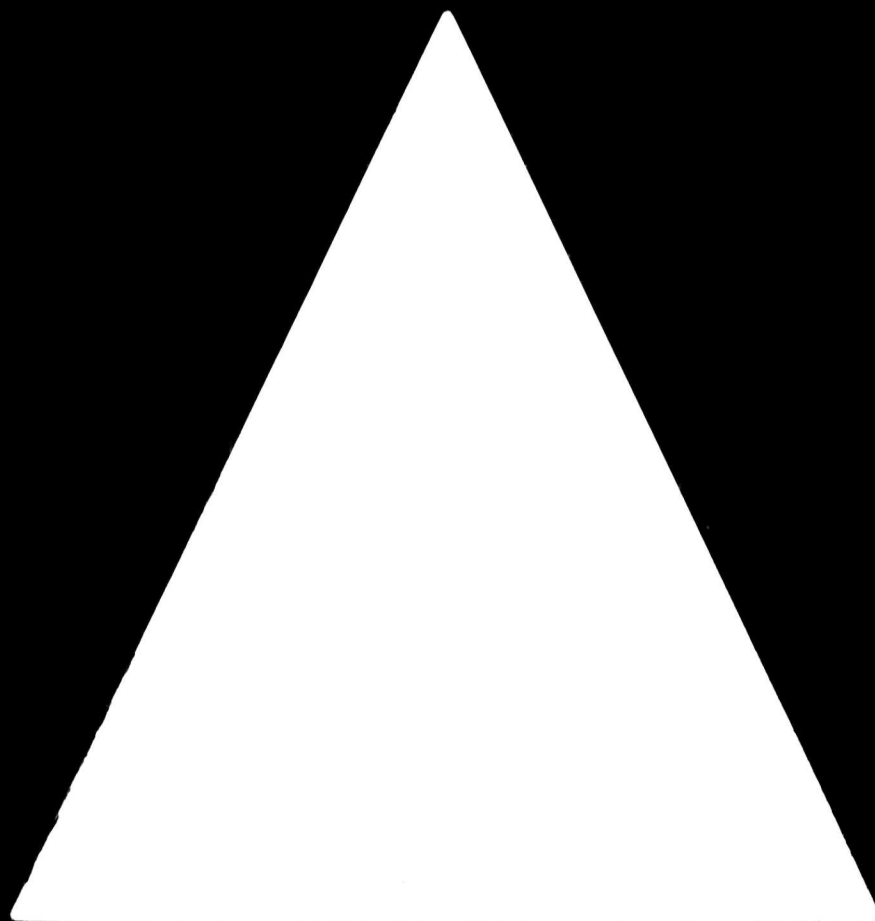
15-2 day of October 1921

E. J. Tamm Ordinary

of Cobb County.

(SEAL)

E. M. Gegg



4499
No. 295 Burt, Armistead

APPLICATION FOR
Cobb Co.

Arm

FOR CONFEDERATE SOLDIER.

Applicant Armistead Burt

County Cobb

Limb Arm above elbow

Amount \$60

Date of Warrant Nov 14th 1869

Page

Co. K, 18th Regt
Mississippi

Joy

E-1452

H. B. Jackson, Printer, No. 32 Broad St., at, Atlanta.

State of Georgia.

Cobb County.

Personally appeared before me Armistead Bunt of the County of Cobb, State of Georgia, who, being duly sworn, deposes and says that he was on the 20th day of September, 1879, a bona fide resident of this State, that he enlisted in the military service of the Confederate States, or of this State, as a private in Company K 18th Regiment of Mississippi Volunteers, that while engaged in such military service, to wit: at the battle or engagement of Berryville in the State of Virginia on the third day of September 1864, he was wounded in the right arm, and that the same was amputated above the elbow, and that he has not received the payment allowed him for such limb under an Act entitled an Act to carry into effect the provisions of Paragraph 1, Section 1, Article 7 of the Constitution of 1877, approved September 20th 1879, that he has not supplied himself with an artificial arm, that, not having done so, he desires to supply himself with an artificial arm.

Sworn to and subscribed before me this

15th day of Nov 1879

W. M. Sperry Clerk

Armistead Bunt

Notary Public for the State of Georgia, and is authorized to administer oaths, a Judge of the Superior or County Court, or a Justice of the Peace, or a Clerk of the Superior Court or Ordinary.

COMMISSIONED OFFICER'S AFFIDAVIT.

State of Georgia.

County.

Personally appeared before me Armistead Bunt of the County of Cobb, State of Georgia, who, being duly sworn, deposes and says that he was in Company K 18th Regiment of Mississippi Volunteers, that while engaged in such military service, to wit: at the battle or engagement of Berryville in the State of Virginia on the third day of September 1864, he was wounded in the right arm, and that the same was amputated above the elbow, and that he has not received the payment allowed him for such limb under an Act entitled an Act to carry into effect the provisions of Paragraph 1, Section 1, Article 7 of the Constitution of 1877, approved September 20th 1879, that he has not supplied himself with an artificial arm, that, not having done so, he desires to supply himself with an artificial arm.

Sworn to and subscribed before me this

15th day of Nov 1879

Notary Public for the State of Georgia, and is authorized to administer oaths, a Judge of the Superior or County Court, or a Justice of the Peace, or a Clerk of the Superior Court or Ordinary.

#4499
No. 295 Bunt Armistead
APPLICATION FOR
Cobb Co.
Arm
FOR CONFEDERATE SOLDIER.
Applicant Armistead Bunt
County Cobb
Limb Arm above elbow
Amount \$60
Date of Warrant Nov 14/79
Page
Cobb Co. 18th Regt
Mississippi
J. H. H. H.
11/15/79

AN ACT

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

SECTION 1. Be it enacted by the General Assembly of the State of Georgia, That any person now a bona fide resident of this State, who enlisted in the military service of the Confederate States, or of this State, who, while engaged in said military service, lost a limb or limbs, may furnish to the Governor of this State proof that such applicant has supplied himself with such 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 extending above the knee one hundred dollars; for a leg not extending above the knee seventy-five dollars; for an arm extending above the elbow sixty dollars; for an arm not extending above the elbow forty dollars. Provided, the said amounts of money may be allowed to any one entitled to the benefits of this Act who may prefer to supply himself with the said artificial limb.

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

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

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

HENRY R. GORTON,
Secretary House Representatives
WM. A. HARRIS,
Secretary Senate
Approved September 20th 1879

A. O. BACON,
Speaker House Representatives
REV. E. LOSTER,
President Senate
ALFRED H. COLQUITT, Governor.

State of Georgia.

Cobb

County.

Personally came J. J. Atkinson, B. Strippling
& William W. Young
who, being duly sworn, depose and say they are acquainted with Amintias Rust
and that he lost an arm in the military service during the late war;
that said arm was amputated above the elbow; that he is a bona fide
citizen of this State, and we are well satisfied that the facts stated by him in the above affidavit are true.
Sworn to and subscribed before me this 15 day of Nov 1879
Wm. W. Hammett
Ord.

J. J. Atkinson
B. Strippling
William W. Young

State of Georgia.

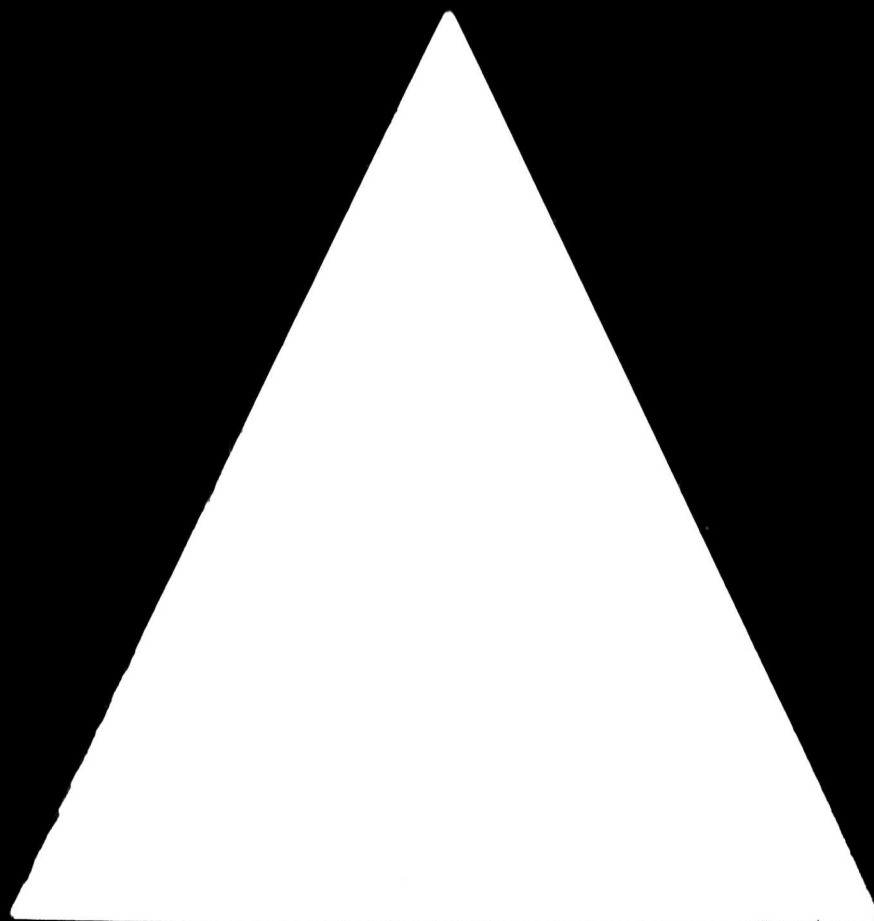
Cobb

County.

I, Wm. W. Hammett Ordinary of Cobb
county, do certify that I am well acquainted with A. Rust
the applicant for an arm and am well satisfied that the facts stated by him in the foregoing affidavit are true, and that I am well acquainted with J. J. Atkinson
& B. Strippling & Wm. Young
the citizens who make their affidavit, that they are respectable citizens of this county, and that the facts stated by them are true.

Given under my hand and official seal, this 15 day of Nov 1879

Wm. W. Hammett
Ord.



Ex. Dept
Feb'y 24. 1888.

We desire a
full history of this
Case

Was the applicant
discharged on account
of his illness & the disability
following?

Does he use stick or
crutch? If so, how
since he has been
compelled to do so?

W H Harrison
Chief Ex. Dept

Burton James
Burton James
Col. Co.

No. 807

Application for Allowance

FOR

General Disability body
by disease

Applicant Jas. Burton

County Cobb

Amount \$25

Date of Warrant Feb 14/88

Entered on Record,

Feb 14 1888

W H H

Secretary Executive Department.

Georgia Cobb Co. - Personally appeared before me Jas. Burton
who on oath says that owing to the fact on sitting on his legs &
as set out in his affidavit in his application that he
is compelled constantly to use a stick or crutch and
has been using them since he was shot for the first time
in the war. As soon as got up from his sickness, he was
sent to the major hospital and then he was sent to the
the war ended, being unable to serve in the army
sworn to and subscribed
before me December 9, 1888
W H Harrison

James Burton

Gray

George Cobb Co. Personally appeared before
me W. H. Harrison, Ex. Dept. who being duly sworn
says that the applicant is compelled to use a stick
or crutch in walking on account of the condition
of his legs, he serving and permanently
disabled -
before me March 10 - 1888

Ex. Dept. W. H.

W H Harrison, Ex. Dept.

Self
My 24. 1885.
The nature of
the injury of the
the applicant
changed on account
of illness not disability
any.
He can work as
well as 400. Now
as he has been
unable to do so.
At a man
Clark & 1884

Burton James
Burton James
1885
1884
No. 207
Application for Allowance
General disability body
by disease
Applicant Jas. Burton
County Roosa
Amount \$5
Date of Warrant March 14/88
Entered on Record,
March 14 1888
W H H
Secretary Executive Department

Georgia 6006 - Personally appeared before me Jas Burton
who in each day that coming to the fever sitting in his legs
as set out in his affidavit in his application that he
is compelled constantly to use a stick or crutch and
has been using them since he received from the fever
in the war. As soon as got up from his sickness he was
sent to the major branch and then remained till
the war ended, being honorable for service in the army
Sworn to and subscribed
before me March 9 - 1888
W M Hammitt
Ord

James Burton

George 6006 has personally appeared before
me W H H of 1885 who being duly sworn
says that the applicant is compelled to use a stick
or crutch in walking on account of the condi-
tion of his legs, he seriously and permanently
disabled -
Sworn to and subscribed
before me March 10 - 1888
W H H
W H H
W H H

STATE OF GEORGIA,
Roosa County

PERSONALLY appears *Jas Burton* of *Roosa* county,
 State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said
 State, and has been such since the *10th* day of *July* 1888; that he
 enlisted in the military service of the Confederate States (or of the State of
 during the war between the States, and served as a *Private* in Company *"L"*, of
~~Phillips~~ *Regiment of* *Legion* Volunteers *1863* 's Brigade; that
 whilst engaged in such military service, *at the battle of* *1863*
 the State of *Roosa* on the day of *1863* he was
 wounded as follows: *He was stricken down with the fever*
and confined to the bed about nine weeks -
the fever settled in his legs, the physicians cannot
by exposure in the army - by reason of this fever
his legs have been rendered essentially & substantially
useless and have been in this condition since that
of his sickness, dependent was perfectly sound
before the sickness & said sickness was in September 1863
 Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and makes
 application for the allowance to which he is entitled thereunder.

Sworn to and subscribed before me, this the
20 day of *July* 1888
W M Hammitt Ord

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

COMMISSIONED OFFICER'S AFFIDAVIT.

STATE OF GEORGIA,
Roosa County.

PERSONALLY came before me *A N Goble* of the county
 of *Roosa* State of Georgia, who, being duly sworn, says that he was
 a commissioned officer in Company *"L"* of *Phillips* *Regiment of* *Legion*
 Volunteers, and that deponent knows *Jas Burton*, and that he received the wounds
 (or contracted the disease) in the military service, as stated in his foregoing affidavit, *which* wounds
 (or disease) permanently disables the said *Jas Burton*, as stated by him in said
 affidavit. Deponent further states that said *Jas Burton* is a *bona fide*
 citizen of this State, and resides in *Roosa* county.
 Sworn to and subscribed before me, this *20* day of *July* 1888

W M Hammitt
Ord
W H H
W H H

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

STATE OF GEORGIA,

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

188

STATE OF GEORGIA,

County. }

PERSONALLY comes before me

H. M. Hammett

Ordinary of said county,

Dr. A. S. Goble

and

E. J. Selge

, both known to

me as reputable physicians of said County, who, being severally sworn, say on oath that they have

carefully examined

James Burton

and after such examination say that the

applicant has been injured as follows: *He was sick with the fever.*

in 1863 in Georgia caused by exposure (one of us Dr. A. S. Goble being with him) he was confined to his bed about nine weeks and came out nearly blind and with his eyes and they were employed in the hospital.

Sworn to and subscribed before me, this

20 day of

July

1888.

A. S. Goble M.D.

E. J. Selge M.D.

H. M. Hammett

ORDINARY.

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

STATE OF GEORGIA,

County. }

I,

H. M. Hammett

Ordinary of said county,

do certify that I am well acquainted with James Burton the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true; and I know he is the individual he represents himself to be, and that he resides in this county. I also certify that the foregoing witnesses are persons of respectability, and that their statements are worthy of full credit and belief.

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

Given under my official signature and seal, this

20

day of

July

1888

H. M. Hammett

Ordinary

County

County.

POWER OF ATTORNEY.

STATE OF GEORGIA

County. }

Know all men by these presents, That I

James Burton

county, in said State, do hereby appoint

R. C. Linn

of

my true and lawful attorney in fact, for

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

In witness whereof I have hereunto set my hand and seal, this

20

day of

July

1888

James Burton

Executed in the presence of us:

H. M. Hammett

Ordinary

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb COUNTY.

I, J. W. Brown hereby authorize
John Anthony of _____
 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 1
 day of Jan 1904.

Executed in presence of

John Anthony

J. W. Brown [L. S.]

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb COUNTY.

I, J. W. Brown hereby authorize
John Anthony of _____
 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 13
 day of Jan 1905.

Executed in the presence of

John Anthony

J. W. Brown [L. S.]

Brown, J. W.
Cobb
CODE SECTION 120.
 (FOR THOSE ALREADY ENROLLED.)
 No. 368

DISABLED
 SOLDIER'S PENSION
 1904.

Name J. W. Brown
 County Cobb
 Co. C Regiment 41
 Disability _____
 Amount, \$ 67

JAN 25 1904.

JOHN W. LINDSEY,
 Commissioner of Pensions.

WARRANT HANDED TO
Ordy
 Geo. W. Harrison, State Printer, Atlanta.

no date

Brown, J. W.
Cobb
CODE SECTION 120.
 (FOR THOSE ALREADY ENROLLED.)
 No. 292

DISABLED
 SOLDIER'S PENSION
 1905.

Name J. W. Brown
 County Cobb
 Co. C Regiment 41st
 Disability _____
 Amount, \$ 57
JAN 23 1905.

JOHN W. LINDSEY,
 Commissioner of Pensions.

WARRANT HANDED TO
Ordy
 Geo. W. Harrison, State Printer, Atlanta.

no date

STATE OF GEORGIA

FOR APPLICANTS HERETOFORE ATTORNEY PENSIONS

Burton, James
Cobb Co.

1314,

APPLICATION FOR ALLOWANCE

FOR YEAR ENDING OCTOBER 26, 1889

General Alexander

Applicant, James Burton

County

Amount

Date of Warrant

Entered on record

Met 22, 1889

Met 22, 1889

SECRETARY EXCISE DEPARTMENT

R. C. Minin

Wadsworth

STATE OF GEORGIA,

Cobb County.

PERSONALLY appears James Burton 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 been such continually since the day of 1860; that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served as a Private in Company B, of 1st Regiment Georgia Vol. Volunteers, W. G. Ford's Brigade; that whilst engaged in such military service, at the battle of in the State of on the day of 186 , he was wounded as follows: That while in the military service as a soldier he contracted typhoid fever which disease settled in his legs, and that said disease left running sores on his legs, which have never been able to be cured, and that his legs are usually very much inflamed as a result from said sores, especially during the summer season, and that he is practically incompetent to perform the ordinary manual occupation of life. 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 1st day of May, 1889, J. M. Stow

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

STATE OF GEORGIA,

Cobb County.

PERSONALLY comes before me J. M. Stow Ordinary of said county, J. J. Goble and E. S. Goble both known to me as reputable physicians of said county, who, being severally sworn, say on oath that they have carefully examined James Burton and after such examination say that the applicant has been injured as follows: That from an attack of typhoid fever or other fever, which settled in his legs, and has caused running sores and swelling in his legs, which are usually very much inflamed as a result from said sores, and that he is practically incompetent to perform the ordinary manual occupation of life on account of said disease.

Sworn to and subscribed before me, this 1st day of May, 1889, J. M. Stow

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,

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

are persons of respectability, and that their statements are worthy of full credit and belief.

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

Given under my official signature and seal, this *24* day of *March* 188*9*
John M. Stone
Ordinary *Cobb* County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County. }
Know all Men by these Presents, That I, *James Burton* of *Cobb* County my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of the 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 *24* day of *March* 188*9*
James Burton (L. S.)

Executed in the presence of us:

John M. Stone
Ordinary,

DIRECTION:

Send money to me as follows, by

to

County, Georgia.

P. O.

NOTES.

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

Burton, James
Cobb Co

1890.

FOR
No. 399
APPLICATION FOR ALLOWANCE.
FOR THE YEAR ENDING OCTOBER 31, 1891.

Discharge
Applicant, James Burton
County, Cobb
Amount, \$50.
Date of warrant, July 6
Entered on record, July 6, 1890
W.D. Garrison
No additional debt
WARRANT HANDED TO
R.C. Smith

STATE OF GEORGIA,

Cobb County.

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

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

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

Ordinary

J. M. Stone
Cobb Co

County.

STATE OF GEORGIA,

Cobb County.

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

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

Given under my official signature and seal, this 6th day of July, 1891.

Ordinary

J. M. Stone
Cobb

County.

Burton, James
Cobb Co

1891
Burton, James
Cobb Co
No 1891 1891

Application for Allowance

FOR THE YEAR ENDING OCTOBER 31, 1891.

FOR
No. 399
APPLICATION FOR ALLOWANCE.
FOR THE YEAR ENDING OCTOBER 31, 1891.

Discharge
Applicant, James Burton
County, Cobb
Amount, \$50.00
Date of Warrant, July 7
Entered on record, July 7, 1891
No additional debt
WARRANT HANDED TO
R.C. Smith
Geo. W. Harrison, State Printer, Atlanta, Ga.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Coobb County. }
PERSONALLY appears *James Burton* of *Coobb* 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

1850 day of *June*, 1850, that he enlisted in the military service of the Confederate States (or of the State of

States, and served as a *Private* in Company *D*, of *Phillips* Regiment of *Georgia* Volunteers *Wafford's* Brigade; that whilst engaged

in such military service, at the battle of *in the State* of *on the* day of *1863*, he was

wounded as follows: *Had typhoid fever which killed in both legs rendering said*

applicant practically incompetent to perform the ordinary manual

avocations of life.

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

Sworn to and subscribed before me, this *1st* day of *July*, 1890, *James Burton*

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

POWER OF ATTORNEY.

STATE OF GEORGIA

Coobb County. }

KNOW ALL MEN BY THESE PRESENTS, That I, *James Burton*

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

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

Executed in the presence of us:

W. D. Power

James Burton

DIRECTION.

Send money to me as follows, by

to

P. O.

County, Georgia.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Coobb County. }
PERSONALLY appears *James Burton* of *Coobb* 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 *1860*, that he enlisted in the military service of the Confederate States (or of the State of

States, and served as a *Private* in Company *R*, of *Phillips* Regiment of *Georgia* Volunteers *Wafford's* Brigade; that whilst engaged

in such military service at the battle of *in the State* of *on the* day of *1863*, he was

wounded as follows: *Attacked with typhoid fever which lasted for 2 1/2 months and finally settled in both legs, causing*

numbing bones, which now render me unable to get about without crutches

or stick, rendering my legs essentially and substantially useless.

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

Sworn to and subscribed before me, this *1st* day of *July*, 1891, *James Burton*

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

Coobb County. }

Know all Men by these Presents, That I, *James Burton* of *Coobb* County, State of Georgia, do hereby appoint

of *Coobb* County, *W. D. Power* 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 *6th* day of *July*, 1891.

Executed in the presence of us:

W. D. Power

James Burton [L. S.]

DIRECTION.

Send money to me as follows, by

to

P. O.

County, Georgia.

STATE OF GEORGIA,

County,

I, James Burton Ordinary of said county,

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

Given under my official signature and seal, this 1st day of March 1892

Ordinary.

County.

SOLDIER'S PENSION.

1892.

FOR THE YEAR ENDING OCTOBER 31, 1892.

Name James Burton
County Colbert
Disability Wound Leg from fire
Amount, \$ 50.00
Entered on record March 3 1892.
W. H. HARRISON,
Selling Agent, Pension Department.
No 1167
AGENT.
R. A. Brown
Geo. W. Harrison, State Printer, Albany, Ga.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County,

Know all Men by these Presents, That I James Burton County, State of Georgia, do hereby appoint

of Colbert County, Georgia, my true and lawful attorney in fact, for James Burton to receive and accept for me 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, and to receive and accept for me 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 1st day of March 1892.

Executed in the presence of us:

Send money to me as follows, by

STATE OF GEORGIA

County, Georgia.

P. O.

Colbert
James Burton
1892
No. 1167
Application for Pension
I hereby certify that the above named person is entitled to a pension for the year ending October 31, 1892, in the sum of 50.00 dollars.
W. H. HARRISON,
Selling Agent, Pension Department.
No 1167
AGENT.
R. A. Brown
Geo. W. Harrison, State Printer, Albany, Ga.

STATE OF GEORGIA

For Applicants Heretofore Allowed Pensions

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA.

PERSONALLY appears

of Waltham County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of Georgia, and has been such continuously since the 18th day of August 1852; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company 18 of Phillips' Georgia Volunteers Coafford's Brigade; that whilst engaged in such military service at the battle of in the State of Virginia, on the 18th day of August 1862.

September 1863 he was wounded as follows: Attacked
with Typhoid fever, which settled
in both legs - but times, now dependent
is confined to his bed - sometimes for
some months, dependent is rendered
incapable to perform the ordinary Man-
ual Operations of life.

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

Sworn to and subscribed before me this the

day of *March* 1892.

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

POWER OF ATTORNEY

STATE OF GEORGIA.

Know all Men by these Presents, That I

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 1st day of March 1892.

Executed in the presence of us

Send money to me as follows, by

to P. O.

County, Georgia.

For Applicants Heretofore Allowed Pensions

STATE OF GEORGIA

PERSONALLY KNOWN

County, State of Georgia who being duly sworn, says on oath that he is a free free citizen and
resident of said State, and has resided therein continuously ever since the
day of _____ 18____, 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 1st, of 1st
of 1st Volunteer Infantry Brigade; that whilst engaged in
such military service at _____ in the State
of _____

wounded as follows: *1. While in the bandaging
was attacked with fever which
resulted in disabling both legs
by and the amount of which
1. Ship's department is practically in-
competent to perform the ruling
2. Manual formation 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 26, 1887. I have heretofore been allowed a pension of

Sworn to and subscribed before me, this, the

day of Feb 1891

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

STATE OF GEORGIA.

I, John A. Sullivan Ordinary of said County

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

[illegible]

Given under my official signature and seal, this 10 day of March 1893

Known to Me and Myse Presents: John Cooper County

STATE OF GEORGIA

POWER OF ATTORNEY

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.

Know all Men by these Presents, That I,

County, State of Georgia, do hereby appoint

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 13th day of March 1894.

Executed in the presence of us

J. H. Stone
O. L. O'Neal

DIRECTIONS.

Send money to me as follows, by

to _____ P. O.
County, Georgia.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.

KNOW ALL MEN BY THESE PRESENTS, That I,

County, State of Georgia, do hereby appoint

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 9th day of March 1895.

Executed in presence of us

J. H. Stone
O. L. O'Neal

DIRECTIONS.

Send money to me as follows, by

to _____ P. O.
County, Georgia.

(For Those Already Enrolled.)

Burton, James
No. 56

Soldier's Pension.

1894.

Name James Burton
County Cobb
Disability Both legs

Amount, \$ 50

2/14

1894.

W. H. HARRISON,

Secretary Executive Department.

WARRANT HANDLED TO

J. R. C. Smith

Geo. W. Harrison, State Printer, Atlanta

(For Those Already Enrolled.)

Burton, James
Cobb Co

No. 286

SOLDIER'S PENSION.

1895.

Name James Burton
County Cobb
Disability leg

Amount, \$ 50

3/4

1895.

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDLED TO

Atty.

Geo. W. Harrison, State Printer, Atlanta

No. data

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }
Cobb County.

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 1863, that he enlisted in the military service of the Con-
federate States (or of the State of Georgia) during the war between the
States, and served as a Private in Company A, of Phillips Legion
of Volunteers, Wafford's Brigade; that whilst engaged in
such military service at the battle of near Stratton in the State
of Ga. on the day of Sept. 1863 he was

wounded as follows: was attacked with typhoid
fever, which disease settled in
both legs, causing deformity at
times to lay in bed and in
his room for months at a time.
Deponent is under, practically
incapable to perform the ordinary
duties 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 26, 1894. I have heretofore been allowed a pension of
\$50. dollars, for the year 189 3

Sworn to and subscribed before me, this, the
day of March 1894. } James Burton
McC. Stone Ord.

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, }
Cobb County.

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

Given under my official signature and seal, this 13th
day of March 1894.



McC. Stone
Ordinary Cobb County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }
Cobb County.

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 all life 18 ; that he enlisted in the military service of the Con-
federate States (or of the State of Georgia) during the war between the
States, and served as a Private in Company A, of Phillips Legion
of Volunteers, Wafford's Brigade; that whilst engaged in
such military service at the battle of near Stratton in the State
of Ga. on the day of Sept. 1863, he was

wounded as follows: was attacked with fever in the State
of Virginia while in the Confederate
Army in 1863 the said disease
settled in both legs, Deponent is
practically incapable to
perform the ordinary
duties 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 \$50. dollars, for the year 189 4

Sworn to and subscribed before me, this, the
day of March 1895. } James Burton
McC. Stone Ord.

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, }
Cobb County.

I, McC. Stone Ordinary of said County,
do certify that I am well acquainted with James Burton 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 9th
day of March 1895.



McC. Stone
Ordinary Cobb County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.

I, *Jas. Burton* hereby authorize *J. M. Stone*

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

at

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *28th* day of *July* 1896.

Executed in presence of us

J. M. Stone [L. S.]
Pay to R. C. Irvine
J. M. Stone

Burton, James
Leath
ACT OF OCT. 1892.
(For These Already Enrolled.)
James Burton
No. 1267

SOLDIER'S PENSION.

1896.

Name *Jas. Burton*
County *Cobb*
Disability *Legs*
Amount, \$ *50.*
2/29 1896

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDLED TO

R. C. Irvine

Sec. W. Harrison, State Printer, Atlanta.

No data

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.

I, *Jas. Burton* hereby authorize *R. C. Irvine*

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

at

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *26th* day of *July* 1897.

Executed in presence of

J. M. Stone [L. S.]
only.

Burton James
Cobb County
ACT OF OCT. 1892.
(For These Already Enrolled.)

No. 2787

INVALID

SOLDIER'S PENSION.

1897.

Name *James Burton*
County *Cobb*
Disability *both legs*
Amount, \$ *50.*
2/27 1897

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDLED TO

R. C. Irvine

Sec. W. Harrison, State Printer, Atlanta.

No data

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears *James Burton Cobb* 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 *about* 1833 that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Private* in Company *2*, of *Phillips* Regiment of *Volunteers*, *Waller*'s Brigade; that whilst engaged in such military service in the State of *Ga.*, on the *about* *Sept* 3, 1863, he was wounded, injured or diseased as follows:

By and on account of typhoid fever which he both lost from which about his have received

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 *Cobb* county been allowed a pension of *\$50* dollars, for the year 1895.

Sworn to and subscribed before me, this, the

28 day of *July*, 1896. } *James Burton Cobb*

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,

Cobb County.

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

Given under my official signature and seal, this *28* day of *July*, 1896.



Ordinary

Cobb County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears *James Burton Cobb* 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 *about* 1833 that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Private* in Company *2*, of *Phillips* Regiment of *Volunteers*, *Waller*'s Brigade; that whilst engaged in such military service in the State of *Ga.*, on the *about* *Sept* 3, 1863, he was wounded, injured or diseased as follows:

By and on account of typhoid fever in 1863 while in the Confederate Army in Virginia, which disease affected in both legs, whereby applicant is greatly incapacitated to perform the ordinary manual occupations of life

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 26th, 1897. I have heretofore under said law as a resident of *Cobb* county been allowed an invalid pension of *\$50* Dollars, for the year 1896.

Sworn to and subscribed before me, this, the

26 day of *July*, 1897. } *James Burton Cobb*

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,

Cobb County.

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

Given under my official signature and seal, this *26* day of *July*, 1897.



Ordinary

Cobb County.

Brown, J.W.
Colt Co

1479

APPLICATION FOR ALLOWANCE

FOR YEAR ENDING OCTOBER 26, 1889.

FOR
Sgt. Wm. Brown

Applicant.

County.

Amount

Date of Warrant

Entered on record

March 19 1889

W.H.H.

SECRETARY EXECUTIVE DEPARTMENT.

R. Brown
No additional info

STATE OF GEORGIA,

Colt

County.

PERSONALLY appears J.W. Brown, of Colt 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 15th day of Nov 1860; that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served as a private in Company "C", of 4th Regiment of Ga Volunteers Stone's Brigade; that whilst engaged in such military service, at the battle of Bentonville in the State of N.C. on the 19 day of March 1865, he was wounded as follows: He was shot through the arm just below the shoulder, the bone including the joint was broken in pieces, the ball went on into the shoulder blade and was cut out, the arm is perished away, the muscles were destroyed, the arm is stiff in fact when the arm was broken, it is largely perished and the arm is substantially & essentially useless. 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

4th day of March 1889

J.W. Brown

J.W. Brown

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

STATE OF GEORGIA,

Colt

County.

PERSONALLY comes before me J.W. Stone Ordinary of said county, Dr. A. H. Selze and E. J. Selze both known to me as reputable physicians of said county, who, being severally sworn, say on oath that they have carefully examined J.W. Brown and after such

examination say that the applicant has been injured as follows: He was shot through the left arm just below the shoulder, the bone was broken, the muscles were destroyed, the arm is stiff and has perished away - in fact the arm was ruined by the wound and is and has been essentially and substantially useless since the wound.

Sworn to and subscribed before me, this

4 day of March 1889

J.W. Stone

ORDINARY.

A. H. Selze M.D.
E. J. Selze M.D.

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cobb County.

Personally appears *J. W. 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 has resided therein continuously ever since the day of *March* 1865; that he enlisted in the military service of the Confederate States (or of the State of *GA*) during the war between the States, and served as a *Private* in Company *C*, of *41st* Regiment of *GA* Volunteers *Stovall's* Brigade; that whilst engaged in such military service in the State of *GA*, on the *19* day of *March* 1865, he was wounded, injured or diseased as follows:

By mine ball striking in front of left shoulder and breaking shoulder joint and thereby rendering left arm and shoulder incapable to perform the ordinary manual avocations of life.

Deponent makes application for the pension to which he is entitled for the year ending October 28th, 1904. I have heretofore, under said law, as a resident of *Cobb* County, been allowed an invalid pension of *\$50* Dollars, for the year 1903.

Sworn to and subscribed before me, this the *1* day of *Jan* 1904.

J. W. Brown
Post-office.

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

STATE OF GEORGIA,

Cobb County.

I, *John Anthony* Ordinary of said County, do certify that I am well acquainted with *J. 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 *1* day of *January* 1904.

John Anthony
Ordinary *Cobb* County.

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

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cobb COUNTY.

Personally appears *J. W. 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 has resided therein continuously ever since the day of *March* 1850; that he enlisted in the military service of the Confederate States (or of the State of *GA*) during the war between the States, and served as a *Private* in Company *C*, of *41st* Regiment of *GA* Volunteers *Stovall's* Brigade; that whilst engaged in such military service in the State of *GA*, on the *19* day of *March* 1865, he was wounded, injured or diseased as follows:

Minie ball striking left shoulder, rendering him practically incapable to perform the ordinary manual avocations of life.

Deponent makes application for the pension to which he is entitled for the year ending October 28th, 1905. I have heretofore, under said law, as a resident of *Cobb* County, been allowed an invalid pension of *\$50* Dollars, for the year 1904.

Sworn to and subscribed before me, this the *3rd* day of *Jan* 1905.

J. W. Brown
Post-office.

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

STATE OF GEORGIA,

Cobb COUNTY.

I, *John Anthony* Ordinary of said County, do certify that I am well acquainted with *J. 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 *3rd* day of *Jan* 1905.

John Anthony
Ordinary *Cobb* County.

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

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.

I, *James Burton* hereby authorize *R. B. Irwin*
of *Marietta* of

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

by *him*
at *Marietta Ga.*

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *24*
day of *Feb* 1898.

James Burton [L. S.]

Executed in presence of

Wm. H. H. H.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.

I, *James Burton* hereby authorize
R. B. Irwin of *Marietta*,

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

by *him*
at *Marietta*

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *4*
day of *March* 1899.

James Burton [L. S.]

Executed in presence of

Burton, James

Cobb Co

ACT OF MARCH, 1878

(For Those Already Enrolled.)

No. *2924*

INVALID

SOLDIER'S PENSION.

1898.

Name *James Burton*

County *Cobb*

Disability *Disease*

Amount, \$ *50.*

24 1898.

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDED TO

R. B. Irwin

SEE W. HARNISON, STATE PRINTER, ATLANTA.

W. H. H.

Burton, James

Cobb Co.

CODE SECTION 126.

(For Those Already Enrolled.)

No. *3349*

INVALID

SOLDIER'S PENSION.

1899.

Name *James Burton*

County *Cobb*

Disability *Disease*

Amount, \$ *50.*

3/9 1899.

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDED TO

R. B. Irwin

SEE W. HARNISON, STATE PRINTER, ATLANTA.

W. H. H.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears *James Burton* 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 *23* day of *July*, 1835; that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served as a *Private* in Company *L*, of *Phillips* *Volunteers*, *Stafford*'s Brigade; that whilst engaged in such military service in the State of *Ga.*, on the day of *about*, 1863, he was wounded, injured or diseased as follows:

By never settling in both eyes, and rendering applicant practically incompetent to perform the ordinary avocations 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 pension to which he is entitled for the year ending October 20th, 1898. I have heretofore under said law as a resident of *Cobb* county been allowed an invalid pension of *\$5.00* Dollars, for the year 1897.

Sworn to and subscribed before me, this, the *24th* day of *July*, 1898. *J. W. Stone* POST-OFFICE *Marietta, Ga.*

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,

Cobb County.

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

Given under my official signature and seal, this *24th* day of *July*, 1898.

AM: your seal here

Ordinary *Cobb* County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears *James Burton* 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 *July*, 1835; that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served as a *private* in Company *L*, of *Phillips* *Volunteers*, *Stafford*'s Brigade; that whilst engaged in such military service in the State of *Ga.*, on the day of *September*, 1863, he was wounded, injured or diseased as follows:

That while in the service at Stanton Ga. applicant contracted Typhoid fever from which he has never recovered and on account of which he is rendered practically incompetent to perform the ordinary manual avocations of life.

Deponent makes application for the pension to which he is entitled for the year ending October 20th, 1898. I have heretofore under said law as a resident of *Cobb* County been allowed an invalid pension of *\$5.00* Dollars, for the year 1897.

Sworn to and subscribed before me, this, the *15th* day of *July*, 1898. *J. W. Stone* POST OFFICE *Marietta*

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,

Cobb County.

