FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
Cobb County.

Personally appears W W Foster 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 64 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 36, of 1st th Regiment of Ga State Troops; that his physical condition is as follows: Account 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 24 day of Jany 1905.
W W his x mark Foster
John Ardrey Ordinary.

STATE OF GEORGIA,
Cobb County.

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

Given under my official signature and seal, this 24 day of Jany 1905.

John Ardrey
Ordinary Cobb County.

Affix your seal here

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,
Cobb County.

Personally appears W W Foster 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 14, of 1st th Regiment of Ga State Troops; that his physical condition is as follows: Infirmity & 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 4 day of Jany 1906.
W W his x mark Foster
John Ardrey Ordinary.

State of Georgia,
Cobb County.

I, John Ardrey 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 January 1906.

John Ardrey
Ordinary Cobb County.

Affix your seal here

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, W. W. Foster, hereby authorize John A. Wray of

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

at

by

WITNESS my hand and seal, this 1 day of Jany 1907.

W. W. Foster [L. S.]
Mark

Executed in presence of

[illegible]

Foster, William W.
Cobb Co.

CODE SECTION 1264.
(FOR THOSE ALREADY ENROLLED)

No. 597

INDIGENT
SOLDIER'S PENSION
1907.

Name W. W. Foster
County Cobb
Co. H 20 Inf. Regiment Ga.

WARRANT ISSUED
JAN 21 1907.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

no data

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,

Cobb County.

Personally appears W W Foster 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 H, of 1st 20th Regiment of Ga State Troops; that his physical condition is as follows: Infirmity & 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 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 1 day of July 1907.

W W Foster his mark

John A Wray, Ordinary.

State of Georgia,

Cobb County.

I, John A Wray Ordinary of said County, do certify that I am well acquainted with W W Foster the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 July 1907.

John A Wray

Ordinary Cobb County.

Affix your seal here

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

Additional Testimony.

State of Georgia
Cobb County. — Personally appeared before me, the Undersigned, Ordinary in and for said County W. W. Robinson Sr. who being Sworn, Says on oath, that he was a member of the Same Company and Regiment to wit, Co D 1st Regiment of the State Troops, that W. W. Foster was. That said Foster made a faithful Soldier and performed all the duties required of him. At the Surrender a number of Commands were ordered to report at Ruigston Ga as one of the points from which paroles were granted. The residue of the 1st Ga Regiment who were left after the Campaign through Ga and South Carolina, were ordered to Ruigston to be paroled and did so. Affiant and said Foster were among the number and were regularly paroled as Stated in Applicants petition and affiants former affidavit.

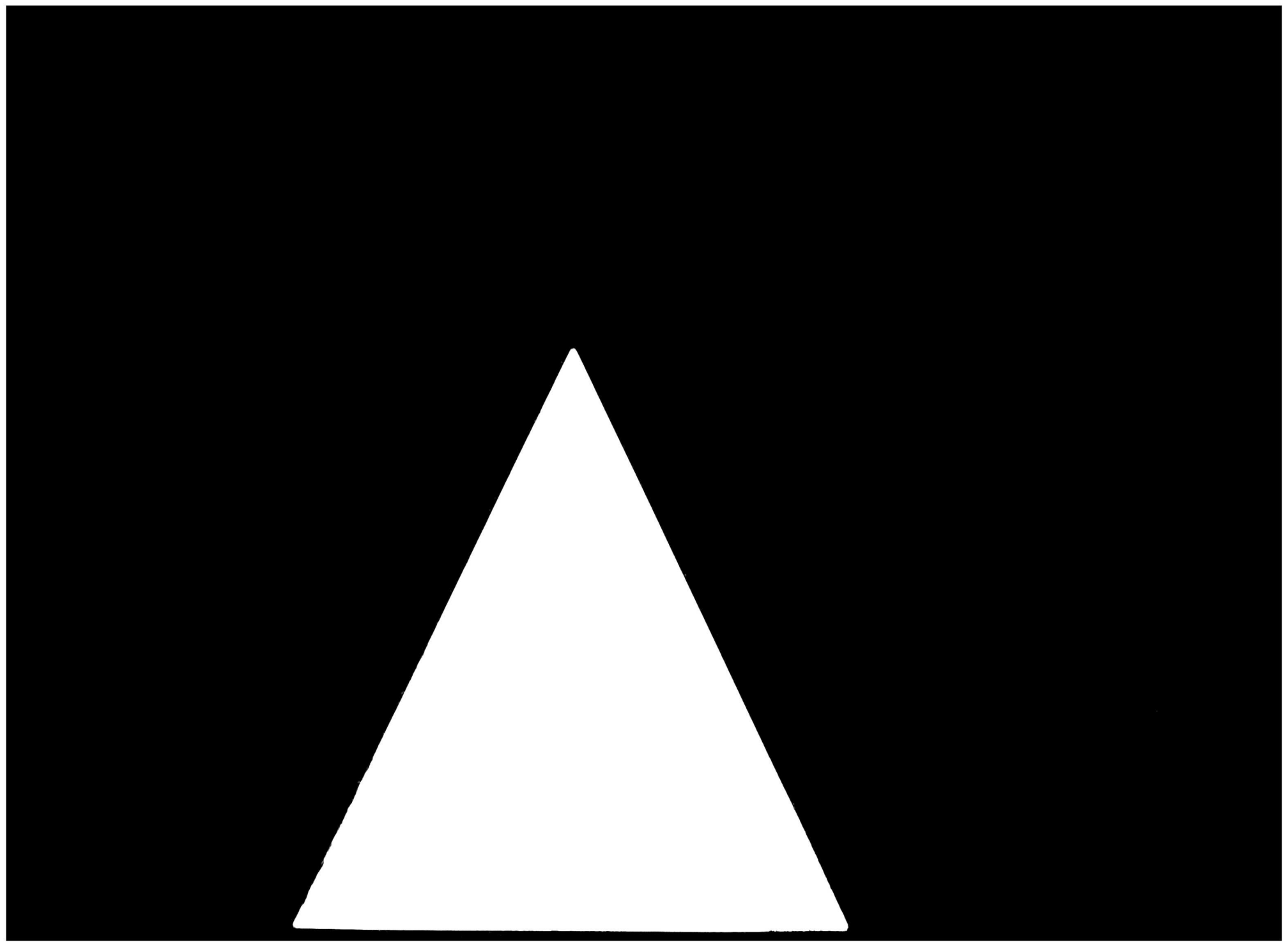
Sworn to & subscribed before me this Sept 17th 1900. — W. W. Robinson

J. M. Stone Ordy.

State of Georgia
Cobb County. — Personally appeared before me the Undersigned, Ordinary in and for said County, personally came W. W. Foster, who being duly Sworn Says on oath that he enlisted as Stated & served faithfully until the Surrender, Affiant States that after the Campaign through Ga and South Carolina the residue of his Regiment with Several Commands were ordered to Ruigston Ga as one of the points from which paroles were granted. Affiants Command did report at Ruigston and were regularly paroled as Stated in Affiants application. And that he received his parole as Stated

Sworn to and Subscribed before me this September 17th 1900. — W. W. Foster mrk

J. M. Stone Ordy.



Form No. 5.

POWER OF ATTORNEY.

STATE OF GEORGIA.
Cobb COUNTY.

Know all Men by these Presents, That I, Mrs. M. L. Franklin of Cobb County, in said State, do hereby appoint F. C. Hershey 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 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 24 day of Feby 1894.

Mrs. M. L. Franklin [seal]

Executed in the presence of us
All. Fon[illegible]

DIRECTIONS

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

Ga. Cobb County
Feby 24 1894
The applicant on this day appeared and made proof before the undersigned to be entitled to a [illegible] husband may have served during the war. He was married Feb 4 1863 at Vicksburg. Both he served on during the war, and was in active service residence in 1860. Served until May 1865 when the war was over. He lived 12 years after the war.
We do not think the facts shown authorize the conclusion that his death in 1877 was a direct result of his service as a soldier. He claim is refused.
W. N. Hansen
Sec. Ex. Bd.

Widow's Pension.
for year ending February 15, 1894.
PAID TO Mrs. M. L. Franklin
OF Cobb COUNTY.
Warrant Issued.
AND HANDED TO
1894.
ATLANTA, GA.: Geo. W. Harrison, State Printer. (Copyright Binding Press.) Half Dry Stretch.
11/9/1900

Form No. 3.

POWER OF ATTORNEY.

STATE OF GEORGIA, }
Cobb COUNTY. }

Know all Men by these Presents, That I, Mrs. M. L. Franklin of Cobb County, in said State, do hereby appoint Mr. M. Riley of Marietta 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 Feb 1894.

Mrs. M. L. Franklin [L. S.]

Executed in the presence of us

M. Fox

DIRECTIONS

It followed, send amount by to

at and lodge.

Affidavit to Be Made by the Widow.

Form No. 1.

STATE OF GEORGIA, }
COUNTY OF Cobb } In person came before me, the undersigned Ordinary in and for the County of Cobb

Mrs. M. L. Franklin who being sworn according to law, says under oath that she is the widow of W. J. Franklin who was a soldier in the service of the Confederate States, and served as a member of Company K of the 36th Ga. Regiment of Ga. Volunteers; that he enlisted in said service on or about the day of 186/, and was in the Western Army up to May 186 5. That while in the Army, he was on the day of 186 5. (See Note No. 1)

took sick with Dropsy and died in the year 1877 - from the immediate effects of said disease contracted in the said service he was wounded in the leg in a battle near New Hope in Paulding County Ga but died from the effects of the Dropsy brought on by exposure while in the said Service, the Dropsy came on him while at Talladega Miss and never recovered from said disease and said disease caused his death

Deponent further swears that she was the wife of said deceased soldier during his term of service in the Army, and that she has never married since his death; that she became his wife on the 8th day of Aug 1861, and that she has resided in Georgia continuously since the 19 day of March 1888; 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, 1894, and herewith tenders the proofs of her right to receive the allowance granted by said Act.

Sworn to and subscribed before me, this the 14th day of Feb - 1894

Mrs. M. L. Franklin

Ordinary. POST OFFICE Marietta

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

Cobb County, Ga. Feb 24th 1894

Mrs. M. L. Franklin

Widow's Pension.

for year ending February 15, 1894.

PAID TO Mrs. M. L. Franklin

OF Cobb COUNTY.

Warrant Issued.

AND HANDED TO

1894.

ATLANTA, GA.: Geo. W. HARRISON, State Printer. (Franklin Publishing House. 1891 by Stroke.)

11/9-1894

Form No. 2.

Affidavit for Three Witnesses.