I, *J. W. Stone* Ordinary of said County, do certify that I am well acquainted with *James Burton* 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 *15th* day of *July*, 1898.

AM: your seal here

Ordinary *Cobb* County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

I, James Burton hereby authorize

of

Marionetta Ga

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

by

me

at

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

6th

day of March 1900.

Executed in presence of

J. J. Hauberg

James Burton [L. S.]

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

I, James Burton hereby authorize

of

R. C. Dravin

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

by

me

at

Marionetta

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

19th

day of July 1901.

Executed in presence of

James Burton [L. S.]

CODE SECTION 128

(For Those Already Enrolled.)

No. 1270

INVALID

SOLDIER'S PENSION.

1900.

Name James Burton

County Colt

Disability Disease

Amount, \$ 50.

Warrant issued Mar 7 1900.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDLED TO

Stone

Gen. W. Harrison, State Printer, Atlanta.

No date

CODE SECTION 129

(For Those Already Enrolled.)

No. 3309

DISABLED

SOLDIER'S PENSION.

1901.

Name James Burton

County Colt

Disability

Amount, \$ 50.00

Warrant issued 7/21 1901.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDLED TO

Stone

Gen. W. Harrison, State Printer, Atlanta.

No date

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears James Burton 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 July 1835; that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served as a private in Company L, of Clallie Legion of Georgia Volunteers, Wafford 's Brigade; that whilst engaged in such military service in the State of Va., on the day of September 1863, he was wounded, injured or diseased as follows:

That while in the service at Stanton Va. applicant contracted typhoid fever from which he has never recovered and on account of which he is rendered practically incompetent to perform the ordinary manual avocations of life

Deponent makes application for the pension to which he is entitled for the year ending October 20th, 1900. I have heretofore under said law as a resident of Cobb County been allowed an invalid pension of \$50 Dollars, for the year 1899.

Sworn to and subscribed before me this, the 10th day of March 1900. James Burton POST OFFICE

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

STATE OF GEORGIA,

Cobb County.

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

Given under my official signature and seal, this 10th day of March 1900. J. M. Stone Ordinary Cobb County.



For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears James Burton 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 July 1835; that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served as a private in Company L, of Clallie Legion of Va. Volunteers, Wafford 's Brigade; that whilst engaged in such military service in the State of Va., on the day of September 1863, he was wounded, injured or diseased as follows:

That while in the service at Stanton Va. applicant contracted typhoid fever from which he has never recovered and on account of which he is rendered practically incompetent to perform the ordinary manual avocations of life

Deponent makes application for the pension to which he is entitled for year ending October 20th, 1901. I have heretofore under said law as a resident of Cobb County been allowed an invalid pension of \$50 Dollars, for the year 1890.

Sworn to and subscribed before me, this the 19th day of January 1901. James Burton Postoffice John A. Wooten, Ord.

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

STATE OF GEORGIA,

Cobb County.

I, John A. Wooten Ordinary of said County, do certify that I am well acquainted with James Burton 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 19th day of January 1901. John A. Wooten Ordinary Cobb County.



POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.

I, James Burton hereby authorize John Lindsey of Cobb County, Georgia, to receive and receipt for the pension paid hereon and request that he remit same to

at 16 day of July 1902. James Burton [L. S.]

Executed in presence of

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.

I, _____ hereby authorize _____ of _____ 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 _____ 1903. _____ [L. S.]

Executed in presence of

Burton, James
Cobb County

CODE SECTION 134.
(FOR THOSE ALREADY ENROLLED.)

No. 366

DISABLED

SOLDIER'S PENSION

1902.

Name James Burton

County Cobb

Company 1st

Regiment 1st

Disability discharge

Amount, \$ 50.00

1902.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDLED TO

John

W. Lindsey

John

no data

Burton James
Cobb County

CODE SECTION 134.
(FOR THOSE ALREADY ENROLLED.)

No. 366

DISABLED

SOLDIER'S PENSION

1903.

Name James Burton

County Cobb

Company 1st

Regiment 1st

Disability discharge

Amount, \$ 50.00

1903.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDLED TO

John

W. Lindsey

John

no data

STATE OF GEORGIA

FOR APPLICANTS HERETOFORE ATTORNEY PENSIONS

STATE OF GEORGIA

FOR APPLICANTS HERETOFORE ATTORNEY PENSIONS

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
Cobb County.

Personally appears James Burton 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 _____ 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 Private in Company L, of _____th Regiment of Phillips Volunteers, _____'s Brigade; that whilst engaged in such military service in the State of _____, on the _____ day of _____ 186____, he was wounded, injured or diseased as follows:

He contracted dysentery in the service
which rendered him practically incapable
to perform the ordinary manual 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 Cobb County, been allowed an invalid pension of 50- Dollars, for the year 1901.

Sworn to and subscribed before me, this the 16 day of May, 1902. } James Burton
Post-office Marietta
John Hurley, Ord.

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

STATE OF GEORGIA,
Cobb County.

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

Given under my official signature and seal, this 16 day of May, 1902.

John Hurley
Ordinary Cobb County.

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

BOOK OF ALLOKNEA

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
Cobb County.

Personally appears James Burton 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 _____ 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 Private in Company L, of _____th Regiment of Phillips Volunteers, _____'s Brigade; that whilst engaged in such military service in the State of _____, on the _____ day of _____ 186____, he was wounded, injured or diseased as follows:

He contracted dysentery in the service
which rendered him practically incapable
to perform the ordinary manual avocations
of life

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 Cobb County, been allowed an invalid pension of 50- Dollars, for the year 1902.

Sworn to and subscribed before me, this the 19 day of May, 1903. } James Burton
Post-office Marietta

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,
Cobb County.

I, John Hurley Ordinary of said County, do certify that I am well acquainted with James Burton 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 19 day of May, 1903.

John Hurley
Ordinary Cobb County.

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

BOOK OF ALLOKNEA

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

I, James Burton hereby authorize
John Dwyer of Marietta
to receive and receipt for the pension paid hereon, and request that he remit same to
me by hand
at _____

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 7th
day of January 1904. James Burton [L. S.]

Executed in presence of _____

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

I, James Burton hereby authorize
John Dwyer of Marietta
to receive and receipt for the pension paid hereon, and request that he remit same to
me by hand
at his office

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 1
day of January 1904. James Burton [L. S.]

Executed in the presence of _____

Burton, James
Cobb Co

(FOR THOSE ALREADY ENROLLED.)

No.

DISABLED

**SOLDIER'S PENSION
1904.**

Name James Burton
County Cobb
Co. Philippian Legion
Disability Legs disabled.
Amount, \$ 50.00

JAN 25 1904.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Cody

Gen. W. Harrison, State Printer, Atlanta.

no data

Burton, James
Cobb County

(FOR THOSE ALREADY ENROLLED.)

No.

DISABLED

**SOLDIER'S PENSION
1906.**

Name James Burton
County Cobb
Co. Philippian Legion
Disability dis ease
Amount, \$ 50

1906.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

The Pensioner's and Pensioner's Co., W. Harrison, Atl.

no data

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cobb

County.

Personally appears

James Burton

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 *40 years* 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 *private* in Company *L*, of *Phillips Legion* of *La.* Volunteers' Brigade; that whilst engaged in such military service in the State of *Va*, on the __ day of *1863*, he was wounded, injured or diseased as follows:

Had typhoid fever which settled in his legs, thereby rendering him practically incompetent to perform the ordinary manual avocations of life.

Deponent makes application for the pension to which he is entitled for the year ending October 28th, 1904. I have heretofore, under said law, as a resident of *Cobb* County, been allowed an invalid pension of *fifty (50)* Dollars, for the year 1903.

Sworn to and subscribed before me, this the *7th* day of *January*, 1904.

John Hurley, Ady.

Post-office *Maristia*

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,

Cobb

County.

James Burton

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

Given under my official signature and seal, this *7th* day of *January*, 1904.

John Hurley

Ordinary *Cobb* County.

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



FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,

Cobb

County.

Personally appears

James Burton

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 __ 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 __ in Company *L*, of *Phillips Legion* of *La.* Volunteers' Brigade; that whilst engaged in such military service in the State of __, on the __ day of *186*, he was wounded, injured or diseased as follows:

Discharge

Deponent makes application for the pension to which he is entitled for the year ending October 28th, 1906. I have heretofore, under said law, as a resident of *Cobb* County, been allowed an invalid pension of *50* Dollars, for the year 1905.

Sworn to and subscribed before me, this the *1st* day of *January*, 1906.

John Hurley

James Burton
Mark

Post-Office

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

State of Georgia,

Cobb

County.

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

Given under my official signature and seal, this *1st* day of *January*, 1906.

John Hurley

Ordinary *Cobb* County.

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



POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb COUNTY

I, James Burton, hereby authorize
John Burton of Marilla, Ga.
to receive and receipt for the pension paid hereon, and request that he remit same to
—by—
at.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 18th
day of January 1905.

Executed in the presence of

James M. Burton
Chairman

—[L. S.]

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb COUNTY

I, James Burton, hereby authorize
John Burton of _____
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 12
day of January 1907.

Executed in presence of

James M. Burton
Chairman

James Burton [L. S.]

Burton James
Cobb Co.

(FOR THOSE ALREADY ENROLLED.)

No.

DISABLED
SOLDIER'S PENSION
1905.

Name James Burton
County Cobb
Co. Phillips Legion
Disability Discess
Amount, \$ 50.00 1/23 1905.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

only

no date

Burton James
Cobb Co.

(FOR THOSE ALREADY ENROLLED.)

No. 195

DISABLED
SOLDIER'S PENSION
1907.

Name James Burton
County Cobb
Co. Phillips Legion
Disability Discess
Amount, \$ 50.00

JAN 31 1907.
JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

only

Gen. W. H. HARRIS, STATE PRINTER, ATLANTA.

no date

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cobb COUNTY.

Personally appears James Burton 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 10 years 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 Private in Company B, of Phillips' Legion of Ga. Volunteers. _____'s Brigade; that whilst engaged in such military service in the State of Ga, on the _____ day of _____

of 1863, he was wounded, injured or diseased as follows: had typhoid fever which settled in his legs, thereby rendering him practically incompetent to perform the ordinary manual avocations 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 Cobb County, been allowed an invalid pension of 50 Dollars, for the year 1904.

Sworn to and subscribed before me, this the

18th day of January, 1905.

James Burton
Post-office Chattahoochee, Ga.

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

STATE OF GEORGIA,

Cobb COUNTY.

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

Given under my official signature and seal, this 18th day of January, 1905.

Ordinary

County.

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

Note.—All vouchers and affidavits must bear date after January 1, 1906.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,

Cobb County.

Personally appears James Burton 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 _____ 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 _____ in Company Phillips' Legion of Ga. Volunteers _____'s Brigade; that whilst engaged in such military service in the State of _____, on the _____ day of _____ of _____ 1866, 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, 1907. I have heretofore, under said law, as a resident of Cobb County, been allowed an invalid pension of 50 Dollars, for the year 1906.

Sworn to and subscribed before me, this the

12 day of January, 1907.

James Burton
Postoffice _____

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,

Cobb County.

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

Given under my official signature and seal this 12 day of January, 1907.

Ordinary

County.

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

Note.—All vouchers and affidavits must bear date after January 1st, 1907.

POWER OF ATTORNEY.

STATE OF GEORGIA.

Cobb COUNTY.

John W. Brown hereby authorize
John W. Brown of _____
 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 *Jan* 1906.

Executed in the presence of

J. W. Brown [L. S.]
J. W. Brown

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb COUNTY.

John W. Brown hereby authorize
John W. Brown of _____, hereby authorize
 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 *Jan* 1907.

Executed in presence of

J. W. Brown [L. S.]

COSS SECTION 1260.
 (FOR THOSE ALREADY ENROLLED.)

No. 250

DISABLED
 SOLDIER'S PENSION
 1906.

Name *J. W. Brown*
 County *Cobb*
 Co. *C. 41st* Regiment *Ca. 4th*
 Disability *Arm disabled*
 Amount, \$ *50-*

1906.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

The Pensioners' and Pensions Co., Care of Atlanta, Ga.

no date

COSS SECTION 1260.
 (FOR THOSE ALREADY ENROLLED.)

No. 194

DISABLED
 SOLDIER'S PENSION
 1907.

Name *J. W. Brown*
 County *Cobb*
 Co. *C. 41* Regiment *Ca. 4th*
 Disability *Arm*
 Amount, \$ *50.00*

JAN 21 1907.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. H. KEMP, STATE PRINTER, ATLANTA.

no date

FOR APPLICATION FOR PENSION

GEORGIA

County.

I, J. M. Lindsey, Ordinary of said county, do certify that I personally know Henry Burton, the applicant, and that she is the lawful widow of James Burton, and was on the Insulin Pension Roll of said Cobb county, and was paid a Pension from Cobb county for 1917 and at the time of his death on the 19 day of October, 1917, there was due to him and unpaid his Pension of 4.15 Dollars from the State of Georgia, and I know J. A. Baker & A. J. Barker, the within witness, and he is of a truthful and trustworthy character and entitled to full credit.

Given under my hand and seal this 29 day of January, 1917
J. M. Lindsey Ordinary,
Cobb County.

Burton, James
Cobb County

No. _____

19

**Application for Pension Due
 Deceased Soldier**

UNDER ACT 1884

To be paid the Widow or Dependent Children

BY

Mary Burton

Widow of James Burton

of

County

Cobb
Philip Lyman

Approved and paid

19

J. W. LINDSEY,

Commissioner of Pensions.

GEORGIA

County.

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

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

Attested before me:

Application for Pension Due Deceased Soldier

To be paid to the widow or dependent children.
UNDER ACT APPROVED OCTOBER 3, 1891

STATE OF GEORGIA,

Cobb County.

Personally before me comes Mrs. *Mary Burton* of said county after being duly sworn, on oath says that she is the widow of *James Burton* who was duly enrolled as a *Private* Pensioner from the county of *Cobb* and was paid a Pension of *fifty* Dollars from *Cobb* county for 1922, and that the said *James Burton* died in *Cobb* county on the *19th* day of *Oct* 1929, and at the time of his death a Pension of *fifty* was due him from *Cobb* county and unpaid for 1910. Applicant further swears that she married the said *James Burton* on the *25th* day of *December* 1927, in *Cobb* county and State of *Ga* and resided with him from the date of marriage to his death as his lawful wife, and is now his dependent widow, and she asks that the Pension so due and unpaid be paid to her.

Sworn to and subscribed before me this *29th* day of *January* 1910
J. M. Gammon Ordinary } *Mary Burton* (L. S.)
Cobb County.

AFFIDAVIT OF WITNESS.

GEORGIA,

Cobb County.

Personally before me comes *A. J. Barker*, who on oath says that he knew *James Burton* while in life and that he knows Mrs. *Mary Burton* the above applicant; that he knows that the said *James Burton* and *Mary Burton* were in due form of law married in the county of *Cobb* in the State of *Ga* on the *25th* day of *December* 1927 and that they resided together as husband and wife from date of marriage to the day of his death on the *19th* day of *October* 1929, and I now know that she is his dependent widow.

Sworn to and subscribed before me this *29th* day of *January* 1910
J. M. Gammon Ordinary, } *A. J. Barker*
Cobb County.

Note: This form can be used by guardian or other children when there is no widow.
Ordinary must send in all cases certified copy of marriage license attached.

Cobb

Maimed Soldiers.

Voucher No. 1814

Amount \$ 50.

Paid to James Burton

For General disability

from disease

March 12 1889.

Included in Warrant No.
issued to Treasurer.

1889.

WARRANT CLERK

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

R. C. Irwin

Cobb

Maimed Soldiers.

Voucher No. 399

Amount \$ 50

Paid to James Burton

For Disabled by

disease

July 6 1890

Included in warrant No.
issued to Treasurer.

18

WARRANT CLERK

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

R. C. Irwin

Burton, James
Cobb

1891.

Maimed Soldiers.

Voucher No. 185

Amount \$ 50

Paid to James Burton

For Disabled by

disease

Feb 7 1891.

Included in warrant No.
issued to Treasurer.

1891.

WARRANT CLERK

Geo. W. Harrison, State Printer, Atlanta.

R. C. Irwin

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.

No. 1314

Atlanta, Ga. *March 12 1889*

Mr. *James Burton* of the County
of *Cobb* having filed his application in the Executive
Department for an allowance under the Act approved October 24, 1887, as amended by Act,

Dec. 24, 1888, and the same having been allowed for

General disability disease

He is entitled to receive the sum of *Fifty 00/100* Dollars
for such disability, the same being the allowance due for the year ending October 24, 1889.

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

By the Governor,

W. H. Harrison

CLERK EXECUTIVE DEPARTMENT.

\$50.

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

Fifty 00/100

per above voucher, this

12 of *March* 1889.
R. C. Irwin

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.

No. 399

Atlanta, Ga. *Feb 6 1890*

Mr. *James Burton* of the County
of *Cobb* having filed his application in the Executive
Department for an allowance under the Act approved October 24, 1887, as amended by Act,

approved, Dec. 24, 1888, and the same having been examined and allowed for

Disabled by Disease

He is entitled to receive the sum of *Fifty 00/100* Dollars
for such disability, the same being the allowance due for the year ending October 24, 1889.

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

By the Governor,

W. H. Harrison

CLERK EXECUTIVE DEPARTMENT.

\$50

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

Fifty 00/100

per above voucher, this

6 of *Feb* 1890

R. C. Irwin
for Burton

PROBATE COURT.

OFFICE OF

J. M. STONE, Judge.



ORDINARY COBB COUNTY.



Marietta, Ga. July 28 1896

R. C. Irwin
Find enclosed the
pension blank of
Jas. Burton - please
draw his money for
me.
J. M. Stone

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.

1891.
No. 185

Atlanta, Ga. July 7 1891.

Mr. James Burton of the County
of Cobb 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
Dis' by Wre'ares
He is entitled to receive the sum of Fifty Dollars
for such disability, the same being the allowance due for the year ending October 24, 1891.

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

By the Governor,

M. H. Harrison

SEC'Y EXECUTIVE DEPARTMENT.



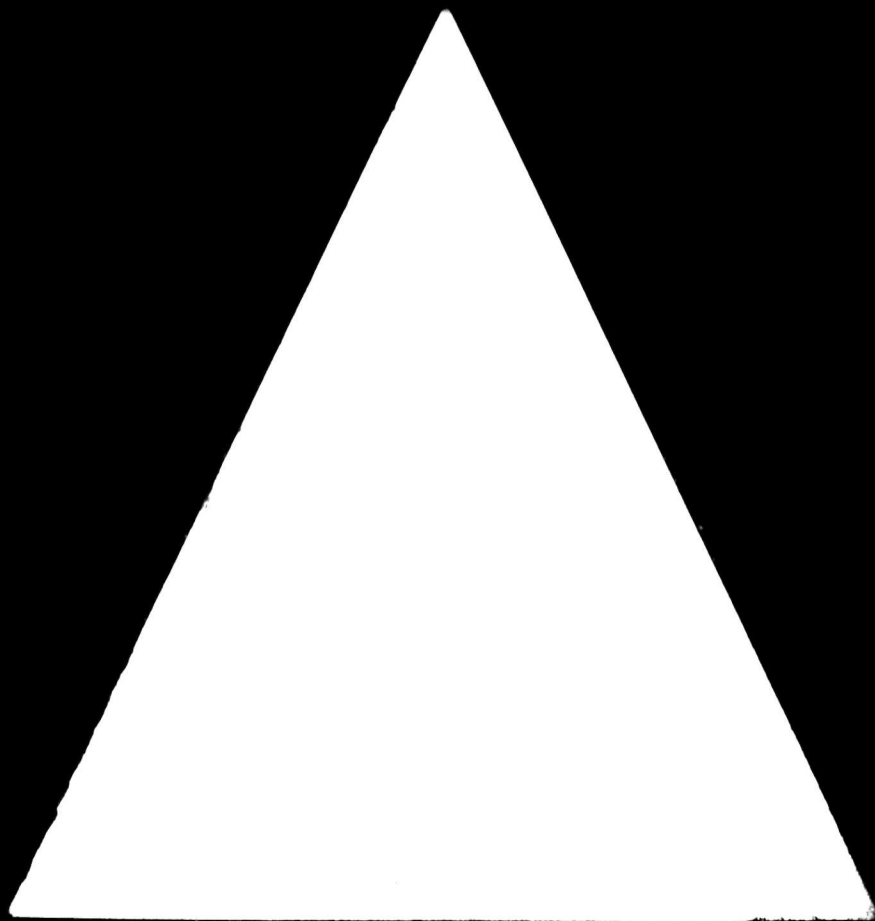
\$ 50⁰⁰

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

Fifty + 00/100

per above voucher, this

7 of July 1891.
R. C. Irwin



STATE OF GEORGIA

COUNTY

1

Ordinary of said County, certify that I know

the applicant & A. Hudson
resides in said county. That I also know.

for pension is the person he represents himself to be and the witness swearing to the

~~removes my said county.~~ That I also know.

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

credit

Under my hand and official seal of office this 20 day of October 1920

Ordinary

1

County.

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

2. Additional affidavits may be attached if bank 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 each Ordinary.

No.

Under Act 1910—As Amended by Act of 1919.

County

Name _____

Company

Regiment

Approved _____

ENTERED ROSTER OFFICE

J. W. LINDSEY,
Commissioner of Pensions

Byrd Printing Co., State Printers, Atlanta.

Ent Sept. 10, 1861.
S. C. L., accm
f. tate
13 - 10

Pension Office
2/9-1950
Diagnosed Gordon
reason - The letter record
of Applicant's Case as
shown by his Co. Card
is, that he is entitled
Sept 10 - 1946 as was
Santiago due 3-1-46
Did not forward
Six months notice
Leave

Ordinary's Certificate

STATE OF GEORGIA

COUNTY.

I, J. M. Gamm Ordinary of said County, certify that I know the applicant J. H. Burton for pension is the person he represents himself to be and resides in said county. That I also know the witness swearing to the service, that they are both residents of said county and were duly sworn by me before signing the foregoing affidavit and they are all truthful and trustworthy and their statements are entitled to full faith and credit.

Sworn under my hand and official seal of office this 2nd day of October 1920

J. M. Gamm Ordinary
of Cobb County
(SEAL)

NOTES: 1. Before any questions are answered the Ordinary shall swear applicant and witnesses in the following words:
"You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you give shall be the whole truth. So help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. All affidavits must be made before the Ordinary of the county in which the applicant or witness resides and must be certified by such Ordinary.

Confederate Soldier's Application

Under Act 1910—As Amended by Act of 1919.

No.

County

Name J. H. Burton

Company E

Regiment 2d Ga. Inf.

Approved

ENTERED NOTICES OFFICE

J. W. LINDSEY,
Commissioner of Pensions.

Bird Printing Co., State Printer, Atlanta.

10/20-1920

Pension Office
12/9-1920
Discharge London
examined with
by officers of
shown by 4th Co. 2d
is then in service
Sept 10-1866/1866
Savannah Ga 1866
Still in command
Six months with
Serving J. W. Lindsey
Comm. 74 Regt

Application for Soldier's Pension Under Act 1910

Amended by Act 1919

Questions For Applicants to Answer

STATE OF GEORGIA

COUNTY.

I, J. H. Burton 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) J. H. Burton
2. How long and since when have you been a continuous resident citizen of this State? All my life from May 15th 1835
3. Did you enlist in the Army of the Confederate States or in the organized militia of this State from 1861 to 1865? Yes
4. When and where, and in what Company and Regiment did you enlist? (Give the arm and class of Service) May 1861, Griffin Ga in Co. E, 28th Co. Inf.
5. How long did you remain in the actual military service with said Company and Regiment? (Give date of discharge) Twenty months until Dec 13th 1861
6. When and where was your Company and Regiment surrendered or discharged from th. Service? I do not know
7. Were you actually present with your command when it was surrendered or discharged? No
8. If you were not actually present, state specifically and clearly where you were in the morning Co. E, 28th Co. Inf. by Co. Brown (Union) when able to examine further but took up office service to Co. E, 28th Co. Inf. Where was your command when you left it? Virginia. I had thirty miles in camp and they killed on my lungs and I was given discharge Dec 13th 1861
9. When did you leave the command? Dec 13th 1861
10. For what cause did you leave? Discharge Dec 13th 1861 on Act of Disability
11. By whose authority did you leave? Act in Command of Regiment
12. For how long was your leave granted? In what way? I was discharged immediately having disabled me for service
13. Why did you not return to your command after leave expired? I was not able but later offered myself as a recruit but was turned down by Mrs
14. In what way were you prevented? by army etc
15. What effort did you make to return?
16. Were you captured during the war? No
17. If so, when, and where? In what prison were you held and when were you released?
18. Are you drawing a pension of any amount from this State or the United States? No
19. Have you ever applied for the Georgia Pension and had it refused? and for what cause it was not allowed? No

Sworn to and subscribed before me, this the

2nd day of October 1920

J. M. Gamm Ordinary
of Cobb County.

(SEAL)

J. M. GANN
ORDINARY
COBB COUNTY, GEORGIA

MARIETTA, GA.,

Georgia Cobb County:

Personally appeared before the undersigned, J. N. Burton

who being duly sworn, on oath says that he enlisted May 1st, 1861, in Co. 28th, Ga. Volunteers, and went to Virginia and while in service I had 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 recommended 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, could not get back in the service. I am unable to find any one now living that was in service with me, I am filing 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 2nd, 1920

J. M. Gann
Ordinary Cobb County Ga.

J. N. Burton

To Whom it may Concern
Dear Sir

Please Find Enclosed my Papers
from Dr. showing my disability
to carry arms during the last part
of war my witnesses are all dead

Signed

J. N. Burton
Powder Springs Ga
Route 2

Camp of Instruction, Camp Pendleton,
 Balboa, San Francisco, 1862.
 I, J. N. Burton, aged 21,
 of light complexion, dark hair, and blue eyes,
 5 feet 8 inches high, having been duly examined by
 Dr. J. M. Ingle, apt Surgeon of the
 Camp, and pronounced by him unfit for Military Service, as
 exempted from the operation of the Conscription Act,
 and the enrolling Officers will respect the same, accordingly.
 By order of Maj. JOHN DUNWOODY,
 A. A. General, and Commandant of
 Camp of Instruction.

Griffin, Ga., July 14, 1862.
 This is to certify That I have examined
 Burton, of Milledgeville City
 and find him incapable of performing the duties of a Soldier, be-
 cause of a strong predisposition to Consumption,
 from hereditary Phtisis.
 J. Watson M.D.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,

Cobb County.

Personally appears M. Brown 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 _____ 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 _____ in Company C, of 4th Regiment of _____ Volunteers _____'s Brigade; that whilst engaged in such military service in the State of _____, on the _____ day of _____ 186____, he was wounded, injured or diseased as follows:

Arm Discharge

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1906. I have heretofore, under said law, as a resident of Cobb County, been allowed an invalid pension of 50 Dollars, for the year 1905.

Sworn to and subscribed before me, this the _____ day of _____ 1906.

Post-Office _____

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

State of Georgia,

Cobb County.

I, John A. T. Brown Ordinary of said County, do certify that I am well acquainted with J. M. 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 _____ 1906.

John A. T. Brown Ordinary Cobb County.

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,

Cobb 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 has resided therein continuously ever since the _____ day of _____ 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 Private in Company C, of 4th Regiment of _____ Volunteers _____'s Brigade; that whilst engaged in such military service in the State of _____, on the _____ day of _____ 186____, he was wounded, injured or diseased as follows:

Arm Discharge

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1907. I have heretofore, under said law, as a resident of Cobb County, been allowed an invalid pension of 50 Dollars, for the year 1906.

Sworn to and subscribed before me, this the _____ day of _____ 1907.

Postoffice _____

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,

Cobb County.

I, John A. T. Brown Ordinary of said County, do certify that I am well acquainted with J. M. 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 _____ 1907.

John A. T. Brown Ordinary Cobb County.

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

Camp McPherson Near Savannah

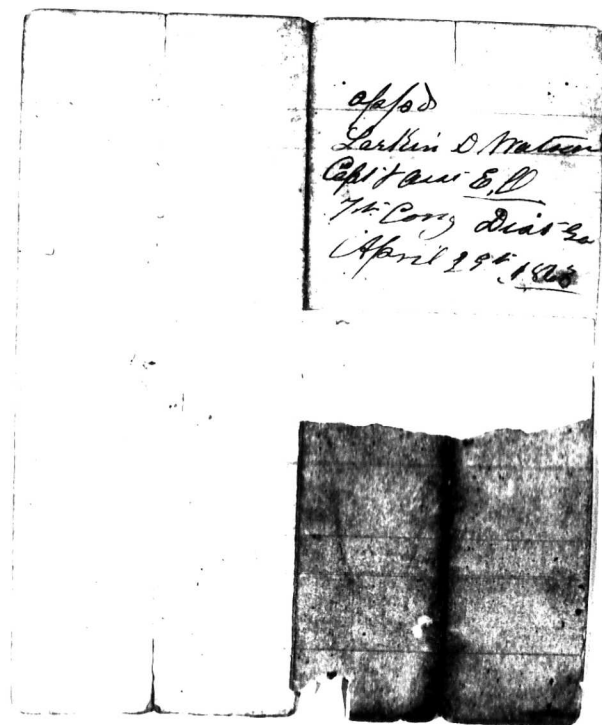
April 20th 1863

J. N. Burton of Merrieth Co. Ga

having offered himself as recruit
in Co. B. 4th Regt. I certify that
I have carefully examined him and
consider him unfit for military
duty on account of constitutional
debility caused by tuberculosis. I
furthermore declare that it is
my opinion that he will never be able
to perform the duties of a soldier. Therefore
I have to reject him as a recruit.

D. J. Wetherill

Surgeon 4th Regt. Ga. vol.



afsd
Larkin D. Matson
Capt. E. D.
7th Cong. Dist. 2d
April 1881

I certify that I have exam. and find
 Burton of Comp. Co. 28th Regt. Ohio Inf.
 Valuable, and find him disqual. for
 for duties of a Soldier, and suffering
 from disease of the lungs.

10th Dec 1861

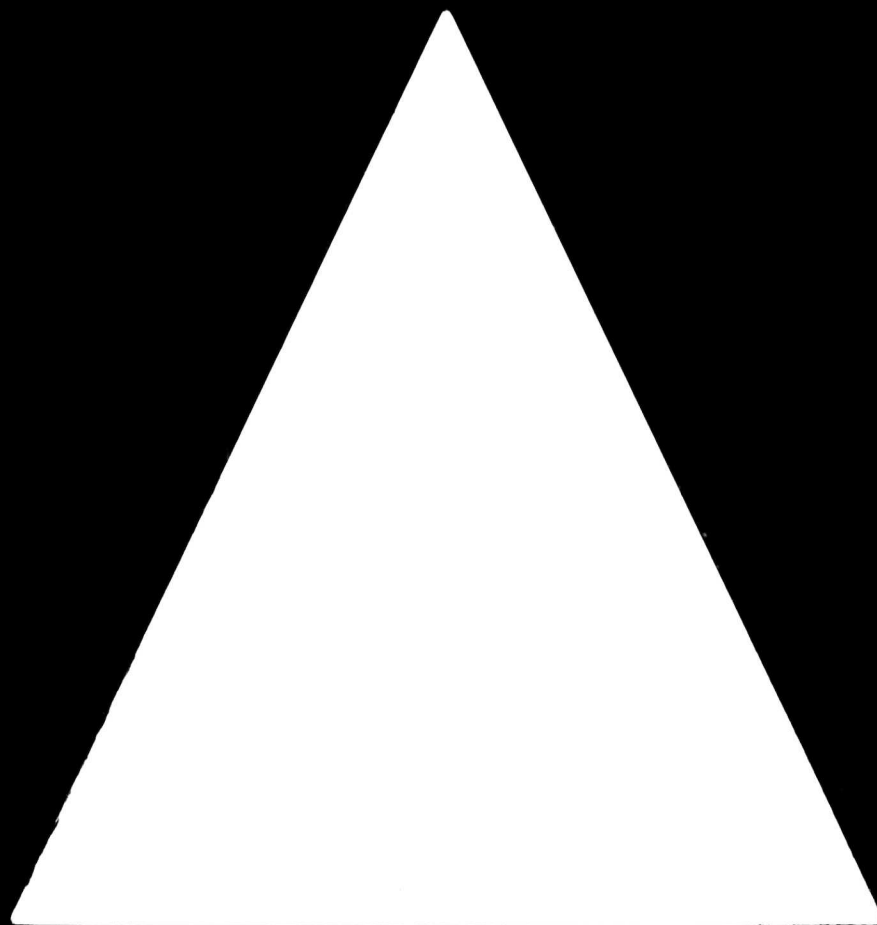
Geo. W. Scott M.D.
 Clermont 28th Regt.
 Ohio Cavalry

I approve the above and foregoing
 T. J. Warrick Capt.
 Comd. 5th Regt. Ohio Cavalry

Richmond July 11th 1861
 I do hereby certify that I have known and
 known for years that I consider him unfit for
 hard labor or military service, on account of his
 length of time in military service, and his
 disease. I consider him unfit for military service
 and can not recommend him for the same.
 I do not know of any other person who
 is capable of the same.

Appreciation of James
M. Burton Com &
28 Geo Vol for a
discharge

Approved
The discharge
will be made
out under the
direction of
the Adjutant
General
C. B. And



POWER OF ATTORNEY.

STATE OF GEORGIA.

County.

I, _____ hereby authorize _____

of _____ County to receive and receipt for the pension allowed

and that he remit the same to me at _____ by his check or registered mail.

Witness my hand this _____ day of _____ 190 _____

Executed in presence of _____

Ordinary.

County.

L. S.

[SEAL.]

Wm. Lindsey

*This is to certify that this application
is kept in order (the husband having died
and he being in the order) before he was and
was unable, and since he died and was
in the order since and it comes to my
attention in application under the act and
this order is for this form*

Wm. Lindsey

Burton, Mary
Cobb County

No. _____

WIDOW'S
INDIGENT PENSION.

Name

Mary Burton

County

Cobb

Widow of

James Burton
Phillips Legion Co. L

Approved

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

STATE OF GEORGIA,

County.

I, hereby authorize

of County to receive and receipt for the pension allowed

and that he remit the same to me at by his check or registered mail.

Witness my hand this day of 190.

Executed in presence of

Ordinary,

L. S.

County.

(SEAL)

J.B. Lindsey
Widow's Index
This card hereby made this application
to be put on roll. (Her husband having died
and he being on the roll) before the new law
was enacted, and since the new law came
in she has been unable to come to my
office to application under the new law
This account for this form *J.M. Gamm*

**WIDOW'S
INDIGENT PENSION**

No.

Name *Mary Burton*
County *Cobb*

Widow of *James Burton*
Phillips Legion Co. L

Approved
JOHN W. LINDSEY,
Commissioner of Pensions

WARRANT HANDED TO

11/30

STATE OF GEORGIA

County.

Mary Burton of said State and County, desiring to
avail herself of the pension allowed to Indigent Widows of Confederate Soldiers, under Act of General
Assembly, passed 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 Burton, Cobb County, Ga.

2. How long and since when have you been a resident of this State?
June 17, 1860, twenty years

3. When and where were you born?
June 17, 1860, Cobb County, Ga.

4. When and where was your husband born—state his full name, and when were you and he
married? (*Attach copy marriage license in every case.*)
March 24, 1856, in S. to
Mumma in 1856—Cobb County, Ga.

5. When and where and in what Company and Regiment did your husband enlist or serve dur-
ing the war between the States?
March 1862, at Atlanta, Ga. in Co.
Phillips Legion

6. How long did your husband serve in said Company and Regiment?
until the
surrender in April 1865

7. When and where did your husband's Company and Regiment surrender and was discharged?
Appling, Ga. April 9, 1865

8. Was your husband present at the time and place when his Company and Regiment surren-
dered?
Yes

9. If not with his command at surrender, state clearly and specifically where he was, when he left
command, for what cause, and by what authority?
He was present

10. When and where did your husband die?
October 19, 1909, Oakdale

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

12. If upon the first ground, state how long you have been in such a condition that you cannot
earn your support. If upon the second, give a full and complete history of the infirmity and its extent.
If upon the third, state whether you are totally blind, and when and where you lost your sight?
Six or 8 years

13. What has been your occupation since your husband's death?
Housekeeping

14. How much can you earn gross by your own exertion or labor?
None

15. What property, real or personal, or income do you have or possess, and its gross value?
No property

16. What property, real or personal, did you possess at death of husband or he left you, and of the
years 1905, 1906, 1907 and 1908, and what disposition, if any, by sale or gift have you made of the same?
None

17. In what counties did you reside in 1905, 1906, 1907 and 1908, and what property did you re-
turn for taxation?
Cobb
None

18. How have you been supported since death of husband, and especially for 1905, 1906, 1907
and 1908?
By my daughter and one pension due to husband at

19. How much did your support cost for each of these years, and how much did you contribute
by your own labor or income?
None

20. What was your employment during 1905, 1906, 1907 and 1908—how much did you receive
for each year?
Nothing except husband's

21. Have you a family? If so, who composes such family? Give their means of support? Have
they any lands or other property?
One daughter with her in Georgia

22. Have you ever made application for pension before?
No

23. How many applications have you made for a pension, and under what class?
None

Sworn to and subscribed before me, this the

18 day of June 1909

Mary Burton Ordinary,

County.

Time of this card not of 1 year

QUESTIONS FOR WITNESSES.