State of Georgia
County of Gwinnett } In person came before me, the undersigned Ordinary in and for said County, witnesses W. S. King and R. S. Franklin

and ..... (each known to said Attesting Officer as truthful, reliable ad reputable citizens), who severally say under oath, that, FROM THEIR OWN PERSONAL KNOWLEDGE, Mrs. M. L. Franklin of the County of Cobb State of Georgia, is the widow of W. J. Franklin who was a soldier in Company K of the 36 Regiment of Georgia Volunteers. That said soldier enlisted in the service of the Confederate States (or the Georgia State Troops) on or about the 12 day of May 1862 That while in said service or by reason of said service in the Army, he lost his life as follows: ~~Mr. Franklin says~~ That they were with W. J. Franklin in the service That he contracted dropsy at the siege of Vicksburg in 1863, that he died in this county in 1877 of dropsy, and that said dropsy was caused from exposure while engaged in the service that he was in the hospital part of the time, and when able was in the service from that time until the close of the service. That we were living in the same neighborhood with him from the time the war closed and that he was never well after his return, that he died of dropsy, and that said dropsy was contracted in the service

Our opportunity for knowing the facts stated in reference to death of applicant's husband were We know him before the war, that he went from Gwinnett County to the war that ~~they~~ we served with him in the war and lived in the neighborhood with after the war until his death

We further swear that Mrs. M. L. Franklin 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 20 day of February 1894 } W. S. King
R. S. Franklin
J. B. Whitworth
Ordinary.

NOTE. Witnesses must not testify about things they may believe, but confine their statements to such facts as they personally know.

2. If the husband died after the war of wounds or disease, state fully and particularly how you, as witnesses, know the service as a soldier was the immediate cause of his death.

Form No. 3.

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

STATE OF GEORGIA, } I, J. M. Stone Ordinary
COUNTY OF Cobb } in and for said County of Cobb State of Georgia, hereby certify that I am acquainted with Mrs. M. L. Franklin 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 24th day of July 1894.

SEAL.

J. M. 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 [illegible] wounded in the army and have since died from the direct effects of the wounds.

No pension can be pa[illegible] previous years.

Those whose husband[illegible]*acted disease in the service*, and who after the war, died of the disease caused by the service. *Th*[illegible]*e directly* causing the death.

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

The law does not p[illegible] 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.**

If husband died since the war testimony by physicians must be produced.

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, in any case.*

If proofs must be made out of the State, the wi[illegible] *of Record under Seal*, and the witnesses must be certified to as reliable, and that their signatures are ge[illegible]e.

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.

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, _____ L. S.

_____ County

SEAL

Marriage must not be stated
must be clearly proven like
other facts. Must furnish a witness
that knows something of husbands
service from the enlistment of Vicks
burg to the end of the war.

J. W. Lindsey,
Com. of Pensions.

sion office -8-13-1902.

No _____

WIDOW'S
Indigent Pension.
1901.

Name Martha L. Franklin
County Cobb
Widow of W. J. Franklin
Co. K 36 Ga
Approved _____ 1901

JOHN W. LINDSEY
Commissioner of Pensions

WARRANT HANDED TO _____ 1901

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

12-31-1902

Cobb County

Questions for Applicant.

STATE OF GEORGIA,

Cobb County.

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

1. What is your name and where do you reside? (*Give State, County and Post Office.*) Martha L Franklin Cobb Co Ga

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

3. When and where were you born? 1835 Gwinnett Co Ga.

4. When and where was your husband born—state his full name—and when were you and he married? 1828 Albert Co Ga William Jasper Franklin 1857

5. When and where, and in what Company and Regiment did your husband enlist or serve during the war between the States? May 1862 at Lawrenceville Gwinnett Co. Co K 36th Ga Vol.

6. How long did your husband serve in said Company and Regiment? Nearly 3 Years

7. When and where did your husband's Company and Regiment surrender and was discharged? Vicksburg Miss, Afterward at the Close of the war I dont know where

8. Was your husband present at the time and place when his Company and Regiment surrendered? He was present and come home when the armies all surrendered

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 with them

10. When and where did your husband die? Gwinnett Co Feb 28- 1876

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? Age and Poverty

13. What has been your occupation since your husband's death? Growing a Small Crop,

14. How much can you earn gross, by your own exertion or labor? 250 or 25- per Year

15. What property, real or personal, or income do you have or possess, and its gross value? Nothing

16. What property, real or personal, did you possess at death of husband or he left you, and of the year 1899-1900, and what disposition, if any, by sale or gift, have you made of the same? Nothing

17. In what counties did you reside in 1899 and 1900, and what property did you return for taxation? Cobb Nothing

18. How have you been supported since death of husband, and especially for 1899 and 1900? I had a Single daughter this column from her Support us

19. How much did your support cost for each of those years, and how much did you contribute by your own labor or income? 150 or 175 Dollars Nothing

20. What was your employment during 1899 and 1900—how much did you receive for each year? I done what Things I Could & Called to Help my daughter about Home work

21. Have you a family? If so, who composes such family? Give their means of support? Have they any lands or other property? I have not

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

23. How many applications have you made for a Pension, and under what class? One As Widow of deceased Soldier who died from Wounds as Contracted in the Service

Sworn to and subscribed before me this 16 day of April 1901

John Storey Ordinary,

Cobb County.

Martha L Franklin
mark

the surrender

by the Last of the war some Wounded

Questions for Witnesses.

STATE OF GEORGIA, Cobb County.

I H Maloney of said State and County, having been presented as a witness in support of the Application of Mrs. Martha L. Franklin for a Pension under the Act of 1900, and after having been 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 H Maloney Cobb County Ga
2. Are you acquainted with the applicant, Mrs. Martha L. Franklin If so, how long have you known her?
3. Where does she reside, and how long and since when has she been a resident of this State?
4. When and where was she born?
5. Were you ever acquainted with her husband? W J Franklin I was acquainted with
6. Where did he reside in 1861? Gwinnett Co Ga
7. When and to whom was he married?
8. When and where was he born?
9. How long have you known him? Ever since 1856
10. When and where did W J Franklin enlist in the war between the States, and in what Company and Regiment did he enlist and how do you know this? Gwinnett Co Ga May 12th 1862 Co K 36 Ga Vols I was present
11. Were you a member of the same Company and Regiment? Yes
12. How long did he perform regular military duty? From 12th May 1862 until the surrender at Vicksburg Miss. When he surrendered
13. When and where was his Company and Regiment surrendered and discharged from service? I was in prison and only heard by Company
14. Were you with the command when it surrendered? I was not
15. Was W. J. Franklin the husband of applicant present? I was not there and dont know
16. If not present, where was he?
17. When and where did he leave his Command? He was Surrendered at Vicksburg For what cause? The Army was Surrendred there By whose authority he left? How do you know all this? (State fully and clearly) We were log ways all the time from the time of Surrender to the Surrender of Vicksburg Miss. After that I was in prison and dont know
18. When and where did W J Franklin Gwinnett Co Ga die? I dont know the exact date
19. Where did he reside at his death and how long had he been a resident of Georgia at his death? Gwinnett Co Ga All his life
20. Do you of your own knowledge know that applicant is the lawful widow of W J Franklin Yes 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? Do not know
23. What property, effects or income did applicant possess in 1899 and 1900 and what disposition did she make of it? Do not know
24. Has applicant conveyed any property in last two years or given any away, if so what was it and to whom? Do not know
25. What is applicant's physical condition and her chances and ability to earn a support? I do not know her physical Condition
26. Is applicant able to earn a support at labor of any sort, if not why? I Do not know
27. How was she supported for 1899 and 1900? Do not know
28. How much did applicant contribute to her support for last two years? Do not know
29. Give a full and complete statement of applicant's physical condition? Do not know
30. What interest have you in the recovery of this pension by the applicant? None

Sworn to and subscribed before me this 16th day of Sept 1902

John Anstey Ordinary, Cobb County.

I H Maloney

Witnesses.

Affidavits of Physicians.

STATE OF GEORGIA, Cobb County.

Personally before me comes Chas. H Field Chas. D Howell and both known to me to be reputable physicians of said county who, being severally sworn, say on oath that they have examined carefully Mrs. Martha L. Franklin applicant for a Pension under Act of 1900, and after such personal examination say that her physical condition is this She has Chronic Rheumatism in Spine Sciatica & Arthritis with old age Weakness Practically & Substantially unable to do ordinary manual labor, she does not & is of long standing & is permanent, and we have no interest in said pension if allowed.

Sworn to and subscribed before me this 7th day of Feb 1902

John Anstey Ordinary, Cobb County.

Chas H Field M.D.

Chas. D Howell M.D.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA, Cobb County.

I, John Anstey, Ordinary in and for said county, hereby certify that the applicant, Mrs. Martha L. Franklin resides in said county, and has been a bona fide resident of this State since 1st day of Jan 1900, and that the witnesses, Mr. J H Maloney 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 1899 Nil dollars worth of property, and in 1900 Nil dollars worth of property.

Witness my hand and official seal, this 7th day of Feb 1902

{SEAL}

John Anstey Ordinary, Cobb 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 of you, and the evidence you shall give will be the whole truth; So help you God."
2. Additional affidavits may be attached, if blank spaces are insufficient.
3. All affidavits must be made before Ordinary.
4. Only widows who were the wives of the dead husbands while they were soldiers need apply—and are now widows. Those married since 26th April, 1865, not entitled.
5. ..... Witnesses and two Physicians are necessary to make out claims.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cobb COUNTY.

I, M L Franklin hereby authorize John Awtry 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 1 day of Jan 1904.

M L Franklin [L. S.]
Mark

Executed in presence of

J M Gunn

Franklin, M. L. (Mrs)
Cobb County

TO THOSE HERETOFORE PAID.

1904.

No. 192

INDIGENT WIDOW'S PENSION

FOR YEAR ENDING DECEMBER 31, 1904.

PAID TO

Mrs M L Franklin

OF

Cobb County,

Widow of H J Franklin

Co. _____ Regiment.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED

JAN 25 1904,

AND HANDED TO

Ordy

Geo. W. Harrison, State Printer, Atlanta.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cobb COUNTY.

I, M L Franklin, hereby authorize John Awtry of Marietta, Ga. 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 January 1905.

M L Franklin [L. S.]
Mark

Executed in presence of

Franklin, M. L. (Mrs)
Cobb County

To Those Heretofore Paid.

1905.

No. 244.

INDIGENT WIDOW'S PENSION,

For year ending Dec. 31, 1905.

PAID TO

Mrs M L Franklin

OF

Cobb County,

Widow of H J Franklin

Co. K, 36th Ga. Regiment.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED

JAN 23 1905.

AND HANDED TO

O

The Franklin Printing and Publishing Co. Atlanta.
Geo. W. Harrison, Manager, for State Printer.

Form No. 2.

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA, County of Cobb } PERSONALLY COMES MRS. M L Franklin

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 W J Franklin who was a soldier in Company K of the 36 Regiment of Ga Volunteers, that he enlisted in said regiment on or about the month of 1862, and served in the Army up to 1865. That he died on the day of 18

Owing to age infirmity and poverty she is unable to support herself

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 1851

I have been allowed an Indigent pension as a resident of Cobb County, under Act 1900, for the year 1903, and now apply for the pension provided by law for the year ending December 31, 1904.

Sworn to and subscribed before me, this 1 day of Jan 1904. John Ardtray Ordinary } M L her x mark Franklin Post Office

State of Georgia, Cobb County. } I, John Ardtray Ordinary of said County, certify that I am well acquainted with Mrs. M L Franklin, 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 1 day of Jan 1904.

Official Seal

John Ardtray
Ordinary of Cobb County

NOTE.—All blanks must be filled.
Vouchers and Affidavits must bear date after January 1st, 1904.

Form No. 2

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA, County of Cobb } PERSONALLY COMES MRS. M L Franklin

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 W J Franklin who was a soldier in Company K of the 36 Regiment of Ga Volunteers, that he enlisted in said regiment on or about the month of 186, and served in the Army up to 1865. That he died on the 28th day of Feby. 1877.

Age Infirmity & poverty

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 1851

I have been allowed an Indigent pension as a resident of Cobb County, under Act 1900, for the year 1904, and now apply for the pension provided by law for the year ending December 31, 1905

Sworn to and subscribed before me, this 14th day of January 1905. John Ardtray, Ordinary. } M. L. her x mark Franklin Post-Office Marietta, Ga.

State of Georgia, Cobb County. } I, John Ardtray Ordinary of said County, certify that I am well acquainted with Mrs. M L Franklin, 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 1894

Given under my official signature and seal, this the 14 day of Jany 1905.

Official Seal.

John Ardtray
Ordinary of Cobb County.

NOTE.—All blanks must be filled.
Vouchers and Affidavits must bear date after January 1st, 1905.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cobb COUNTY.

I, M. L. Franklin, hereby authorize
J. M. Awtry of Marietta, Ga.
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 19
day of January 1906.

M. L. Franklin [L. S.]
Mark

Executed in presence of

To Those Heretofore Paid

1906.

No. 304

INDIGENT WIDOW'S PENSION,

For year ending Dec. 31, 1906.

PAID TO Mrs. M. L. Franklin
OF Cobb County,
Widow of M. L. Franklin
Co. K, 36th Ga. Regiment.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED 1/12 1906,
AND HANDED TO

THE FRANKLIN PRINTING AND PUBLISHING CO., ATLANTA, GA.

Franklin, M. L. (Mrs.)
Cobb County, Ga.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cobb COUNTY.

I, M. L. Franklin, hereby authorize
John Awtry 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 8
day of January 1907.

M. L. Franklin [L. S.]
Mark

Executed in presence of
J. M. Awtry

To Those Heretofore Paid

1907.

No. 213

INDIGENT WIDOW'S PENSION,

For year ending Dec. 31, 1907.

PAID TO Mrs. M. L. Franklin
OF Cobb County,
Widow of M. L. Franklin
Co. K, 36th Ga. Regiment.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED 1/21 1907.
AND HANDED TO

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

Form No. 2.

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA, County of Cobb } PERSONALLY COMES MRS. M. L. Franklin

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 before the war. That she is the Widow of W J Franklin who was a soldier in Company K of the 36th Regiment of Ga. Volunteers, that he enlisted in said regiment on or about the month of 1862, and served in the Army up to April 1865 That he died on the 28 day of Feby 1877

Age, infirmity & poverty.

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 1 before the war-

I have been allowed an Indigent pension as a resident of Cobb County, under Act 1900, for the year 1905, and now apply for the pension provided by law for the year ending December 31, 1906.

Sworn to and subscribed before me this 19th day of Jany 1906. John Awtrey, Ordinary.

her M. L. X Franklin mark

Post Office

State of Georgia, Cobb County. } I, John Awtrey Ordinary of said County, certify that I am well acquainted with Mrs. M. L. Franklin, 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 January 1894

Given under my official signature and seal, this the 19 day of Jany. 1906.

{ Official Seal }

John Awtrey

Ordinary of Cobb County.

NOTE.—All blanks must be filled.
Vouchers and Affidavits must bear date after January 1st, 1906.

Form No. 2

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA, County of Cobb } PERSONALLY COMES MRS. M. L. Franklin

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 Jany 1894 That she is the Widow of W J Franklin who was a soldier in Company K of the 36 Regiment of Ga Volunteers, that he enlisted in said regiment on or about the month of 1862, and served in the Army up to 1865 That he died on the day of 1877,

Age & poverty

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 1 before the war-

I have been allowed an Indigent pension as a resident of Cobb County, under Act 1900, for the year 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 Jany 1907. John Awtrey, Ordinary.

her M. L. X Franklin mark

Post Office

State of Georgia, Cobb County. } I, John Awtrey Ordinary of said County, certify that I am well acquainted with Mrs. M L Franklin, 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 8 day of Jany 1907.

{ Official Seal }

John Awtrey

Ordinary of Cobb County.

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

Office of
JOHN AWTREY,
ORDINARY, COBB COUNTY

Amendment.

Marietta, Ga., Dec. 26th 1902

Georgia, Cobb County-

Personally Comes C J Wright, who being duly sworn deys that the applicant Martha L. Franklin was married to Wm Franklin in Gwinnett County Ga. about 1850 or thereabouts- Deponent was living in same community at the time- They lived together as man and wife from marriage up to the death of said Wm Franklin. She has remained unmarried since the death of said Wm Franklin, and is now his lawful widow-

C J Wright

Sworn to and subscribed before me this Dec. 26th 1902 & I certify that deponents statements are worthy of full faith and credit

John Awtry, Ordy-

Georgia. Paulding. County

In person appeared before the undersigned R.A.Childes Ordinary of Paulding Co ga Mr J.N. Land Who after being duly sworn Deposes and says that he knows of his own knowledge that W. J. Franklin was in the Hospital at Columbus Ga When the War Closed and was Payed Roled there at that time I was present at the time and was payed there my self and he stayed with me the same night after he Recieved his Discharge

Sworn to and subscribed before me this 19th day of December 1902

J.N. Land

R.A. Childes Ordinary

Georgia } I R A. Childs Ordinary
Paulding County } of Paulding County Ga
Certify that J.N. Land is a resident of said County and that he is of good Character and his statements are worthy of full faith & Credit

R.A. Childs
Ordinary
Paulding Co Ga

(Amendment 1900.)

Georgia - Cobb County:

Personally came the undersigned, J.H. Maloney, who upon oath says that he is acquainted with the applicant to whose application this is hereto attached - that he knew her husband W.J. Franklin since before the Civil War up to the time of his death - that he was in the same Co. "K" 36th Regt. Ga. Vols Confederate Army & served with her husband during the war & has known him ever since to the time of his death. Before the war W.J. Franklin was a stout, healthy, vigorous & industrious man; in the war he made a brave good soldier and knew no complaint or disease until during the service they underwent severe hardships & especially while in Miss. & while at Vicksburg, Miss. he began complaining, his feet and legs swollen and puffed up. Some of the time afterwards he was with the command, other times in the hospitals and at still other times, he was with the teams and commissary department - He was a man never to give up and did actual service often when he was'nt able to do it - but did it anyhow - of his own will - Some times he was in better condition than at others - but this swelling & puffing was never all gone after it first appeared and instead of ever getting better, it gradually grew worse, until in his last years he was unable to do anything and finally died - There can hardly be any question as to what was the matter with him - Dropsy - and from the direct result of which he died in 1877.

Sworn to and subscribed before me. Nov. 8 1900.

J.H. Stone
Ordinary
Cobb Co. Ga.

J.H. Maloney.

Georgia Cobb County.

I, J. M. Stone, Ordny said Co. do hereby certify that the witness J. H. Moloney is a bona fide resident of said county and is of trustworthy character & that his statements are entitled to full faith & credit.

This No.

J. M. Stone

Amendment 1900.)

Georgia - Cobb County -

Personally came Mrs. M. L. Franklin who upon oath says that she is the applicant in the pension claim to which this is hereto attached. That her husband W. J. Franklin prior to the war, was a healthy, stout vigorous man and had no symptoms of dropsy, whatever, or of any other disease, that after he once contracted said disease which was done while in the service, he was never a well man again, but gradually continued to grow worse of it until his death in 1877. His exposure and service was the direct cause of his contracting said disease and the disease the immediate & direct cause of his death.

Sworn to and subscribed before me, April 7, 1900.

J. M. Stone

Ordny.

Mrs. M. L. his X mark Franklin

State of Georgia, Whitfield County.

Personally came Jesse A. Glenn, who being duly sworn, says, I remember W.J. Franklin, who was a private in Co. "K" 36 Regiment Georgia Vols, Confederate Army; I recollect while in Vicksburg, Miss. he was sick, his feet and legs were swollen or puffed up, he contracted the desease from exposure while in Vicksburg, and I am convinced that from his condition and the indications that it was dropsey. The reason that I can swear so positively about him is that he was about Headquarters a good deal of the time, having charge of the teams.

Jesse A. Glenn

Late Col. 36 Ga. Vols.

Sworn to and subscribed before me, this February 22nd, 1894.