STATE OF GEORGIA,

Cobb County.

of said State and County, having been present as a witness in support of the application of Mrs. Mary Barton 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?
J. B. Hany, Cobb County, Ga.
2. Are you acquainted with the applicant, Mrs. Mary Barton?
Yes, 30 years.
3. Where does she reside, and how long since when has she been a resident of this State?
Cobb County, Ga. ever since I married her.
4. When and where was she born?
Don't know.
5. Were you ever acquainted with her husband?
James Barton.
6. Where did she reside in 1861?
Don't know.
7. When and to whom was he married?
Don't know.
8. When and where was he born?
Don't know.
9. How long have you known him?
Ever since 1862.
10. When and where did he enlist in the war between the States, and in what Company and Regiment did he enlist, and how do you know this?
March 1862, Phillips Legion, Co. D.
11. Were you a member of the same Company and Regiment?
Yes.
12. How long did he perform regular military duty?
Until April 1865.
13. When and where was his Company and Regiment surrendered and discharged from service?
April 9, 1865, at Appomattox Court House, Va.
14. Were you with the Command when it surrendered?
Yes.
15. Was James Barton the husband of applicant present?
Yes.
16. If not present, where was he?
He was present.
17. When and where did he leave his Command?
Surrendered.
- For what cause?
War was over.
- By whose authority he left?
The Army was surrendered.
- How do you know all this? (State fully and clearly.)
I was present in the same Company with James Barton.
18. When and where did James Barton die?
Oakdale, Ga. Oct 19, 1909.
19. Where did he reside at his death and how long had he been a resident of Georgia at his death?
He resided at Oakdale, Ga.
20. Do you of your own knowledge know that applicant is the lawful widow of James Barton?
Yes.
21. Has she remained unmarried since her soldier husband's death, and is now his widow?
Yes.
22. What property, effects or income has the applicant, if any, and how do you know this of your own knowledge?
Don't know.
23. What property, effects or income did applicant possess in 1905, 1906, 1907 and 1908, and what disposition did she make of it?
Don't know.
24. Has applicant conveyed any property in last two years or given any away, if so, what was it, and to whom?
Don't know.
25. What is applicant's physical condition and her chances and ability to earn a support?
Don't know.

26. Is it able to earn a support at labor of any sort, if not, why?
I don't think so - she is old and looks feeble.
27. How was she supported for 1905, 1906, 1907 and 1908?
Don't know.
28. How much did applicant contribute to her support for last two years?
29. Give a full and complete statement of applicant's physical condition?

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

Sworn to and subscribed before me this 18th day of June, 1910, J. B. Hany, Ordinary, Cobb County.

Witnesses.

AFFIDAVITS OF PHYSICIANS.

STATE OF GEORGIA,

Cobb County.

Personally before me comes J. B. Hany, and J. D. Malone, both known to me to be reputable physicians of said County, who, being severally sworn, say on oath that they have examined carefully Mrs. Mary Barton, applicant for a pension under Act of 1900, and after such personal examination say that her physical condition is this: She is 71 years of age, with ordinary feeble with some weakness, but not disabled to do any work, and we have no interest in said pension if allowed.

Sworn to and subscribed before me this 18th day of June, 1910, J. D. Malone, Ordinary, Cobb County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Cobb County.

I, J. B. Hany, Ordinary, in and for said County, hereby certify that the applicant, Mrs. Mary Barton, resides in said County, and has been a bona fide resident of this State since the day of 18th, and that the witnesses, Mr. J. B. Hany & J. D. Malone are of trustworthy character, and that their statements are entitled to full faith and credit. I do further certify that before answering the foregoing questions, the applicant and said witnesses took the oath herein prescribed, and the full text of the affidavits was read to the applicant and witnesses before the same was signed and subscribed. I further certify that the tax digest of Cobb County shows that applicant returned for taxation in her own name in 1905, 1906, 1907 and 1908, and in 1905, 1906, 1907 and 1908, \$11.00 dollars worth of property, and in 1907, 14 dollars worth of property, and in 1908, 14 dollars worth of property.

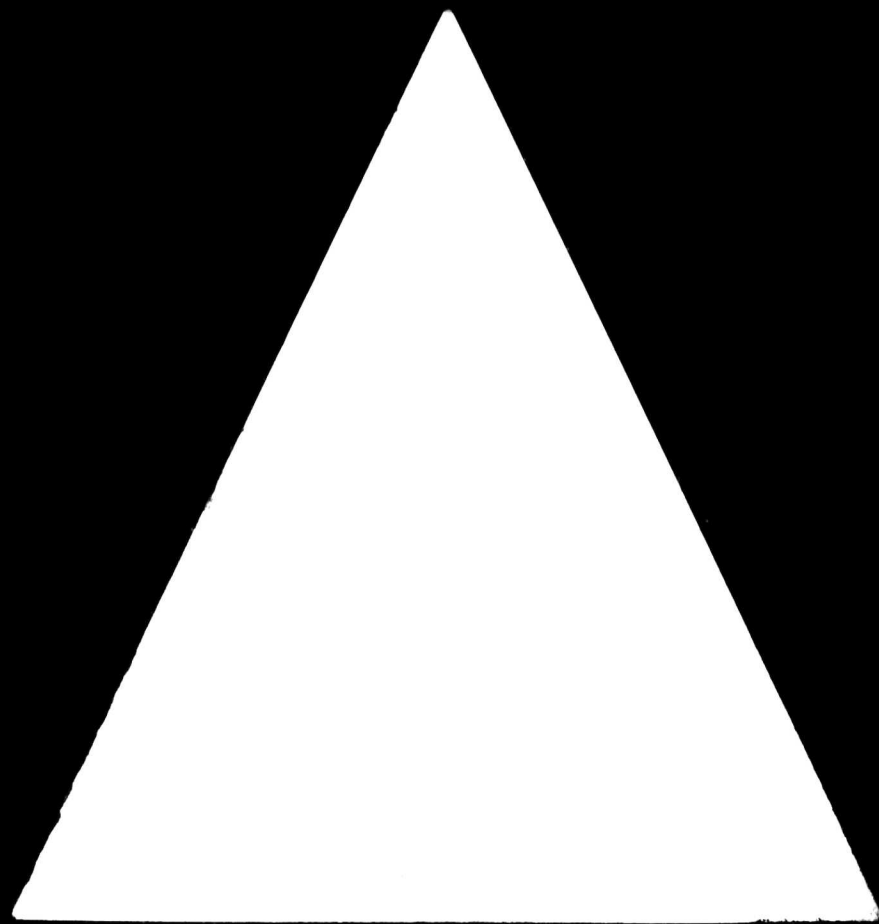
Witness my hand and official seal this 18th day of June, 1910, J. B. Hany, Ordinary.

- NOTES—1. Before any questions are answered, the Ordinary shall swear applicant and the witnesses in the following words: "You do solemnly swear that you will true answers make to each of the questions asked of you, and the evidence you shall give will be the whole truth as help you God."
2. Additional affidavits may be attached, if blank spaces are insufficient.
 3. All affidavits must be made before Ordinary.
 4. Only widows who were the wives of the dead husbands while they were soldiers need apply—and are now widows. Those married since the 9th of April, 1865, not entitled.
 5. Witnesses and two Physicians are necessary to make out claims.
 6. Attach certified copy of marriage license in every case, or show why it cannot be obtained.

Reverend } Personally appeared before
Cobb County } me J. B. Barber after being
duly sworn deposed and
Says that he was well
acquainted with James Burton deceased and
that he had known him for more than 60 years
that he knew him when he married and that
he knew Mary Cannon married James Burton
in 1858 and lived with him as his wife
until his death in 1909 and that she is
now the widow of the said James Burton
J. B. Barber

Sworn to and
Subscribed before me
This June 23rd 1910

J. M. Garner
Ordinary Cobb County
Ga



STATE OF GEORGIA.

County.

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

1. What is your name and where do you reside? *B Rainey*
Acworth Cobb County
2. How long and since when have you known *J M Brown* the applicant?
Over 50 years
3. Where does he now reside, and since when has he been a bona fide, continuing resident in this State and how do you know? *Newnan Cobb County, ever since I know him*
4. When, where and in what Company and Regiment did *J M Brown* enlist during war from 1861 to 1865? (Give date and place) *March 3, 1862, Co. C, 1st Georgia Regiment*
5. How did you obtain your information of this Service? *I was a member of said Co. & Regiment*
6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (give date) *until April 26, 1865*

When and where was his Command surrendered or discharged (give date and place)

April 26, 1865, at Greensboro, N.C.

Were you personally present at the Surrender? *Yes, I was there with the 1st Regt. and was present*

9. If not where were you and how came you there?
10. Was the applicant personally present with his Command at surrender? *Yes*
11. If not where was he and how came him there? *He was present*
12. When did he leave his Command? *Surrender* Where was his Command when he left it? *Greensboro, N.C.* for what cause did he leave? *War was over*
By whose authority did he leave? _____ and how long was he granted leave? _____ How do you know all that you have stated to be true? If of your own knowledge (Tell clearly and specifically).

13. In what way was he prevented from returning to his Command? _____ How do you know? _____
14. What effort did he make to return to his Command and how do you know? _____
15. Was applicant captured as a prisoner? *No* If so, when and where? _____
In what prison was he held? _____ and when released _____

Sworn to and subscribed before me, this the _____ day of _____ 1913

J M Brown
B Rainey
Ordinary
Cobb County

STATE OF GEORGIA.

County.

Personally before me, *B Rainey* and *J M Brown* who on oath says that they are freeholders residing in said County, and we know *J M Brown* the applicant for Pension and we know the property that is now in the use, possession and control of himself and wife and of its cash value to wit: (Make list by item and value)

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 item.) *Nothing*
2. When and to whom was it sold or given to? *Nothing*
3. What was the price paid or asked to be paid? *Nothing*
4. What relation is the party to applicant? *Nothing*
5. What disposition was made of the proceeds of the sale? *Nothing*
6. Was the disposition of this property made in good faith and full value? *Nothing* or was it made to obtain a pension?

Sworn to and subscribed before me, this the _____ day of _____ 1913
J M Brown
B Rainey
Ordinary
Cobb County

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA.

County.

J M Brown Ordinary of said County, certify that I know the applicant *J M Brown* for Pension is the person he represents himself to be and resides in said County. That I also know *B Rainey* the witness swearing to the service and *B Rainey & J M Brown* who are freeholders, that they are all residents of said County and were duly sworn by me before signing the foregoing affidavits and they are all truthful and trustworthy and their statements are entitled to full faith and credit. That the Tax Returns of *Cobb* shows that *J M Brown* and wife value for tax in 1908 *Nothing* for 1909 *Nothing* for 1910 *Nothing*

Sworn to and subscribed before me, this the _____ day of _____ 1913

J M Brown Ordinary
of _____ County.

- NOTES 1. Before any questions are answered the Ordinary shall swear applicant and all witnesses in the following words: "You do solemnly swear that you will true answers make to each question asked you and the evidence you shall give shall be the whole truth, as God you God?"
2. Additional affidavits may be required if blank spaces are sufficient.
 3. All affidavits must be made before the Ordinary and certified by him.
 4. If applicant has no property at all in his possession, use or control of self and wife, affidavits of freeholders unnecessary.

POWER OF ATTORNEY.

STATE OF GEORGIA, }

COUNTY, }

I, _____ hereby authorize

of _____

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

at _____ by _____

Witness my hand and seal this _____ day of _____, 1898.

Executed in presence of

[LS]

Sec. of Pension
Burtz M.H.
Cobb Co

INDIGENT PENSION

1898.

Name *M. J. Burtz*
County *Cobb*

Approved _____ 1898.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO

GEO. W. HARRISON, STATE PRINTER, ATLANTA

2/8 98

STATE OF GEORGIA,
COUNTY.

I, _____ hereby authorize

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

at _____ by _____

Witness my hand and seal this _____ day of _____ 1898.

Executed in presence of _____

[L.S.]

See page 10
Burtz, M. J.

Cobb Co

INDIGENT PENSION

1898.

Name M. J. Burtz
County Cobb

Approved _____ 1898.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO

REC'D. W. JOHNSON, STATE PRINTER, ATLANTA.

2/8/98

Questions for Applicant.

STATE OF GEORGIA, COUNTY.

Cobb County, M. J. Burtz of said State and County, desiring to avail himself of the Pension Act approved December 15th, 1894, hereby submits his proofs, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? (Give State, County and post office.) M. J. Burtz, reside Cobb County, Ga Post Office Oakley Mill
2. How long and since when have you been a resident of this State? over 56 years since 10 of March 1841.
3. When and where were you born? 10 of March 1841 at Orange Church Co Ga
4. When and where and in what company and regiment did you enlist or serve? in Sept 1863 at Marietta Cobb County Ga in company 3rd 7th Regiment of Georgia Cavalry
5. How long did you remain in such company and regiment? till the war ceased in 1865.
6. For how long a period did you discharge regular military duty? about 1 year & 9 months.
7. When, where and under what circumstances were you discharged from service? Discharged in May 1865 at the close of the war
8. What is your present occupation? Samaloner by trade, not able to do anything
9. How much can you earn (gross) per annum by your own exertions or labor? 5 or 10 dollars
10. What has been your occupation since 1865? Same
11. Upon which of the following grounds do you base your application for pension, viz: first "age and poverty," second "infirmary and poverty" or third "blindness and poverty"? infirmary & poverty
12. If upon the first ground, state how long you have been in such condition that you could not earn your support? If upon the second, give a full and complete history of the infirmity and its extent? If upon the third, state whether you are totally blind and when and where you lost your sight? I have been afflicted with Kidney and bladder trouble & uric acid gravel for the last twenty five years as I get colder & get worse not been able to do anything since 1875
13. What property, effects or income do you possess and its gross value? No property except a little house & held goods
14. What property, effects or income did you possess in 1863, 1896, 1898 and 1897 and what disposition, if any, did you make of same? Nothing but a little house & held goods
15. In what County did you reside during those years and what property did you then return for taxation? in Cobb County all the time except 1875 in Milton County
16. How were you supported during the years 1896 and 1897? by my family and my friends
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? about 4 or 50 dollars perhaps, not over 25 dollars
18. What was your employment during 1896 and 1897? What pay did you receive in each year? very little if any, they did no special work and no pay
19. Have you a family? If so, who composes such family? Give their means of support? Have they a homestead? I have a wife and one child, their means of support is their labor they have no homestead.
20. Are you receiving any pension, if so, what amount and for what disability? No

Sworn to and subscribed before me this the _____ day of _____ 1898.

M. J. Burtz
Applicant.
of Cobb County.

Every Question MUST be Answered

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,

Cobb County.

Chuck Anderson, of said State and County, having been presented as a witness in support of the application of M. J. Burtz for pension under the Act approved December 15th, 1894, and after being duly sworn to answer to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? Chuck Anderson
reside in Cobb County Ga
2. Are you acquainted with M. J. Burtz, the applicant, if so how long have you known him? 35 or 40 years
3. Where does he reside, and how long and since when has he been a resident of this State? He lives in Cobb County Ga. 35 or 40 years
4. When, where and in what company and regiment did he enlist, and how do you know? In Sept 1863 in Marietta Ga Co "I" 7th La Cavalry
5. Were you a member of the same company and regiment? Yes
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 year and a half. he was a good soldier don't know about the discharge

7. What property, effects or income has the applicant? (Give your means of knowledge.) None that I know of. Says Anderson
None at all says Henry & Johnson
8. What property, effects or income did the applicant possess in 1896 and 1897, and what disposition, if any, did he make of same? Don't know says Anderson
None at all says Henry & Johnson

9. Has he conveyed away any of his property in the last three years, if so, what was it and to whom? Don't know says Anderson
he says none - had none says Henry & Johnson
10. What is the applicant's occupation and physical condition? the was a laborer
labor condition bad - physically broken down
and diseased so that he can't work

11. Is the applicant unable to support himself by labor of any sort, if so, why? I think he is unable to make a living by labor
not able to support himself says Henry & Johnson
12. How was he supported during the years 1896 and 1897? Don't know says Anderson
By his wife and son says Henry & Johnson
13. What portion of his support for these two years was derived from his own labor or income? Don't know says Anderson
hardly anything says Anderson

14. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under the Act of December 15th, 1894? he is broken down and diseased
is unable to work - he looks to be a feeble
or diseased man - can't support himself

15. What interest have you in the recovery of a pension by this applicant? none

Sworn to and subscribed before me, this 25th day of Jan 1898, Chuck Anderson
the J. M. Stone Ordinary. G. E. Johnston Witness.

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,

Cobb County.

Personally came before me A. E. Johnson and G. E. Johnston, both known to me as reputable physicians of said County, who being severally sworn, say on oath that they have examined carefully

M. J. Burtz, applicant for pension under the Act of 1894, and after such personal examination say that his precise physical condition is as follows:

I find the applicant suffering from
inflammation of the kidneys and bladder.
He is rendered unable to do much
labor on account of the said disease.
He also has great trouble and all diseases pertaining to the
male to make a support.

We further say on oath that the physical condition of applicant renders him unable to labor at any
work or calling sufficient to earn a support for himself, and that we have no interest in said pension being allowed.

Sworn to and subscribed before me this the 25th day of Jan 1898, A. E. Johnson, M.D.
J. M. Stone Ordinary. G. E. Johnston, M.D.

ORDINARYS' CERTIFICATE.

STATE OF GEORGIA,

Cobb County.

I, J. M. Stone, Ordinary in and for said County, hereby certify that the applicant M. J. Burtz resides in said County, and has been a bona fide resident of this State since the 1st of January, 1894 and that the witnesses, viz: L. V. Henry A. E. Johnson G. E. Johnston G. E. Johnston are of trust worthy character and that their statements are entitled to full faith and credit.

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

I further certify that the tax digests of Cobb County show that applicant returned for taxation in his name in 1896 Nothing Dollars of property, and in 1897 Nothing Dollars of property.

In my opinion the foregoing claim is made in good faith.
Witness my hand and seal of office, this 25th day of Jan 1898, J. M. Stone Ordinary of Cobb County.

NOTE.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

I,

M. J. Burtz hereby authorize
L. J. Hamby of *Marshall Co.*

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

by

me at *him*

Witness my hand and seal this *17th* day of *Jan'y* 1899.

Executed in presence of

J. M. Stone } *M. J. Burtz* (L. S.)

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

hereby authorize

L. J. Hamby of *Robt Co.*

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

by

me at *him*

Witness my hand and seal, this *17th* day of *Jan'y* 1900.

Executed in presence of

J. M. Stone } *M. J. Burtz* [L. S.]

CODE SEC. 1284.

(For These Already Enrolled.)

No. *2492*

INDIGENT

SOLDIER'S PENSION,

1899.

Name

County

WARRANT ISSUED

1899

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDED TO

L. J. Hamby
Geo. W. Harrison, State Printer, Atlanta.

M. J. Burtz

CODE SEC. 1284.

(For These Already Enrolled.)

No. *1675*

INDIGENT

SOLDIER'S PENSION,

1900.

Name

County

WARRANT ISSUED

1900.

JOHN. W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

L. J. Hamby
Geo. W. Harrison, State Printer, Atlanta.

M. J. Burtz

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears M. J. Burtz 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 10th day of March 1844; that he is 37 years old and by occupation a farmer; 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 2 yrs in Company 2, of 7th Regiment of Ga. Vol. Inf.; that his physical condition is as follows: On account of disease

infirmitly and poverty he is unable to support himself 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 1899. I have heretofore as a resident of Cobb county been allowed as a pensioner a pension for the year 1899.

Sworn to and subscribed before me, this, the 17th day of January 1899.

M. J. Burtz

Ordinary.

Oakley Mills P.O.

State of Georgia,

Cobb County.

I,

J. W. Stone

Ordinary of said County,

do certify that I am well acquainted with M. J. Burtz 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 17th

day of January 1899.

J. W. Stone

Ordinary

Cobb County.



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,

Cobb County.

Personally appears M. J. Burtz 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 10th day of March 1844; that he is 38 years old and by occupation a farmer; 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 2 years in Company 2, of 7th Regiment of Ga. Vol. Inf.; that his physical condition is as follows: On account of disease, infirmitly and poverty he is unable to support himself

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 1899. I have heretofore as a resident of Cobb county been allowed a pension for the year 1899.

Sworn to and subscribed before me, this, the 15th day of January 1899.

M. J. Burtz

Ordinary.

State of Georgia,

Cobb County.

I,

J. W. Stone

Ordinary of said County,

do certify that I am well acquainted with M. J. Burtz 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 15th

day of January 1899.

J. W. Stone

Ordinary

Cobb

County.



NOTE — The blank spaces must be filled.
NOTE — Affidavit should not be attested before January 1st, 1899.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.

I, M J Burt hereby authorize John Lindsey
of Monetta

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

me at Monetta
by Lindsey

Witness my hand and seal, this _____ day of _____ 1901.

M J Burt [L. S.]

Executed in presence of

J S McLean

Burt M J
Cobb Co

CODE SECTION 154
(For These Already Enrolled.)

No 201

INDIGENT

SOLDIER'S PENSION.
1901.

Name M J Burt
County Cobb

WARRANT ISSUED

Jan 15 1901.

JOHN W. LINDSEY,

Comptroller of Pensions.

WARRANT HANDED TO

Lindsey

Gen. W. Harrison, State Printer, ALBANY.

No date

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County. }

Personally appears M. J. Buttz 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 10th day of March 1841; that he is 58 years old and by occupation a Tanner 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 2 years in Company 9, of 7th Regiment of 54th Va Cavalry; that his physical condition is as follows: On account of disease infirmity and poverty he unable to support himself

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 1901. I have heretofore as a resident of Cobb county been allowed a pension for the year 1900

Sworn to and subscribed before me, this the

12th day of January 1901.

M. J. Buttz

John Austry Ordinary.

STATE OF GEORGIA,

Cobb County. }

I, John Austry Ordinary of said County, do certify that I am well acquainted with M. J. Buttz 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 12th

day of January 1901.



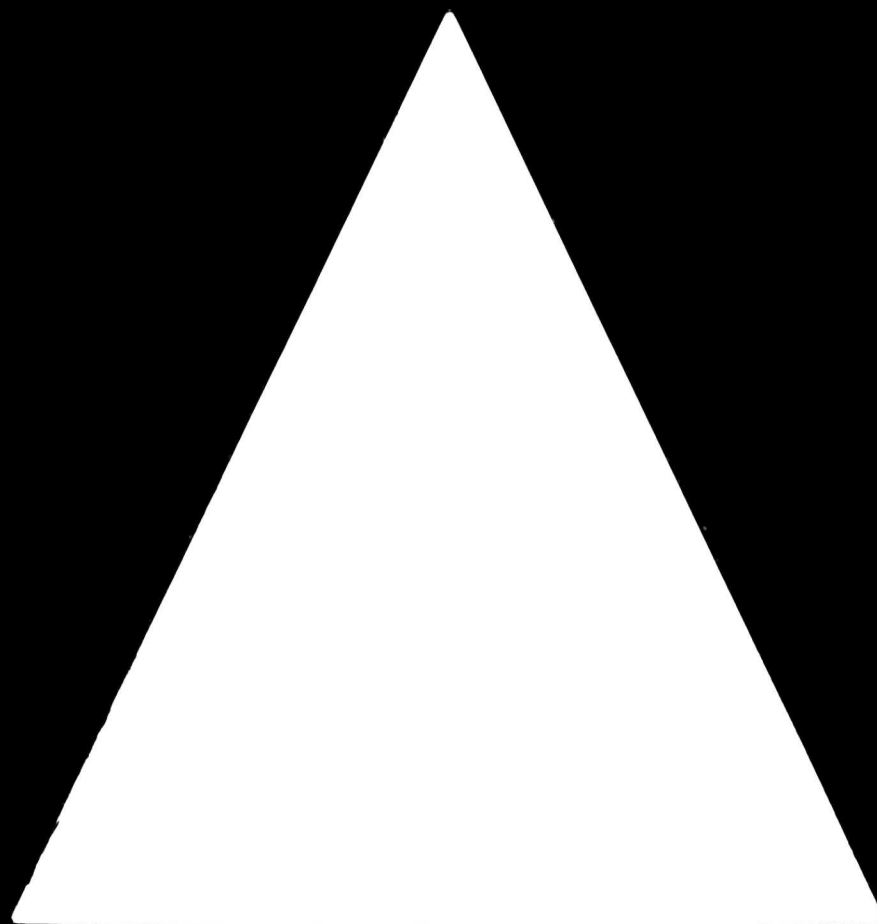
John Austry Ordinary

Cobb

County.

Note — The blank spaces must be filled.

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



POWER OF ATTORNEY.

STATE OF GEORGIA,

County, }

I, _____ hereby authorize _____

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

at _____

Witness my hand and seal, this _____ day of _____ 1908.

Received in presence of _____ [Signature: Nathaniel E. Lindsey, s.]

CODE SECTION 1264.

(FOR THOSE ALREADY ENROLLED.)

4th Fulton 1902
No. *446*
20 Fulton Co-1904

INDIGENT
SOLDIER'S PENSION
1903.

Name *Nathan E. Barry*

County *Cobb*

Co. *B* Regiment _____

Ys. Cadets
WARRANT ISSUED

123 1908.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Ordz

Geo. Harrison, State Printer, Atlanta.

No delo

POWER OF ATTORNEY.

STATE OF GEORGIA.

County.

I, _____ hereby authorize _____

of _____

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

at _____

by _____

Witness my hand and seal, this _____ day of _____ 1908.

Executed in presence of Nathan E. Bondy [L. S.]

CODE SECTION 124.

(FOR THOSE ALREADY ENROLLED)

AN FULTON No 44, 1902
20 Fulton Co-1904

INDIGENT

**SOLDIER'S PENSION
1903.**

Name Nathan E. Bondy
County Cobb

Co. B Regiment 4th
WARRANT ISSUED

23 1908.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
Ordry

Geo. Harrison, State Printer, Atlanta.

M. de

FOR APPLICANTS HEREFORE ATTORNEY PENSION

5th Searge Major
1862. Wounded,
Bentonville, Ark.
19, 1865.

Witness C. K.

Confederate
No. 1914
Discharged
April 26, 1865

Soldier's Application.

UNDER ACT 1910.

County Cobb
Name J. M. Brown
Company C
Regiment 41st La Inf
Approved _____

J. W. LINDSEY,
Commissioner of Pensions

CHAS. P. BIRD, State Printer, Atlanta.

11/1/1913

ENTERED ROSTER OFFICE

APPLICATION FOR SOLDIER'S PENSION UNDER ACT 1910.

Questions for Applicants to Answer.

STATE OF GEORGIA,

County Cobb

I, J. M. Brown of said State and County, hereby apply for the pension provided for Act of 1910 to Confederate Soldiers, and submit 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)
J. M. Brown Marshall Ga
2. How long and since when have you been a continuous resident of this State?
Since 1865
3. Did you enlist in the Army of the Confederate States or of the Organized Militia of this State from 1861 to 1865?
Yes
4. When and where, and in what Company and Regiment did you enlist? (Give the arm and class of Service)
March 4, 1862. Marshall Ga. Co. E. 41st Regt Inf
5. How long did you remain in the actual Military Service with said Company and Regiment? (Give date of discharge)
April 26, 1865. 2 years
6. When and where was your Company and Regiment surrendered or discharged from the Service?
April 26, 1865. Birmingham, N. C.
7. Were you actually present with your Command when it was surrendered or discharged?
Yes
8. If you were not actually present, state specifically and clearly where you were.
I was present
9. Where was your Command when you left it?
Lt. at Birmingham, N. C.
10. When did you leave the Command?
April 26, 1865
11. For what cause did you leave?
War was over
12. By whose authority did you leave?
War was over
13. For how long was your leave granted? In what way?
None
14. Why did you not return to your Command after leave expired?
None
15. In what way were you prevented?
None
16. What effort did you make to return?
None
17. Were you captured during the war?
None
18. If so, when and where? In what prison were you held and when were you released?
None
19. What property of every description was owned, in the use, possession and control of yourself and wife, and its cash value on the 4. Nov. 1905? (Make list by items and value).
None
20. What property of any kind have you or your wife disposed of and for what purpose since 4 Nov. 1905. To whom and for what price?
None
21. What property of any description of any kind, and of any value now owned and in the use, possession and control of yourself and wife and its cash value? (Make itemized list).
None
22. What annual or monthly income or earnings of yourself and wife and the source derived have you?
None
23. Are you drawing a pension of any amount from this State or the United States?
Yes
24. Have you ever applied for the Confederate Pension and been refused? and for what reason? If not allowed, state the reason.
Yes, but I was not allowed because I was not a soldier.

Subscribed before me, this 1st day of July 1913.
J. M. Brown
Ordinary J. M. Brown County Cobb

Capt V.E. Manget - Maj. J.M. Capron
FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cobb County.

Personally appears Nathan E. Bussey 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 _____ day of _____ 18____; that he is 66 years old and by occupation a Engineer, that he enlisted in the military service of the Confederate States (or of the State of _____ in military service during the war between the States, and served for the term of 13 months in Company B, of the 1st Georgia of Capt. V.E. Manget, Maj. J.M. Capron; that his physical condition is as follows: Owing to an infirmity of throat

that his property consists of the following items: _____

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

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1903. I have heretofore as a resident of Fulton county been allowed a pension for the year 1_____

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

 Ordinary.

STATE OF GEORGIA,

_____ County.

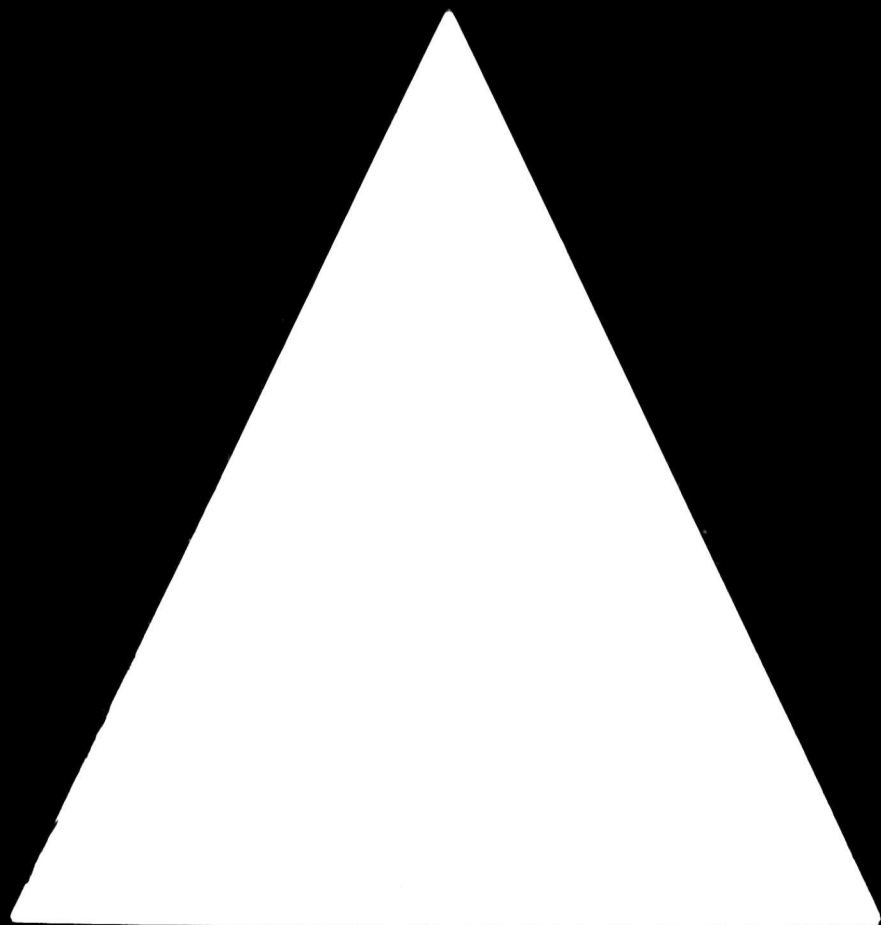
I, _____ Ordinary of said County, do certify that I am well acquainted with _____ the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County.

Given under my official signature and seal, this _____ day of _____ 1903.

 Ordinary _____ County.



NOTE.—The blank spaces must be filled.
 NOTE.—Affidavit should not be attested before January 1st, 1908.



Form No. 3
POWER OF ATTORNEY,
STATE OF GEORGIA.

Know all Men to whom these Presents shall come,

That I, Julia Butler, of the County of Cobb, State of Georgia,

do hereby certify that the within and lawful attorney in fact for me, and in my name, to receive and to take the within sum of money I may be entitled to from the State of Georgia as a widow of a certain Julia Butler, as stated in the foregoing affidavit, hereby authorizing my said attorney in fact to receive the same, and to be issued by the County Court of the County of Cobb, State of Georgia, for the purpose afore said.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 22nd day of June, 1891.

Executed in the presence of us,

William L. Butler
Julia Butler

DIRECTIONS.

If allowed, send amount by

to



Butler Julia
Cobb County
1891.

No. 3266

Widows' Pension

PAID TO

Julia Butler
of
Cobb COUNTY.

\$100.00.

Warrant Issued

189

AND HANDED TO

POWER OF ATTORNEY.

Form No. 5.

STATE OF GEORGIA,
Cobb County.

Know all Men by these Presents, That I,

Julia Butler
of *P. C. Cobb*

County, in said State, do hereby appoint

of *Minella*

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

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

Executed in the presence of us:

Julia Butler [L. S.]

DIRECTIONS.

If allowed, send amount by



AND HANDLED TO

Warrant Issued

\$100.00.

Julia Butler
Cobb County

Widow's Pension

Sto. 3266

Julia Butler
Cobb County
1891.

Affidavit to be Made by the Widow.

Form No. 6.

STATE OF GEORGIA,

County of *Cobb*

In person came before me, the undersigned Ordinary

in and for the County of *Cobb*

Mrs. *Julia Butler*, who being sworn according to law, says under

oath that she is the widow of *Greenlee Butler*, who was a soldier in

the service of the Confederate States, and served as a member of Company *D*, of the

7th Regiment of *Georgia* Volunteers; that he enlisted in said

service on or about the *10th* day of *May* 1861, and was in the

Confederate Army up to *March 17* 1862. That while in the

Army, he was on the day of 1862, (See Note No. 1)

By disease of the lungs brought on by exposure

which disease compelled him to resign in 1862

he continued to suffer from said disease which

resulted in Consumption to the time of his death.

Aug 25th 1864

The exposure after the battle of Manassas & the forced

marches just before caused the failure of health. He resigned

by order recommendation of the Army Surgeon.

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 *19th*

day of *Dec* 1860, and that she has resided in Georgia continuously since the

day of *her birth* 1838; 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

13th day of *June* 1891.

J. M. Stone Ordinary.

Julia Butler
Married to *Greenlee Butler*

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,

County of Freem

and

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

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. Jessie Patton _____, of the County of Cobb, State of Georgia, is the widow of Samuel - Patton, 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: He was engaged in

The first battle of Manassas, afterwards from the exposure consequent upon being a soldier his lungs became diseased from which he afterwards died. He was discharged from service after an examination by a board of Physicians in consequence of the above mentioned disease. I was Surgeon of the Seventh Regiment to which he belonged,

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

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

Sworn to and subscribed before me, this, the

12th day of June 1891.

M. L. Cushman
Ordinary.

NOTE. Witnesses must not testify about things they may believe, but confine their statements to such facts as they personally know.

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

State of Georgia

County of _____

I, A. M. Stone Ordinary

County of Woburn in and for said County of Woburn
State of Georgia, hereby certify that I am acquainted with Mrs. Julia Burt
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 _____ day of _____, 19____.

201

day of *June*

1891

SEAL

Ordinary

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.

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

If witnesses live in another County from that wherein applicant resides, they must go before the Ordinary 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.

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

STATE OF GEORGIA, County of Cobb

I, John M. Stone Ordinary and for said County of Cobb State of Georgia, hereby certify that I am acquainted with Mrs. Julia C. Butler 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, 1860, and has not lived out of the State since that date. That she is the widow of Brengle Butler deceased, and as such has heretofore been allowed a pension for the year ending February 15th, 1893.

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this, the 22nd day of January 1894.



Ordinary.

POWER OF ATTORNEY.

Form No. 2.

STATE OF GEORGIA, Cobb County.

KNOW ALL MEN BY THESE PRESENTS, That I, Julia C. Butler of Cobb County in said State, do hereby appoint Robert C. Irwin of Marionetta Ga. my true and lawful attorney in fact, for me, and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia as a widow of a Confederate Soldier, as stated in the foregoing affidavit; hereby authorizing my said Attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 22nd day of January 1894.

Executed in the presence of us:

John M. Stone Only

Julia C. Butler [L. S.]

DIRECTIONS.

Send amount by _____ to _____ me at _____, and oblige _____

WIDOWS' PENSION, No. 770, 1894. FOR THREE MONTHS PAID. Butler, Julia C. Cobb Co. PAID TO Julia C. Butler, Cobb County. WARRANT ISSUED 27 1894. AND ORDERED TO

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of *Colt*

Personally comes Mrs.

Julia C. Butler

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

Colt

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

continuously ever since *January*

1861 That she is the Widow of

Greaves Butler

who was a Soldier in Company

"I"

of the 7th

Regiment of *Georgia*

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

1861 and served in the Army up to

1862 That he lost his

life on the 25th

day of *August*

1863 (State here

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 contracted Consumption, was discharged from the Army, and returned home, and died from said disease on the 28th day of August 1863

Deponent swears that she was the wife of said deceased soldier during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 1860; that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension for the year ending February 15th, 1893, and now apply for the allowance provided by law for the year ending February 15th, 1894.

Sworn to and subscribed before me, this

day of *July* 1894.

Ordinary.

Post-office

Julia C. Butler

Monetta Ga

RECEIVED BY

PENSION

RECEIVED

1894

STATE OF GEORGIA, County of Cobb

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

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this, 15th day of February, 1893.

Ordinary.

POWER OF ATTORNEY.

STATE OF GEORGIA, County of Cobb

KNOW ALL MEN BY THESE PRESENTS, That I, Julia C. Butler

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

In Witness Whereof, I have hereunto set my hand and seal, this 15th day of February, 1893.

Executed in the presence of us:

DIRECTIONS.

Send amount by me at and oblige to

Warrant Issued
AND HANDED TO
John C. Butler
1893
COUNTY.

Widow's Pension,
for year ending February 15th, 1893.

PAID TO—
Ann Le Butler
—OF—
Cobb
COUNTY.
1893.

FOR THOSE HERETOFORE PAID
1893.