Jas Boyle
Ordinary, Whitfield Co Ga

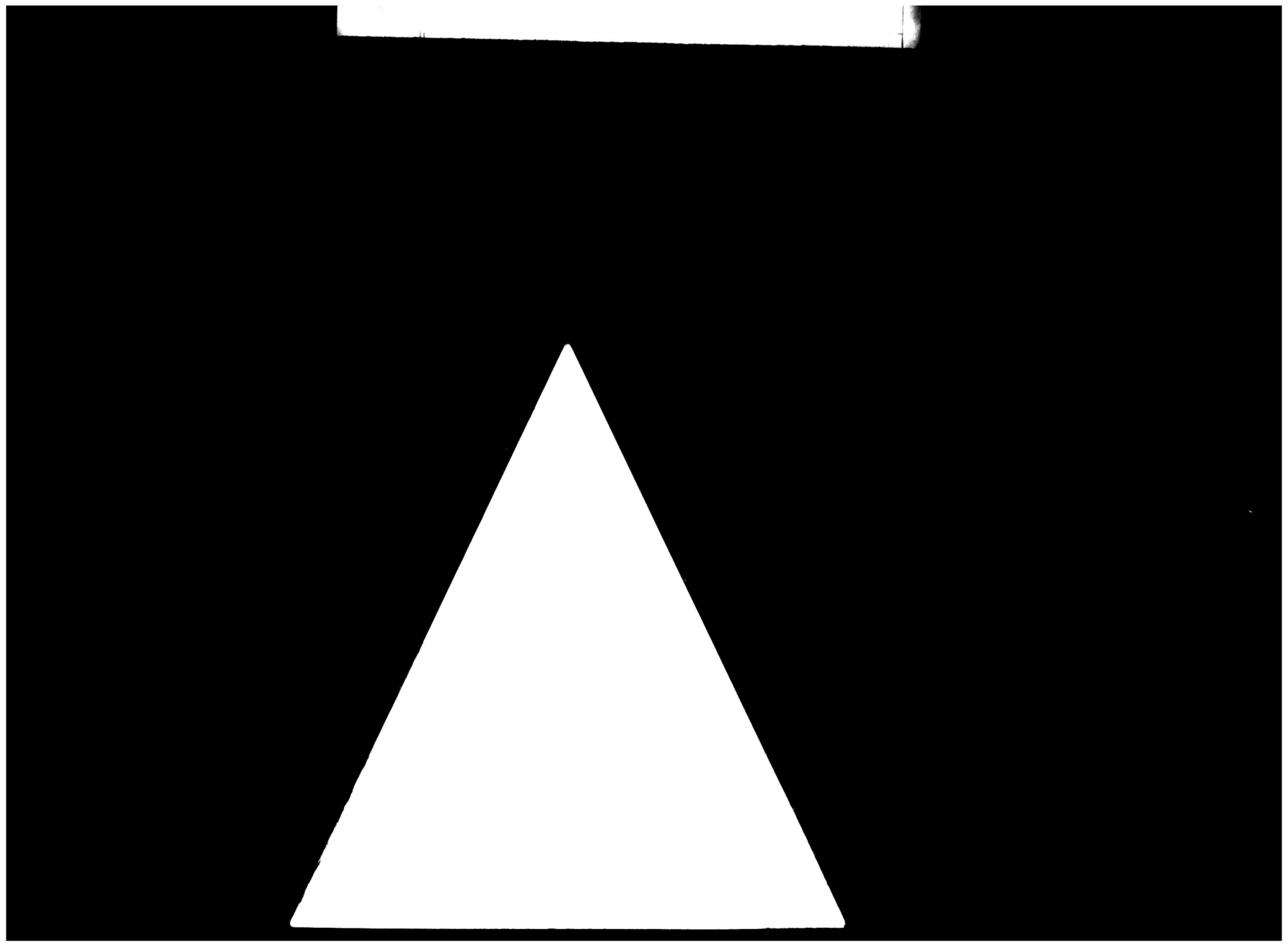
Georgia, Gwinnett County

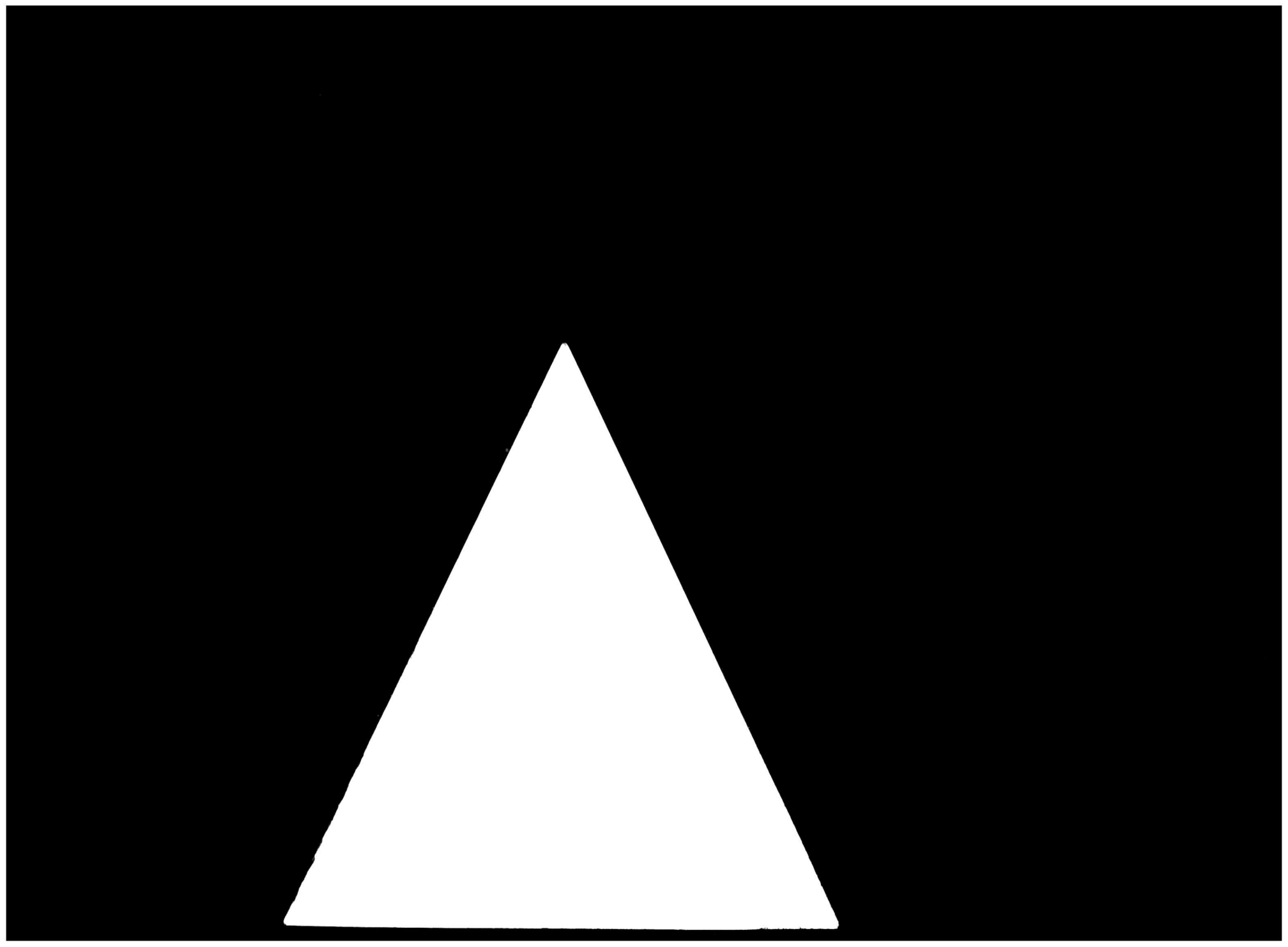
Personally appears before me W. H. Johnson M.D. who on oath says. That he knew W.J. Franklin, and did the principal practice of the family from 1872 to 1877 That Mr. Franklin was of a dropsical diathesis and that he waited on him in his last sickness, and dropsy was one of the principal causes of his death which occurred in the year 1877

Sworn to and subscribed before me Feb. 23, 1894.

W. H. Johnson M.D.

R. B. Whitworth,
Ordinary.





ACT 24th October, 1887.

No.

INVALID SOLDIER'S PENSION 1897.

Name H. W. Frey

County Cobb

Disability

Amount, $

1897.

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDED TO

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

5/8.97 2/27 97

Pension Dept 3/22 1897
The evidence submitted does not justify a pension - it not being shown that by reason of disease contracted in the service applicant is disabled -
Richd Johnson
Comr of Pensions

Pension Office 12/15 1897
The above ruling is correct - Richd Johnson
Comr of Pensions

Form 5.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cobb COUNTY.

I, H. W. Frey hereby authorize [illegible] of Marietta Cobb Co Ga to receive and receipt for the pension allowed and request that he remit same to Me by hand at Marietta Ga

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

Executed in presence of:

[L. S.]

ACT 24th October, 1887.

No.

INVALID SOLDIER'S PENSION 1897.

Name H. W. Frey

County Cobb

Disability

Amount, $

1897.

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDED TO

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

5/8.97 2/27 97

The evidence submitted does not justify a pension - it not being shown that by reason of disease contracted in the service applicant is disabled -

Richd Johnson
Com^r of Pensions

Pension Office 12/15 1897
The above ruling is correct - Richd Johnson
Com^r of Pensions

Form 5.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cobb COUNTY.

I, H. W. Frey hereby authorize Geo. H. P. Irwin of Manitta Cobb Co. Ga. to receive and receipt for the pension allowed and request that he remit same to me by Hand Manitta Ga.

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

Executed in presence of:

[L. S.]

Form 5.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cobb COUNTY.

I, W. D. Long hereby authorize D. W. Long
of Marietta Cobb Co Ga to receive and receipt for the pension allowed and
request that he remit same to Me
by Hand at Marietta Ga

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

[L. S.]

Executed in presence of:

Pension Office 3/22 1897
The witness on this affidavit
does not qualify as a com-
petent witness - it not being shown
that by reason of mental
condition he is competent
applicant is unable -
Dick Johnson
Cond'g Division

Pension Office 3/25/1897
The above ruling is
correct - Dick Johnson
Cond'g Division

ACT 24th October, 1887.

No.

INVALID
SOLDIER'S PENSION
1897.

Name D. W. Long
County Cobb
Disability
Amount, $
1897

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT MAILED TO

GEO. W. GIBSON, STATE PRINTER, ATLANTA.

5/8.97 2/27 97

Form No. 3.

Physicians' Affidavit.

STATE OF GEORGIA,
Cobb County. } John Awtry

PERSONALLY comes before me John Awtry Ordinary of said County,
A. H. Kemp M D and , both known to
me as reputable physicians of said County, who being severally sworn, say on oath, that they have carefully examined
D. W. Long and after such personal examination, say that the present
condition of applicant is as follows: [illegible] a Violent
Chronic [illegible] pain & Endangered
& Useless Joints Rendering him unable
to Perform Manual Labor at the
Present Time or elsewhere
Practically Useless Cannot [illegible]

and that such condition is permanent. Said condition arises from the following facts:
Exposure & Hardships

We have treated applicant professionally for 6 Months The years, and his condition, as above stated,
does not [illegible] arise from hereditary or congenital causes, or from vicious or intemperate habits.

Sworn to and subscribed before me, this
10 day of Feb 1897. } A. H. Kemp M D
John Awtry, Ordinary. Jno R Simpson M D

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.

Form No. 4.

STATE OF GEORGIA,
Cobb County.

I John Awtry, Ordinary of said County,
do certify that I am well acquainted with D. W. Long 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 day of 18[illegible]

I also certify that the witnesses, to-wit:

and 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 15th day of Feby 1897.

John Awtry Ordinary. Cobb County.

All amending proofs must be executed with the same formality as original proofs, and the Ordinary must so certify.

STATE OF GEORGIA,
Cobb County.

PERSONALLY comes before me J. M. Stone Ordinary of said County, [illegible] and E. J. Getzer, both known to me as reputable physicians of said county, who being severally sworn, say on oath, that they have carefully examined Daniel W. Frey and after such personal examination, say that the present condition of applicant is as follows:

and that the condition is permanent.

We further say that said condition arises from the following facts:

[illegible] complaints [illegible]

We have treated applicant professionally for years, and his condition, as above stated, does arise from hereditary or congenital causes, or from vicious or intemperate habits.

Sworn to and subscribed before me this 10th day of Feby 1897.

J. M. Stone
Ordinary.

NOTE 1.—The physicians will state fully the extent of the wound, and then give facts to show the extent of the disability resulting therefrom.
NOTE 2.—If claim is for disability resulting from disease, state *how* the disease is *known* to result from the service as a soldier. Also state how long physicians have known and treated applicant.
NOTE 3.—The physicians will be careful to fill every blank space in oath.

Form 4.

STATE OF GEORGIA,
Cobb COUNTY.