STATE OF GEORGIA, County of Cobb

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

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this, 15th day of February, 1895.

Ordinary.

POWER OF ATTORNEY.

STATE OF GEORGIA, County of Cobb

KNOW ALL MEN BY THESE PRESENTS, That I, Julia C. Butler

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

In Witness Whereof, I have hereunto set my hand and seal, this 15th day of February, 1895.

Executed in the presence of us:

DIRECTIONS.

Send amount by me at and oblige to

WIDOW'S PENSION,
for year ending February 15th, 1895.
PAID TO—
Ann Le Butler
—OF—
Cobb
COUNTY.
WARRANT ISSUED
24 July
AND HANDED TO
John C. Butler
1895.
FOR THOSE HERETOFORE PAID
1895.

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of Rich

Personally comes Mrs.

Julia C. Butler

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 1838 That she is the Widow of Granville Butler who was a Soldier in Company 1st of the Georgia Regiment of Volunteers, that he enlisted in said Regiment on or about the month of May 1861 and served in the Army up to 1862 That he lost his life on the 18 day of August 1863 (State here

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 contracted consumption, was discharged from the Army and returned home, and died from said disease on 25th day of August 1863

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

Sworn to and subscribed before me, this

4th day of July 1893.

Julia C. Butler

Post-office

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of Rich

Personally Comes Mrs.

Julia C. Butler

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 Jan 1838 That she is the Widow of Granville Butler who was a Soldier in Company 1st of the Georgia Regiment of Volunteers, that he enlisted in said Regiment on or about the month of May 1861 and served in the Army up to 1862 That he lost his

life on the 28 day of August 1863 (State here

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

He did from consumption. Cold was contracted from exposure in forced marches immediately before and after the first battle of Manassas, and complications of disease followed, to such an extent that he was finally discharged from the service by a medical Board of the Army.

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

Sworn to and subscribed before me, this

5th day of July 1895.

Julia C. Butler

Post-office Marionetta Ga

PENSION

STATE OF GEORGIA, County of

Cobb

I, *J. M. Stone* 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, 1890, and has not lived

out of the State since that date. That she is the widow of *Martha Butler*

deceased, and as such has heretofore been allowed a pension for the year ending February 15th, 1895.

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

day of *July* 1896.

(SEAL)

J. M. Stone

Ordinary.

Form No. 2.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County

Cobb

I, *Mrs. Julia C. Butler* hereby authorize

of *Monetta G. G.* to receive and receipt for the pension paid thereon and request

me by him

that he remit same to

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

day of *July* 1896.

Executed in the presence of

J. M. Stone
Ordinary

Julia C. Butler

[L.S.]

POWER OF ATTORNEY.

Form No. 3.

STATE OF GEORGIA,

County

Cobb

I, *Mrs. Julia C. Butler* hereby authorize

of *Monetta G. G.* to receive and receipt for the pension paid thereon and request

me by him

that he remit same to

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

day of *July* 1897.

Executed in the presence of

Julia C. Butler

WIDOW'S PENSION,

for year ending February 15th, 1897.

PAID TO
Mrs. Julia C. Butler

widow of *Martha Butler* County.

RICHARD JOHNSON,

(Commissioner of Pensions)

WARRANT ISSUED

2/9 1897.

AND HANDED TO

at

REC'D. W. HARRISON, STATE PRINTER, ATLANTA.

FOR THOSE HERETOFORE PAID

1897.

No. 3354

WIDOW'S PENSION,

for year ending February 15th, 1896.

PAID TO
Mrs. Julia C. Butler

widow of *Martha Butler* County.

WARRANT ISSUED

2/11 1896.

AND HANDED TO

R. C. Imin

Geo. W. Harrison, State Printer.

Gobb

Maimed Soldiers.

Voucher No. 1479

Amount \$ 50

Paid to J M Brown

For Left arm

disabled

March 19 1889

Included in Warrant No

issued to Treasurer

1889

WARRANT CLERK

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

R. C. Smith

Gobb

Maimed Soldiers.

Voucher No. 748

Amount \$ 50

Paid to J M Brown

For Term disabled

July 10 1890

Included in warrant No.

issued to Treasurer.

18

WARRANT CLERK

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

applicant

Brown, G. W.

1891.

Maimed Soldiers.

Voucher No. 1127

Amount \$ 50

Paid to J M Brown

For Term dis

July 18 1891

Included in warrant No.

issued to Treasurer.

1891.

WARRANT CLERK

Geo. W. Harrison, State Printer, Atlanta.

applicant

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of *Cobb*

Personally Comes Mrs.

Julia C. Butler

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

Cobb

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

continuously ever since *1840*

1840 That she is the Widow of

Granter Butler

who was a Soldier in Company

of the

7th

Regiment of

Georgia

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

1861 and served in the Army up to

1862 That he lost his

life on the

23rd

day of

August

1863 (State here

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

a severe cold from exposure just before he left
the State of Georgia by the forced marches
which ended in consumption of which he 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 aforesaid, that she became his wife in the year *1860*,
that Georgia is her home and she resided in this State 23d day of December, 1890, and has not
lived in any other State or locality since that date. I have been allowed a pension as a resident of

Cobb County for the year ending February 15th, 1895, and now apply for
the pension provided by law for the year ending February 15th, 1896.

Sworn to and subscribed before me, this

7th

day of

July 1896.

Ordinary.

Post-office

Julia C. Butler

Manetta Ya

For Widows Heretofore Allowed Pensions.

Form No. 1.

STATE OF GEORGIA,
County of *Cobb*

Personally Comes Mrs.

Julia C. Butler

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

Cobb

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

continuously ever since

January

1838 That she is the Widow of

Granter Butler

who was a Soldier in Company

of the

7th

Regiment of

Georgia

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

May

1861 and served in the Army up to

1862 That he lost his

life on the

28th

day of

August

1863 (State here

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

from consumption, cold was contracted
from exposure in forced marches immediately
before or after the Battle of Mansfield to
such an extent that he was finally taken
from the service by a medical Board of the
Army.

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

Cobb 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

8th

day of

July 1897.

Ordinary.

Post-office

Julia C. Butler

Manetta Ya

POWER OF ATTORNEY.

State of Georgia

Cobb County

I, *Julia C. Butler* hereby authorize *R. C. Irwin*
Minetta to receive and receipt for the pension paid hereon and request
 that he remit same to *me* by *Irwin*

In WITNESS WHEREOF, I have hereunto set my hand and seal, this
 day of *Feb'y* 1898.

Executed in the presence of

J. M. Stone

Julia C. Butler [L. S.]

POWER OF ATTORNEY.

State of Georgia,

County. }

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 *1st*

day of *Feb'y* 1899.

Executed in presence of

J. M. Stone *Osby*

Julia C. Butler [L. S.]

Butler, Julia C.
Cobb Co. Ga.

For Those Heretofore Paid.

1898.

NO. 3421

WIDOW'S PENSION,

For year ending February 15th, 1898.

PAID TO
Mrs. Julia C. Butler

County,
Cobb
 Widow of *Franklin Butler*

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT ISSUED

1898.

2/12

AND HANDED TO

R. C. Irwin

GEO. W. HARRISON, STATE PRINTER, ATLANTA

Butler, Julia C.
Cobb County
 For Those Heretofore Paid.

1899.

NO. 2485

WIDOW'S PENSION,

For year ending February 15th, 1899.

PAID TO
Mrs. Julia C. Butler

County
Cobb
 Widow of *Franklin Butler*

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT ISSUED

1899.

2/1

AND HANDED TO

R. C. Irwin

GEO. W. HARRISON, STATE PRINTER, ATLANTA

For Widows Heretofore Allowed Pensions.

Form No. 1.

STATE OF GEORGIA,
County of Cobb

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 1888. That she is the Widow of

who was a Soldier in Company

of the Georgia Regiment of Georgia

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

1867 and served in the Army up to

1867. That he lost his

life on the 23 day of August 1867 (State here

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

He died from consumption. Old was contracted from exposure during the forced march immediately before & after the battle of Mansfield & a complication of disease followed to such an extent that he was finally discharged from the service by a medical board of the Army.

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

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

Sworn to and subscribed before me, this

17th day of July 1898.

Ordinary.

Julia C. Butler

Post-Office

Marionetta

State of Georgia,

County.

Ordinary of said County, certify that I am well acquainted

with Mrs. Julia C. Butler 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 18 day of 38

Given under my official signature and seal this the

17th day of July 1898.

Ordinary of

Cobb County.



For Widows Heretofore Allowed Pensions.

Form No. 1.

STATE OF GEORGIA,
County of Cobb

Personally Comes Mrs.

Julia C. Butler

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 1888. That she is the Widow of

who was a soldier in Company

George Butler

of the 2 Regiment of Georgia

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

1867 and served in the Army up to

1867. That he lost his

life on the 28 day of August 1867 (State here

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

He died from consumption. Old was contracted from exposure during the forced march immediately before & after the battle of Mansfield & a complication of disease followed to such an extent that he was finally discharged from the service by a medical board of the Army.

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

I have been allowed a pension as a resident of Cobb County for the year ending

February 15th, 1898, and now apply for the pension provided by law for the year ending February 15th, 1899.

Sworn to and subscribed before me, this

17th day of July 1899.

Ordinary.

Julia C. Butler

Post-Office

Marionetta

State of Georgia,

County.

Ordinary of said County, certify that I am well acquainted

with Mrs. Julia C. Butler 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 18 day of 38

Given under my official signature and seal this the 17 day of July 1899.



Ordinary of

Cobb County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.

I, Mrs. Julia C. Butler hereby authorize P. C. Shrovin
of Marietta, Ga.

to receive and receipt for the pension paid hereon and request that he remit same to
at Marietta, Ga.

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

x Julia C. Butler x [L. S.]

Executed in presence of

T. J. Hamby

Butler, Julia C.
Cobb County
To Those Heretofore Paid.

1900.

NO. 2005

WIDOW'S PENSION,

For year ending February 15th, 1900.

PAID TO
Mrs. Julia C. Butler
OF
Cobb County,

Widow of Shrovin

JNO. W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED

Feb 19 1900,

AND HANDED TO

Shrovin

Geo. W. Harrison, State Printer, Atlanta.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.

I, Julia C. Butler hereby authorize
John Shrovin of Cobb County

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

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

Julia C. Butler [L. S.]

Executed in presence of

Butler, Julia C.
Cobb Co.

To Those Heretofore Paid.

1901.

No. 117

WIDOW'S PENSION,

For year ending February 15th, 1901.

PAID TO
Mrs. Julia C. Butler
OF
Cobb County,

Widow of

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED

Jan. 18- 1901,

AND HANDED TO

Shrovin

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

WIDOW'S PENSION ALLOWED

For Widows Heretofore Allowed Pensions.

Form No. 1.

STATE OF GEORGIA,

County of Cobb

Personally Comes Mrs.

Julia C. Butler

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 1838. That she is the Widow of
Granley Butler who was a soldier in Company
I of the 7th Regiment of Georgia
Volunteers, that he enlisted in said regiment on or about the month of May
1861 and served in the Army up to 1863. That he lost his
life on the 28 day of August 1863 (State here
particulars of the husband's death, when, where and from what cause)

He died from consumption - cold was contracted from exposure on the forced march immediately before the battle of Manassas & a complication of diseases followed to such an extent that he was finally discharged from the service by a medical board of Army.

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 Cobb County for the year ending February 15th, 1899, and now apply for the pension provided by law for the year ending February 15th, 1900.

Sworn to and subscribed before me, this
16th day of Feb'y, 1900.
J. M. Stone Ordinary

Julia C. Butler
Post Office Marietta, Ga.

State of Georgia,

Cobb County.

J. M. Stone

Ordinary of said County, certify that I am well acquainted with Mrs. Julia C. Butler, 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 28 day of August 1863.

Given under my official signature and seal, this the 26th day of Feb'y, 1900.

Official Seal.

Ordinary of Cobb County.

For Widows Heretofore Allowed Pensions.

Form No. 1.

STATE OF GEORGIA,

County of Cobb

Personally Comes Mrs.

Julia C. Butler

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 1838. That she is the Widow of
Granley Butler who was a soldier in Company
I of the 7th Regiment of Georgia
Volunteers, that he enlisted in said regiment on or about the month of May
1861 and served in the Army up to 1863. That he lost his
life on the 28th day of August 1863 (State here
particulars of the husband's death, when, where and from what cause)

He died from consumption - cold was contracted from exposure on the forced march immediately before the battle of Manassas & a complication of diseases followed to such an extent that he was finally discharged from the service by a medical board of the Army.

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 Cobb County for the year ending February 15th, 1900, and now apply for the pension provided by law for the year ending February 15th, 1901.

Sworn to and subscribed before me, this
14th day of Jan'y, 1901.
John A. Hooten Ordinary

Julia C. Butler
Post Office

State of Georgia,

Cobb County.

J. A. Hooten

Ordinary of said County, certify that I am well acquainted with Mrs. Julia C. Butler, 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 28 day of August 1863.

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

Official Seal.

Ordinary of Cobb County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.

I, Julia C. Butler, hereby authorize
John Christy 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 7th
day of January 1902.

Julia C. Butler L. S.]

Executed in presence of

M. Gamm

Butler Julia C.
Cobb County

To Those Heretofore Paid.

1902.

No. 213

WIDOW'S PENSION,

For year ending Dec. 31, 1902.

PAID TO

Mrs. Julia C. Butler
OF
Cobb County,

Widow of

Co. _____ Regiment

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

AND HANDLED TO 1/16 1902

Ordg

CHAS. W. HARRINGTON, STATE PRINTER, ATLANTA, GA.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.

I, Julia C. Butler, hereby authorize
John Christy 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 13th
day of January 1903.

Julia C. Butler [L. S.]

Executed in presence of

M. Gamm

Butler Julia C.
Cobb County

To Those Heretofore Paid.

1903.

No. 190

WIDOW'S PENSION,

For year ending Dec. 31, 1903.

PAID TO

Mrs. Julia C. Butler
OF
Cobb County,

Widow of

Wm. C. Butler
Co. 7th Regiment Ka. Inf.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

1903.

AND HANDLED TO Ordg

Ordg

CHAS. W. HARRINGTON, STATE PRINTER, ATLANTA, GA.

ALLOWED PENSIONS

For Widows Heretofore Allowed Pensions.

Form No. 1.

STATE OF GEORGIA,

County of Cobb

PERSONALLY COMES MRS.

Julia C. Butler

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

Cobb

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

continuously ever since

1838

That she is the Widow of

Granville Butler

who was a soldier in Company

I

7th

Regiment of

Georgia

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

May

186 / , and served in the Army up to

1862

That he lost his

life on the

28th

day of

August

1863

(State here

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

He died from consumption. Julia was contracted from exposure on the forced marches immediately before the battle of Manassas and complications of disease followed to such an extent that he was finally discharged from the service by a Medical Board of the Army.

Dependent 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

Cobb

County for the

year ending December 31, 1901, and now apply for the pension provided by law for the year ending

December 31, 1902.

Sworn to and subscribed before me,

this 7th day of Jan 1902

John Anthony, Ordinary

Post-Office

Julia C. Butler
Monetta Ga

State of Georgia,

Cobb

County.

Ordinary of said County, certify that I am well

acquainted with Mrs. Julia C. Butler, who made the above affidavit and

am satisfied that the facts therein stated are true, and I know she is the individual she represents

herself to be, and that she has continuously resided in this State since the

day of

1st

Given under my official signature and seal, this the

7th

day of

Jan

1902.

(Official Seal)

Ordinary of

Cobb

County.

NOTE.—All blank spaces must be filled.

Voucher and affidavit must bear date after January 1st, 1903.

For Widows Heretofore Allowed Pensions.

Form No. 1.

STATE OF GEORGIA,

County of Cobb

PERSONALLY COMES MRS.

Julia C. Butler

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

Cobb

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

continuously ever since

1838

That she is the Widow of

Granville Butler

who was a soldier in Company

I

7th

Regiment of

Georgia

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

May

186 / , and served in the Army up to

1862

That he lost his

life on the

28th

day of

August

1863

(State here

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

He died from consumption. Julia was contracted from exposure on the forced marches immediately before the battle of Manassas and complications of disease followed to such an extent that he was finally discharged from the service by a Medical Board of the Army.

Dependent 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

Cobb

County for the

year ending December 31, 1902, and now apply for the pension provided by law for the year ending

December 31, 1903.

Sworn to and subscribed before me,

this 13th day of Jan 1903.

John Anthony, Ordinary.

Post-Office

Julia C. Butler
Monetta

State of Georgia,

Cobb

County.

Ordinary of said County, certify that I am well

acquainted with Mrs. Julia C. Butler, who made the above affidavit and

am satisfied that the facts therein stated are true, and I know she is the individual she represents

herself to be, and that she has continuously resided in this State since the

day of

1st

Given under my official signature and seal, this the 13th day of Jan 1903.

(Official Seal)

Ordinary of

Cobb

County.

NOTE.—All blank spaces must be filled.

Voucher and Affidavit must bear date after January 1st, 1903.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb COUNTY. }

I, Julia C. Butler hereby authorize

John Astor 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 _____ 1904.

Julia C. Butler [L. S.]

Executed in presence of

M. L. Ann

Butler Julia C.
Cobb Co. Ga. 11/14

TO THOSE HERETOFORE PAID.

1904.

No. 345

WIDOW'S PENSION

FOR

YEAR ENDING DECEMBER 31, 1904

PAID TO

My Julia C. Butler

Cobb

COUNTY,

Widow of Frederick Butler

Co. D

Regiment 7

JOHN W. LINDSEY,

Commissioner of Pensions

WARRANT ISSUED

1/31 1904,

AND HANDED TO

Butler

JOHN W. HARRISON, State Printer, Atlanta.

To Those Heretofore Paid.

1905.

No. 430

WIDOW'S PENSION,

For year ending Dec. 31, 1905.

PAID TO

Mrs. Julia C. Butler

OF

Cobb County,

Widow of Frederick Butler

Co. D 7th Regiment Inf

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

1/31 1905.

AND HANDED TO

Butler

The Pension Office and Publishing Co., Atlanta,
Geo. W. Harrison, Manager, 100 West Peachtree.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb COUNTY. }

I, Julia C. Butler, hereby authorize

John Astor of Manhattan

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 Jan 23 1905.

Executed in presence of

Julia C. Butler [L. S.]

STATE OF GEORGIA

FOR WIDOWS HERETOFORE ALLOWED PENSIONS

FOR WIDOWS HERETOFORE ALLOWED PENSIONS.

Form No. 1.

STATE OF GEORGIA.

County of Cobb

PERSONALLY COMES MRS.

Julia C. Butler

who, being sworn says on oath, that she is a bona fide resident of said County of Cobb State of Georgia, and that she has RESIDED in said State continuously ever since 1838

That she is the Widow of Granley Butler who was a soldier in Company 74 of the 84 Regiment of 84

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

1867, and served in the Army up to 1862 That he lost his

life on the 28 day of August 1863 (State here

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

He was Contracted
on the 1st of March immediately before
the Battle of Manassas and a complication
of diseases followed to such an extent he
marginally discharged from the service, by
a Medical Board of the Army and he died
of Consumption

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 Cobb County for the year ending December 31, 1903, and now apply for the pension provided by law for the year ending December 31, 1904.

Sworn to and subscribed before me,

this 23 day of Jan 1904.

Julia C. Butler
Post Office

State of Georgia,

Cobb County.

I, John Hartney

Ordinary of said County, certify that I am well

acquainted with Mrs. Julia C. Butler who made the above affidavit and

am satisfied that the facts therein stated are true, and I know she is the individual she represents

herself to be, and that she has continuously resided in this State since the

day of 18

Given under my official signature and seal, this the 23 day of Jan 1904.



John Hartney
Ordinary of Cobb County

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

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA.

County of Cobb

PERSONALLY COMES MRS.

Julia C. Butler

who, being sworn says on oath, that she is a bona fide resident of said County of Cobb State of Georgia, and that she has RESIDED in said State continuously ever since 1838

That she is the Widow of Granley Butler who was a soldier in Company 74 of the 84 Regiment of Georgia

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

1867, and served in the Army up to 1862 That he lost his

life on the 28 day of August 1863 (State here

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

He died from Consumption
Contracted from exposure while
in service

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 Cobb County for the year ending December 31, 1904, and now apply for the pension provided by law for the year ending December 31, 1905.

Sworn to and subscribed before me,

this 21 day of Jan 1905.

John Hartney Ordinary.

Julia C. Butler
Post-Office

State of Georgia,

Cobb County.

I, John Hartney

Ordinary of said County, certify that I am well

acquainted with Mrs. Julia C. Butler 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 1

day of Jan 1894

Given under my official signature and seal, this the 21 day of January 1905.



John Hartney
Ordinary of Cobb County

NOTE.—All blank spaces must be filled.
Voucher and Affidavit must bear date after January 1st, 1905.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb COUNTY.

I, Julia C. Butler, hereby authorize
John Lindsey 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 19th
day of January 1906.

Julia C. Butler [L. S.]

Executed in presence of

[Signature]

Butler, Julia C.

Cobb Co.

To Those Heretofore Paid.

1906.

No. 2022

WIDOW'S PENSION

For year ending Dec. 31, 1906.

PAID TO

Mrs. Julia C. Butler

OF

Cobb

County,

Widow of John Lindsey

Co. B 7th Regiment

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

1906,

AND HANDED TO

Only

The Pensioner's Name and Pensioning Co. Co. W. Lindsey, Sec.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb COUNTY.

I, Julia C. Butler, hereby authorize
John Lindsey 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 19th
day of January 1907.

Executed in presence of

Julia C. Butler [L. S.]

Butler, Julia C.

Cobb County

4311907.

No. 135

WIDOW'S PENSION

For year ending Dec. 31, 1907.

PAID TO

Mrs. Julia C. Butler

OF

Cobb

County,

Widow of John Lindsey

Co.

Regiment

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

1907,

AND HANDED TO

Only

The Pensioner's Name and Pensioning Co. Co. W. Lindsey, Sec.

STATE OF GEORGIA

For year ending Dec. 31, 1907.

FOR WIDOWS HERETOFORE ALLOWED PENSIONS

FOR THE YEAR

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.

No. 1479

Atlanta, Ga. March 19 1889

Mr. J. M. Brown of the County
of Cobb having filed his application in the Executive
Department for an allowance under the Act approved October 24, 1887, as amended by Act.

Dec. 24, 1888, and the same having been allowed for

Eight hundred and fifty dollars
He is entitled to receive the sum of \$850.00
for such disability the same being the allowance due for the year ending October 24, 1889.

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

By the Governor

W. H. Harrison

CLERK EXECUTIVE DEPARTMENT.

50

RECEIVED OF STATE TREASURER R. U. HARDEMAN,

per above voucher, this

19 of March 1889
for J. M. Brown

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.

No. 748

Atlanta, Ga. July 10 1890

Mr. J. M. Brown of the County
of Cobb 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

Arm disabled
He is entitled to receive the sum of \$500.00
for such disability, the same being the allowance due for the year ending October 24, 1890

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

By the Governor,

W. H. Harrison

CLERK EXECUTIVE DEPARTMENT.

\$ 50

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

per above voucher, this

50 of July 1890
for J. M. Brown

For Widows Heretofore Allowed Pensions.

Form No. 1

STATE OF GEORGIA,

County of Cobb

PERSONALLY COMES MRS.

Julia C. Butler

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

Cobb

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

continuously ever since

That she is the Widow of

Frank Butler

who was a soldier in Company

2 of the 7th

Regiment of

4th

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

1867, and served in the Army up to Aug 28 1864 That he lost his

life on the _____ day of _____ 18____ (State here

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

Kind of disease

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 18____

I have been paid a pension as a resident of Cobb County, for the year ending December 31, 1905, and now apply for the pension provided by law for the year ending December 31, 1906.

Sworn to and subscribed before me
this 19 day of Jan 1906.
John H. Butler Ordinary.

Mr. Julia C. Butler
Post Office _____

State of Georgia,

County of Cobb

Ordinary of said County, certify that I am well

acquainted with Mrs. Julia C. Butler, who made the above affidavit, and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the _____ day of _____ 18____

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

Official Seal

John H. Butler
Ordinary of Cobb County.

NOTE.—All blank spaces must be filled.
Voucher and Affidavits must bear date after January 1st, 1906.

For Widows Heretofore Allowed Pensions.

Form No. 1

STATE OF GEORGIA,

County of Cobb

PERSONALLY COMES MRS.

Julia C. Butler

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

Cobb

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

continuously ever since

That she is the Widow of

Frank Butler

who was a soldier in Company

2 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

life on the _____ day of Aug 1864 (State here

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

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 Cobb County, for the year ending December 31, 1906, and now apply for the pension provided by law for the year ending December 31, 1907.

Sworn to and subscribed before me
this 19 day of Jan 1907.
John H. Butler Ordinary.

Julia C. Butler
Post Office _____

State of Georgia,

County of Cobb

Ordinary of said County, certify that I am well

acquainted with Mrs. Julia C. Butler, who made the above affidavit, and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the _____ day of Jan 1874

Given under my official signature and seal, this the 19 day of Jan 1907.

Official Seal

John H. Butler
Ordinary of Cobb County.

NOTE.—All blank spaces must be filled.
Voucher and Affidavits must bear date after January 1st, 1907.

Georgia
Cobb County } In person came before me
William Phillips, who being
duly sworn says that he was well acquainted
with Greenlee Butler in life. That while not
present at the marriage ceremony he
knew of same because at the time when he
was married to Julia Lewis the applicant
was a person - and that they were married
when the said Greenlee Butler left Cobb Co
to go to the 7th Regt Geo Voluntary
Artillery - that he was well
acquainted with his brother and sister
Mr Frank Butler - now in Atlanta & Mrs
Mary Lewis has lived with applicant
since 1854 and never knew or heard
of any but very slight in the family -
that when Mr Butler left he appeared to be in
good health. That he was understood by
the family who were intimate friends of
his wife family & Judge Levens family
that Mr Butler had contracted disease
in the army from exposure & was forced
to resign & that when he returned home
that his health was destroyed & that he was
a physical wreck - that Mrs Lewis his
sister remained with him until his death
& then returned to defendant's family - that while
a physical man & not personally with
the disease he knows that Mr Butler contracted

Georgia
Fulton County }

Before me personally
appeared, Richd H. Black of said County
Judge of the Superior Court of said State, who
being duly sworn says, that he knew in
life, & for a long time Greenlee Butler, the
husband of Mrs Julia Butler now junior
of the County of Cobb - that this acquaintance
which became a friendship, antedated
for many years the year 1851 - that he
saw said Butler sometime after the first
battle of Manassas, & learned from him, that
he was actively in that battle as the
Captain of Adjutants of the 7th Regt, and
received a very slight wound, which
he exhibited to me - it was an abrasion
of the skin on his cheek bone, made by
a bullet in passing, & left a slight scar but
plainly to be observed - that on remembrance
he was on a furlough or discharge from
failing health, & he never went back into
the army - his health continued feeble,
but after this I saw very little of him, as
his home was in Cobb County, &
my home in Dougherty County - He was the
successor of Col George M. Lister as
Reporter of the Supreme Court of the State of

Chas. as in the Confederate army
& from the effects, was forced to resign
and died from the disease he contracted
he knows as well as any other party
of which he may not analyze mistakes -
that he cannot give dates but his best
recollection is that Greenlee Butler died
in 1864. -

Wm Phillips

Witness to and Subscribed
before me this 15th day
of June 1891
J. M. Stone
Ex. Off.

Georgia, Cobb County:
I hereby Certify that Wm.
Phillips, who qualified to the for-
going Affidavit is a citizen of
this County, and is worthy of
such credit and credit as a witness,
this 15th day of June 1891.

J. M. Stone
Ex. Off.

Georgia for a time, & this work will be
found in the Supplement to the 33rd Ja-
- As I am informed his health continued
steadily to decline, until he died before
the close of the war - During my
knowledge of said Butler before the war,
I never knew or heard of his being
afflicted with any disease, until as I
said I saw him after the said battle
of Manassas - He had only one brother
one sister, and both are yet living in
fair health, & both are more than
sixty years of age.

Seen & Subscribed to } Richard H. Clark
before me this 18th
of April 1891

W. L. Kalthorn,
Ordinary.

State of Georgia }
Fulton County }

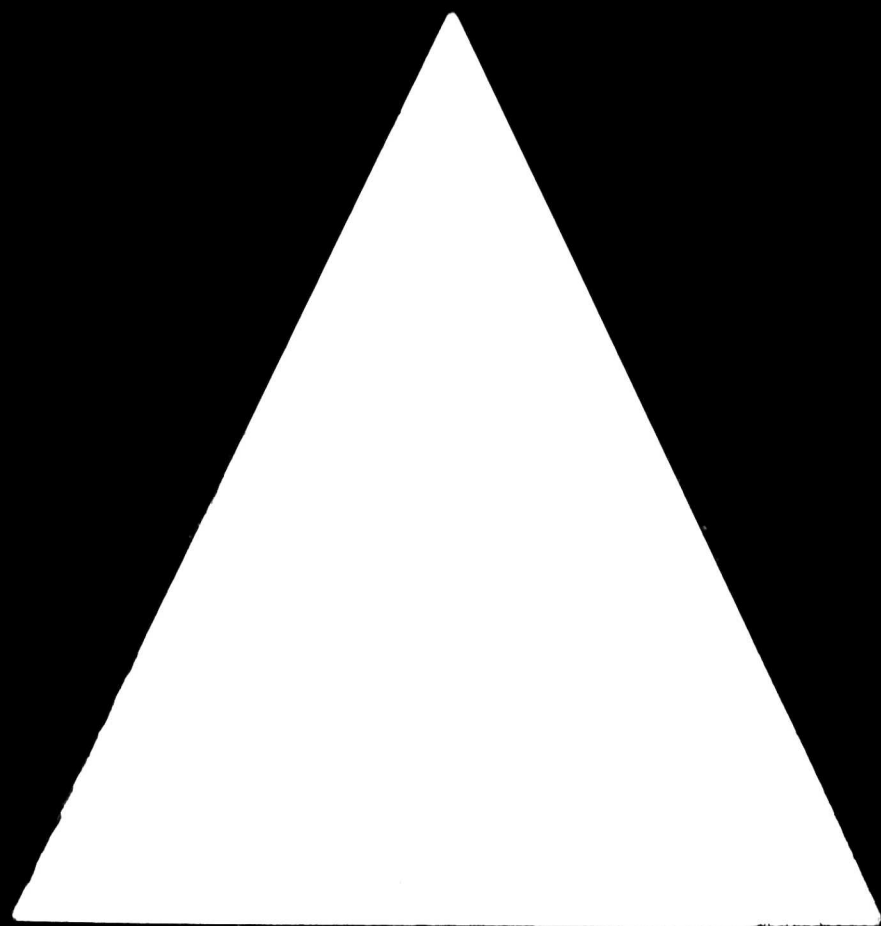
Before me personally
appeared Irvin Butler of said State
& County, who being duly sworn, deposes
that he is the Brother of Greenlee
Butler deceased - that there was a
few years difference in their ages
he, this deponent being the younger
& that they grew up together &
were both young men at the
beginning of the war -

Deponent further says, he never
knew nor heard of said Greenlee
having any chronic disease, or
other bad health of a permanent
nature, before he enlisted in
the Confederate Service - that on
his return from the Service his
health was impaired, & he continued to
decline ^{until} he died, which occurred before
the termination of the war.

Witness my hand before

me this 20th April 1891 - Irvin Butler
Jr. L. to a clerk

Greenlee



Power of Attorney.

STATE OF GEORGIA,

County, }

I, _____, hereby authorize

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

Witness my hand and seal, this _____ day of _____, 1900.

Executed in presence of _____ [L. S.]

INDIGENT PENSION,

1900.

1901

Name *W. J. Butler*
Co. *B. 30 - Ga*
County *Cobb*

Approved _____ 1900.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO _____

Geo. W. Harrison, State Printer, Atlanta.

9/9-1901

Butler W. J. Cobb
9-01
X

STATE OF GEORGIA,

COUNTY

COUNTY

as a witness in support of the application of M. G. Butler of said State and County, having been presented under Section 1234, Code, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:

- What is your name and where do you reside? 44 Lincoln Avenue
 1. Are you acquainted with W. H. Butler, the applicant; if so,
 how long have you known him? yes 38 years
 2. Where does he reside, and how long and since when has he been a resident of the State? He resides in Leeb's Ford, Va. I think he has resided so since 1862. I know
 3. When, where and to what company and regiment did he enlist, and how do you know? about 1862 Frederickburg Va. Co. B. 35. Reg. Caval.
 4. Were you a member of the same company and regiment? He was
 5. How long did he perform regular military duty? about three years
 6. When and where was his command surrendered? Appomattox C. N. Va
 7. Were you present when it surrendered? He was
 8. Was applicant present? He was
 9. If he was not present, where was he? Present
 When did he leave his command? Surrendered For what cause? Paroled
 10. By what authority, he left? Order of Gen. Grant How do you know all of this?
was present and knows personally
 11. What property, effects or income has the applicant? (Give your means of knowledge.) None
 12. What property, effects or income did the applicant possess in 1866, 1867, 1868 and 1869 and what disposition, if any, did he make of same? he had no property in 1866 1867 1868 1869
 13. Has he conveyed away any of his property in the last four years, if so, what was it, and to whom?
Heel War to Carry
 14. What is the applicant's occupation and physical condition? he was a farmer but being unable to work, he has been acting as a cooper to sell lumber
 15. Is the applicant unable to support himself by labor of any sort, if so, why? he is unable to make a support on account of old age & sickness
 16. How was he supported during the years 1866 and 1867? He did not know
 17. What portion of his support for these two years was derived from his own labor or income?
he did not know
 18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code? He is old and has a bad spell of sickness which has left him so weak and broken down that he is unable to work
 19. What interest have you in the recovery of a pension by this applicant? None

Sworn to and subscribed before me, this
the 4th day of Sept 1900

Ordinary.

Witness.

Then I certify that as to J. C. Morley, Ordinary. J. A. Lucas
 Sheriff, Rockdale County, Ga. Lucas was
 a citizen of that - the witness of Rockdale
 County, Ga. he is a resident of Rockdale
 County, and a person of trustworthy character
 and his statements are believed to be true
 and correct. Given under my hand and
 seal of office, this 10th day of May, 1894.

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA.

COUNTY _____

Personally came before me

and

of said County, who, being severally sworn, say on oath that they have examined carefully W. F. Butler, applicant for pension under Section 1254, Code, and after such personal examination say that his precise physical condition is as follows:

He is affected with Chronic bronchitis, and has frequent attacks of bronchial asthma. Has had several hemorrhages from lungs, and also from bowels.

They further say on oath that the physical condition of applicant renders him unable to labor at any work or calling sufficient to earn a support for himself, and that we have no interest in said pension being allowed.

Sworn to and subscribed before me, this the

5 The day of Sept. 1900

2. Ordinary

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA.

COUNTY

I, John A. Hickey, Ordinary in and for said County, hereby certify

that the applicant W. J. Butcher resides in said County, and has

been a bona fide resident of this State since the 1st day of Jan 1896.

and that the witnesses, viz: SA Malone SA L. R. Reynolds SA

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

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

I further certify that the tax digests of Cedar County show that applicant
returned for taxation in his name in 1899 no Dollars
of property, and in 1900 no Dollars of property.

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

Witness my hand and seal of office this 9th day of Sept., 1906.

OTM

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, W. J. Butler hereby authorize

John Butler of

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

at

by

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

W. J. Butler [L. S.]

Executed in presence of

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, W. J. Butler hereby authorize

John Butler of

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

at

by

Witness my hand and seal, this 15 day of January 1907.

W. J. Butler [L. S.]

Executed in presence of

(FOR THOSE ALREADY ENROLLED.)

No. 487

INDIGENT

SOLDIER'S PENSION
1902.

Name W. J. Butler

County Cobb

Co. B Regiment 35

WARRANT ISSUED

1/16 1902.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Asby
Chas. W. Lindsey, State Printer, Atlanta.

no data

Butler, W. J.,

Cobb Co.,

(FOR THOSE ALREADY ENROLLED.)

No. 576

INDIGENT

SOLDIER'S PENSION
1907.

Name W. J. Butler

County Cobb

Co. B Regiment 35th

Geo. Vols.

WARRANT ISSUED

JAN 21 1907.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Chas. W. Lindsey, State Printer, Atlanta.

no data

STATE OF GEORGIA

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cobb County.

Personally appears W. J. Butler 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 5 day of Jan 1884; that he is 68 years old and by occupation a laborer 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 4 yrs. in Company B, of 35th Regiment of Pa. Vols; that his physical condition is as follows: On account of age infirmity and poverty he is unable to support himself

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 1902. I have heretofore as a resident of Cobb county been allowed pension for the year 1902.

Sworn to and subscribed before me, this the 6 day of Jan 1902.

W. J. Butler

John A. Smith

Ordinary.

STATE OF GEORGIA,

Cobb County.

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

Given under my official signature and seal, this 6th

day of Jan 1902.

Ordinary

County.

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,

Cobb County.

Personally appears W. J. Butler 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 _____ day of _____ 18____; that he is _____ years old and by occupation a _____, 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 _____ in Company B, of 35th Regiment of Pa. Vols; that his physical condition is as follows: Age & infirmity

that his property consists of the following items:

of the value of _____ Dollars. 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 1907. I have heretofore, as a resident of Cobb County, been allowed a pension for the year 1906.

Sworn to and subscribed before me, this the 15 day of Jan 1907.

W. J. Butler

John A. Smith

Ordinary.

State of Georgia,

Cobb County.

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

Given under my official signature and seal this 15

day of Jan 1907.

Ordinary

County.

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

1891.

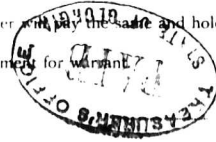
No. 1127

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT. }

Atlanta, Ga. Feb 18 1891.

Mr. *J M Brown* of the County
of *Cobb* 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
Arm dis
He is entitled to receive the sum of *Fifty* Dollars
for such disability, the same being the allowance due for the year ending October 24, 1891.