I, J. M. Stone, Ordinary of said County, do certify that I am well acquainted with Daniel W. Frey the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, *and he is disabled, as he claims*, and I know he is the individual he represents himself to be, and that he resides in this County. I also certify that the foregoing witnesses, to-wit E. J. Frey, B. A. Osborn, and C. A. Fridell 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 10 day of Feby 1897.

J. M. Stone
Ordinary Cobb County.

Form No. 5

Physicians' Affidavit.

STATE OF GEORGIA,
Cobb County. John A. Frey

PERSONALLY comes before me ~~W. M. Kemp M.D.~~ Ordinary of said County, W. M. Kemp M.D. and Charles H. Field M.D., both known to me as reputable physicians of said County, who being severally sworn, say on oath, that they have carefully examined D. W. Frey and after such personal examination, say that the present condition of applicant is as follows: A mitral insufficiency. Diabetes. Varicose veins and atrophy of muscle of right leg.

and that such condition is permanent. Said condition arises from the following facts: Chronic Rheumatism

We have treated applicant professionally for 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 15 day of August 1901.

John A. Frey
Ordinary.

[illegible]
Chas. H. Field M.D.

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.

Form 4.

STATE OF GEORGIA,
Cobb County.

I, John A. Frey, Ordinary of said County, do certify that I am well acquainted with D. W. Frey 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 Five Known Him day of 18

I also certify that the witnesses, to-wit:

and 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 15 day of August 1901.

John A. Frey
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. }

I, D W Frey hereby authorize Ed W Frey
of Marietta to receive and receipt for the pension allowed and
request that he remit same to me by Check

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 17th
day of January 1899 D W Frey [L. S.]

Executed in the presence of
J M Stone
[illegible]

Pension Office 8/17 1899
Can the Physician say that as a result of the rheumatism that applicant is practically incapacitated to perform ordinary manual labor - or that said condition is permanent.
Respectfully
Chief Division

Pension Office 8/21 1899
The statement made by examining surgeon - as to the disability of applicant is sufficient to warrant the allowance of a pension.
J M Lindsley
Commissioner of Pensions

Approved Aug. 15, 1900

INVALID
Soldier's Pension.
1898.

No. [illegible]
Name D W Frey
County Cobb
Disability Rheumatism
Amount, $

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO

[illegible]

[illegible] Received and filed in the Pension Office, October 24th, 1898.
ACT 24th October, 1887.

Form No. 1.

For Use of Applicants Who have Not Heretofore Drawn.

The Instructions as set out in the Notes Must be Observed.

STATE OF GEORGIA,
Cobb County. }

PERSONALLY appeared Daniel W. Frey, of said Cobb County, State of Georgia, who being duly sworn says on oath that he was born on the 15th day of Feby. 1838, that he is a *bona fide* citizen and resident of Georgia, and has been continuously since the day of December 1853, that he enlisted in the military service of the Confederate States (or the State of) on the 4th day of March 1862, during the war between the States, and served in Company "L" of Phillips Legion Regiment of Infantry Ga Volunteers Wofford's Brigade, and was honorably discharged on the 9th day of April 1865; that whilst engaged in such military service, and in line of duty in the State of Virginia, on the day of 1862 he was disabled ~~wounded~~ as follows: he contracted rheumatism, from exposure and hardships while in the service, in his arms, legs, shoulders and back etc. In Nov. 1862, he was sent from Fredericksburg to Richmond to the hospital on account of said rheumatism, the Grey and at Richmond about 2 months ~~he was sent to the Howard Grove hospital~~ He then went back to the army at Fredericksburg, where he remained about 3 months and was sent to the hospital at Richmond. He was then transferred to the Danville hospital and from there was furloughed home on account of said rheumatism where he remained about two months and after he had practically recovered, he returned to the army and did service until the end of the war. Deponent states that he had never had rheumatism before said service, was a stout and able bodied man. Since he first contracted said disease he has continuously suffered extreme pain and still suffers said pains. He is unable to perform manual vocations of life. He has at times been confined to his bed for as long as nine months at a time on account of said disease.

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 thereunder, ending October 26th, 1899.

Sworn to and subscribed before me, this the 17th day of January 1899.
J M Stone
Ordinary.

D W Frey
Post Office Marietta, Ga

NOTE—State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability. If claim is based on disease, give *full and connected history* of disease, tracing it directly to the service.
NOTE—Do not trouble to mention wounds which do not disable.
NOTE—The Ordinary will see that *all* blank spaces are filled when the affidavits are signed.

Form No. 2.

AFFIDAVIT FOR THREE WITNESSES.

STATE OF GEORGIA,
Cobb County.

PERSONALLY appears before me, the undersigned Ordinary in and for said County Samuel G. Frey - J. A. Boswell and A. S. Coker 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 well acquainted with D. W. Frey - whose application is herewith presented for a pension, that he has resided in this State continuously since the — day of December 1855 that he served in Company "L" of ~~the~~ (Phillips Legion) ~~Regiment of~~ Woffords Brigade, and from our personal knowledge he 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.*

When D. W. Frey enlisted in the confederate army he was as stout, able-bodied man as there was in our company - and from exposure and hardships in said service, he soon contracted rheumatism and during the said service, he was some three or four times sent to different hospitals and a time or two furloughed home - all on account of his inability to do service due to said rheumatism. He has never since been stout - and always complaining of the same old aches and pains in his hands, arms, legs, back and other parts of his body & limbs - He now suffers from said rheumatism and is unable to perform the ordinary manual vocations of life - He was a good soldier and did valiant service -

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 9th day of April, at Appomattox 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
[illegible] day of May 1899
J. M. Stone
Ordinary.

A. S. Coker
Samuel G. Frey
J. A. Boswell

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.

PHYSICIANS' AFFIDAVIT.

STATE OF GEORGIA,
Cobb County.

PERSONALLY comes before me J. M. Stone Ordinary of said County, Gilbert Lennent M.D. and ....., both known to me as reputable physicians of said County, who being severally sworn, say on oath, that they have carefully examined D. W. Frey and after such personal examination, say that the present condition of applicant is as follows:

He is just recovering from a very severe attack of Eidemic Influenza, his health has not been good for past twelve years. He complains of pains in his legs at all times and is unable to work on his farm. He is now sixty one years of age. and about twelve years ago I attended him during an attack of violent rheumatic pain in his leg

and that such condition is permanent. Said condition arises from the following facts:

We have treated applicant professionally for Twelve Years years, and his condition, as above stated, does ....., arise from hereditary or congenital causes, or from vicious or intemperate habits.

Sworn to and subscribed before me, this
17th day of Jan 1899
J. M. Stone
Ordinary.

Gilbert Lennent M.D.
de T. Nolan M.D.

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.

Form No. 4.

STATE OF GEORGIA,
Cobb County.

I J. M. Stone, Ordinary of said County, do certify that I am well acquainted with D. W. Frey - the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, *and he is disabled, as he claims*, and I know he is the individual he represents himself to be, and that he resides in this County. I also certify that the witnesses, to-wit: Saml. G. Frey, J. A. Boswell, and A. S. Coker 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 3rd day of March, 1899
J. M. Stone
Ordinary Cobb County.

All amending proofs must be executed with the same formality as original proofs, and the Ordinary must so certify.

Form No. 8.

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 _____ by _____

at _____

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

day of _____ 190__

_____ [L. S.]

Executed in the presence of

_____

_____

Code Section 1250.

No. _____

INVALID

SOLDIER'S PENSION,

190__

Name D. W. Frey

County Cobb

Co. L. Phillips Legion Regt.

Disability _____

Amount, $ 12

190__

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

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

Gen. W. Hutchins, State Printer, Atlanta

Frey, D. W.
Cobb Co.

Form No. 1.

FOR USE OF APPLICANTS WHO HAVE NOT HERETOFORE DRAWN.

The Instructions as Set Out in the Notes Must be Observed.

STATE OF GEORGIA,
Cobb County.

PERSONALLY appears D W. Frey of said Cobb County, State of Georgia, who being duly sworn, says on oath that he was born on the 15th day of February 1838, that he is a *bona fide* citizen and resident of Georgia, and has been continuously since the _____ day of December 1865, that he enlisted in the military service of the Confederate States (or the State of Virginia) on the 10th day of January 1862, during the war between the States, and served in Company L. of Phillips Legion th Regiment of Ga Volunteers, Wheeler's Brigade, and was ~~honorably discharged on the~~ captured day of May 1864; 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: That during the winter of 1863 while in line of duty in the State of Virginia he contracted rheumatism from which he has suffered more or less until now. Said disease increasing with his age until he is entirely unable to perform manual labor of any description

Where was command surrendered? Appomattox C. H. Va. April 9th 1865

Was applicant present? Was not If not, where was he? In Prison How come there? Captured by Federals on Kinnish Line near Richmond Va. May 1864.

And by whose authority? State fully: Under Gen Custer & Rob Lewis Johnson and was paroled after the Surrender.

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 15th day of May 1907

John Huntley Ordinary.

D W Frey

Post Office Marietta Ga

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

NOTE.—Do not trouble to mention wounds which do not disable.

NOTE.—The Ordinary will see that *all* blank spaces are filled when the affidavits are signed.

Form No. 3.

AFFIDAVIT FOR THREE WITNESSES.

STATE OF GEORGIA,
Cobb County.

PERSONALLY appears before me, the undersigned Ordinary in and for said County, J. A. Baswell, I. F. McClellan and M. Walraven 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 D. W. Frey whose application is herewith presented for a pension, that he has resided in this State continuously since before the War between the States day of 18, that he served in Company L of the Phillips Legion Regiment of Woffords 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 he contracted rheumatism in the winter of 1863, in the State of Virginia. Said applicant contracted rheumatism in the State of Virginia while in line of duty from which he suffered more or less until now. That he is now wholly and entirely unable to perform manual labor. He is utterly helpless.

Where was applicant's command surrendered? ~~Was not~~ Appomattox C.H. Va April 1st 1865.

Was he with it? Was captured & in Rock Island prison. Were all of you present? Yes or in prison

If not, where was he? Rock Island prison

Where were you all? Prisoners or in line

How do you know the facts you state to be true? Because we were in same Company

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 15th day of May 1907.
John Hotrey
Ordinary.

J. A. Baswell
I. F. McClellan
M. Walraven

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.

PHYSICIANS' AFFIDAVIT.

STATE OF GEORGIA,
Cobb County.

PERSONALLY comes before me John Awtrey Ordinary of said County, V. B. Bishop and C. D. Elder, both known to me as reputable physicians of said County, who, being severally sworn, say on oath, that they have carefully examined D. W. Frey and after such personal examination, say that the present condition of applicant is as follows: He is entirely helpless and his mind is wayward. He has been a sufferer from Rheumatism for many years and some 30 days ago he had a stroke of Paralysis from which he has not recovered

and that such condition is permanent. Said condition arises from the following facts: That he is very old and infirm he having done much hard work and further that he has suffered so much from Rheumatism

We have treated applicant professionally for years, and his condition, as above stated, does arise from hereditary or congenital causes, or from vicious or intemperate habits.

Sworn to and subscribed before me, this 16 day of Oct 1908.
John Awtrey
Ordinary.

V. B. Bishop M.D.
C. D. Elder M.D.

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.

Form No. 4.

STATE OF GEORGIA,
Cobb County.

I, John Awtrey, Ordinary of said County, do certify that I am well acquainted with D. W. Frey 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 1894

I also certify that the witnesses, to wit: J. A. Baswell, I. F. McClellan and M. Walraven 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 16 day of October 1908.

John Awtrey,
Ordinary Cobb County.

All amending proofs must be executed with the same formality as original proofs, and the ordinary must so certify.

Gr[illegible] Bin[illegible]ing

Atlanta Ga
May 8th 1897

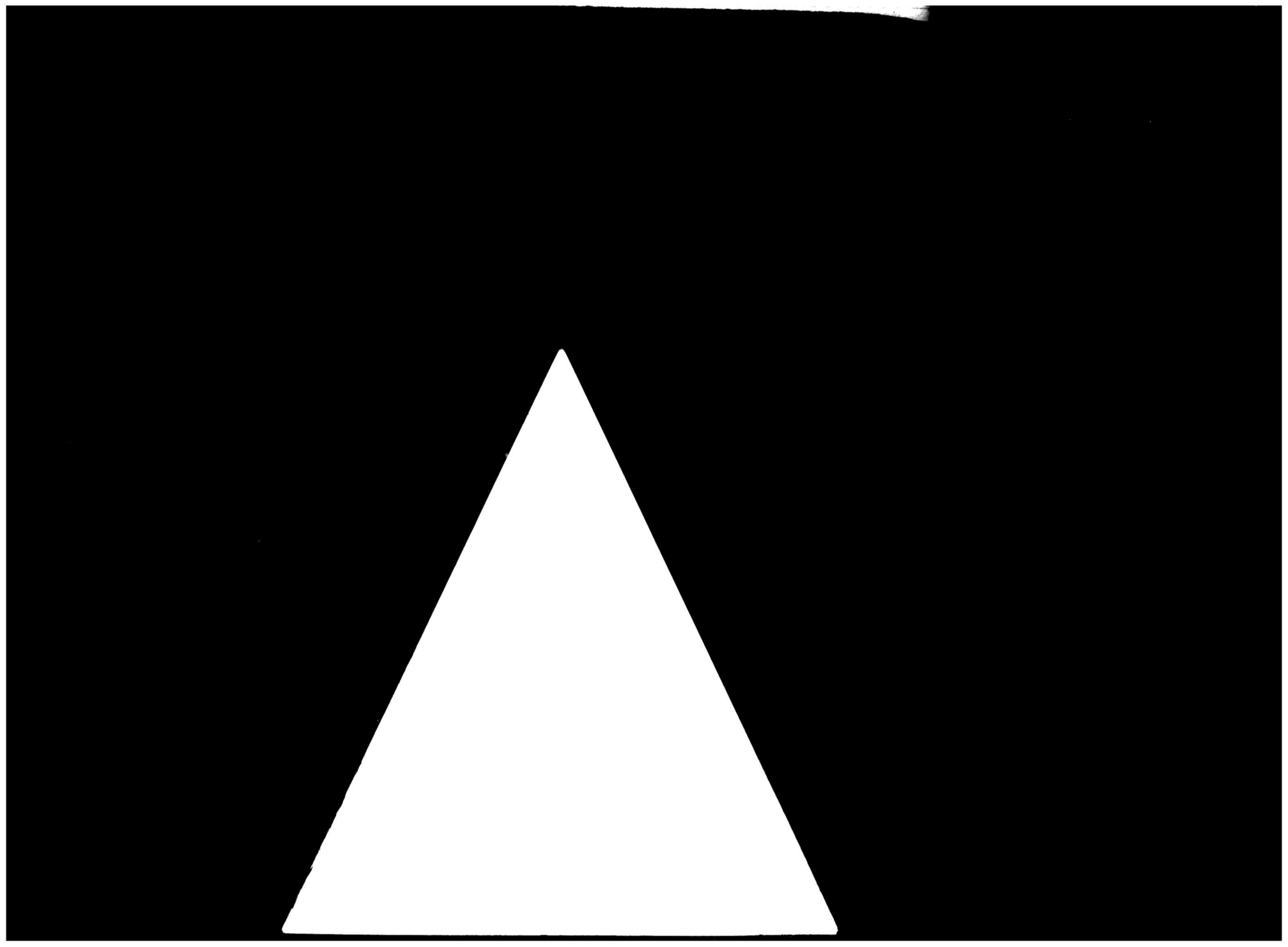
I certify that I attended D. W. Frey for rheumatism in 1886 for about three months.

[illegible] Gober M.D.

Roswell Ga
May 7 1897

I am personaly acquainted with D. W. Frey & I am treating him & I have treated him for Rheumatism & he has said trouble in its worse form I fully believe he contracted said disease in the army for it is caused from hardships & exposure and said trouble renders him unable to do manual labor & he suffers & is in terible agony at times Rheumatism is caused from exposure & hardships & I learn he made a good soldier & he served in army about 4 years I think he deserves a pension if any one does I fully believe he contracted [illegible]

Q. L. Brantley M.D.



Frey, John R.
Co. H. Co.
No. Not filed

INDIGENT PENSION

1898.

Name John R. Frey

County Co. H. 20 S. C.

Approved 1898

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

3/12/1901

2/18.198 - 1/21.99 - 11/18.99

Pension Office 8/1 1898
Applicant appears to be able to earn a support - Witness to service should have been sworn ~~by~~ and certified as trustworthy by the judge of a court of record - See form 3rd page

Richd Johnson
Com of Pensions

Pension Office 7/11 1899
The above mem. seems to be correct - Applicant is earning a support - The physical condition as described by the physicians does not show such infirmity as to prevent applicants supporting himself - The witness should be certified as on 3rd page -

Richd Johnson
Com of Pensions

Pension Office 8/1-1902
Applicant states him & plan of his Captain as a Pension of man - John, held Lothm & other discharged Pen Pension & prove his Cross, Captain Adelaide & discharge by a witness who knows it & the time of his own Female Age

R. W. Fairley
Com of Pensions

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 _____ [L.S.]

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

Witness my hand and seal this day of 1898.

Executed in presence of

[L.S.]

Pensions office 8/11-1898

Applicant states
that plan of this
Captain as a Private
in Co. A, 1st Ga. Vols. Inft.
Co. A, 1st Ga. Vols. discharged
from Private and promoted
to this Army, Captain
Detailed and discharged
by a military order
dated at this city
this 9th day of May 1898
Ga.

Clerk of Pensions

Pensions Act. 8/1 1898
allowed at $ per
Mo. from 4 mos. subject
to same a subject
Mo. from 4 mos. subject
has been three months
entitled as aforesaid
by the prior pension
of same - subject
to same -

Clerk of Pensions

Pensions Act. 7/1 1899
The above name named is
to cease - allowed at
$ per Mo. from 4 mos.
Physician's certificate
shows the 4th ult. as
date on which such applicant
was last able to perform
manual labor -

Clerk of Pensions

Pensions office 8/11-1898

Applicant states
that plan of this
Captain as a Private
in Co. A, 1st Ga. Vols. Inft.
Co. A, 1st Ga. Vols. discharged
from Private and promoted
to this Army, Captain
Detailed and discharged
by a military order
dated at this city
this 9th day of May 1898
Ga.

Clerk of Pensions

INDIGENT PENSION

1898.

Name

County

Approved 1898

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO

B&O. W. HARRISON, STATE PRINTER, ATLANTA.

10/15-1898 3/12/1901

9/15.1898 4/6-1899-11/11

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,
Cobb County.

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

The right shoulder is weak as a result of a war wound, and pains him severely after any exertion. He sustained a fracture of left shoulder about five years ago, and has not fully recovered from effects of same

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.

J. D. Malone M.D.
E. C. Estes M.D.

Sworn to and subscribed before me this the 15th day of Feby 1898.
J. M. Stone
Ordinary.

Ord is now unable to do steady and continuous labor

ORDINARYS' CERTIFICATE.

STATE OF GEORGIA,
Cobb County.

I, J. M. Stone, Ordinary in and for said County, hereby certify that the applicant John R. Frey resides in said County, and has been a bona fide resident of this State since the [illegible] day of [illegible] 1883 and that the witnesses, viz. S. A. Frey, J. D. Malone M.D. and E. C. Estes M.D. are of trust worthy character and that their statements are entitled to full faith and credit.

I further certify that before answering the forgoing 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 19 day of Feby 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.

Questions for Applicant.

STATE OF GEORGIA,
Cobb County.

John Ransom Frey 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.) My name is John Ransom Frey. My P.O. is Marietta Cobb County Georgia where I reside.
2. How long and since when have you been a resident of this State? I have resided in this State for fifteen years. I came here in 1883.
3. When and where were you born? I was born in Lexington Co South Carolina Nov 15th 1832.
4. When and where and in what company and regiment did you enlist or serve? I enlisted in July 1861 in Company H, 20th South Carolina Regiment on Sulivans Island near Charleston S.C.
5. How long did you remain in such company and regiment? About three and a half years. From my enlistment until I was captured in the Spring of 1865.
6. For how long a period did you discharge regular military duty? About three and a half years.
7. When, where and under what circumstances were you discharged from service? I was detained as a prisoner of war until the surrender when I was paroled at Charleston S.C.
8. What is your present occupation? I am peddling on fruits &c in a very small way.
9. How much can you earn (gross) per annum by your own exertions or labor? I am unable to work at anything.
10. What has been your occupation since 1865? I farmed on rented land as long as I was able.
11. Upon which of the following grounds do you base your application for pension, viz: first "age and poverty," second "infirmity and poverty" or third "blindness and poverty"? Infirmity & 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? My infirmity arises from my right shoulder having shattered by a gun shot wound at Deep Bottom battle during a charge in 1865. Since then my collar bone was broken by a fall. My age contributes to my infirmity. I have been unable to work for about five years.
13. What property, effects or income do you possess and its gross value? I have no property but a box and table to eat on and my peddling basket.
14. What property, effects or income did you possess in 1894, 1895, 1896 and 1897 and what disposition, if any, did you make of same? I had no property in the years 1894, 1895, 1896 and 1897, except as stated.
15. In what County did you reside during those years and what property did you then return for taxation? I resided in this County (Cobb) and returned no property for taxation for those years.
16. How were you supported during the years 1896 and 1897? All the support I had I made by peddling.
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? I kept no account. I made all I got by peddling & did not buy any clothes.
18. What was your employment during 1896 and 1897? What pay did you receive in each year? Peddling. I received very little - only what I could get from peddling.
19. Have you a family? If so, who composes such family? Give their means of support? Have they a homestead? I have no family living with me but a wife. We have no means of support except what I can make peddling, and my family have no homestead.
20. Are you receiving any pension, if so, what amount and for what disability? I receive no pension whatever.

Sworn to and subscribed before me this the 9 day of Feby 1898.
J. M. Stone Ordinary.
of Cobb County.