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



H. J. McIntosh
GOVERNOR.

By the Governor,
W. H. Harrison
SECY EXECUTIVE DEPARTMENT.

\$ 50

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

Fifty & 00/100 Dollars,
per above voucher, this *18* of *Feb* 1891.

J. W. Brown

POWER OF ATTORNEY.

STATE OF GEORGIA,

Colch County.

hereby authorize

of

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

at

by

Witness my hand and seal, this 2 day of Jan 1903.

[L. S.]

Executed in presence of

POWER OF ATTORNEY.

STATE OF GEORGIA,

Colch County.

hereby authorize

of

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

at

by

Witness my hand and seal, this 1st day of January 1904.

[L. S.]

Executed in presence of

Butler, W. F.
Colch County

CODE SECTION 1284.

(FOR THOSE ALREADY ENROLLED.)

No. 436

INDIGENT

SOLDIER'S PENSION
1903.

Name W. F. Butler

County Colch

Co. B Regiment 35

WARRANT ISSUED

123 1903.

JOHN W. LINDSEY,

Commissioner of Penalties.

WARRANT HANDED TO

Ady

Geo. W. Harrison, State Printer, Atlanta.

No data

Butler, W. F.
Colch Co

CODE SECTION 1284.

(FOR THOSE ALREADY ENROLLED.)

No. 706

INDIGENT

SOLDIER'S PENSION
1904.

Name W. F. Butler

County Colch

Co. B 35th Regiment Colch

WARRANT ISSUED

123 1904.

JOHN W. LINDSEY,

Commissioner of Penalties.

WARRANT HANDED TO

Ady

Geo. W. Harrison, State Printer, Atlanta.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cobb County.

Personally appears W. J. Butler 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 1st day of Jan. 1894; that he is 69 years old and by occupation a farmer, that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served for the term of 4 years in Company B, of 34th Regiment of Georgia Volunteers; that his physical condition is as follows: owing to age infirmity and poverty

that his property consists of the following items:

Nothing

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

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1903. I have heretofore as a resident of Cobb county been allowed a pension for the year 1902

Sworn to and subscribed before me, this the 2 day of Jan. 1903.

W. J. Butler Ordinary.

STATE OF GEORGIA,

Cobb County.

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

Given under my official signature and seal, this 2 day of Jan. 1903.

John D. Harty Ordinary.

Cobb County.

NOTE.—The blank spaces must be filled.
NOTE.—Affidavit should not be attested before January 1st, 1903.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cobb County.

Personally appears W. J. Butler 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 1st day of Jan. 1894; that he is 69 years old and by occupation a farmer, that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served for the term of 4 years in Company B, of 34th Regiment of Georgia Volunteers; that his physical condition is as follows: owing to age infirmity and poverty

that his property consists of the following items:

Nothing

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

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

Sworn to and subscribed before me, this the 1st day of January 1904.

W. J. Butler Ordinary.

STATE OF GEORGIA,

Cobb County.

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

Given under my official signature and seal, this 1st day of January 1904.

John D. Harty Ordinary.

Cobb County.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb COUNTY.

I, W. J. Butler hereby authorize
John Lindsey of _____
to receive and receipt for the pension allowed, and request that he remit same to
_____ at _____
hy _____

WITNESS my hand and seal, this 6th day of January 1905.

[L. S.]

Executed in the presence of

J. M. S. S. S.

W. J. Butler

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb COUNTY.

I, W. J. Butler hereby authorize
John Lindsey of _____
to receive and receipt for the pension allowed, and request that he remit same to
_____ at _____
by _____

WITNESS my hand and seal, this _____ day of January 1906.

[L. S.]

Executed in the presence of

J. M. S. S. S.

Butler, W. J.
Cobb Co.

(FOR THOSE ALREADY ENROLLED.)

No. 687

INDIGENT

SOLDIER'S PENSION
1905.

Name W. J. Butler

County Cobb

Co. B Regiment 35

WARRANT ISSUED

JAN 23

1905.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

CHAS. W. HARRISON, CLERK, FOR STATE PRINTER, ATLANTA.

no data

Butler, W. J.
Cobb County

(FOR THOSE ALREADY ENROLLED.)

No. 687

INDIGENT

SOLDIER'S PENSION
1906.

Name W. J. Butler

County Cobb

Co. A. 25th Regiment 2nd

Regt.

WARRANT ISSUED

1122

1906.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Cobb

CHAS. W. HARRISON, CLERK, FOR STATE PRINTER, ATLANTA.

no data

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cobb County.

Personally appears *W J Butler* 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 _____ day of _____ 1834; that he is 71 years old and by occupation a *farmer*, 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 4 years in Company B, of 21 Th Regiment of *Byvals*; that his physical condition is as follows: *poverty Age infirmity and*

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

of the value of _____ Dollars. 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 1905. I have heretofore as a resident of *Cobb* County been allowed a pension for the year 1904.

Sworn to and subscribed before me, this the _____ day of *January* 1905, *W J Butler* Ordinary.

STATE OF GEORGIA,

Cobb County.

I, *John H. H. H. H.* Ordinary of said County, do certify that I am well acquainted with *W J Butler* 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* 1905.

Ordinary *Cobb* County.

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,

Cobb County.

Personally appears *W J Butler* 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 _____ day of _____ 18____; that he is _____ years old and by occupation a _____, 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 _____ in Company B, of 35 Th Regiment of *Sols*; that his physical condition is as follows: *Infirmit' & poverty*

that his property consists of the following items: _____

of the value of _____ Dollars. 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 *Cobb* County, been allowed a pension for the year 1905.

Sworn to and subscribed before me, this the _____ day of *January* 1906, *W J Butler* Ordinary.

State of Georgia,

Cobb 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 _____ 1906.

Ordinary _____ County.

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

DR. H. V. REYNOLDS,
OFFICE SOUTH-WEST CORNER OF PUBLIC SQUARE,
RESIDENCE POWDER SPRINGS ST.
MARIETTA, GEORGIA.
TELEPHONE NO. 17

Marietta, Ga., Sept 5th 1901

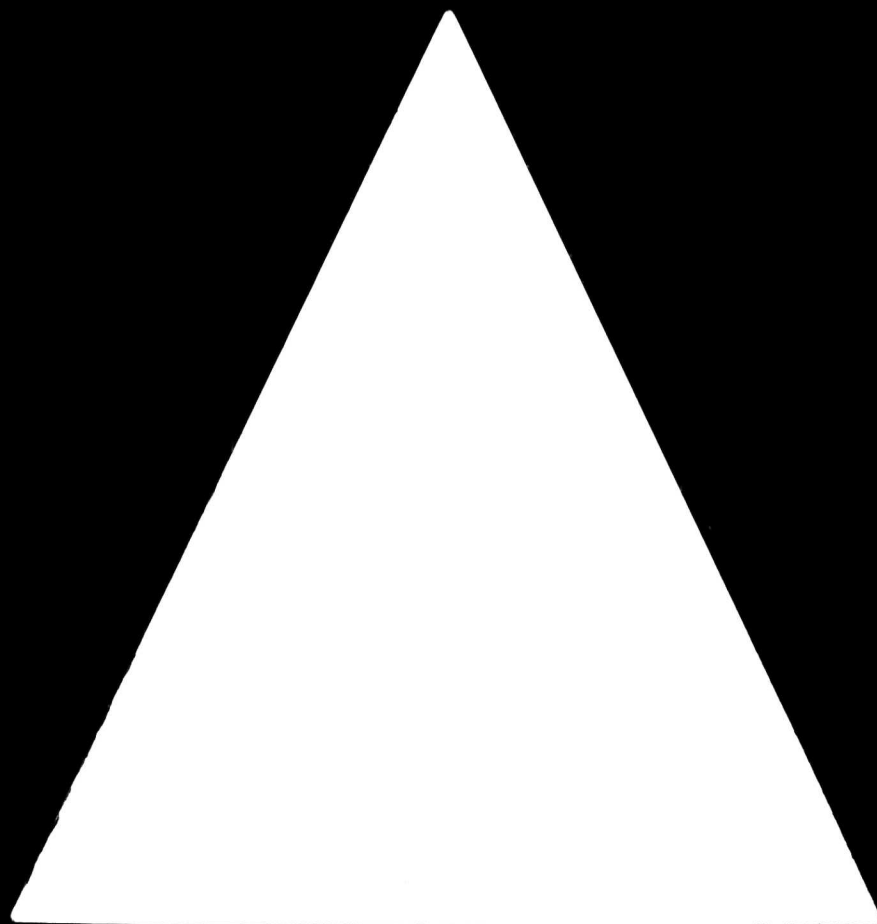
This is to state that I the undersigned
attended Mr W. J. Butler about
2 years ago for sub-acute tonsillitis
— also prior to that time, for
injuries sustained in the manage-
ment of a refractory horse.

I regard Mr Butler as being
in a precarious state of health
besides being a worthy and well
meaning citizen.

H. V. Reynolds M.D.

Sworn to and
Subscribed before me
This Sept 5th, 1901.

John A. Whyte,
Notary



Ordinary's Certificate

STATE OF GEORGIA

COUNTY }
Cobb

I, John H. Harris Ordinary of said County, do certify that I know Wm. Mildred Owen Ruthe the applicant for pension. She

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

the witness who swears to the service of husband; that 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 20 day of Oct 1910

(SEAL)

John H. Harris Ordinary,
County.

NOTES:

1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the truth. So help you God."
2. Affidavits made by persons who are not residents of this State are inadmissible.
3. Only widows who married prior to January 1st, 1881, are entitled.
4. All affidavits must be made before the Ordinary of the residence of the person to be sworn and certified by such Ordinary.
5. Affidavits are not valid unless signed by the Ordinary.
6. Affidavits are not valid unless signed by the Ordinary of the residence of the person to be sworn and certified by such Ordinary.

Widow's Pension

Under Act 1910—as Amended by Act of 1919.

County Cobb
Name Wm. Mildred Owen Ruthe
Widow of James B. Ruthe
Company Co. 1st Regt.
Regiment 32d Sa. Vol. Infantry
Approved: _____

ENTERED ROSTER OFFICE

J. W. LINDSEY,
Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

10-30-1910

Georgia, November 10, 1910.
I, J. W. Lindsey, Commissioner of Pensions, do certify that James B. Ruthe, deceased, was a member of the 32d Sa. Vol. Infantry and was killed in action at Smith's Creek, Georgia, November 10, 1910.
J. W. Lindsey,
Commissioner of Pensions.

Ordinary's Certificate

STATE OF GEORGIA,

Cobb COUNTY.

I, John M. Gump Ordinary of said County, do certify that I know Mrs Mildred Owen Butts the applicant for pension. She is the person she represents herself to be and she is a bona fide continuing resident citizen of said County and was on the 4th November 1908, that I also know _____ the witness who swears to the service of husband; that 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 20 day of Oct 1919

SEAL)

Ordinary,

Cobb County

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

Widow's Pension

Under Act 1910-as Amended by Act of 1919.

County

Name

Widow of

Company

Regiment

Approved

ENTERED ROSTER OFFICE

J. W. LINDSEY,

Commissioner of Pensions.

Burd Printing Co., State Printer, Atlanta.

10-30-1919

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

Questions for Applicant

STATE OF GEORGIA,

Cobb COUNTY.

Personally before me comes Mrs Mildred Owen Butts 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:

- What is your name, and where do you reside? Mildred Owen Butts, Marietta Ga
- How long and since when have you been a continuing resident of the State of Georgia? All my life 73 yrs
- When, where and to whom were you married? 1908 Nov 26. Sallist Co. Ga. Jesse Butts
- Have you married since the death of first and soldier husband? No
- When, where and in what Company and Regiment did your husband enlist as a soldier in Confederate Army or Georgia Militia? (State the arms and class of Service) April 1863 Upson Co. Ga. in Co. I 32nd Regiment Ga. Vol. Infantry
- When and where did the commands of your husband surrender or discharge from the army? April 26 1865, Cumberland H. C.
- Was your husband personally present at the time of the surrender or discharge of this command? Yes
- If he was not present state clearly where he was? He was present
- Where was his command when he left? April 1865
 - For what cause did he leave his command? Not ended
 - By whose authority did he leave his command? ---
 - For how long was he granted leave of absence? ---
 - What was his physical condition when he left his command? ---
 - What effort did he make to return to his command? ---
 - In what way was he prevented from going back to Command? ---
 - Was he captured by the enemy at any time? No
 - If so, when and where captured and where held as a prisoner, and when and for what cause released? ---
- When and where did your first husband die? March 12-1908. Birmingham Ga
- Were you residing together when he died? Yes
- If not, how long had you resided apart? ---
- Are you now a widow? Yes
- Have you or your husband heretofore been paid a pension by the State? No

Sworn to and subscribed before me this the

20 day of October 1919
J. M. Gump Ordinary
at Cobb County.

(SEAL)

Butts, Mildred Owen
10-30-1919
No. 10000

Georgia Marietta Ga.
I, M. J. O'Neal Ordinary of said Co.
Certify that John M. Gump W. G. Abernethy
who is truthful and trust worthy and all
his statements are entitled to full
faith & credit. Given under
my hand & seal
Oct 11-1919
M. J. O'Neal Ordinary
Marietta Ga

Questions for Witnesses as to Service of Husband and Marriage

STATE OF GEORGIA

Meriwether COUNTY

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

1. What is your name and where do you reside? W.A. Abernethy
Bullshuffle Meriwether County, Ga.
2. How long and since when have you known the husband applicant?
About 29 years, since 1860
3. How long and since when has she continuously resided in this State? (Give date.) 29 years
since 1860
4. When and to whom was she married? March 1860 How do you know? I know her
5. How long and since when did you know Jesse Bullen Butts her husband? Since 1860, 59 years.
6. When and where did Jesse Bullen Butts the husband of applicant, die? Oct. 13 - 1908 Bullshuffle Ga.
7. Were the applicant and her husband living together as husband and wife at the date of his death? Yes.
8. If not, how long did they live apart before his death? Yes.
9. When, where and in what Company and Regiment did Jesse Bullen Butts enlist? April 1863 1st Regt. Co. 40, Co. 12 32nd Ga. Reg. in Vol
10. Were you a member of the same Company? Yes
11. How long within your personal knowledge did he perform actual military service with his Company and Regiment? Two years
12. When and where did his Command surrender, and was discharged? April 1865 Bullshuffle Ga.
13. Were you personally present when it was surrendered? Yes! If not, where were you Yes and how came you there? Yes
14. Was the husband of applicant personally present at surrender? Yes If not where was he? Yes When, where and for what cause did he leave Command? (Give date.) Yes By whose authority did he leave his Command? Yes And how long was he granted leave? 2 years with leave in same Co. How do you know all this? Yes
15. For what cause, if you know of your own knowledge, was he prevented from returning to his Command? Yes
16. What effort did he make to return to his Command and how do you know this? Of your own knowledge or how? Yes

Sworn to and subscribed before me this the

11th day of Oct. 1908

W.A. Abernethy Ordinary

of Meriwether County.

(SEAL)

The State of Georgia, Talbot County.

To and Judge, Justice of the Superior Court, Justice of the Peace, or Minister of the Gospel:

You are hereby authorized to join Jesse B. Butts and Mildred O. Burt in the Holy State of Matrimony, 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. 1898

Albert W. Bethune, Ordinary.

State of Georgia, Talbot County.

I hereby certify that Jesse B. Butts and Miss Mildred O. Burt were duly joined in Matrimony, by me, this 26th day of Nov. 1898.

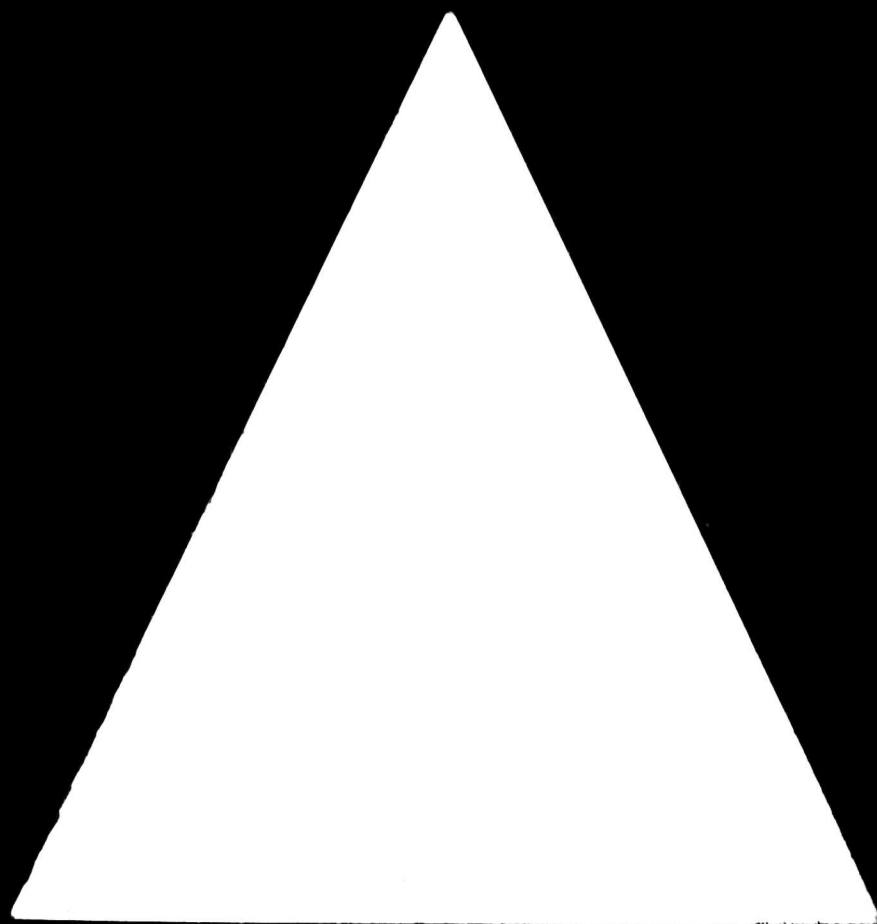
S. D. Clements, M. C.

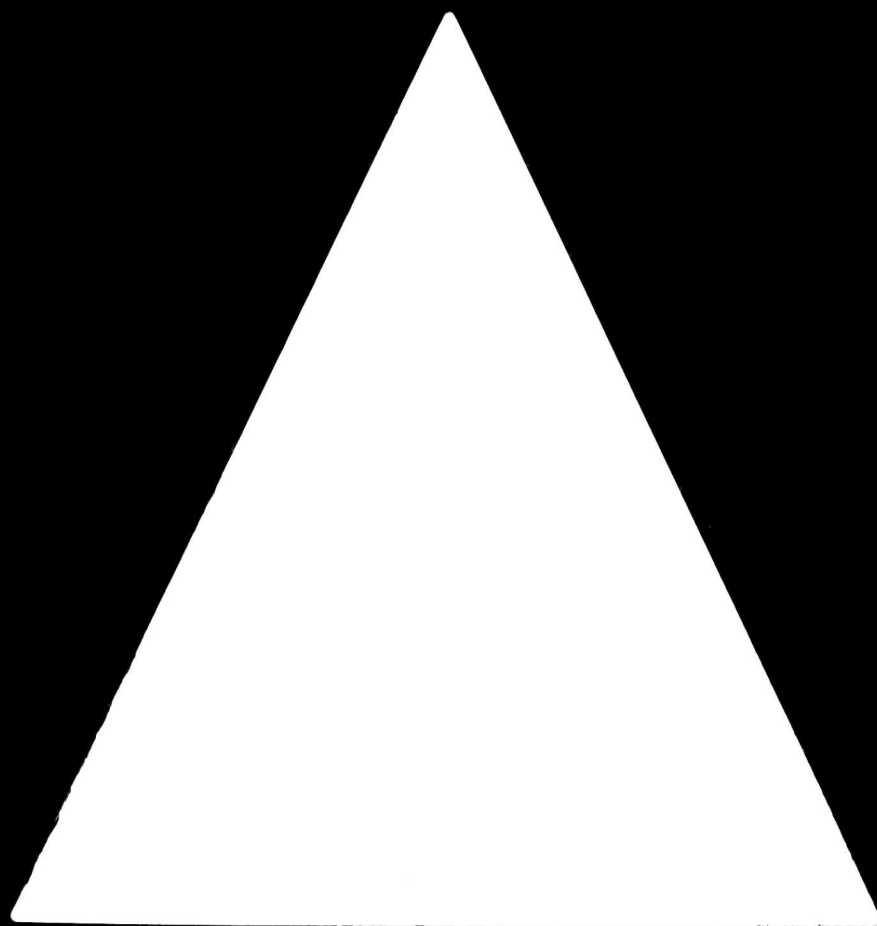
Georgia, Talbot county.

I, J. S. Smith, ordinary and ex officio 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 O. Burt as shown on page 155 of the marriage records from 1867 to 1870, in my office.

This October 17th, 1919.

J. A. Smith
Ordinary, Talbot County, Georgia.





Butts, Thomas E.
379
Butts, Thomas E.
Col. Co.

No. *664*

Application for Allowance

FOR

Left Arm disabled

Applicant *Thos E Butts*

County *Colt Co*

Amount *\$5*

Date of Warrant *Jan 31/88*

Entered on Record,

Jan 31 188*8*
M H H

Secretary Executive Department.

STATE OF GEORGIA,
Cobb County

enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served as a private in Company "D", of the 41st Regiment of Georgia Volunteers Stovall's Brigade; that whilst engaged in such military service, at the battle of New Hope the State of Georgia on the 10th day of June 1864, he was wounded as follows: He was shot through the thigh and arm

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.

24th day of January 1888

46 46 46 can in the English

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

San Diego County

Sworn to and subscribed before me, this 25th day of January 1888

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:

Application for Allowance

No. 664

Beasts, Thompson & Co.
Golda

Butts, Thomas E.

FOR

Dein immer treuer

Applicant Mr. J. J. J. J.

County: **Wash**

Amount

Date of Warrant May 31/88

Entered on Record,

1881
May 27

Secretary Executive Department.

STATE OF GEORGIA,

1888

PERSONALLY came

citizens of

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

and, know ~~him~~ 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 Cobb 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 Jan 1888

M. B. Hammett Clerk
at 39-2-21 6.10
1888 - Cobb County

J. H. Howell
M. B. Hammett
W. G. Knight

STATE OF GEORGIA,

1888

County,

PERSONALLY comes before me

Dr. A. A. Groves

H. M. Hammett

E. J. Selge

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 Thos. E. Butts and after such examination say that the

applicant has been injured as follows He was shot through the shoulder

and through the arm below the elbow, the arm

is stiff and by reason of the wound is rendered

substantially and essentially useless and the applicant

is rendered practically unable to perform manual labor.

Sworn to and subscribed before me, this

24 day of Jan 1888

H. M. Hammett

ORDINARY

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

STATE OF GEORGIA,

1888

County.

I, H. M. Hammett

Ordinary of said county,

do certify that I am well acquainted with Thos. E. Butts the

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

affidavit are true, and I know he is the individual he represents himself to be, and that he resides in

this county. I also certify that the foregoing witness are persons of respectability and that their
statements are worthy of full credit and belief.

I further certify that I saw the same before whom the foregoing

affidavits were made and power of attorney was signed, and that H. M. Hammett began when

of said county, and that the said affidavits and signatures thereto are genuine.

Given under my official signature and seal, this 24th day of Jan 1888.

H. M. Hammett
Ordinary Cobb County.

POWER OF ATTORNEY

STATE OF GEORGIA

County,

Know all men by these presents, That I

of Thos. E. Butts

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 Confed-

erate States (or of this State), as stated in the foregoing affidavit. Hereby authorizing my said

attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of

money which may be coming to me for the reason aforesaid.

In witness whereof I have hereunto set my hand and seal, this

day of Jan, 1888

Executed in the presence of us:

[L. S.]

Butts, Thomas E.

Cobb Co

July 21.

APPLICATION FOR ALLOWANCE

FOR YEAR ENDING OCTOBER 26, 1889.

FINE

Thos. E. Butts

Applicant, Thos. E. Butts

County Cobb

Amount \$50.

Date of Warrant July 24

Entered on record

July 27 1889

W. M. H.

SECRETARY EXECUTIVE DEPARTMENT.

Additional date

R. C. Morris

STATE OF GEORGIA,

Cobb County

PERSONALLY appears Thos. E. Butts 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 been such continually since the 22nd day of November 1833 that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company I, of 4th Regiment of Ga. Volunteers, Stravens's Brigade; that whilst engaged in such military service, at the battle of New Hope Church in the State of Ga. on the 26th day of June 1864 he was wounded as follows:

By gunshot passing through the left arm just below elbow, bursting & fracturing the bones of said arm, and cutting the muscles & ligaments, causing the arm to remain very and soon stiff, thereby rendering said arm substantially and essentially useless.

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

26th day of July, 1889

Thos. E. Butts

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

STATE OF GEORGIA,

Cobb County

PERSONALLY comes before me W. W. Baker and E. J. Dyer, Ordinary of said county, as reputable physicians of said county, who, being severally sworn, say on oath that they have carefully examined Thos. E. Butts and after such examination say that the applicant has been injured as follows:

By gunshot passing through the left arm just below elbow, bursting & fracturing the bones of said arm, and cutting the muscles & ligaments, causing the arm to remain very and soon stiff, thereby rendering said arm substantially and essentially useless.

Sworn to and subscribed before me, this

26th day of July, 1889

W. W. Baker M.D.
E. J. Dyer M.D.

ORDINARY.

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

STATE OF GEORGIA,

I, *Cobb* *Jul. Stoner* County, Ordinary of said county, do certify that I am well acquainted with *Thos. E. Butts* the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and that he is disabled to the extent he claims, and I know he is the individual he represents himself to be, and that he resides in this county. I also certify that the foregoing witnesses, to-wit:

are persons of respectability, and that their statements are worthy of full credit and belief.

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

of said county, and the said affidavits and signatures thereto are genuine.
Given under my official signature and seal, this *26* day of *July*, 188*9*

Ordinary *Cobb* 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 *Marquette*

Thos. E. Butts
Cobb
R. C. Brown

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 *26*.

day of *July*

1889
Thos. E. Butts (L. S.)
Frank

Executed in the presence of us:

Wm. A. M. G. L.
Comptroller

DIRECTION:

Send money to me as follows, by

to

County, Georgia.

P. O.

NOTES.

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

Audited Feb. 27 1889.
Wm. R. Mighl
COMPTROLLER-GENERAL.

Cobb

Maimed Soldiers.

Voucher No. 421

Amount \$ 00.

Paid to Thos. E. Potts

For Left arm

Wounded

July 2-7 1889.

Included in Warrant No.

issued to Treasurer.

1889.

WARRANT CLERK

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

R. C. Brown

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.

No. 921.

Atlanta, Ga. Feby 27 1889.

Mr. Thomas E. Dulle of the County

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

Eight hundred and eighty dollars. He is entitled to receive the sum of Eighty & 00/100 Dollars for such disability, the same being the allowance due for the year ending October 24, 1889.

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

J. B. Gordon
GOVERNOR.

By the Governor

W. H. Harrison

CLERK EXECUTIVE DEPARTMENT.

50.

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

Eighty - 00/100

per above voucher, this

27 of Feby

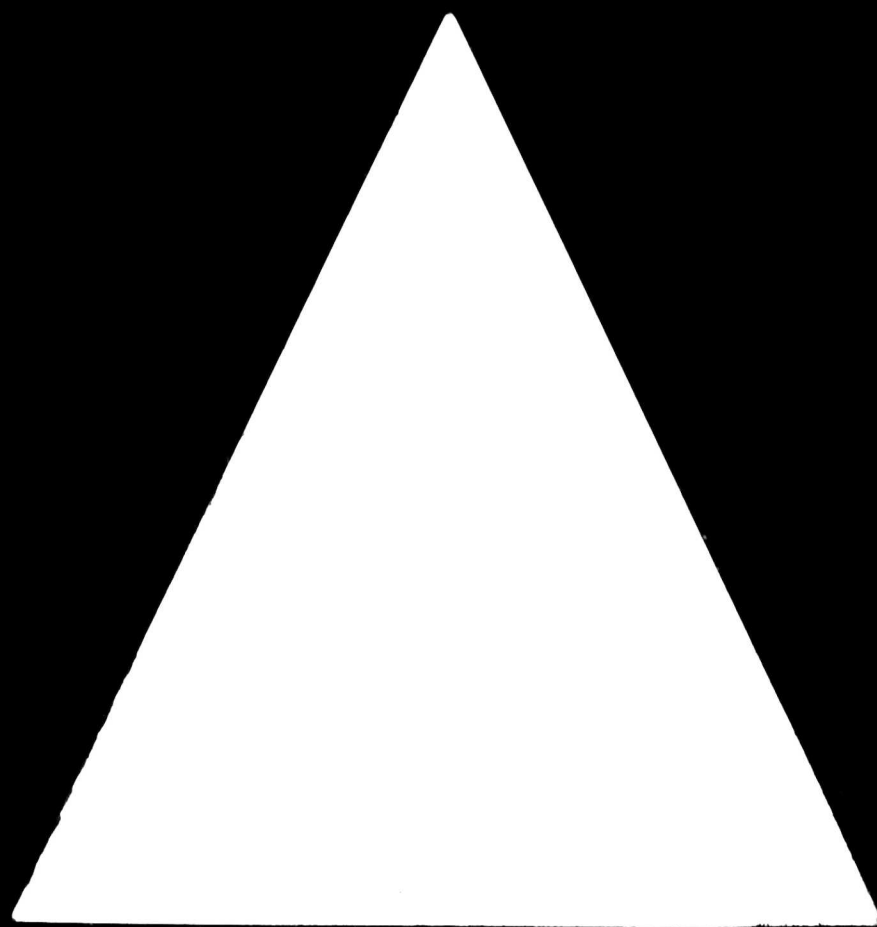
Dollars.

1889.

Test.

R. C. Irwin

Thos E. Dulle
Mark



**Confederate
Soldier's Application.**

WEEK ACT 1810.

[Handwritten signatures and text follow, including names like "E. D. Boyd" and "J. M. Smith" and dates like "1864".]

Question for Applicants to Answer.

STATE OF GEORGIA.

Emory S. D. Byrd of said State and County, hereby applies for the pension provided by Act 1910, to Confederate Soldiers, and submits the sworn statement, with his signature to make the same, and after being duly sworn the answers to make to the questions presented, answered as follows, to wit:

1. What is your name and where do you reside? (Give County and Post Office)
Emory S. D. Byrd, Farmington, South County

2. How long and since when have you been a continuous resident citizen of this State?
All my life for 68 years

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

4. When and where, and in what Company and Regiment did you enlist? (Give the arm and class of Service)
March 11, 1862, Athens, Ga. Co. B, 9th Battalion of Infantry

5. How long did you remain in the actual Military Service with said Company and Regiment?
(Give date of discharge) *3 years, 5 months, April 9, 1865*

6. When and where, in your Company and Regiment, surrendered or discharged from the Service?
April 9, 1865, at Appomattox Court House, Va.

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

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

a. Where was your Command when you left it?
Appomattox Court House

b. When did you leave the Command?
I left it at Appomattox April 9, 1865

c. For what cause did you leave?
For the cause of the Confederacy

d. By whose authority did you leave?
By the authority of the Confederate Government

e. For how long was your leave granted? In what way?
None

f. Why did you not return to your Command after leave expired?
None

g. In what way were you prevented?
None

h. What effort did you make to return?
None

i. Were you captured during the war?
No

j. If so, when, and where? In what prison were you held and when were you released?
None

9. What property of every description was owned, in the use, possession and control of yourself and wife, and its cash value on the 4. Nov. 1908? (Make list by items and value.)
None

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

11. What property of any description of any kind, and of any value now owned and in the use, possession and control of yourself and wife and its cash value? (Make itemized list).
None

12. What annual or monthly income or earnings of yourself and wife and the source derived have you?
None except what I receive as a farmer every little

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

14. Have you ever applied for the Georgia Pension and had it refused? and for what cause it was not allowed?
No

15. Have you ever applied for the Georgia Pension and had it refused? and for what cause it was not allowed?
No

16. Have you ever applied for the Georgia Pension and had it refused? and for what cause it was not allowed?
No

17. Have you ever applied for the Georgia Pension and had it refused? and for what cause it was not allowed?
No

18. Have you ever applied for the Georgia Pension and had it refused? and for what cause it was not allowed?
No

19. Have you ever applied for the Georgia Pension and had it refused? and for what cause it was not allowed?
No

20. Have you ever applied for the Georgia Pension and had it refused? and for what cause it was not allowed?
No

PRINTED ROSTER OFFICE

J. W. LINDSEY

Approved

Emory S. D. Byrd

Witness

Wm. B. Byrd

County

South

State

Georgia

Post Office

Farmington

County

South

State

Georgia

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QUESTIONS FOR WITNESS AS TO SERVICE

STATE OF GEORGIA

Fulton County.

Daniel Cagle & J.C. Williams who live and County is being presented as a witness in support of the application of E. J. Boyd for the pension provided by the Act of 1910, in said State, and after being sworn true answers to make to the questions propounded answers as follows:

1. What is your name and where do you reside? Daniel Cagle & J.C. Williams
2. How long and since when have you known E. J. Boyd the applicant? Over 50 years or since 1865
3. Where does he now reside, and since when has he been a bona fide continuing resident in this State and how do you know? Cobb County, Ga. I saw him there over 50 years.
4. When, where and in what Company and Regiment did E. J. Boyd enlist during war from 1861 to 1865? (Give date and place). 1862 Cobb County, Ga. 9th Inf. Art.
5. How did you obtain your information of this Service? He was with me in same Co. and Regiment.
6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (give date). About 3 years & 8 days from March 1862 to April 9th 1865
7. When and where was his Command surrendered or discharged (give date and place). Appomattox Virginia April 9th 1865
8. Were you personally present at the Surrender? Yes
9. If not, where were you and how came you there? We were present.
10. Was the applicant personally present with his Command at surrender? Yes
11. If not where was he and how came him there? He was there.
12. When did he leave his Command? April 9th 1865 Where was his Command when he left it? Appomattox Va. for what cause did he leave? Surrender of army By whose authority did he leave? General Lee and how long was he granted leave? None How do you know all that you have stated to be true? If of your own knowledge (Tell clearly and specifically).
13. In what way was he prevented from returning to his Command? Surrender of army How do you know?
14. What effort did he make to return to his Command and how do you know? None
15. Was applicant captured as a prisoner? No If so, when and where? None In what prison was he held? None and when released?

Sworn to and subscribed before me, this the

Matthew M. Anderson 1910 } J.C. Williams
Ordinary } Daniel Cagle
of Fulton County.

AFFIDAVIT OF TWO FREEHOLDERS.

STATE OF GEORGIA.

Fulton County.

Personally before me comes Daniel Cagle & J.C. Williams who on oath says that they are free holders residing in said County and we know E. J. Boyd the applicant for pension and we know the property that is now in the use, possession and control of himself and wife and of its cash value to wit: (Make List by items and value.)

No property (we live about four or five miles from applicant)

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

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA.

Fulton County.

Matthew M. Anderson Ordinary of said County, certify that I

have examined the foregoing application and the witnesses swearing to service and the same being true and correct, and that they are all residents of said County and were duly sworn by me before signing the foregoing affidavit, they are all truthful and trustworthy and their statements are entitled to full faith and credit. That Tax for 1908 \$ None for 1909 \$ None for 1910 \$ None

Sworn under my hand and official seal of this Ordinary of Fulton County.

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

AFFIDAVIT OF TWO FREEHOLDERS

STATE OF GEORGIA

Cuth County

Personally before me came L M Simpson & R B Simpson who on oath says that they are freeholders residing in said County and we know E S D Boyd the applicant for pension and we know the property that is now in the use, possession and control of himself and wife and of its cash value to wit: (Make list by items and value) Life 1000 00
Hammond 10 00 Hammond 10 00

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

2. When and to whom was it sold or given to? None

3. What was the price paid or stated to be paid? None

4. What relation is the party to applicant? None

5. What disposition was made of the proceeds of the sale? None

6. Was the disposition of this property made in good faith and full value? None

or was it made to obtain a pension? None

Sworn to and subscribed before me, this the

13 day of Jan 1911

J M Gann Ordinary

of Cuth County

ORDINARY'S CERTIFICATE

STATE OF GEORGIA

Cuth County

I, J M Gann Ordinary of said County, certify that I know the applicant E S D Boyd for Pension is the person he represents himself to be and resides in said County. That I also know

L M Simpson & R B Simpson the witness swearing to the

service and L M Simpson & R B Simpson who are freeholders, that

they are all residents of said County and were duly sworn by me before signing the foregoing affidavit and

they are all truthful and trustworthy and their statements are entitled to full faith and credit. That the

Tax Returns of Cuth shows that

and wife

value for tax is in 1908 120 00 for 1909 120 00 for 1910 120 00

Sworn to and subscribed before me, this 13 day of Jan 1911

J M Gann Ordinary

of Cuth County

NOTES: Before any questions are returned the Ordinary shall swear Applicant and all witnesses in the following words: "You do solemnly swear that you will true answers make to such questions asked you and the witness you shall give shall in the words truth be so help you."
2. All statements may be examined if such cause be made.
3. All statements shall be made in the presence of the Ordinary.
4. If applicant has no property at all in the community, he or either of said and wife, holders of freeholders unnecessary.



STATE OF GEORGIA,

Cobb County.

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

are persons of respectability, and that their statements are worthy of full credit and belief.

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

of said county, and the said affidavits and signatures thereto are genuine.
Given under my official signature and seal, this *4* day of *March* 188*9*
J. M. Brown
Ordinary County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.

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

In witness whereof I have hereunto set my hand and seal, this *4* day of *March* 188*9*.
J. M. Brown (I. S.)
Executed in the presence of us:

J. M. Brown

DIRECTION:

Send money to me as follows, by

to

County, Georgia.

P. O.

NOTES.

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

Ordinary's Certificate

STATE OF GEORGIA,

Cobb COUNTY.

I, J. M. Garris Ordinary of said County, do certify that I know Mallie J. Brown the applicant for pension. She is the person she represents herself to be and she is a bona fide continuing resident citizen of said County and was on the 4th November 1908; that I also know W. H. Winkler & B. N. Gray 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 29 day of Oct 1919

(SEAL)

J. M. Garris Ordinary,
Cobb County.

NOTES: 1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the truth. So help you God." 2. Additional affidavits may be attached if blank spaces are insufficient. 3. Only widows who married prior to January 1st, 1891, are entitled. 4. All affidavits must be made before the Ordinary of the residence of the person to be sworn and certified by such Ordinary. 5. Attach certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.

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

Questions for Applicant

STATE OF GEORGIA,

Cobb COUNTY.

Personally before me comes Mallie J. Brown 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? Mallie J. Brown Winkler Co
2. How long and since when have you been a continuing resident of the State of Georgia? All my life
3. When, where and to whom were you married? Nov. 13, 1883, Cobb County, Winkler J. Brown
4. Have you married since the death of first and soldier husband? No
5. When, where and in what Company and Regiment did your husband enlist as a soldier in Confederate Army or Georgia Militia? (State the arms and class of Service.) Full 1863, Co. G 2nd Ga Reserves
6. When and where did the commands of your husband surrender or discharge from the army? May 1, 1864, States Arms at Atlanta, Ga. Prisoner of War
7. Was your husband personally present at the time of the surrender or discharge of this command? Yes

8. If he was not present state clearly where he was? He was present
9. Where was his command when he left? Wm. Oliver
10. For what cause did he leave his command? Wm. Oliver
11. By whose authority did he leave his command? Wm. Oliver
12. For how long was he granted leave of absence? Wm. Oliver
13. What was his physical condition when he left his command? Wm. Oliver
14. What effort did he make to return to his command? Wm. Oliver
15. In what way was he prevented from going back to Command? Wm. Oliver
16. Was he captured by the enemy at any time? Wm. Oliver
17. If so, when and where captured and where held as a prisoner, and when and for what cause released? Wm. Oliver
18. When and where did your first husband die? Cobb Co. Ga
19. Were you residing together when he died? Yes
20. If not, how long had you resided apart? Yes
21. Are you now a widow? Yes
22. Have you or your husband heretofore been paid a pension by the State? Yes

If so, when and for what cause were you or your husband placed on the roll? As I was drawing my pension at time of his death

Sworn to and subscribed before me this the

24 day of Oct 1919 Mallie J. Brown Ordinary,
Cobb County.

(SEAL)

Widow's Pension

Under Act 1910 - as Amended by Act of 1919.

No. 1935
County Cobb
Name Mallie J. Brown
Widow of W. H. Winkler
Company 2nd Ga Reserves
Regiment 2nd Ga Reserves
Approved E. R. O.
Date 1935

Not on rolls from Apr. 26, 64 to Feb. 28, 65 (M.R.)

Questions for Witnesses as to Service of Husband and Marriage

STATE OF GEORGIA.

Cobb COUNTY }
Personally before me comes Wm W Windrock & J W Frey,
being duly sworn, true answers to make to the following questions, answers as follows:

1. What is your name and where do you reside? Wm W Windrock
2. How long and since when have you known Wm W Windrock applicant? more than 40 years
3. How long and since when has she continuously resided in this State? (Give date.) Ever since she came to
4. When and to whom was she married? Hubert J Brown How do you know? knowing her
5. How long and since when did you know Hubert J Brown her husband? Ever since 1965
6. When and where did Hubert J Brown the husband of applicant, die? In Cobb County
7. Were the applicant and her husband living together as husband and wife at the date of his death? yes

8. If not, how long did they live apart before his death? —
Were they divorced? no

9. When, where and in what Company and Regiment did Hubert J Brown enlist? July 1963, 8th Co in Co 6 2nd Air Cavalry

10. Were you a member of the same Company? yes

11. How long within your personal knowledge did he perform actual military service with his Company and Regiment? until in April 1965

12. When and where did his Command surrender, and was discharged? Shocked Arms in Albany Ga. and he rolled in Vietnam Co May 1965

13. Were you personally present when it was surrendered? no, yes If not, where were you I was present and how came you there? ever present

14. Was the husband of applicant personally present at surrender? yes If not where was he? in Albany Ga. in 1965 When, where and for what cause did he leave Command? — By whose authority did he leave his Command? — And how long was he granted leave? — How do you know all this? —

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

16. What effort did he make to return to his Command and how do you know this? Of your own knowledge or how? was a member of 8th Co 2nd Air Cavalry

Sworn to and subscribed before me this the 24th day of Oct 1965.
J M Gunn Ordinary
Cobb County.
(SEAL)

at that time
S W Frey answers yes
precludes 137-14

mar 8. 1965

State of Georgia Cobb County.
I J.M.Gann 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 LICENSE

OF

AND

Issued _____ 191

and recorded on page _____

Book _____ of Marriage Licenses.

Ordinary

MARRIAGE LICENSE
OF

AND

Issued _____ 19

and recorded on page _____

Book _____ of Marriage License

Ordin _____

1849

STATE OF GEORGIA

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

you are hereby authorized to receive as license to be given to the parties to be joined in marriage as herein provided.

W. J. Brown and *Mattie J. Eaton*
You are hereby authorized to join
in the Holy State of Matrimony according to the Constitution and
Laws of this State and for so doing this shall be your License.
And you are hereby required to return this License to me with your
Certificate hereon of the fact and date of the Marriage.

Feb 15/2 Given under my hand and seal this *18* day of *Feb* *1849* *Francis C. Stephens* J. C. S. Ordinary

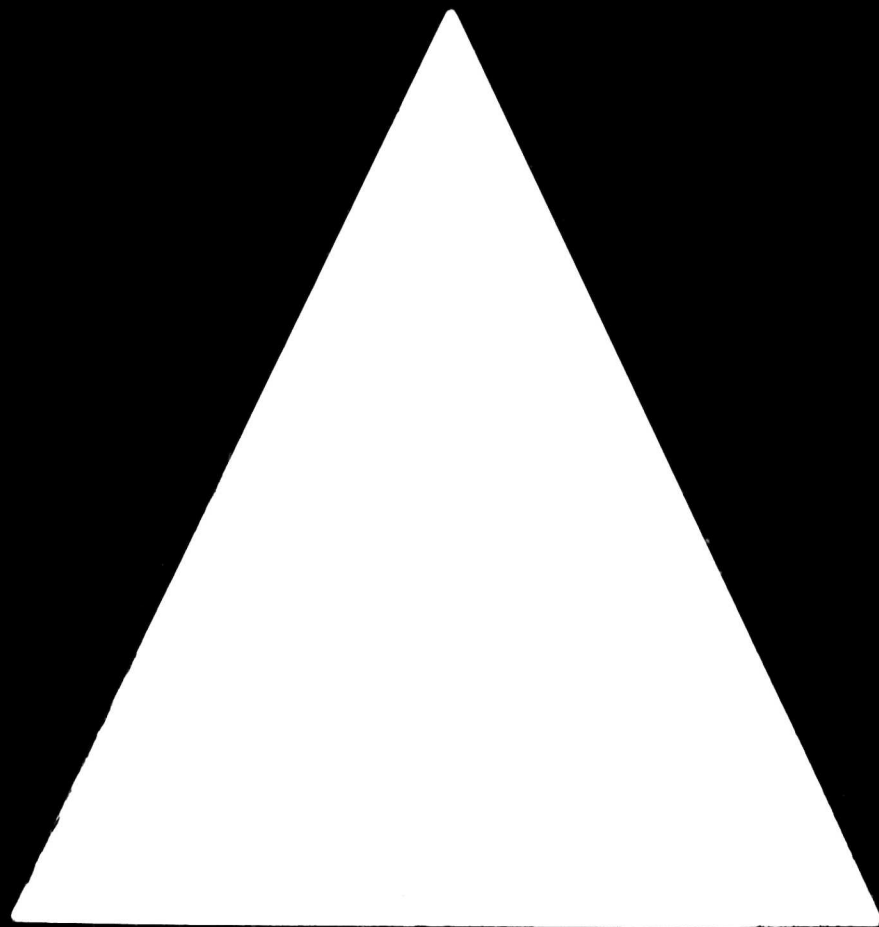
STATE OF GEORGIA **CERTIFICATE** COBB COUNTY

I Certify that *W. J. Brown* and *Mattie Eaton*
were joined in Matrimony by me this *18* day of *Feb* *1849* *Francis C. Stephens* J. C. S. Ordinary

Recorded *Feb 15 1849*

Francis C. Stephens J. C. S. Ordinary

Robert Davidson H. G.



Pension office
Oct 16-1910

This man took
the oath of all
green back -
hymn and of
the war - the
fact a disclosure

St. Lindsey
Circus of Pen.

Coff County
Dec 21 1910
No. _____

Dec 21 1910
Widow's Pension

✓ UNDER ACT 1910.

County

Coff

Name

Mrs J. E. Brown

Widow of

J. W. LINDSEY,
Commissioner of Pensions.

Chas. F. Byrd, State Printer.

J. E. Brown

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

STATE OF GEORGIA,

County,

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

1. What is your name, and where do you reside? Sarah E. Brown, Lett Co
2. How long and since when have you been a continuing resident in the State of Georgia? Her own life
3. When, where and to whom were you married? In Lett Co. Oct 27th 1865
4. When, where and in what Company and Regiment did your husband enlist as a soldier in Confederate Army or Georgia Militia? (State the arms and class of Service.) Co. 13 40th Reg. P. & I. 1862
5. When and where did the Commands of your husband surrender or discharge from the army? Richmond Va. in April 1865
6. Was your husband personally present at the time of the surrender or discharge of this Command? Yes
7. If he was not present state clearly where he was? _____
8. Where was his Command when he left? _____
- a. For what cause did he leave his command? _____
- b. By whose authority did he leave his Command? _____
- c. For how long was he granted leave of absence? _____
- 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? No
- i. If so, when and where captured and where held as a prisoner, and when and for what cause released? Cop. General's parole
- j. When and where did your husband die? Were you residing together when he died? If not, how long had you resided apart? In Lett Co. Va. March 23rd 1903 he died
9. What property of any description did you own, hold or control for your use and its cash value, Nov. 4, 1908. (State same by items.) 40 acres of land worth five hundred dollars
10. What property of any kind have you sold or given away since Nov. 4, 1908? What was received for it and what did you do with the proceeds thereof? (Give items and cash value.) None
11. What property of any description of any value have you now? Give list and cash value? Personal property worth fifty dollars
12. What are your annual earnings or income and their value? None, except what the land yields about \$100.
13. Have you heretofore been paid a pension by the State? Yes

and subscribed before me this the 9th day of August 1910 Wm Sarah E. Brown of Lett County.

Questions for the Witnesses as to Service of Husband and Marriage. STATE OF GEORGIA,

County, Lett County.

Personally before me comes Wm Sarah E. Brown who after being duly sworn true answers to make, to the following questions, answers as follows:

*Wm Sarah E. Brown
Oct 16-1865
Lett Co. Ga.
in service of
Confederate Army
in Lett Co. Ga.
at a distance
of 10 miles
from Lett Co. Ga.*

*Wm Sarah E. Brown
Lett Co. Ga.
Oct 27th 1865
Co. 13 40th Reg. P. & I.*

*Wm Sarah E. Brown
Lett Co. Ga.
Oct 27th 1865
Co. 13 40th Reg. P. & I.*

UNDER ACT 1910.

County Lett

Name Wm Sarah E. Brown

Widow of _____

J. W. LINDSEY,
Commissioner of Pensions

Chas P. Boyd State Printer.

1. What is your name and where do you reside? Walter B. Randall
 2. How long and since when have you known the S. B. Brown applicant?
 3. How long and since when has she continuously resided in this State? (Give date.) Fifty Years or more
 4. When and to whom was she married? How do you know? She married S. B. Brown in 1863 - a known fact
 5. How long and since when did you know Walter Brown her husband? For more than Fifty Years
 6. When, where and in what Company and Regiment did Walter Brown enlist? He enlisted in Atlanta in September 1862 in Co. B. 9th Ga. Bat. Artillery (Jefferson)
 7. Were you a member of the same Company? No. I was in same Co
 8. How long within your personal knowledge did he perform actual military service with his Company and Regiment? Until late part of 1864 when I left the Regiment
 9. When, and where did his Command surrender, and was discharged? By General Sherman's army in Ga. in April 1865
 10. Were you personally present when it was surrendered? Yes If not where were you? I was absent in family business in Wash. D.C.
 11. Was the husband of applicant personally present at surrender? His presence there he was If not where was he? He was in the city when, where and for what cause did he leave Command? (Give date.) By whose authority did he leave his Command? and how long was he granted leave? How do you know all this?
 Do you state if of your own personal knowledge? (State all you know fully, and how you know it.)
 12. For what cause, if you know of your own knowledge was he prevented from returning to his Command?
 13. What effort did he make to return to his Command and how do you know this? Of your own knowledge or how?
 Sworn to and subscribed before me this the 9th day of August 1910 Dr. J. Randall
J. M. Brown Ordinary.
 of Cart County.

AFFIDAVIT OF TWO FREEHOLDERS.

STATE OF GEORGIA,

Walt County.
 Personally before me comes A. P. Randall and W. B. Brown who on oath says that they are freeholders of said County and that they know the S. B. Brown of said County and know what property she owned on 4th Nov. 1908, and its cash value to be as set out by Schedule (A) as follows HO. own land

Personal property Household furniture \$ 40.00
 Notes and accounts due None \$
 Total \$

Schedule (B).

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

Personal property \$
 Money, Notes and accounts \$

Schedule (C).

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

HO Acres of land... worth 500 \$
 Horses and Mules One Mule 25.00 \$
 Cows and Hogs One cow 25.00 \$
 Other property Household furniture \$
 Income and earnings \$

Total Value of all property and effects

Sworn and subscribed before me this the 9th day of August 1910 Dr. J. Randall
J. M. Brown Ordinary.
 of Cart County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA.

I, Dr. J. Randall Ordinary of said County do certify that, I know S. B. Brown the applicant for pension. She is the person she represents herself to be and she is a bonafide continuing resident citizen of said County and was in the 4th Nov. 1908.

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

That the Tax Return of the S. B. Brown Returned for Tax is for 1908 \$ 40.00 for 1910 \$ 220.00

Sworn under my hand and official seal of office this 9th day of August 1910

SEAL. J. M. Brown Ordinary.
 (SEAL) Cart County

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

STATE OF GEORGIA

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

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

Given under my official signature and seal, this 10th day of Feb 1890

Jul. Stone Ordinary Cobb County.

STATE OF GEORGIA

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

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

Given under my official signature and seal, this 10th day of Feb 1891.

Jul. Stone Ordinary Cobb County.

STATE OF GEORGIA

POWER OF ATTORNEY

Cobb Co
Brown, J. N.
1890.

No. 748
APPLICATION FOR ALLOWANCE

Arm. disabled
Applicant, J. N. Brown
County, Cobb

30
Date of warrant, July 10

Entered on record
July 10
Cobb Co
WARRANT BLANKED TO
Applicant

Cobb
1891
Brown, J. N.
Cobb Co
No. 748

Application for Allowance

Arm. disabled
Applicant, J. N. Brown
County, Cobb
30
Date of Warrant, July 10
Entered on record

WARRANT BLANKED TO
Applicant

STATE OF GEORGIA

For Applicants Heretofore Allowed Pensions

Catharine Parole

Office of Provost Marshall - Libby Prison

Richmond Va, April 17th 1865.

I, ~~John~~ Brown, do solemnly swear
in the presence of Almighty God, that I will faithfully and
loyally support the Constitution of the United
States, and the Union of the States thereunder; and that I will
in like manner abide and faithfully support all Acts of
Congress passed during the existing rebellion with reference
to, Release, So long as Congress is not impeached, modified or
held void by Congress or by decision of the Supreme Court,
and that I will in like manner abide and faithfully
support all proclamations of the President made during the
existing rebellion, So long as reference to slaves, So long and
So long as not modified or changed void by decision of
the Supreme Court or by Act of Congress. But I give no solemn
promise to support or defend the Military Law
that I will hold in correspondence with or afford aid
or support to any enemies or opposers of the United States.
I do, in virtue of my oath, administer to the necessities of
individuals who are in distress or distress; and I solemnly
declare that this oath and promise are taken and given freely
and willingly without any mental reservation or evasion
Whatever with full intention to keep the same -
Signed & Subscribed before me
this April 17th 1865.

John Bishop
1st Cont. Provost Marshall,

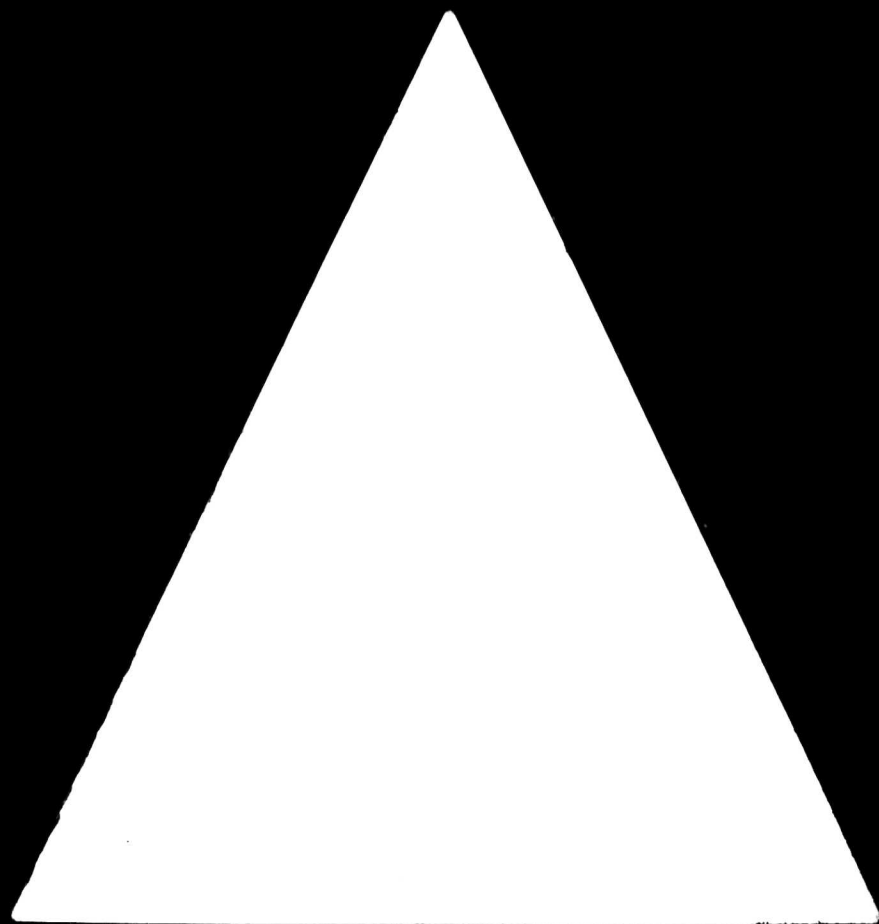


Witness my hand
this 17th day of April 1865
John Bishop
Provost Marshal

Georgia. Cobb County. I J. M. Gayn Ordinary of
Said County hereby certify that the within and foregoing
is a true copy of the plate and parole of W. Brown
as exhibited to me. This August 17th 1870.

J. M. Gayn
Ordinary Cobb Co
Ga

James M. Gayn



POWER OF ATTORNEY.

STATE OF GEORGIA,

County,

Know all Men by these Presents, That I,

Mrs. Susan Brown

of

Cobb County, my true and lawful attorney in fact, for

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

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

28th day of February, 1891.

Susan Brown [L. S.]

Executed in the presence of us:

J. S. Miller
J. M. Williams

INSTRUCTIONS.

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

Returned for
further proof
M.H.H.

Widows' Pension

PAID TO —
Mrs. Susan Brown

OF
Cobb County

\$100.00.

Warrant Issued
4/8 1891

AND HANDED TO
J. M. Stone

Geo. W. Harrison, State Printer, Atlanta

POWER OF ATTORNEY.

Form No. 5.

STATE OF GEORGIA,
Cobb County.

Know all Men by these Presents, That I,

Mrs. Susan Brown
of *Cobb County Ga*

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this
28th day of *February* 189*3*

Executed in the presence of us:

J. S. Hughes
J. M. Fleming

DIRECTIONS.

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



Geo. W. Harrison, State Printer, Atlanta

J. M. Fleming

AND HANDED TO

1891

Warrant Issued

2000.00

Cobb County

Susan Brown

PAID TO —
Idow's Pension

No. 14926

1891

Cobb County

9th Regiment of Artillery

Affidavit to be Made by the Widow.

Form No. 1.

STATE OF GEORGIA,

County of *Cobb*

Mrs. *Susan Brown*

In person came before me, the undersigned Ordinary
in and for the County of *Cobb*

who being sworn according to law, says under
oath that she is the widow of *Ezekiel Brown*, who was a soldier in
the service of the Confederate States, and served as a member of Company *E*, of the
9th Regt of Regiment of *Artillery* *Volunteers*; that he enlisted in said
service on or about the *10th* day of *May* 186*2*, and was in the

Army up to the *Summer* 186*2*. That while in the
Army, he was on the *Tallah* day of *April* 186*2*. (See Note No. 1)

He never recovered his health so as to be able
to do any work. He was suffering continually
from a cough & some hemorrhage until
the time of his death.

He died of said disease in the
year 1870.

He 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 _____
day of *January* 186*4*, and that she has resided in Georgia continuously since the
_____ day of *January* 186*4*; 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
3rd day of *May* 189*1*
J. S. Hughes Ordinary.

Susan X Brown
Post Office *Waterman Cobb Co Ga*

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

Affidavit for Three Witnesses.

Form No. 2.

State of Georgia,

County of *DeKalb*
Wm. Wilson
J. H. Turner

In person came before me, the undersigned Ordinary
 in and for said County, witnesses *Dr. J. H.*

(each known to said Attesting Officer as truthful,
 reliable and reputable citizens), who severally say under oath, that, from their own personal knowledge,

Mrs. *Susan Brown* of the County of *Cobb*

State of Georgia, is the widow of *Ezekiel Brown*, who was a soldier in
 Company *C* of the *9th Ga. Batt. 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:

He died of a
chronic disease from
the effects of

I was in the same Company with Mr. Ezekiel Brown
and that he was a soldier in Co. C, 9th Ga. Batt.
of Artillery (Ladies Batt. Ga. Artillery)

Wm. Wilson
Wm. Turner

N. E. Everett

that Ezekiel Brown was in the
Confederate Army & was a member of
his Company No. 9, 9th Batt. Ga. Artillery
and was in the same at the time of
his death

Wm. S. Everett

Our opportunity for knowing the facts stated in reference to death of applicant's husband were
that he was in the Army as a soldier - that he was
diseased with a cough, chronic diarrhoea &c. - was
unable to do duty while in the Army & I understood
from the fact that he was in the Army & I understood
from the fact that he was in the Army & I understood

He was the wife of said
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
 day of *Jan*, 1892
J. M. Stone

As to Wilson & Turner and Guber

NOTE. Witnesses must not testify about things they may believe, but confine their statements to such facts as they per-
sonally know.

Should and subscribe
before me by W. S. Everett
the Dec 24 1892
W. H. Harrison
Ordinary

Form No. 3.

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

State of Georgia,

County of *Cobb*

I, *J. M. Stone* Ordinary
 in and for said County of *Cobb*

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

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
 day of *Jan*, 1892

J. M. Stone
 SEAL

x all except Everett - am not acquainted
with him - only, Coburn

NOTES.

The pension is only payable to certain classes of widows.

Those whose husbands were killed in service.

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

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

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

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

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

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

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

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

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

If witnesses live in another County from that wherein applicant resides, they must go before
 the Ordinary 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.

STATE OF GEORGIA, County of Cobb

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

In Witness Whereof I have hereunto set my hand and affixed the seal of my office, this, the 24th day of July 1894.

POWER OF ATTORNEY.

STATE OF GEORGIA, Cobb County.

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 24th day of July 1894. Susan Brown [L. S.]

Executed in the presence of us:

J. S. Hicks
By M. Fleming

DIRECTIONS.

Send amount by _____ to _____
me at _____, and oblige _____

FOR THOSE HERETOFORE PAID.

1894.

No. 768

WIDOW'S PENSION,

for year ending February 15th, 1894.

PAID TO Mrs. Susan Brown

OF Cobb COUNTY.

WARRANT ISSUED 7/13 1894.

AND HANDED TO Susanne

Geo. W. KENNEDY, State Printer, Atlanta.

STATE OF GEORGIA, County of Cobb

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

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this, the 24th day of July 1895.

POWER OF ATTORNEY.

STATE OF GEORGIA, Cobb County.

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 24th day of July 1895. Susan Brown [L. S.]

Executed in the presence of us:

J. S. Hicks

DIRECTIONS.

Send amount by _____ to _____
me at _____, and oblige _____

FOR THOSE HERETOFORE PAID.

1895.

No. 432

WIDOW'S PENSION,

for year ending February 15th, 1895.

PAID TO Mrs. Susan Brown

OF Cobb COUNTY.

WARRANT ISSUED 7/13 1895.

AND HANDED TO Mrs. Susan Brown

Geo. W. KENNEDY, State Printer, Atlanta.

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of Cobb

Personally comes Mrs.

Susan Brown

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

Cobb

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

continuously ever since

1834 That she is the Widow of

Ezekiel Brown who was a Soldier in Company
"E" of the 9th Bat. Regiment of Ya.

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

May

1867 and served in the Army up to

July
day of Spring

1865 That he lost his

life on the

1870 (State here

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

That while in the Confed-
erate Army he contracted Lung
trouble and General debility-
from which he never recovered
after the war, and died from
said disease 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, that she became
his wife in the year 1834, that Georgia is her home and she resided in this State 23d day
of December, 1890, and has not lived in any other State or locality since that date. I have
been allowed a pension for the year ending February 15th, 1893, and now apply for the
allowance provided by law for the year ending February 15th, 1894.

Sworn to and subscribed before me, this

day of July 1894.

Susan Brown
Post-office Watman Ya
Cobb Co.

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of Cobb

Personally Comes Mrs.

Susan Brown

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

Cobb

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

continuously ever since

1834 That she is the Widow of

Ezekiel Brown who was a Soldier in Company
"E" of the 9th Battalion En.

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

May

1867 and served in the Army up to

July
day of Spring

1865 That he lost his

life on the

1870 (State here

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

That while in the Confederate
Service he contracted Chronic Sear-
rope and severe Cough, from
which he never recovered - not
being able to do any work from
the time he came out of the Army
up to his death. He died with
said disease 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, that she became
his wife in the year 1834, 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

day of July 1895.

Susan Brown
Post-office Watman Ya

STATE OF GEORGIA, County of Cobb
 I, J. M. Stone Ordinary in and for said County of
Cobb State of Georgia, hereby certify that I am acquainted with Mrs.
Susan Brown the applicant for a pension in this case, and
 know from my own knowledge (or from positive proof presented to me by reputable witnesses,) that she
 resides in this County, and that she resided in the State of Georgia on December 23, 1890, and has not lived
 out of the State since that date. That she is the widow of Ezekiel Brown
 deceased, and as such has heretofore been allowed a pension for the year ending February 15th, 1896.
 In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this
 the 14th day of July, 1896.
J. M. Stone Ordinary.

Form No. 2.

POWER OF ATTORNEY.

STATE OF GEORGIA, County of Cobb
 I, Susan Brown hereby authorize J. M. Stone
 of Marionetta Ga. to receive and receipt for the pension and hereon and request
 that he remit same to Me by him
 IN WITNESS WHEREOF, I have hereunto set my hand and seal, this
 day of July, 1896.
Susan Brown [L.S.]
 Executed in the presence of
J. M. Fleming
Pay to R. C. Linn
J. M. Stone

STATE OF GEORGIA, County of Cobb
 I, J. M. Stone Ordinary in and for said County of
Cobb State of Georgia, hereby certify that I am acquainted with Mrs.
Susan Brown the applicant for a pension in this case, and
 know from my own knowledge (or from positive proof presented to me by reputable witnesses,) that she
 resides in this County, and that she resided in the State of Georgia on December 23, 1890, and has not
 lived out of the State since that date. That she is the widow of Ezekiel Brown
 deceased, and as such has heretofore been allowed a pension for the year ending February 15th, 1896.
 In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this
 the 6th day of July, 1897.
J. M. Stone Ordinary.

Form No. 2.

POWER OF ATTORNEY.

STATE OF GEORGIA, County of Cobb
 I, Susan Brown hereby authorize J. M. Stone
 of Marionetta Ga. to receive and receipt for the pension and hereon and request
 that he remit same to Me by him
 IN WITNESS WHEREOF, I have hereunto set my hand and seal, this
 day of July, 1897.
Susan Brown [L.S.]
 Executed in the presence of
J. M. Fleming

Brown, Susan
Cobb County
WIDOW'S PENSION
No. 3752
1896.
PAID TO
for year ending February 15th, 1896.
J. M. Stone
WARRANT ISSUED
WIDOW OF
Ezekiel Brown
AND HANDLED TO
R. C. Linn
 (Seal of Ordinary, Cobb County, Georgia.)

Brown, Susan
Cobb County
WIDOW'S PENSION
No. 3639
1897.
PAID TO
for year ending February 15th, 1897.
J. M. Stone
WARRANT ISSUED
WIDOW OF
Ezekiel Brown
AND HANDLED TO
R. C. Linn
 (Seal of Ordinary, Cobb County, Georgia.)

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of Cobb

Personally Comes Mrs.

Susan Brown

who being sworn, says on oath, that she is a bona fide resident of said county of Cobb State of Georgia, and that she has resided in said State continuously ever since 18 34 That she is the Widow of Ezekiel Brown who was a Soldier in Company E of the 9th Battalion Vol. Volunteers, that he enlisted in said regiment on or about the month of July 186 4 and served in the Army up to Spring 186 5 That he lost his life on the day of Spring 18 70 (State here full particulars of the husband's death, when, where and from what cause.) (

That while in the Confederate Army he contracted the disease of Chronic diarrhoea from which disease he never recovered and died from said disease on 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, that she became his wife in the year 18 54 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 Cobb County for the year ending February 15th, 1895, and now apply for the pension provided by law for the year ending February 15th, 1896.

Sworn to and subscribed before me, this

1st day of May 1896.

J. M. Thompson Ordinary.

Post-office

Watson Ga.

For Widows Heretofore Allowed Pensions.

Form No. 1.

STATE OF GEORGIA,
County of Cobb

Personally Comes Mrs.

Susan Brown

who being sworn, says on oath, that she is a bona fide resident of said county of Cobb State of Georgia, and that she has resided in said State continuously ever since 18 34 That she is the Widow of Ezekiel Brown who was a Soldier in Company E of the 9th Battalion Vol. Volunteers, that enlisted in said regiment on or about the month of July 186 4 and served in the Army up to Spring 186 5 That he lost his life on the day of Spring 18 70 (State here full particulars of the husband's death, when, where and from what cause.) (

That while in the Army he contracted Chronic diarrhoea and came home out of the Army with it and died with said disease 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, that she became his wife in the year 18 54 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 Cobb 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

6th day of July 1897.

J. M. Thompson Ordinary.

Post-office

Watson P.O.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County, PERSONALLY appears *J. W. 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 has been such continually since the *15* day of *October* 1861, that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Private* in Company *C*, of *41st* Regiment of *Volunteers* *Stovall*'s Brigade; that whilst engaged in such military service, at the battle of *Bentonville* in the State of *N.C.* on the *19* day of *March* 1865, he was

wounded as follows: *By missile ball striking the front of the left shoulder, fracturing and bursting the bones in the shoulder joint, then passing under shoulder blades, and out near the back bones - the shoulder and upper part of the arm is crushed away to skin and bone. Said shoulder and arm is rendered substantially, and essentially, useless.*

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

Sworn to and subscribed before me, this the

10th day of *July* 1890.

J. W. Brown

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

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

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

Executed in the presence of us:

[L. S.]

DIRECTION.

Send money to me as follows, by

to

P. O.

County, Georgia.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County, PERSONALLY appears *J. W. 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 has resided therein continuously ever since the *15* day of *October* 1861, that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Private* in Company *C*, of *41st* Regiment of *Volunteers* *Stovall*'s Brigade; that whilst engaged in such military service at the battle of *Bentonville* in the State of *N.C.* on the *19* day of *March* 1865, he was

wounded as follows: *By missile ball striking the front of the left shoulder, fracturing and bursting the bones in the shoulder joint, then passing under shoulder blades, and out near the back bones - the shoulder and upper part of the arm is crushed away to skin and bone. Said shoulder and arm is rendered substantially, and essentially, useless.*

Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1891. I have heretofore been allowed a pension of *Five* dollars, for *Said disability*.

Sworn to and subscribed before me, this the

18th day of *July* 1891.

J. W. Brown

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

Know all Men by these Presents, That I,

of County, State of Georgia, do hereby appoint

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

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

Executed in the presence of us:

[L. S.]

DIRECTION.

Send money to me as follows, by

to

P. O.

County, Georgia.

POWER OF ATTORNEY.

State of Georgia,

Cobb County,

I, Mrs Susan Brown hereby authorize Jim Stone of Marietta Ga to receive and receipt for the pension paid hereon and request that he remit same to me by mail

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

Executed in the presence of

Mrs Susan Brown

POWER OF ATTORNEY.

State of Georgia,

Cobb County,

I, Susan Brown hereby authorize Jim Stone of Marietta Ga to receive and receipt for the pension paid hereon and request that he remit same to me by mail

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

Executed in presence of

Susan Brown [L. S.]

Brown Susan
Cobb County

For Those Heretofore Paid.

1898.

NO. 5440

WIDOW'S PENSION,

For year ending February 15th, 1898.

PAID TO Mrs Susan Brown

Cobb County,
Widow of Elizabeth Brown

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT ISSUED

1898.

July 8
AND HANDED TO

RMS

GEO. W. HARRISON, STATE PRINTER, ATLANTA

Brown Susan

Cobb County
For Those Heretofore Paid.

1899.

NO. 3256

WIDOW'S PENSION,

For year ending February 15th, 1899.

PAID TO Mrs Susan Brown

Cobb County
Widow of Elizabeth Brown

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT ISSUED

1899.

2/8
AND HANDED TO

RMS

GEO. W. HARRISON, STATE PRINTER, ATLANTA

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA

County of Cobb

Personally Comes Mrs.

Susan Brown

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

Cobb

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

continuously ever since

1834

That she is the Widow of

Ezekiel Brown

who was a Soldier in Company

of the 9th Bat

Regiment of

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

May

1861 and served in the Army up to

1865

That he lost his

life on the

day of

Spring

1870

(State here

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

That while in the Confederate Army he contracted Chronic Diarrhea, which disease continued and from which disease he died 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 1834

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

Sworn to and subscribed before me, this

day of

July

1898.

J. W. Stone Ordinary.

Post-Office

Waterman Ga

State of Georgia,

County of Cobb

Ordinary of said County, certify that I am well acquainted

with Mrs.

Susan 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 herself to be, and that she

has continuously resided in this State since the 1st day of July 1834

Given under my official signature and seal this the

day of

July

1898.

Ordinary of

Cobb County.

Official Seal.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of Cobb

Personally Comes Mrs.

Susan Brown

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

Cobb

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

continuously ever since

1834

That she is the Widow of

Ezekiel Brown

who was a soldier in Company

of the 9th Bat

Regiment of Ga. I.

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

May

1862 and served in the Army up to

July

1865

That he lost his

life on the

day of

Spring of 1870

(State here

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

That while in the Confederate Army he contracted Chronic Diarrhea, from which he never recovered and died of said disease 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 1834.

I have been allowed a pension as a resident of

Cobb

County for the year ending

February 15th, 1898, and now apply for the pension provided by law for the year ending February 15th, 1899.

Sworn to and subscribed before me, this

day of

July

1899.

J. W. Stone Ordinary.

Post-Office

Waterman Ga

State of Georgia,

County of Cobb

Ordinary of said County, certify that I am well acquainted

with Mrs.

Susan 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 herself to be, and that she

has continuously resided in this State since the

day of

1834

Given under my official signature and seal this the

1st

day of April

1899.

Ordinary of

J. W. Stone Cobb County.

Official Seal.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.

I, Susan Brown hereby authorize J. W. Stane
of Marletta, Ga.

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 6th
day of February 1900.

Susan Brown [L. S.]

Executed in presence of

M. J. Hamby

Brown, Susan
Cobb County
TO THOSE HERETOFORE PAID.

1900.

NO. 1974

WIDOW'S PENSION,

For year ending February 15th, 1900.

PAID TO

Mrs. Susan Brown

OF

Cobb

County,

Widow of Ezekiel Brown

JNO. W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

Aug 16

1900,

AND HANDLED TO

J. W. Stane

Geo. W. Harrison, State Printer, Atlanta.

Brown, Susan
Cobb Co.

To Those Heretofore Paid.

1901.

No. 118

WIDOW'S PENSION,

For year ending February 15th, 1901.

PAID TO

Mrs. Susan Brown

OF

Cobb

County.

Widow of Ezekiel Brown

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

Jan 18

1901,

AND HANDLED TO

J. W. Stane

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.

I, Anson Brown hereby authorize
John Aubrey of Monetta

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 4th
day of Jan 1901.

Susan Brown [L. S.]

Executed in presence of

James M. Gane

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of

Cobb

Personally Comes Mrs.

Susan Brown

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

Cobb

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

continuously ever since

18 34

That she is the Widow of

Ezekiel Brown

who was a soldier in Company

of the

9th Batt

Regiment of

Georgia

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

May

1862 and served in the Army up to

July

1865

That he lost his

life on the

day of

Spring of

1870

(State here

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

That while in the Confederate Army he, the deceased husband, contracted chronic diarrhoea from which he never recovered and died of said disease 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 18 54.