John R. Frey
Applicant.

Every Question MUST be Answered

QUESTIONS FOR WITNESS.

STATE OF ~~GEORGIA~~ South Carolina
LEXINGTON. County.

Saml M Roof, of said State and County, having been presented as a witness in support of the application of John Lawson Frey for pension under the Act approved December 15th, 1894, and after being duly sworn true answer to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? Saml M Roof Lexington C H SC

2. Are you acquainted with John R Frey, the applicant, if so how long have you known him? Up to 1 Yr ago

3. Where does he reside, and how long and since when has he been a resident of this State? Up to 1 Yr ago for Geyer

4. When, where and in what company and regiment did he enlist, and how do you know? C H 20 SC Regt. Co. 3, [illegible] Cohen

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? about [illegible] He was a pair Soldier

7. What property, effects or income has the applicant? (Give your means of knowledge) Dont know

8. What property, effects or income did the applicant possess in 1896 and 1897, and what disposition, if any, did he make of same? Dont know

9. Has he conveyed away any of his property in the last three years, if so, what was it and to whom? Dont know

10. What is the applicant's occupation and physical condition? Dont know

11. Is the applicant unable to support himself by labor of any sort, if so, why? Dont know

12. How was he supported during the years 1896 and 1897? Dont know

13. What portion of his support for these two years was derived from his own labor or income? Dont know

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? Cont

15. What interest have you in the recovery of a pension by this applicant? None

Sworn to and subscribed before me, this the 11 day of Feb 1898. S M Roof Witness.

Saml B George ~~Ordinary.~~
Not A Pub. SC

I certify that the questions about answered by S M Roof are true to the best of my knowledge Jan 2 1899
Geo S Doggs
J.P.&C.

POWER OF ATTORNEY.

STATE OF GEORGIA, Cobb County.

I, J R Frey hereby authorize John Antrey of

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

at

by

Witness my hand and seal, this 1 day of Jan 1902.

J R Frey [L. S.]

Executed in presence of

[illegible]

Frey, J. R.
Cobb County

CODE SECTION 124.
(FOR THOSE ALREADY ENROLLED.)

No. 702

INDIGENT
SOLDIER'S PENSION
1902.

Name J R Frey
County Cobb
Co. H Regiment 22 D.C.

WARRANT ISSUED
1/16 1902.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
Cady

Geo. W. Harrison, State Printer, Atlanta.

no data

POWER OF ATTORNEY.

STATE OF GEORGIA, Cobb County.

I, J R Frey hereby authorize John Antrey of

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

Same at

by

Witness my hand and seal, this 1 day of Jan 1903.

J R Frey [L. S.]

Executed in presence of

J M Gann

Frey John R.
Cobb County

CODE SECTION 124.
(FOR THOSE ALREADY ENROLLED.)

No. 462

INDIGENT
SOLDIER'S PENSION
1903.

Name J R Frey
County Cobb
Co. A Regiment 20th D.C.

WARRANT ISSUED
1/23 1903.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
Cady

Geo. Harrison, State Printer, Atlanta.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
Cobb County.

Personally appears J. R. Frey 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 1882; 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 during the war between the States, and served for the term of 3 Years in Company A, of 20th Regiment of South Carolina; that his physical condition is as follows: Owing to age Infirmity and Poverty Defendant 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 1901

J. R. Frey

Sworn to and subscribed before me, this the 1st day of January 1902.

John Anthony Ordinary.

STATE OF GEORGIA,
Cobb County.

I, John Anthony Ordinary of said County, do certify that I am well acquainted with J. R. Frey the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 1902.

John Anthony
Ordinary Cobb County

Affix your Seal here

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 J. R. Frey 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 1832; 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 during the war between the States, and served for the term of 3 1/2 Year in Company A, of 20th Regiment of South Carolina; that his physical condition is as follows: Owing to age Infirmity and poverty 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 1903. I have heretofore as a resident of county been allowed a pension for the year 1902

J. R. Frey

Sworn to and subscribed before me, this the 1st day of January 1903.

John Anthony Ordinary.

STATE OF GEORGIA,
Cobb County.

I, John Anthony Ordinary of said County, do certify that I am well acquainted with J. R. Frey the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 1903.

John Anthony
Ordinary Cobb County.

Affix your Seal here

NOTE—The blank spaces must be filled.
NOTE—Affidavit should not be attested before January 1st, 1903.

Frey, John R.
Cobb Co.

CODE SECTION 1254.

(FOR THOSE ALREADY ENROLLED.)

No. [illegible]

INDIGENT

SOLDIER'S PENSION

1904.

Name [illegible]

County

Co. [illegible] Regiment [illegible]

WARRANT ISSUED

[illegible] 1904.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

[illegible]

Geo. W. Harrison, State Printer, Atlanta.

POWER OF ATTORNEY.

STATE OF GEORGIA, [illegible] COUNTY. }

I, [illegible] hereby authorize

[illegible] of [illegible]

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

[illegible] at [illegible]

by [illegible]

Witness my hand and seal, this [illegible] day of [illegible] 1904. [L. S.]

Executed in presence of

[illegible]

no data

Frey, John R.
Cobb Co.

CODE SECTION 1254.

(FOR THOSE ALREADY ENROLLED.)

No. 712

INDIGENT

SOLDIER'S PENSION

1905.

Name J. R. Frey

County Cobb

Co. [illegible] Regiment [illegible]

WARRANT ISSUED

JAN 23 1905.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

GEO. W. HARRISON, MANAGER, STATE PRINTER, ATLANTA.

no data

POWER OF ATTORNEY.

STATE OF GEORGIA, Cobb COUNTY. }

I, J. R. Frey hereby authorize

John Whitley of [illegible]

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

[illegible] at [illegible]

by [illegible]

WITNESS my hand and seal, this 12 day of Jany 1905. [L. S.]

Executed in the presence of

J. R. Frey

[illegible]

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cobb County.

I, J R Frey hereby authorize John Awkey of to receive and receipt for the pension allowed and request that he remit same to at by

Witness my hand and seal, this 1 day of Jan 1904.

J R Frey [L. S.]

Executed in presence of

J M Gann

Frey, John R.
Cobb Co.

CODE SECTION 1254.
(FOR THOSE ALREADY ENROLLED.)

No. 1644

INDIGENT
SOLDIER'S PENSION
1904.

Name J R Frey
County Cobb
Co. F 20 Court Cav Regiment

WARRANT ISSUED
1/25 1904.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
only

Geo. W. Harrison, State Printer, Atlanta.

no data

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cobb County.

I, J R Frey hereby authorize John Awkey of to receive and receipt for the pension allowed, and request that he remit same to at by

Witness my hand and seal, this 12 day of Jan 1905.

J R Frey [L. S.]

Executed in the presence of

J M Gann

Frey, John R.
Cobb Co.

CODE SECTION 1254.
(FOR THOSE ALREADY ENROLLED.)

No. 712

INDIGENT
SOLDIER'S PENSION
1905.

Name J R Frey
County Cobb
Co. F Regiment 20

WARRANT ISSUED
JAN 23 1905.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

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

no data

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
Cobb County.

Personally appears J R Frey 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 1873; that he is 71 years old and by occupation a wood chopper, 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 Yrs in Company H, of 20 th Regiment of South Carolina; that his physical condition is as follows: Age Infirmity & 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

J R Frey

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

John Awtrey Ordinary.

STATE OF GEORGIA,
Cobb County.

I, John Awtrey Ordinary of said County, do certify that I am well acquainted with J R Frey the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 Awtrey
Ordinary Cobb County.

Affix your Seal here

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 J R Frey 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 1873; that he is 72 years old and by occupation a wood chopper, 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 Yrs in Company H, of 20 th Regiment of D.C.; 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.

J R Frey

Sworn to and subscribed before me, this the 12 day of Jany 1905.

John Awtrey Ordinary.

STATE OF GEORGIA,
Cobb County.

I, John Awtrey Ordinary of said County, do certify that I am well acquainted with J R Frey the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 Jany 1905.

John Awtrey
Ordinary Cobb County.

Affix your Seal here

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

State of Georgia, Cobb County.

Personally came before me, J. M. Stone, Ordy.

Dr. C. T. Nolan, known to me as a reputable physician of said County, who being duly sworn says on oath that he has examined carefully John R. Frey, applicant for pension under the act of 1890, and after such personal examination says that his physical condition is as follows - General condition below par - as a result of a severe attack of la grippe applicant had in April last. His heart is hypertrophied and its action very irregular - causing him to get out of "breath" very easily. His abdomen is slightly swollen due to his weak heart.

I 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 I have no interest in said pension being allowed.

C. T. Nolan, M.D.

Sworn to and subscribed before me this 11th day of October, 1900.

J. M. Stone
Ordy.

State of South Carolina, Lexington County.

In person appeared before the undersigned, George Wilson, who after being duly sworn says that John Ransom Frey was a member of Company "H," 20th South Carolina Regiment, in the War between the States, and served about three or three and one half years. I was in the same Company and Regiment with him. We were both captured in the Spring of 1865 on the Georgetown road near Bull's bay in the State of South Carolina. We were put on a steamer at Bull's bay and carried from there to Charleston, S.C. and we were held in Charl ston as prisoners of war until the war closed, and we were paroled and discharged from prison. We both came back to our homes in South Carolina. We came back home together. I know nothing of applicants present condition. Said John Ransom Frey was a faithful soldier during his three years of service. I am no relation to said John Ransom Frey and have no interest in a recovery of a pension by him.

Sworn to and subscribed to before me this the 26 day of September, 1900.

G. F. Wilson

Geo. S. Drafts
Judge of Probate Court in and for the County of Lexington, S. C.

I certify that George Wilson is of trustworthy character and that his statements are worthy of and entitled to full faith and credit.

Sept 26 1900 Geo. S. Drafts
Judge of Probate Court in and for the County of Lexington, S. C.

Georgia
Cobb County.

Personally appeared before me the undersigned, S. G. Frey, who being sworn, says, that he has been acquainted with John Ransom Frey all of said Freys life, and has known him intimately for the past fifteen years:

In answer to question 7 Deponent says that applicant has no property or effects I know it because I live in 300 yards of him and know it to be a fact.

In answer to Question 8 Deponent says applicant had no property or effects in 1896 and 1897.

In Ans. to Q 9 Deponent says no

In Ans. to Q 10. Deponent says Applicant peddles in a small way on fruits and nuts. He is in feeble healthy and complains a great deal of his Right Shoulder and other injuries. I regard him as a very feeble man.

In Ans. to Q 11 Deponent says that applicant is unable to support himself by labor, because he is physically unable to perform any labor.

Additional Testimony

Georgia
Cobb County.

Personally appeared before me J. M. Stone Ordinary of said County John Chandler who being sworn says that he is well acquainted with John Ransom Frey and have known him about fifteen years.

Deponent says that Mr Frey is very poor and possesses no property of any value. He is very infirm and unable to perform manual labor. He is unable to make living by labor because of his infirmity and makes a mere existence by peddling fruits and peanuts from a basket. Mr Frey is worthy and needs and deserves the benefit of the pension because of his poverty and infirmity.