I have been allowed a pension as a resident of

Cobb

County for the year ending

February 15th, 1899, and now apply for the pension provided by law for the year ending February 15th, 1900.

Sworn to and subscribed before me, this

6th

day of Feb'y.

1900.

Susan Brown

Post Office Waterman, Ga.

State of Georgia,

Cobb

County.

J. W. Stone

Ordinary of said County, certify that I am well acquainted

with Mrs. Susan 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 herself to be, and that she

has continuously resided in this State since the

day of

18 34

Given under my official signature and seal, this the

6th

day of Feb'y.

1900.

J. W. Stone

Ordinary of

Cobb

County.

Official

Seal.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of

Cobb

Personally Comes Mrs.

Susan Brown

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

Cobb

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

continuously ever since

1834

That she is the Widow of

Ezekiel Brown

who was a soldier in Company

of the

9th Batt

Regiment of

Georgia

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

May

1862 and served in the Army up to

July

1865

That he lost his

life on the

day of

Spring

1870

(State here

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

That while in the Confederate Army he, the deceased husband, contracted chronic diarrhoea from which he never recovered and died of said disease 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 18 54.

I have been allowed a pension as a resident of

Cobb

County for the year ending

February 15th, 1900, and now apply for the pension provided by law for the year ending February 15th, 1901.

Sworn to and subscribed before me, this

4th

day of Jan'y.

1901.

Susan Brown

Post Office

State of Georgia,

Cobb

County.

John A. Wooten

Ordinary of said County, certify that I am well acquainted

with Mrs. Susan 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 herself to be, and that she

has continuously resided in this State since the

11th

day of

Jan'y 1834

Given under my official signature and seal, this the

4th

day of Jan'y

1901.

John A. Wooten

Ordinary of

Cobb

County.

Official

Seal.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.

I, *Susan Brown*, hereby authorize
John Hurty of *Maricopa*
to receive and receipt for the pension paid hereon, and request that he remit same to
me at *his office*

In Witness Whereof, I have hereunto set my hand and seal, this *1st*

day of *Jan* 1902. *Susan Brown* [L. S.]

Executed in presence of

J M Gann

To Those Heretofore Paid.

1902.

No. *214*

WIDOW'S PENSION,

For year ending Dec. 31, 1902.

PAID TO

Mrs Susan Brown

Cobb

County,

Widow of

Co. Regiment

JOHN W. LINDSEY,

(Commissioner of Pensions.)

WARRANT ISSUED

1/19 1902

AND HANDED TO

Ordry

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.

I, *Susan Brown*, hereby authorize
John Hurty 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 *2*

day of *Jan* 1903. *Susan Brown* [L. S.]

Executed in presence of

J M Gann

To Those Heretofore Paid.

1903.

No. *191*

WIDOW'S PENSION,

For year ending Dec. 31, 1903.

PAID TO

Mrs Susan Brown

Cobb

OF

County,

Widow of

Co. Regiment

JOHN W. LINDSEY,

(Commissioner of Pensions.)

WARRANT ISSUED

1/23 1903.

AND HANDED TO

body

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

WIDOWS HERETOFORE ALLOWED PENSIONS

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of

Cobb

PERSONALLY COMES MRS.

*Susan Brown**Cobb*

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

1834

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

continuously ever since

That she is the Widow of

*6**Georgial Brown*

of the

7th Batt

Regiment of

Georgia

who was a soldier in Company

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

May

1862, and served in the Army up to

July

1865. That he lost his

life on the

day of

*Spring**1870*

(State here

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

That while in the Confederate Army he contracted Chorea Dischorea from which he never recovered and died of said disease 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 *1864*

I have been paid a pension as a resident of

Cobb

County for the

year ending December 31, 1901, and now apply for the pension provided by law for the year ending December 31, 1902

Sworn to and subscribed before me,

this *at* day of *Jan* 1902*Susan Brown*

Ordinary

Post Office

State of Georgia,

Cobb

County,

I, *John A. Avery*

Ordinary of said County, certify that I am well

acquainted with Mrs. *Susan 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

herself to be, and that she has continuously resided in this State since the

day of

Given under my official signature and seal, this *1st* day of *Jan* 1902.

Official Seal

Ordinary of

County.

NOTE.—All blank spaces must be filled.

Voucher and affidavit must bear date after January 1st, 1902.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of

Cobb

PERSONALLY COMES MRS.

Susan Brown

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

Cobb

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

continuously ever since

1834

That she is the Widow of

Georgial Brown

who was a soldier in Company

6

of the

9th Batt

Regiment of

Georgia

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

May

1862, and served in the Army up to

July

1865. That he lost his

life on the

day of

*Spring**1870*

(State here

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

That while in the Confederate Army he contracted Chorea Dischorea from which he never recovered and died of said disease 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 *1864*

I have been paid a pension as a resident of

Cobb

County for the

year ending December 31, 1902, and now apply for the pension provided by law for the year ending December 31, 1903.

Sworn to and subscribed before me,

this *at* day of *Jan* 1903.*Susan Brown*

Ordinary.

Post Office *Waterman*

State of Georgia,

Cobb

County,

I, *John A. Avery*

Ordinary of said County, certify that I am well

acquainted with Mrs. *Susan 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

herself to be, and that she has continuously resided in this State since the

day of

*18*Given under my official signature and seal, this *1st* day of *Jan* 1903.

Official Seal

Ordinary of

County.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb COUNTY.

I, *Susan Brown* hereby authorize
John Lindsey 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 *5th*
day of *May* 1904.

Executed in presence of

Susan Brown [L. S.]

Brown, Susan
Cobb County

TO THOSE HERETOFORE PAID.

1904.

No. *244*

WIDOW'S PENSION

FOR
YEAR ENDING DECEMBER 31, 1904

PAID TO

Mrs Susan Brown

Cobb County,

Widow of *Isabel Brown*
Co. & 9th Reg. Ala.

JOHN W. LINDSEY,
Commissioner of Pensions

WARRANT ISSUED

145 1904.

AND HANDED TO

Only

Geo. W. Harrison, State Printer, Atlanta.

Brown Susan
Cobb County

To Those Heretofore Paid.

1905.

No. *240*

WIDOW'S PENSION,

For year ending Dec. 31, 1905.

PAID TO

Mrs Susan Brown

OF

County,

Widow of *Isabel Brown*
Co. & 9th Reg. Ala.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED

143 1905.

AND HANDED TO

Only

The Pensions Payable and Paid to the State of Georgia,
Geo. W. Harrison, State Printer, Atlanta.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb COUNTY.

I, *Susan Brown* hereby authorize
John Lindsey 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 *16th*
day of *January* 1905.

Executed in presence of

Susan Brown [L. S.]

FOR WIDOWS HERETOFORE ALLOWED PENSIONS

FOR WIDOWS HERETOFORE ALLOWED PENSIONS.

Form No. 1.

STATE OF GEORGIA,

County of Cobb

PERSONALLY COMES MRS.

Susan Brown

who, being sworn says on oath, that she is a bona fide resident of said County of Cobb State of Georgia, and that she has RESIDED in said State

continuously ever since 1834

That she is the Widow of

Ezekiel Brown

who was a soldier in Company

of the 4th Batt

Regiment of Co

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

1862, and served in the Army up to July 1865. That he lost his

life on the day of Spring of 1870 (State here

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

That while in the Confederate Army he contracted Chronic Diarrhea from which he never recovered and died of said disease 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 1867

I have been paid a pension as a resident of Cobb County for the year ending December 31, 1903, and now apply for the pension provided by law for the year ending December 31, 1904.

Sworn to and subscribed before me,

this 5th day of May 1904.

Susan Brown

Post Office

Ordinary

State of Georgia,

County of Cobb

I, John Hartley

Ordinary of said County, certify that I am well

acquainted with Mrs. Susan 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

herself to be, and that she has continuously resided in this State since the

day of May 1862

Given under my official signature and seal, this the 5th day of May 1904.

Official Seal

Ordinary of Cobb County

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

For Widows Heretofore Allowed Pensions.

Form No. 1

STATE OF GEORGIA,

County of Cobb

PERSONALLY COMES MRS.

Susan Brown

who, being sworn says on oath, that she is a bona fide resident of said County of Cobb State of Georgia, and that she has RESIDED in said State

continuously ever since Ezekiel Brown That she is the Widow of

Ezekiel Brown who was a soldier in Company

of the 4th Batt

Regiment of Co

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

1862, and served in the Army up to July 1865. That he lost his

life on the day of Spring of 1870 (State here

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

While in the Confederate Army he contracted Chronic Diarrhea from which he never recovered and died in 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 1867

I have been paid a pension as a resident of Cobb County for the year ending December 31, 1904, and now apply for the pension provided by law for the year ending December 31, 1905.

Sworn to and subscribed before me,

this 16th day of January 1905.

Susan Brown

Post Office

Ordinary

State of Georgia,

County of Cobb

I, John Hartley

Ordinary of said County, certify that I am well

acquainted with Mrs. Susan 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

herself to be, and that she has continuously resided in this State since the 1st

day of January 1864

Given under my official signature and seal, this the 16th day of January 1905.

Official Seal

Ordinary of Cobb County

NOTE.—All blank spaces must be filled.
Voucher and Affidavit must bear date after January 1st, 1905.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

I, Susan Brown, hereby authorize

John Whitney 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 January 1906.

Susan Brown [L. S.]

Executed in presence of

William

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

I, Susan Brown, hereby authorize

John Whitney 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 January 1907.

Susan Brown [L. S.]

Executed in presence of

Brown, Susan
Cobb Co

To Those Heretofore Paid.

1906.

No. 8023

WIDOW'S PENSION

For year ending Dec. 31, 1906.

PAID TO

Mrs. Susan Brown

OF

Cobb County,

Widow of Cecilie Brown
Co. 9th Regiment Ca. 2nd.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED

122 1906,

AND HANDED TO

John Whitney

Not Payable in Pension and Not to be Paid by the State of Georgia.

Brown, Susan
Cobb County

To Those Heretofore Paid.

1907.

No. 137

WIDOW'S PENSION

For Year ending Dec. 31, 1907.

PAID TO

Mrs. Susan Brown

OF

Cobb County,

Widow of Cecilie Brown
Co. 9th Regiment

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED

137 1907,

AND HANDED TO

John Whitney

Not Payable in Pension and Not to be Paid by the State of Georgia.

Allowed Pensions.

FOR WIDOWS HERETOFORE ALLOWED PENSIONS.

For Widows Heretofore Allowed Pensions.

Form No. 1

STATE OF GEORGIA,
County of Cobb

PERSONALLY COMES MRS.
Susan Brown

who, being sworn, says on oath that she is a bona fide resident of said County of Cobb State of Georgia, and that she has resided in said State continuously ever since all her life. That she is the Widow of Ezekiel Brown who was a soldier in Company E of the 9th Regiment of Co. Volunteers, that he enlisted in said regiment on or about the month of May 1862 and served in the Army up to 1862. That he lost his life on the _____ day of _____ 1870. (State here

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

Disease Contracted in the Service

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 Cobb County, for the year ending December 31, 1905, and now apply for the pension provided by law for the year ending December 31, 1906.

Sworn to and subscribed before me
this 7 day of May 1906.
John Hurley, Ordinary.

Post Office _____

State of Georgia,
Cobb County.

Ordinary of said County, certify that I am well

acquainted with Mrs. Susan 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 herself to be, and that she has continuously resided in this State since the _____ day of _____ 18____.

Given under my official signature and seal, this the 7 day of May 1906.

Official
Seal

Ordinary of Cobb County.

NOTE.—All blank spaces must be filled.
Voucher and Affidavits must bear date after January 1st, 1906.

For Widows Heretofore Allowed Pensions.

Form No. 1

STATE OF GEORGIA,
County of Cobb

PERSONALLY COMES MRS.

Susan Brown

who, being sworn says on oath, that she is a bona fide resident of said County of Cobb State of Georgia, and that she has resided in said State continuously ever since _____. That she is the Widow of Ezekiel Brown 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 life on the _____ day of _____ 1870. (State here particulars of the husband's death, when, where and from what cause.)

Disease Contracted in the Service

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 Cobb County, for the year ending December 31, 1906, and now apply for the pension provided by law for the year ending December 31, 1907.

Sworn to and subscribed before me
this 16 day of May 1907.
John Hurley, Ordinary.

Post Office _____

State of Georgia,
Cobb County.

Ordinary of said County, certify that I am well

acquainted with Mrs. Susan 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 herself to be, and that she has continuously resided in this State since the _____ day of May 1874.

Given under my official signature and seal, this the 16 day of May 1907.

Official
Seal

Ordinary of Cobb County.

NOTE.—All blanks must be filled.
Vouchers and Affidavits must bear date after January 1st, 1907.

STATE OF GEORGIA.

Cobb County.

I, *J. M. Stone* Ordinary of said county,

do certify that I am well acquainted with *J. 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 that he is disabled, to the extent he claims, and I know he is the individual he represents himself to be, and that he resides in this county.

Given under my official signature and seal, this *27* day of *February* 1892.

J. M. Stone
Ordinary, *Cobb* County.

Cobb Co.
Brown, J. W.
28

SOLDIER'S PENSION.

1892.

FOR THE YEAR ENDING OCTOBER 31, 1892.

Name *J. W. Brown*
County *Cobb*
Disability *Dr. & am*
Amount \$ *50*
Entered on record *Feb 1* 1892.
W. H. HARRISON
AGENT:
No data
Applicant

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

STATE OF GEORGIA.
For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA

Brown, J. W.
Cobb Co.
1892
No. *519*
Application to Agent
Feb 1
50
Dr. & am
Applicant

DR. H. V. REYNOLDS,
OFFICE: SOUTH-WEST CORNER PUBLIC SQUARE
RESIDENCE: 8, POWDER MILL STREET
MARIETTA, GEORGIA

Marietta, Ga. Feb 8th 1893

Judge J. M. Stone
Ordinary Cobb Co.:

Dear Sir:

I commend to your
kindly attention this good woman
Mrs. Ezekiel Brown. Persons
in position to know have advised
her that she is entitled to a
pension from our State, as an
Ex-soldiers Widow. I would gladly
testify to facts relating thereto if I
were in possession of any or had
opportunities to know them. For I do
not of a more worthy character of
one whose hard experiences have equaled
hits in illustrating such superior and
enduring exclusives as she has
shown in life. Kindness shown her will
be duly appreciated by her friends. A. V. Reynolds

Georgia Cobb County:
A Person appears
as J. M. Seay a citizen of
said County worthy of full
faith and credit as a witness,
who on oath says that he
is acquainted with Susan Brown
the widow of Ezekiel Brown the
Applicant for Pension in the Ap-
plication - that he was acquainted
with Ezekiel Brown before he
went into the Army - that he, the
deponent served in the Large Com-
pany with said Brown - that he
was a healthy man before the
war - that he Brown contracted
the disease of Chronic Dysentery Cough
while in the Army - that said Contract-
ed disease continued till he died
in the Year 1870 - that he never
was able to do any work of any
consequence after the war - that
the disease he contracted in the
Army followed him up continuously
from the time he contracted it
till his death, from which said
disease he died as above stated. -
that said Susan Brown was his wife
during the time of his service in

Georgia Cobb County:
In person appears Dr.
W. H. Giber, who on oath
says that he treated Ezekiel
Brown from the close of the
war up to his death.

That he contracted disease
a severe cough and chronic
dysentery, he was never able
to do any work on account of
said diseases, after the war,
that he was continuously unable
on account of said disease
contracted in the Army to do
any work - that he died
some time about the year 1870
with said disease contracted
in the Confederacy, as stated
by Mrs Susan Brown et al.

Sworn to and Subscribed }
before me this 8th day }
of July 1893 }
J. M. Stone }
Only }

the Army, and that she has
not remarried since his death.
Sworn to and Subscribed } A. B. Seay
before me this 22nd March }
1893. }
J. M. Stone }
Only }

Georgia Cobb County;

In person appears W. L. Barnes who being duly sworn deposes and says:

That he was acquainted with Ezekiel Brown for forty years - that the said Ezekiel Brown served in the Confederate Army - that he returned home after the war and died about 1870. from some old lingering disease said to have been contracted while in the Army.

That the deponent says he is acquainted with Susan Brown the widow of Ezekiel Brown - that he has known Susan Brown ever since 1857, - that she was the wife of Ezekiel Brown during the time of his service in the Army and that she has not married since her husband's death.

W. L. Barnes

Sworn to and Subscribed
before me this 8th day
July, 1893.
J. M. Stone Clerk.

over

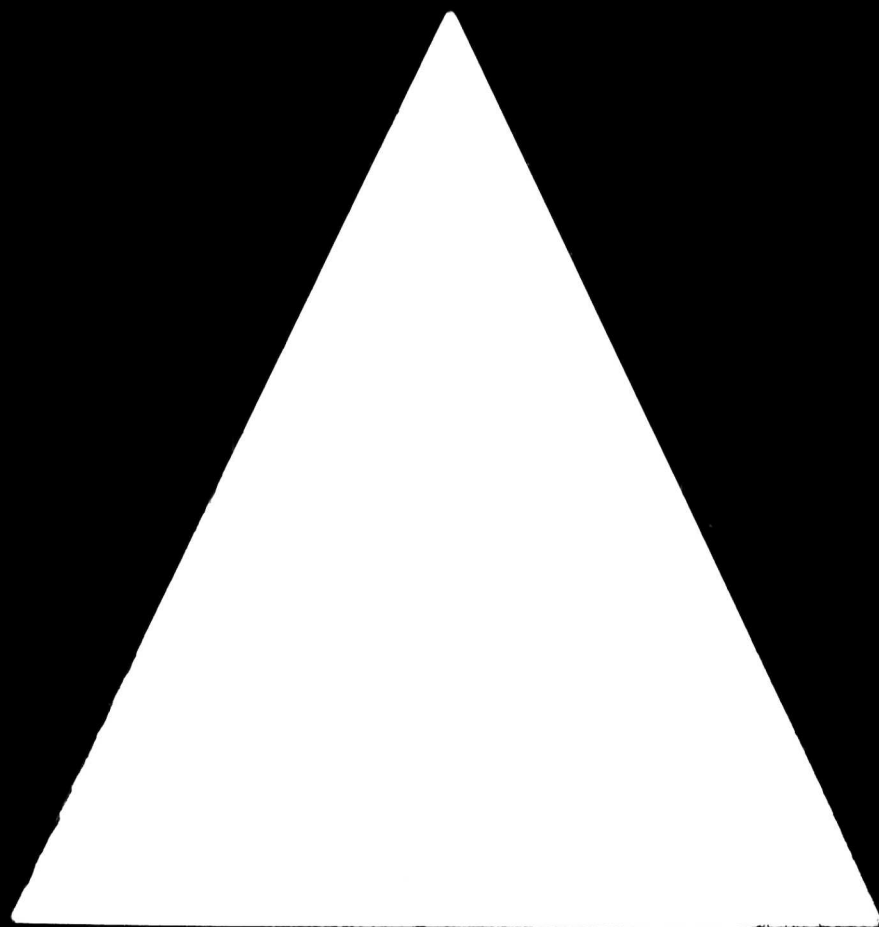
Georgia Cobb County

In person appears Edward Trisham who on oath says that he knew Ezekiel Brown before he went into the Confederate Army - that the said Ezekiel Brown served in the Confederate Army as above stated - that he contracted the disease of something like Chronic Dysentery while in the Army - that when he returned home he was still afflicted with said disease and unable to work - that said disease continued to afflict the said Ezekiel Brown up to the time of his death, which disease caused his death something in the year 1870 - that the said Ezekiel Brown never was able to work from the close of the war up to the time of his death.

Mrs. Susan Brown the Applicant for Pension in this case was the wife of Ezekiel Brown during the time he served in the Army and has not married since her husband's death.

Sworn to and Subscribed before me
this 25th day of July, 1893. J. M. Stone Clerk. Edward Trisham

This March 25/43. J. M. Sten. Org 3 Edward X. Friskam



POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County

I, Wm. Brown

do hereby designate John Brown

to receive and receipt for the pension paid heron and request of be sent same to

at _____ by Wm. Brown

IN WITNESS WHEREOF, I have herunto set my hand and seal, this 15 day of May 1897.

Executed in presence of

E. M. Fleming

W. A. Johnson [L. S.]

Thorsyth 196
Brown W. A.

ACT OF 15 DEC., 1894.

(For Those Already Enrolled.)

Cobb County

No. 975

**INDIGENT
Soldier's Pension.
1897.**

Name W. A. Brown
County Cobb

1/6 1897.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO

John Brown

SEN. W. JOHNSON, STATE PRINTER, ATLANTA.

No data

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County }
I, *W. A. Brown* hereby authorize *J. M. Brown*
of *Manitowish* Ga.

to receive and receipt for the pension paid hereon and request that he remit same to
Me by *him*

at
IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *15*
day of *May* 1897. *W. A. Brown* [L. S.]

Executed in presence of
L. M. Fleming

POWER OF ATTORNEY.

State of Georgia,

County }
I, _____ hereby authorize _____
of _____

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 _____ 1898.

Executed in presence of

[L. S.]

For 1/16/96
Cobb
ACT OF 15 DEC. 1896
(For Those Already Enrolled)
Cobb

No. *975*

INDIGENT

Soldier's Pension.

1897.

Name *W. A. Brown*
County *Cobb*

1/16 1897.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO
for same
No data

Brown, W. A.
Cobb Co.
ACT OF 15 DEC. 1896.
(For Those Already Enrolled.)

No. 1014
for 1/16/96

INDIGENT

SOLDIER'S PENSION.

1898.

Name *W. A. Brown*
County *Cobb*

WARRANT HANDED
1/13 1898.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO
appet
No data

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears W. A. 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 County and State, and has resided in said State continuously ever since the 10 day of Sept. 1837; that he is 59 years old and by occupation a farmer; 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 3 Years in Company D, of 44th Regiment of Ya. Vols.; that his physical condition is as follows:

on account of infirmity, blindness and poverty

that his property consists of the following items

None

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

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1897. I have heretofore as a resident of Horseyth county been allowed a pension for the year 1896.

Sworn to and subscribed before me, this, the

13 day of May 1897.

Ordinary.

W. A. Brown

STATE OF GEORGIA,

Cobb County.

I, M. Stone Ordinary of said County,

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

13 day of May 1897.

Ordinary Cobb County.



NOTE—The blank spaces must be filled.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears W. A. 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 County and State, and has resided in said State continuously ever since the _____ day of _____ 1831; that he is 66 years old and by occupation a farmer; 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 4 Yrs in Company D, of 44th Regiment of Ya. Vols.; that his physical condition is as follows:

on account of partial blindness, infirmity and debility. He is unable to support himself at labor, and 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 1898. I have heretofore as a resident of Cobb county been allowed a pension for the year 1897.

Sworn to and subscribed before me, this, the

13 day of May 1898.

Ordinary.

W. A. Brown

Manetta P.O.

State of Georgia,

Cobb County.

I, M. Stone Ordinary of said County,

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

13 day of May 1898.

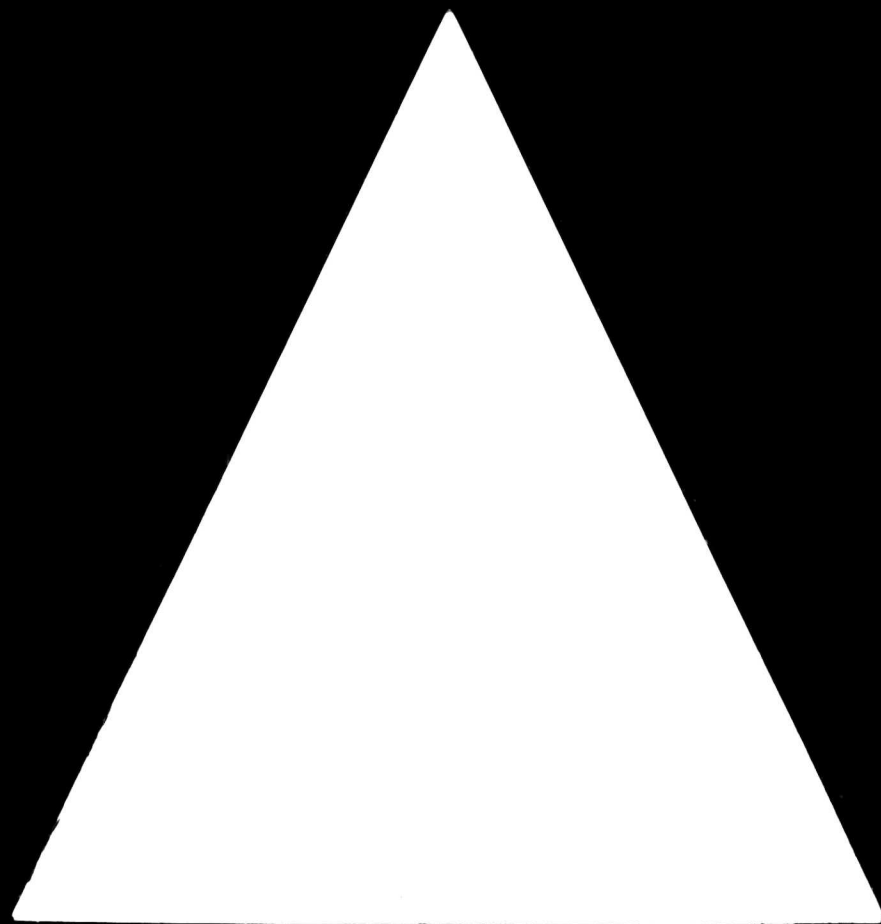
Ordinary Cobb County.



NOTE—The blank spaces must be filled.

LOMB OF VILLOKUEA

Applicant claims that he lived in Forsyth Co. in 18



POWER OF ATTORNEY.

Form No. 1.

STATE OF GEORGIA,

County, }

I, _____ hereby authorize _____

of _____ to receive and receipt for the pension allowed and

request that he remit same to _____ by _____

at _____

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

day of _____ 190 _____

Executed in the presence of _____

[L. S.]

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

Geo. W. Harrison, State Printer, Atlanta

*Brown, W. J.
Cobb Co.*

Code Section 1256.

No. _____

on 1909

INVALID SOLDIER'S PENSION, ✓ 190

Name _____

County _____

Co. _____

Disability _____

Amount, \$ _____

190

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO _____

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

Geo. W. Harrison, State Printer, Atlanta

8/11/08

POWER OF ATTORNEY.

Form No. 5.

STATE OF GEORGIA,
County. }

I, _____ hereby authorize _____
of _____ to receive and receipt for the pension allowed and
request that he remit same to _____ by _____

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this _____
day of _____ 190 _____

Executed in the presence of _____

[L. S.]

Pension office 11/18/08 The present infirm condition of applicant
does not appear to be attributable to any injury received in the army
Must explain the effect of the injury to show that his present condition
is the sole result of the injury.

J.W. Lindsey, Com. of Pensioners

INVALID

SOLDIER'S PENSION,

190

Name W. J. Brown
County Cobb
Co. E 24th State Regt.
Disability
Amount, \$ 11

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Ordinary will make return of Applicant, Company
and Regiment on back as indicated above.

Chas. W. Brantley, State Printer, Atlanta.

8/11/08

FOR USE OF APPLICANTS WHO HAVE NOT HERETOFORE DRAWN.

Form No. 1.

STATE OF GEORGIA,
Cobb County.

PERSONALLY appears W. J. Brown of said Cobb

County, State of Georgia, who being duly sworn, says on oath that he was born on the 25th day of

August 1844, that he is a bona fide citizen and resident of Georgia, and has been
continuously since the 25th day of August 1844, that he enlisted

in the military service of the Confederate States (or the State of Georgia) on the

_____ day of February 1864, during the war between the States, and

served in Company E of 24th Regiment of Ca State Volunteers,

Brigade, and was honorably discharged on the _____ day of

May 1865; that whilst engaged in such military service, and in line of duty in

the State of Ga, on the _____ day of December 1864

he was disabled or wounded as follows: He fell from the top of a

car when he had been placed as a

guard. Said car being loaded with Federal

prisoners. Applicant's spine was seriously

and permanently injured, from which he has

been a sufferer ever since, and from which

he is physically, essentially, and permanently

rendered incapable of performing manual

labor to make him to make a support

Said affliction became so severe that his

mind became deranged and he was sent to

the State Lunatic Asylum, and treated for seven

months.

Where was command surrendered? Albany Ga

Was applicant present? I was - If not, where

was he? _____ How come there? _____

And by whose authority? State fully: Sumner

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 _____

Sworn to and subscribed before me, this the _____

26 day of June 1908 } W. J. Brown

John Lindsey Post Office _____

Ordinary.

Norm.—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.

Norm.—Do not trouble to mention wounds which do not disable.

Norm.—The Ordinary will see that all blank spaces are filled when the affidavits are signed.

The Instructions as Set out in the Notes Must be Observed.

STATE OF GEORGIA,

Col. h County,

I, J. M. Stone Ordinary of said county,

do certify that I am well acquainted with J. 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 that he is disabled, to the extent he claims, and I know he is the individual he represents himself to be, and that he resides in this county.

Given under my official signature and seal, this 27 day of February 1892.

J. M. Stone
Ordinary Col. h County.

SOLDIER'S PENSION.

1892.

FOR THE YEAR ENDING OCTOBER 26, 1892.

Name, J. W. Brown
County, Col. h
Disability, Dis. Arm
Amount, \$ 50
Entered on record Feb. 1 1892.
W. H. HARRISON,
Secretary of Department
No
AGENT,
Applicant
Geo. W. Harrison, State Printer, Atlanta, Ga.

POWER OF ATTORNEY.
STATE OF GEORGIA,

County,

Know all Men by these Presents, That I, John W. Brown of Col. h County, State of Georgia, do hereby appoint

of John W. Brown 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, and to receive and receipt for 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 27 day of February 1892.

Executed in the presence of us: J. M. Stone and J. W. Brown and we well certified 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.

Ordinary of said County.

Send money to me as follows, by Direction to Col. h P. O. County, Georgia.

Brown, J. W.
Col. h
1892.

No. 50
Application for Advances

For the Year Ending October 26, 1892.
FOR
J. W. Brown
Applicant, Col. h
County, Col. h
Amount, \$ 50
Date of Warrant, Feb. 1
Entered on record, Feb. 1

Col. h
No
Applicant
Geo. W. Harrison, State Printer, Atlanta, Ga.

STATE OF GEORGIA
FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

Form No. 2.

Leob

County. (

Personally appear before me, the undersigned Ordinary in and for said County W. H. Fry
R. A. Myan and M. W. Murdock
 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 W. J. Brown
 whose application is herewith presented for a pension, that he has resided in this State continuously since the
 day of June 1864, that he served in Company E of the
2nd Pa Inf Regiment of Inf 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.)

That Applicant while acting
as a guard of Federal prisoners being removed
from Andersonville Ga. he fell from the top of
a car loaded with prisoners and injured his spine
to such an extent that he can not perform
Manual labor. Said injury became so severe that
his mind became deranged and was sent to the
State Insane Asylum ~~and~~ in 1905 and
was treated there for seventeen months = Applicant
is still a sufferer and becomes more feeble and
less able to work as he grows older.

Was he with it? *Yes*

Were all of you present?

If not, where was he?

Where were you all?

How do you know the facts you state to be true? From Personal Knowledge

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 on _____ day of May 1865. 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.

Sworn to and subscribed before me, this

24 day of June 1908
 Blue Kentucky
 Ordinary

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

- 2.—Witnesses are asked to make their statements full and explicit, tracing disability to its true cause.
- 3.—All blank spaces *must* be filled when signed.
- 4.—Three witnesses are required.

Form No. 3.

DATE OF GEO
6000

County.

PERSONALLY comes before me John H. Miller Ordinary of said County,
C. F. Palmer and W. M. Kersh, both known to
me as reputable physicians of said County, who, being severally sworn, say on oath, that they have carefully
examined Wesley F. Brown and after such personal examination, say that the present
condition of applicant is as follows: About three years ago applicant had
multiple neuritis from which he has never fully
recovered. At present he is severely debilitated
and very nervous - especially after the least
excitation

and that such condition is permanent. Said condition arises from the following facts

Involvement - The involvement of one or more persons in a crime; it may be direct or indirect.

Sworn to and subscribed before me, this

716 day of June 1908
Olen Butley
Ordinary

NOTE 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 affiants.

STATE OF GEORGIA.

Form No. 4.

1, John R. Ketchum, Ordinary of said County.

do certify that I am well acquainted with 1174 Brown the
applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are
true, and he is disabled, as he claims, and I know he is the individual he represents himself to be, and that he

resides in this County and has been a bona fide resident, since the 1 day of Jan 1887

I also certify that the witnesses, to-wit: S.M. Frey, H. J. Frey
and M.W. Murdock are persons of respectability, that their statements are worthy of full
credit and belief, and that the full text of the affidavit was read to and understood by them before they signed
the same.

Given under my official signature and seal, this 26 day of June, 1908

Ordinary W. C. C. County

All amending proofs must be executed with the same formality as original proofs, and the ordinary must so certify.

Additional Testimony

Georgia
Cobb County.

Personally appeared before
Me the undersigned, Ordinary

in and for said County

Who being sworn says, that he was a Member
of the same Company with W. J. Brown and knows
where he received the fall from the ear while
guarding prisoners which caused the injury
to his spine and from which he has suffered
ever since and now suffers, rendering him unable
to perform manual labor of any kind.

Affiant says he is intimately
acquainted with said W. J. Brown and has
known him ever since affiant and ^{said Brown} ~~affiant~~
were in the Army together.

Sworn to & Subscribed
before me this Dec 21st 1908.

S W Dwyer

J. M. Lasser
Ordinary

See Original Application for Certificate as to residence

This certifies that I have known W. J.
Brown for past twenty years or more
and have been his family physician
a large portion of that time.

At various times I have prescribed
for him for a Chronic pain and lame-
ness of his spine.

About the year 1902 he was confus-
ed to his bed several days with
said trouble, at which time I
made him several professional visits.

He still, at this time, suffers with
a weakness of spine, accompanied with
pain after any undue exertion.

J. D. Malone M.D.
Dec 19-1908.

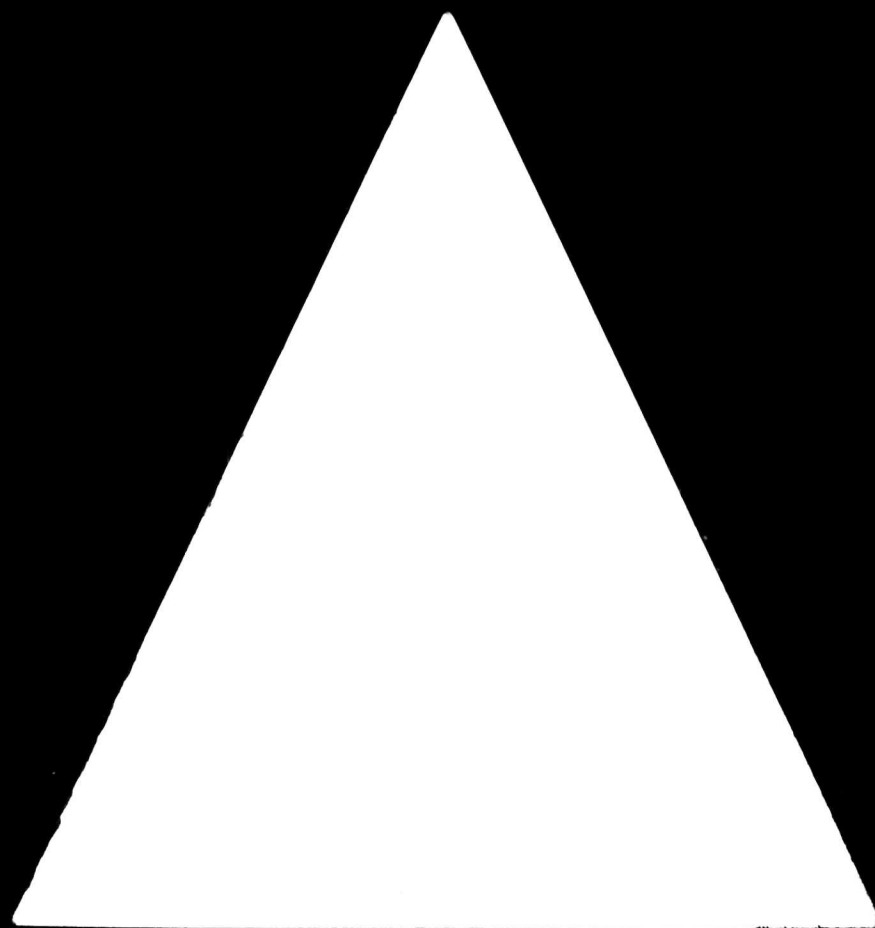
Sworn to & Subscribed before

Me this January 5th 1909

J. M. Lasser Ordinary Cobb County Ga

I certify that J. D. Malone is a practicing
physician & that his statements are worthy of full
faith & credit given 5th 1909,

J. M. Lasser
Ordinary



✓

Gray

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I _____ hereby authorize _____

of _____

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 _____ 1898.

[L. S.]

Executed in presence of _____

Barnes, L.

Cobb Co.

ACT OF 24 OCT., 1887.

(For Those Already Enrolled.)

No. *3188*
In chester 1897-

**INVALID
SOLDIER'S PENSION.
1898.**

Name *Abraham Bruce*

County *Cobb*

Disability *Loss Arm*

Amount, \$ *100.*

3/3 1898.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO

Appet

Geo. W. Harrison, State Printer, Atlanta

No data

POWER OF ATTORNEY.

STATE OF GEORGIA,
County. }

I, _____ hereby authorize _____ of _____

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 _____ 1898.

[L. S.]

Executed in presence of _____

Bruce, A.

Cobb Co.

ACT OF 24 OCT., 1867

(For Those Already Enrolled.)

No. *3188*
in check 1897-

INVALID

SOLDIER'S PENSION.

1898.

Name *Abraham Bruce*

County *Cobb*

Disability *Loss Arm*

Amount, \$ *100.*

3/3

1898.

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDED TO

Appt

Geo. W. Harrison, State Printer, Atlanta

No data

POWER OF ATTORNEY.

STATE OF GEORGIA,
County. }

I, *Abraham Bruce* hereby authorize *J. M. Bruce* of *Marshall Co.*

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

at _____

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *23rd* day of *July*, 1898.

[L. S.]

Executed in presence of _____

J. M. Bruce, Abraham
Cobb Co.
(For Those Already Enrolled.)

No. *3154*

INVALID

SOLDIER'S PENSION.

1898.

Name *Abraham Bruce*

County *Cobb*

Disability *Loss Arm*

Amount, \$ *100.*

2/24

1898.

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDED TO

J. M. Bruce

Geo. W. Harrison, State Printer, Atlanta

No data

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Personally appears Abraham Bruce 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 31 day of April 1839; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company D, of 14th Regiment of Volunteers, Anderson's Brigade; that whilst engaged in such military service in the State of Georgia, on the 27 day of June 1862, he was wounded, injured or diseased as follows:

By gunshot striking left arm between elbow & shoulder causing pain arm to be amputated

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 20th, 1898. I have heretofore under said law as a resident of Cherokee County been allowed an invalid pension of \$100 Dollars, for the year 1897.

Sworn to and subscribed before me, this, the 14th day of July 1898.

POST-OFFICE

Abraham Bruce Monterville

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,

Cobb County.

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

Given under my official signature and seal, this 14th day of July 1898.

Ordinary

Cobb County.

AM: your seal here

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears Abraham Bruce 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 30 day of April 1839; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company D, of 14th Regiment of Volunteers, Anderson's Brigade; that whilst engaged in such military service in the State of Georgia, on the 27 day of June 1862, he was wounded, injured or diseased as follows:

By gunshot striking the left arm causing the joint left arm to be amputated near the shoulder

Deponent makes application for the pension to which he is entitled for the year ending October 20th, 1899. I have heretofore under said law as a resident of Cobb County been allowed an invalid pension of \$100 Dollars, for the year 1898.

Sworn to and subscribed before me, this, the 15th day of July 1899.

POST OFFICE

Abraham Bruce Marietta Ga.

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,

Cobb County.

I, J. W. Stone Ordinary of said County, do certify that I am well acquainted with Abraham Bruce 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 15th day of July 1899.

Ordinary

Cobb County.

AM: your seal here

POWER OF ATTORNEY.

STATE OF GEORGIA,
County. }

I, _____ hereby authorize _____

of _____

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 _____ 1900.

[L. S.]

Executed in presence of _____

POWER OF ATTORNEY.

STATE OF GEORGIA,
County. }

I, Abraham Bruce hereby authorize _____

of Marshall

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

by hand

at his office

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

day of _____ 1901.

Abraham Bruce [L. S.]

Executed in presence of _____

Joe M. Gamm

Bruce, Abraham
Cobb Co.

CODE SECTION 126.
(For Those Already Enrolled.)

No. 2040

INVALID

SOLDIER'S PENSION.

1900.

Name Abraham Bruce

County Cobb

Disability Arise

Amount, \$ 100.

Warrant issued July 9 1900.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDLED TO

Joe M. Gamm
Gen. W. B. Harrison, State Printer, Atlanta.

No date

Bruce, Abraham
Cobb Co.

CODE SECTION 126.
(For Those Already Enrolled.)

No. 127

DISABLED

SOLDIER'S PENSION.

1901.

Name Abraham Bruce

County Cobb

Disability Arise

Amount, \$ 100.

Warrant issued Jan. 15th 1901.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDLED TO

Joe M. Gamm
Gen. W. B. Harrison, State Printer, Atlanta.

No date

STATE OF GEORGIA

For Applicants Heretofore Allowed Pensions

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears Abraham Bruce 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 30th day of April 1839; that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served as a private in Company D, of 14th Regiment of Georgia Volunteers, Anderson's Brigade; that whilst engaged in such military service in the State of Va., 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 amputated near the shoulder

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 Cobb County been allowed an invalid pension of \$100 Dollars, for the year 1899.

Sworn to and subscribed before me, this, the 6th day of March 1900. } Abraham Bruce POST OFFICE

John Stone Only

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,

Cobb County.

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

Given under my official signature and seal, this 6th day of March 1900.

John Stone Ordinary Cobb County.



For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears Abraham Bruce 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 30th day of April 1839; that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served as a private in Company D, of 14th Regiment of Georgia Volunteers, Anderson's Brigade; that whilst engaged in such military service in the State of Va., 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 amputated near the shoulder

Deponent makes application for the pension to which he is entitled for year ending October 26th, 1901. I have heretofore under said law as a resident of Cobb County been allowed an invalid pension of \$100 Dollars, for the year 1900.

Sworn to and subscribed before me, this, the 6th day of January 1901. } Abraham Bruce Postoffice

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,

Cobb County.

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

Given under my official signature and seal, this 5th day of January 1901.

John Awtrey Ordinary Cobb County.



POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.

I, *Abraham Bruce* hereby authorize

John Aubrey of _____
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 *4*
day of *Jan* 1902.

Abraham Bruce [L. S.]
meek

Executed in presence of

Wm. G. Gamm

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.

I, *Abraham Bruce* hereby authorize

John Aubrey of _____
to receive and receipt for the pension paid hereon and request that he remit same to _____
by *John Aubrey*
at _____

IN WITNESS WHEREOF, I have hereunto set my hand and seal this *4*
day of *January* 1902.

at Brille [L. S.]

Executed in presence of

John Aubrey

Bruce, Abraham
Cobb County

(FOR THOSE ALREADY ENROLLED.)

No. *289*

DISABLED

SOLDIER'S PENSION
1902.

Name *Abraham Bruce*

County *Cobb*

Co. *D* Regiment *14th*

Disability

Amount, \$ *100-*

4th 1902

JOHN W. LINDSEY,

Comptroller of Pensions.

WARRANT HANDED TO

Ordg

Geo. W. Harrison, State Printer, Atlanta.

no data
Bruce, Abraham
Cobb County

(FOR THOSE ALREADY ENROLLED.)

No. *288*

DISABLED

SOLDIER'S PENSION
1903.

Name *Abraham Bruce*

County *Cobb*

Co. *D* Regiment *14th*

Disability

Amount, \$ *100*

1213 1903.

JOHN W. LINDSEY,

Comptroller of Pensions.

WARRANT HANDED TO

Ordg

Geo. W. Harrison, State Printer, Atlanta.

no data

FOR APPLICANTS HERETOFORE ATTORNEY PENSIONS

FOR APPLICANTS HERETOFORE ATTORNEY PENSIONS

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cobb County.

Personally appears Abraham Bruce 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 April 1839; that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served as a private in Company D, of 14th Regiment of Georgia Volunteers, Anderson Brigade; that whilst engaged in such military service in the State of Va, on the 27 day of June 1862, he was wounded, injured or diseased as follows:

By gun shot striking the left arm causing the said left arm to be amputated

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 Cobb County, been allowed an invalid pension of \$100 Dollars, for the year 1901.

Sworn to and subscribed before me, this the 11 day of Jan 1902. John A. Bruce Post-office monrovia

John A. Bruce
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,

Cobb County.

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

Given under my official signature and seal, this 4 day of Jan 1902.

John A. Bruce Ordinary Cobb County.

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cobb County.

Personally appears Abraham Bruce 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 April 1839; that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served as a private in Company D, of 14th Regiment of Georgia Volunteers, Anderson's Brigade; that whilst engaged in such military service in the State of Va, on the 27 day of June 1862, he was wounded, injured or diseased as follows:

By gun shot striking the left arm causing the said left arm to be amputated near the shoulder

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 Cobb County, been allowed an invalid pension of \$100 Dollars, for the year 1902.

Sworn to and subscribed before me, this the 1 day of Jan 1903. John A. Bruce Post-office _____

John A. Bruce
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,

Cobb County.

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

Given under my official signature and seal, this 1 day of Jan 1903.

John A. Bruce Ordinary _____ County.

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

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA.

Cobb County. }
 PERSONALLY appears *J. W. Brown*
 of *Cobb* County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of Georgia, and has been such continuously since the *15th* day of *October* 1862; that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served as a *Private* in Company *C* of *1st* Regiment of *Georgia* Volunteers *Stovall's* Brigade: that whilst engaged in such military service at the battle of *Bentonville* in the State of *North Carolina* on the *19th* day of *March* 1865, he was wounded as follows:

By being shot with seven minute ball, striking front part of left shoulder, breaking shoulder joint and ball running under shoulder blade. Said left arm has since been rendered, thereby, substantially and essentially useless.

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

\$15 Dollars for
 Sworn to and subscribed before me this *27th* day of *February* 1892. *J. W. Brown*
J. M. Stone Ordinary.
 Note.—State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability.

POWER OF ATTORNEY.

STATE OF GEORGIA.

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

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

Executed in the presence of us _____

DIRECTION.

Send money to me as follows, by _____ to _____

 _____ County, Georgia.

P. O.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA.

Cobb County. }
 PERSONALLY appears *J. W. 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 has resided therein continuously ever since the *15th* day of *Oct* 1862; that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served as a *Private* in Company *C* of *1st* Regiment of *Georgia* Volunteers *Stovall's* Brigade: that whilst engaged in such military service at the battle of *Bentonville* in the State of *North Carolina* on the *19th* day of *March* 1865, he was wounded as follows:

By gunshot striking the left shoulder, passing through shoulder and running along the back and under shoulder blade. Arm is rendered almost useless. Deponent is rendered practically incompetent to perform the ordinary manual avocations 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 26, 1893. I have heretofore been allowed a pension of

\$15 dollars, for *his disability*
 Sworn to and subscribed before me, this, the *17th* day of *March* 1893. *J. W. Brown*
J. M. Stone

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

STATE OF GEORGIA.

Cobb County. }
 I, *J. M. Stone* Ordinary of said County, do certify that I am well acquainted with *J. 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 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 _____ before whom the foregoing affidavits were made and power of attorney was signed, is a _____ of _____ County, and the said affidavits and signatures thereof are genuine.

Given under my official signature and seal, this *17th* day of *March* 1893.
J. M. Stone
 Ordinary *Cobb* County.

STATE OF GEORGIA.

POWER OF ATTORNEY.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb COUNTY.

I, Abraham Bruce

hereby authorize

John Ardrey of

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 Jan 1904.

A Bruce

[L. S.]

Executed in presence of

John Sam

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb COUNTY.

I, A Bruce

hereby authorize

John Ardrey of

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 Jan 1905.

A Bruce

[L. S.]

Executed in the presence of

John Sam

Bruce, Abraham
Cobb Co.

CODE SECTION 1284.

(FOR THOSE ALREADY ENROLLED.)

No.

304

DISABLED

SOLDIER'S PENSION

1904.

Name Abraham Bruce

County Cobb

Co. D Regiment 14

Disability Loss of Arm

Amount, \$ 100.00

Jan 25 1904.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

John

Geo. W. Harris, State Printer, Atlanta.

no date

Bruce, Abraham
Cobb Co.

CODE SECTION 1284.

(FOR THOSE ALREADY ENROLLED.)

No.

344

DISABLED

SOLDIER'S PENSION

1905.

Name A Bruce

County Cobb

Co. D Regiment 14

Disability

Amount, \$ 100.00

Jan 23 1905.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Ardrey

Geo. W. Harris, State Printer, Atlanta.

no date

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cobb County.

Personally appears *Abraham Bruce* 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 *April* 1869; that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served as a *Private* in Company *D*, of *14*th Regiment of *1st* Volunteers *Anderson's* Brigade; that whilst engaged in such military service in the State of *Ga*, on the *27* day of *June* 1862, he was wounded, injured or diseased as follows: *By gun shot striking the left arm causing the said left arm to be amputated near the shoulder*

Deponent makes application for the pension to which he is entitled for the year ending October 28th, 1904. I have heretofore, under said law, as a resident of *Cobb* County, been allowed an invalid pension of *\$100* Dollars, for the year 1903.

Sworn to and subscribed before me, this the *1* day of *Jan* 1904. *A Bruce* Post-office *Chickasaw*

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,

Cobb County.

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

Given under my official signature and seal, this *1* day of *Jan* 1904.

John Anthony Ordinary _____ County.

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



FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cobb COUNTY.

Personally appears *Abraham Bruce* 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 _____ 1839; that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served as a *Private* in Company *D*, of *14*th Regiment of *1st* Volunteers *Anderson's* Brigade; that whilst engaged in such military service in the State of *Ga*, on the *27* day of *June* 1862, he was wounded, injured or diseased as follows: *By gun shot striking the left arm causing amputation near the shoulder*

Deponent makes application for the pension to which he is entitled for the year ending October 28th, 1905. I have heretofore, under said law, as a resident of *Cobb* County, been allowed an invalid pension of *\$100* Dollars, for the year 1904.

Sworn to and subscribed before me, this the _____ day of _____ 1905. *A Bruce* Post-office _____

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

STATE OF GEORGIA,

_____ 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 _____ 1905.

Ordinary _____ County.

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



POWER OF ATTORNEY.

STATE OF GEORGIA.

Cobb County. }
I, Abraham Bruce hereby authorize
John W. Lindsey of _____
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 1
day of May 1908.
Executed in the presence of A Bruce [L. S.]

POWER OF ATTORNEY.

STATE OF GEORGIA.

Cobb County. }
I, A. Bruce hereby authorize
John W. Lindsey of _____
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 1
day of January 1907.
Executed in presence of A Bruce [L. S.]

Bruce, Abraham
Cobb County

Cons. Section 1260.
(FOR THOSE ALREADY ENROLLED.)

No. 312

DISABLED
SOLDIER'S PENSION
1906.

Name Abraham Bruce
County Cobb
Co. D. 14th Regiment La. Inf.
Disability Left arm
Amount, \$100-

1906.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

This Pension Payment and Pensions Co. Cash. W. Lindsey, Secy.

no data

Bruce, Abraham
Cobb Co.

Cons. Section 1260.
(FOR THOSE ALREADY ENROLLED)

No. 196

DISABLED
SOLDIER'S PENSION
1907.

Name A. Bruce
County Cobb
Co. D. 14 Regiment La. Inf.
Disability Left arm
Amount, \$100-

1907.

JAN 21
JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Cash. W. Lindsey, State Printer, Atlanta.

no data

State of Georgia.

FOR APPLICANTS HERETOFORE ATTORNEY PENSION

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,

Cobb County.

Personally appears Abraham Bruce 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 18; that he enlisted in the military service of the Confederate States, (or of the State of GA) during the war between the States, and served as a Private in Company D, of 14th Regiment of GA Volunteers' Brigade; that whilst engaged in such military service in the State of GA, on the 18 day of 186, he was wounded, injured or diseased as follows:

Lost Arm

Deponent makes application for the pension to which he is entitled for the year ending October 28th, 1906. I have heretofore, under said law, as a resident of Cobb County, been allowed an invalid pension of 100 Dollars, for the year 1905.

Sworn to and subscribed before me, this the

1 day of January 1906.

Post-Office

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

State of Georgia,

Cobb County.

I, John Dutton Ordinary of said County,

do certify that I am well acquainted with Abraham Bruce 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 1906.

Ordinary Cobb County.

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,

Cobb County.

Personally appears A. Bruce 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 18; that he enlisted in the military service of the Confederate States (or of the State of GA) during the war between the States, and served as a Private in Company D, of 14th Regiment of GA Volunteers' Brigade; that whilst engaged in such military service in the State of GA, on the 18 day of 186, he was wounded, injured or diseased as follows:

Lost Arm

Deponent makes application for the pension to which he is entitled for the year ending October 28th, 1907. I have heretofore, under said law, as a resident of Cobb County, been allowed an invalid pension of 100 Dollars, for the year 1906.

Sworn to and subscribed before me, this the

1 day of January 1907.

Postoffice

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,

Cobb County.

I, John Dutton Ordinary of said County,

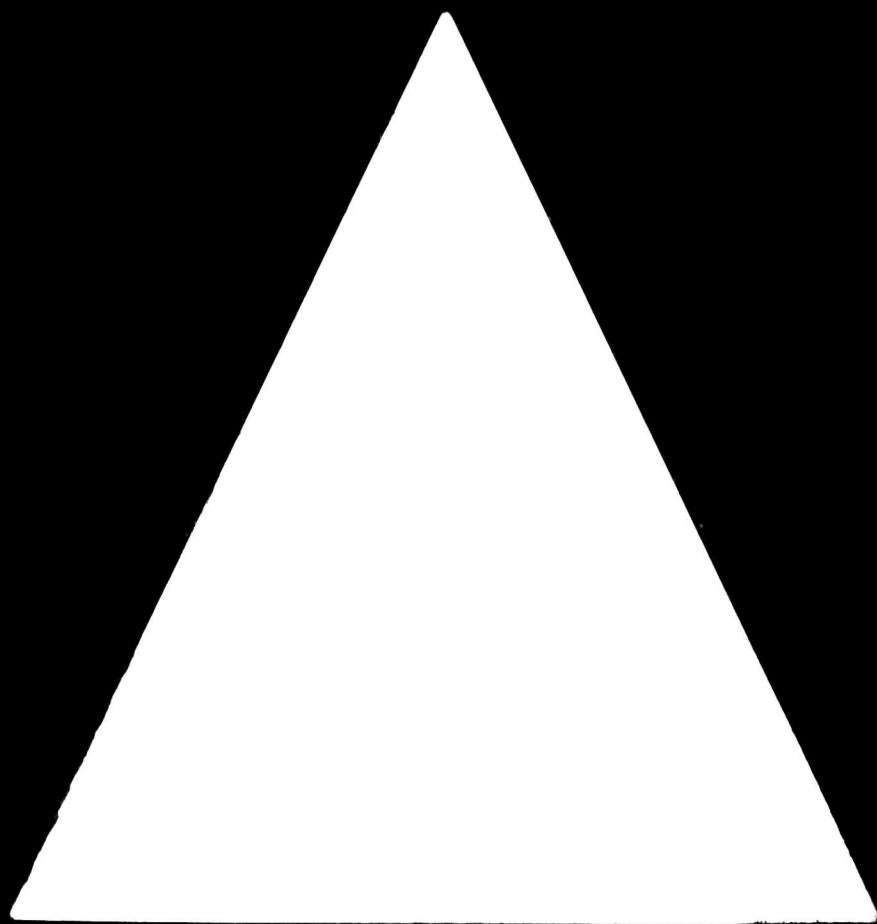
do certify that I am well acquainted with A. Bruce the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be, and that he resides in this County.

Given under my official signature and seal this

day of January 1907.

Ordinary Cobb County.

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



POWER OF ATTORNEY.

Form No. 3.

STATE OF GEORGIA,

County. }

I, _____, hereby authorize _____

of _____ to receive and receipt for the pension allowed and request that he remit same to _____ by _____ at _____

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this _____ day of _____ 190_____

Executed in the presence of _____

[L.S.]

Code Section 1289.

Percey J. H. Cobb
O.K. Jan 1910 ✓

INVALID

SOLDIER'S PENSION, 1904

Name *J. A. Bruce*

County *Cherokee*

Co. *C. Phillips* Regt.

Disability

Amount, \$ *50*

190_____

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO _____

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

Geo. W. Hamilton, State Printer, Atlanta

10/15/09

Office
Compiler of State Records.

Atlanta, Ga., 10/19/ 1909.

I, A. D. Candler, do hereby certify that the roll of Co. B-
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. D. Candler
Compiler of State Records.

Form No. 1.
FOR USE OF APPLICANTS WHO HAVE NOT HERETOFORE DRAWN.

STATE OF GEORGIA,

PERSONALLY appears

Co. B County, *J. H. Bruce* *Co. B*
County, State of Georgia, who being duly sworn, says on oath that he was born on the *26th* day of *February* 1841, that he is a bona fide citizen and resident of Georgia, and has been continuously since the *26th* day of *February* 1841, that he enlisted in the military service of the Confederate States (or the State of _____) on the _____ day of *October* 1862, during the war between the States, and served in Company *B* under Capt. *Reid* 4th _____th Regiment of *State* Volunteers, _____ Brigade, and was honorably discharged on the *last* day of *April* 1863; that whilst engaged in such military service, and in line of duty in the State of _____, on the _____ day of _____ 186____

he was disabled or wounded as follows: *After serving a six months enlistment in the above mentioned Regiment Applicant enlisted in Capt Phillips' Regiment in three weeks after his first discharge. In May 1863 he was afflicted with dysentery fever and dysentery's bag was required in hospital for seven weeks. When sufficiently recovered he was honorably discharged from the Service, sometime in February 1865. Applicant volunteered as a wagoner for the 41st Regt. and served under Genl J. C. Johnston at Brunswick, N. C. After the attack of dysentery fever and dysentery, Applicant became afflicted with Rheumatism and has been a sufferer from it ever since increasing with my age until I am unable to perform manual labor.*

Where was command surrendered? *Last Command, surrendered at Brunswick, N. C.*
Was applicant present? *Yes* If not, where was he? _____ How come there? _____
And by whose authority? State fully: _____

Deposent 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 20th, 190____
Sworn to and subscribed before me, this the _____ day of *October* 1909 } *J. H. Bruce*
J. M. [Signature] Post Office _____
Ordinary.

NOTE.—State fully nature of wound or character of disease which causes the disability, and explain particularly the nature of the disability. If claim is based on disease, give full and connected history of disease, tracing it directly to the service.
NOTE.—Do not trouble to mention wounds which do not disable.
NOTE.—The Ordinary will see that all blank spaces are filled when the affidavits are signed.

The Instructions as Set Out in the Notes Must be Observed.

INVALID
SOLDIER'S PENSION,
1909

Name *J. H. Bruce*
County *Co. B*
Co. *C. Phillips*
Rank *Private*
Disability *100*
Amount *50*

JOHN W. LINDSEY,
WARRANT HANDED TO

Received by H. C. [Signature]
10/19/10

County.

PERSONALLY appears before me, the undersigned Ordinary in and for said County, 18 May
J. G. Bassell and M. L. Green
 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 he has resided in this State continuously since the
_____ day of _____ 1862, that he served in Company _____ 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 served a six months enlistment in Co. C. Capt. Roland Commanding 41st Regt. State Troops having enlisted in October 1862 and discharged with his Regt. last of April 1863. In May 1863 he enlisted in Co. C. Phillips Legion soon afterwards he was taken with Typhoid fever and pneumonia sent to Hospital at Nashville, T. C. and was discharged from the Service by Medical Board when he left the hospital - About the latter months of the year 6, enlisted with the 41st Co. Regt. and served at Greencborough T. C. The latter service we know from Co. & neighborhood information at the time. We were well acquainted with Applicant and know these facts and served with him in Phillips Legion to which he came after first enlistment. and as his neighbors knew his first enlistment and affiliation with Republicans and know that he is unable to perform manual labor from which he has sufficient to live from.

Where was applicant's command surrendered?

Was he with it?

Were all of you present?

Baswell in prison & Green in State Service latter part of war. formerly 2nd Lt. 6888 Central Postal Directory.

Where were you all?

Stake Acres

Wittmayer Mrs. P. Eisen does not know of source
in New York City.
How do you know the facts you state to be true? From personal knowledge and reliable
information at the time of source -

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 on _____ day 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.

Sworn to and subscribed before me, this

Isb. Tree

day of October 1908

Ordinary

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

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

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

4.—Three witnesses are required.

County

PERSONALLY comes before me Charles H. Child Ordinary of said County
Charles H. Child and Wm. Kemp both known to
me as reputable physicians of said County, who, being severally sworn, say on oath, that they have carefully

examined J. H. Bruce and after such personal examination, say that the present condition of applicant is as follows: He has pneumonia in

[illegible]

We have treated applicant professionally for 10 years, and his condition, as above stated, does not arise from hereditary or congenital causes, or from vicious or intemperate habits. (

Sworn to and subscribed before me, this

13th day of October 1907
M. G. G. G.
Ordinary.

NOTE 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 affiants.

NOTE 2.—The physicians will be careful to fill every blank space in oath

STATE OF GEORGIA.

County

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

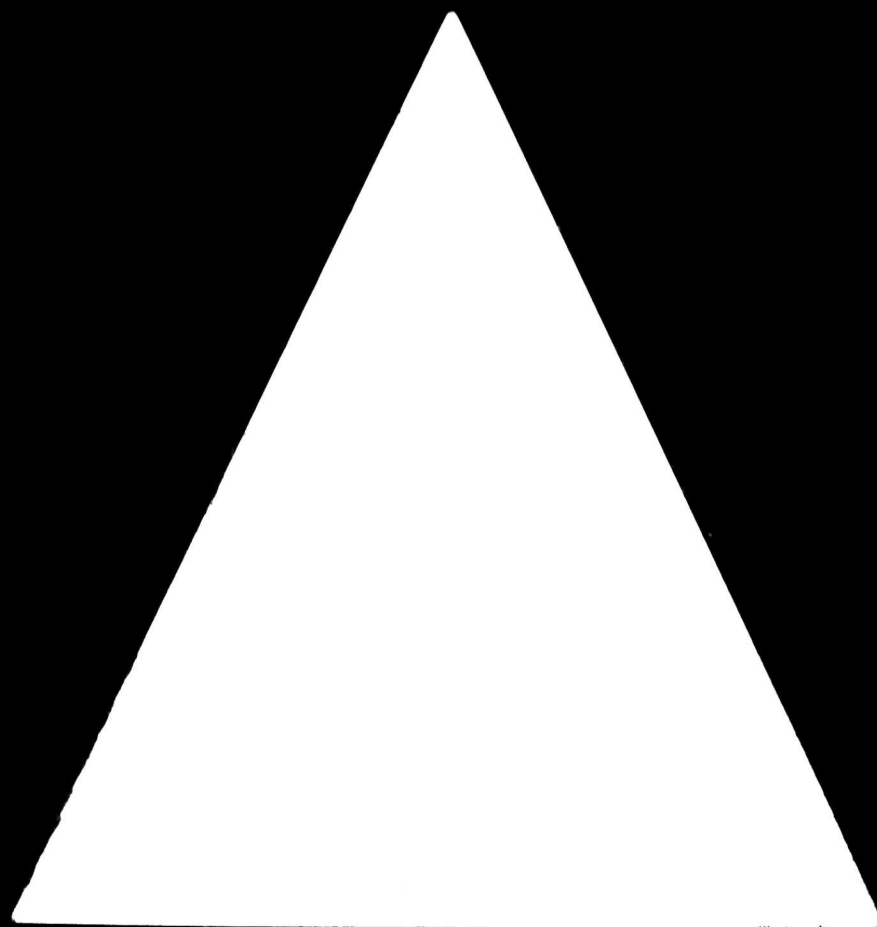
do certify that I am well acquainted with R. A. Brown the
applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are
true, and he is disabled, as he claims, and I know he is the individual he represents himself to be, and that he
resides in this County and has been a bona fide resident since the 1st day of March or thereabouts

I also certify that the witnesses, to-wit: E. L. Frey, J. A. Aswell
and M. L. Green are persons of respectability, that their statements are worthy of full
credit and belief, and that the full text of the affidavit was read to and understood by them before they signed
the same.

Given under my official signature and seal, this 16th day of October 1909

Ordinary Cobb County.

All amending proofs must be executed with the same formality as original proofs, and the ordinary must so certify.



POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb

COUNTY.

J. H. Bruce

hereby authorize

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

at

by

Witness my hand and seal, this

1st day of Jan 1907.

Received in presence of

J. H. Bruce [L. S.]

Cons. Section 1284.
(FOR THOSE ALREADY ENROLLED)

No. *684*

INDIGENT
SOLDIER'S PENSION
1907.

Name

J. H. Bruce

County

Cobb

Co. *E*

36 Regiment

WARRANT ISSUED
JAN 21

1907.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. HARRISON, State Printer, ATLANTA.

no data

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

Know all Men by these Presents, That I,

of

County, State of Georgia, do hereby appoint

of _____ my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of 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

day of _____ 1894.

[L. S.]

Executed in the presence of us

DIRECTIONS.

Send money to me as follows, by

to

P. O.

County, Georgia.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

KNOW ALL MEN BY THESE PRESENTS, That I,

of

County, State of Georgia, do hereby appoint

of _____ my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of 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

day of _____ 1895.

[L. S.]

Executed in presence of us

DIRECTIONS.

Send money to me as follows, by

to

P. O.

County, Georgia.

Soldier's Pension.

1894.

Name

County

Disability

Amount, \$

1894.

W. H. HARRISON,

Secretary Executive Department.

WARRANT HANDED TO

Applicant

Geo. W. Harrison, State Printer, Atlanta.

SOLDIER'S PENSION.

1895.

Name

County

Disability

Amount, \$

1895.

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDED TO

Applicant

Geo. W. Harrison, State Printer, Atlanta.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb

COUNTY.

I, J. H. Brouce, hereby authorize
John Lindsey of _____
to receive and receipt for the pension allowed, and request that he remit same, to
_____ at _____
by _____

WITNESS my hand and seal, this 9 day of January 1907.

J. H. Brouce [L. S.]
Mark

Executed in presence of

J. M. Gann

Brouce, Joseph K.

Cobb Co.

Class Number 124.

(FOR THOSE ALREADY ENROLLED)

No. 684.

INDIGENT
SOLDIER'S PENSION
1907.

Name J. H. Brouce

County Cobb

Co. E 36 E Regiment

WARRANT ISSUED
JAN 21

1907.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. HAMMOND, DEPT. POSTER, ATLANTA.

no dte

1907 FEBRUARY 12 11 12 AM RECEIVED PENSIONS

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,

Cobb County.

Personally appears J. K. Brouce 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 _____ day of _____ 18____; that he is _____ years old and by occupation a _____, 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 _____ in Company Ep, of 36 th Regiment of _____; that his physical condition is as follows: Infirm & feeble

that his property consists of the following items: _____

of the value of _____ Dollars. I am now earning by my labor, _____ Dollars per month. That by reason of his physical condition and ~~poverty~~ infirmity he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1907. I have heretofore, as a resident of Cobb County, been allowed a pension for the year 1906.

Sworn to and subscribed before me, this the _____

day of January 1907.

John Hooten Ordinary.

State of Georgia,

Cobb County.

I, John Hooten Ordinary of said County,

do certify that I am well acquainted with J. K. Brouce 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 1907.

John Hooten Ordinary Cobb County.



Form—This should be filled out and filed.
Note.—An affidavit should not be attested before January 1st, 1907.

of the value of _____ Dollars. 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 16th,
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 Cobb
County, been allowed a pension for the year 1906.

Sworn to and subscribed before me, this the }
_____ day of January 1907. } J. K. Brouce
John Hurley Ordinary. Munk

State of Georgia, }

Cobb County. }
I, John Hurley Ordinary of said County,

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

Given under my official signature and seal this 8
day of January 1907.
John Hurley
Ordinary. Cobb County.



Rem.—This blank space must be filled.
Note.—Affidavit should not be attested before January 1st, 1907.



Marilla, Ga., March 15th. 1905. 190

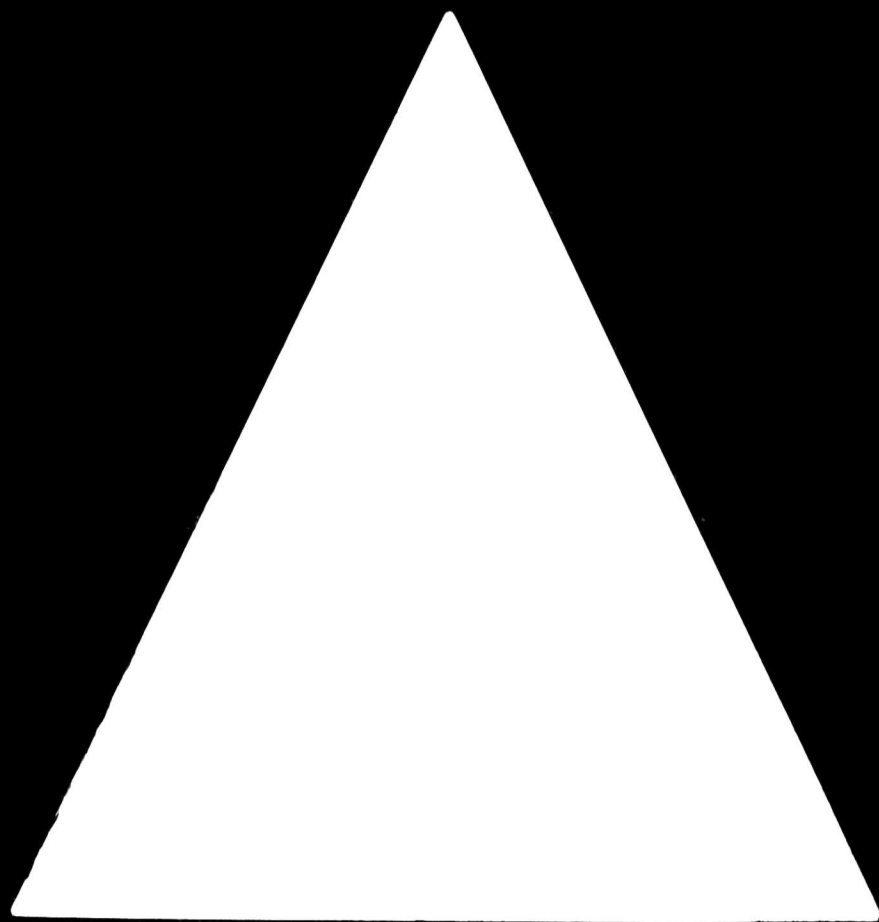
Hon. J.W.Lindsey,
Commissioner. Atlanta, Ga..

Dear Mr. Lindsey:-

I send you herewith the application of Mr. J.K.Bruce, strengthened by two affidavits. 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 hut 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 much to see him succeed in getting 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 or otherwise, and with high personal regards for you, I have the honor to be,

Yours Very Truly,

James B. Bruce



STATE OF GEORGIA,

COUNTRY.

1. ~~Mr. Gann~~

Ordinary of said County, do certify that I

person she represents hereby to be, and that she is a bona fide continuing resident of said County and was on the day of January 1900 the applicant for this pension, and that she is the

That I also know William Hayden

-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 seal of office this

(SEAL)

35 Day of Oct
J. M. Brown
Calk

County

[illegible]

**To Be Put on Roll in Her Own Right When
Husband Was on the Indigent Roll or
Put on Under Act of July 11, 1910—
As Amended by Act of 1919.**

County

Name

Widow of

Company

Regiment

Approved

Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

10-31-1924

ORDINARY'S CERTIFICATE

STATE OF GEORGIA,

Cobb

COUNTY.

I, *J. M. Gann* Ordinary of said County, do certify that I know *Mrs. Mary Ann Bryan* the applicant for this pension, and that she is the person she represents herself to be, and that she is a bona fide continuing resident of said County and was on the *27th* day of *Oct* 19*24*

That I also know *J. M. Dodgen* 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 seal of office this *27th* day of *Oct* 19*24*

(SEAL)

Ordinary.

Cobb County.

NOTES: 1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the truth. So help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. All affidavits must be made before the Ordinary of the county 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 reputation.
6. 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.

Bryan, Mary Ann
J. M. Gann
Cobb County
Oct 27 1924
No.

Widow's Application

To Be Put on Roll in Her Own Right When Husband Was on the Indigent Roll or Put on Under Act of July 11, 1910—As Amended by Act of 1919.

County

Cobb

Name

Mary Ann Bryan

Widow of

R. A. Bryan

Company

E

Regiment

2nd Va

Approved

Feb. 5, 1925

N. E. Harris
Commissioner of Pensions

Burd Printing Co., State Printers, Atlanta.

10-31-1924

WIDOW'S AFFIDAVIT

STATE OF GEORGIA,

Cobb COUNTY.

Personally before me comes Mrs. Georgian Bryan of said County, who, after being duly sworn, says that she is the widow of R. A. Bryan to whom, in the County of Cobb State of Ga she was married on the 10th day of Nov 1870, and that she remained his wife, and resided with him to the date of his death in Nov 26 1923 and that she has not since his death remarried. At the time of his death he was a resident of Fulton County, in said State of Georgia, and he was on the Indigent Pension Roll of the State and paid a pension of \$1.00 in Cobb County for 1923 per annum, on account of being a soldier in Company E 2nd Ga Regiment. (Volunteers or State Militia)

That she is now a bona fide resident citizen of said County of all her life and she has so continuously resided since for 72 years day of 1923

Sworn to and subscribed before me, this the

8th day of December 1923
J. M. Gann Ordinary
Cobb County.

Georgian Bryan
mat

(SEAL)

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

STATE OF GEORGIA,

Cobb COUNTY.

Personally before me comes S. M. Dodgen 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. Georgian Bryan who made the foregoing affidavit, is the lawful widow of R. A. Bryan who died in Fulton County in said State of Ga on 26 day of November 1923, and that she has not since remarried. That she became the wife of R. A. Bryan on the 10th day of November 1870, and that she and he had resided together as man and wife continuously since 10th day of Nov 1870, and that the R. A. Bryan was the same man who was on the pension roll of said State from Cobb County Ga when he died.

Sworn to and subscribed before me, this the

8th day of December 1923
J. M. Gann Ordinary
Cobb County.

S. M. Dodgen

(SEAL)

No. 904



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

R. A. Bryan and *Georgia Ann Dodgen*
 in the Holy State of Matrimony according to the Constitution and
 Laws of this State and for so doing this shall be your License.
 And you are hereby required to return this License to me with your
 Certificate hereon of the fact and date of the Marriage.

Nov-1870
 19

19

E. J. Sheppard
 day of *Nov* 1870
 (L.S.)
 Ordinary

STATE OF GEORGIA

CERTIFICATE

COUNTY OF COBB

I Certify that *R. A. Bryan* and *E. J. Sheppard*
 were joined in Matrimony by me this *10* day of *Nov* 1870. Witness My hand
 and

Recorded *Nov 18-1870*
E. J. Sheppard Ordinary

LICENSE OBTAINED UNDER OATH BY