Sworn to & subscribed before me Nov 20th 1898.

John Chandler

J. M. Stone Ordy.

I certify that John Chandler is of trustworthy character and that his statements are worthy of and entitled to full faith and credit.

J. M. Stone
Ordy.

In Answ^r to q 12. Deponent says: Applicant was supported by peddling, and the aid of his friends in 1896 + 1897.

In Ans^r q 13. Deponent says he does not know what portion of his support applicant made but knows that all that he was able to make was made by peddling.

In Ans^r to q 14. Deponent says that applicant is very feeble in health from wounds and age and is physically unable to labor.

In Ans to q 15. Deponent has no interest in the recovery of this pension.

Sworn to and ~~Subscribed~~ before me this February 17th 1898.

J. M. Stone
Ordy

S. G. Frey

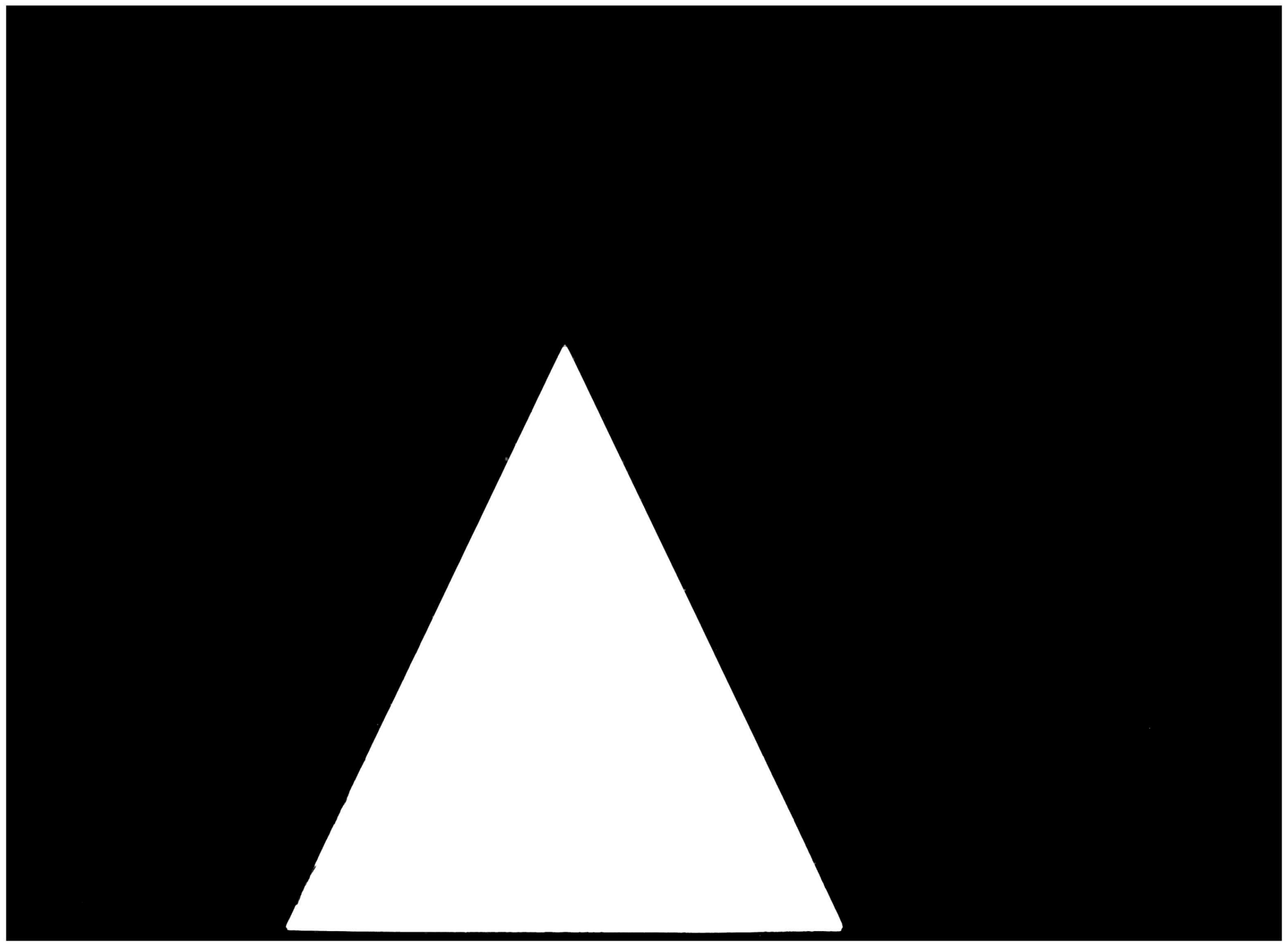
State of South Carolina,
LEXINGTON COUNTY.

Certificate of Signature.
Supplied Job Print, Lexington, S. C.

I, SAMUEL B. GEORGE, *Clerk of the Circuit Court in and for the County and State aforesaid, do hereby certify that* Geo. S. Drafts *whose genuine signature appears to the foregoing instrument hereto attached was at the time of signing the same, a* Judge of Probate Court *duly commissioned under the laws of this State, and that his official acts as such are entitled to full faith and credit.*

Witness my hand and the seal of the said Court at Lexington, S. C., this 23 *day of* July *190*1.

Sam B. George
Clerk of the Court.



Frey, S.G.
Cobb Co
(Anchided.)

No.

INDIGENT PENSION

1899.

Name S. G. Frey

County Cobb

Co L - Phillips Legion

Approved 1899.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

8/13-1901

1/5-1902

Pension Office 7/11 1899
Infirmity proven does not justify - Applicants disposition of his property does not commend itself -
Rich Johnson
Com of Pensions

Pension office 8/1-1902
Give property to Grand Children - They must support him Cannot grant him a Pension on this
Witness make no proff of disclosure on any thing of the kind
Compliment is not evidence
D. W. Lindsey
Com of Pensions

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cobb COUNTY.

I, S. G. Frey, hereby authorize Elwrey of Marietta to receive and receipt for the pension allowed, and request that he remit same to me by him

Witness my hand and seal this 1st day of Jany 1899.

Executed in presence of
W. A. Power
S. G. Frey (L. S.)

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cobb COUNTY.

I, S. G. Frey, hereby authorize
Ed Frey of Marietta
to receive and receipt for the pension allowed, and request that he remit same to
me by Ed Frey

Witness my hand and seal this 14 day of January 1899.

Executed in presence of
H. H. Brown
S. G. Frey. (L. S.)

Pension Office 3/11 1899
Application approved
not pitty - Applicant
disposition of disputed claim
does not command claim -
R. L. Johnson
Comm'r Pensions

Queen Office 6/1-1900
Kindly forward
Land Certificate - Mary
must suppose this
Cannot have this
a Pension as his
Returns marry
Affidavit
Any thing that
Applicant is not Entitled
R. L. Johnson
Com'r Pensions

INDIGENT PENSION

No.

1899.

Name S. G. Frey
County Cobb
Co 2 - Phillips Legion

Approved 1899.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

8/18-1904

Frey, S. G.
Cobb Co.
Ga.
(Applicant)

1/5-1905

Questions for Applicant.

STATE OF GEORGIA,
Cobb County.

S. G. Frey of said State and County, desiring to avail himself of the Pension Act (Section 1254, Code), hereby submits his proofs, and after being duly sworn true 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.)
Samuel G. Frey, Marietta, Cobb Co Ga.

2. How long and since when have you been a resident of this State?
Forty years - Since 1856 -

3. When and where were you born? In 1836 in Lexington Dist. S.C.

4. When and where and in what company and regiment did you enlist or serve?
Enlisted in 1862. in Co. L. Phillips Legion, Infantry -

5. How long did you remain in such company and regiment? From March 1862 to April 1865 - Lee's Surrender.

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

7. When, where and under what circumstances were you discharged from service?
At the [illegible]

8. What is your present occupation? For the past 4 yrs.

9. How much can you earn (gross) per annum by your own exertions or labor? $40. or $

10. What has been your occupation since 1865? Farming until 4 yrs ago.

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"? 1st and 2nd ground

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? As to 1st ground: about 4 years - As to 2nd ground: In the battle of Petty above name wounded with a shell in my right shoulder and side and have carried it ever since. I am not able to work much. I have to have help - from others in the way of [illegible] I have [illegible]

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,
Cobb COUNTY.

James L. Wylie of said State and County, having been presented as a witness in support of the application of S. G. Frey 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? James L. Wylie near Marietta Cobb County, Ga.

2. Are you acquainted with S. G. Frey, the applicant; if so how long have you known him? 44 years.

3. Where does he reside, and how long and since when has he been a resident of this State? At Marietta Cobb Co. Ga. 44 years since I knew him

4. When, where and in what company and regiment did he enlist, and how do you know? In Co. L. Phillips Legion of Infty. I know it because I was with him

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? A little over 3 years. He made as good soldier as ever went into Battle. I don't think he was ever off duty even with furlough - except when wounded.

7. What property, effects or income has the applicant? (Give your means of knowledge.) None - I know him personally, see him often and personally know his condition & surroundings.

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? In the early part of 1896 he had a home lot in Marietta which he gave to his grandchildren as a support for them & assistance to him & wife. Since then he has had no property except a little household & kitchen furniture.

9. Has he conveyed away any of his property in the last three years, if so, what was it, and to whom? No answered in Ques. 8.

10. What is the applicant's occupation and physical condition? Peddling - He has no other means of support. He was wounded in the wrist in the States and has ever since suffered from rheumatism. He can't raise his right hand to his head. His right arm and shoulder is practically useless to him. He is now about 62 or 63 years old and grows more feeble every year.

11. Is the applicant unable to support himself by labor of any sort, if so, why? He is, because of having no means but peddling for support & his inability to labor as stated.

12. How was he supported during the years 1897 and 1898? By his peddling and what assistance his little grandchildren gave him & lodge by waiting on them about the house.

13. What portion of his support for these two years was derived from his own labor or income? Not over 1/3, or 1/2.

14. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code? He is getting old and more feeble every year. He has no means of support except as stated - his peddling. His physical condition is as stated - He is loosing his eye sight - (& his eye sight is rapidly failing)

15. What interest have you in the recovery of a pension by this applicant? No

Sworn to and subscribed before me, this the 14 day of Jany. 1899.

James L Wylie Witness.

J. M. Stone Ordinary.
Cobb Co Ga.

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,
Cobb COUNTY.

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

Right arm and shoulder slightly emaciated. As result of rheumatism - inability to raise right arm to a level of shoulder. Right hand and arm now to a certain extent lost its sensibility - rendering it practically useless for manual labor.

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 14 day of Jany. 1899.

Chas J Nolan M.D
J D Malone M D

J. M. Stone Ordinary.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,
Cobb COUNTY.

I, J. M. Stone, Ordinary in and for said County, hereby certify that the applicant S. G. Frey resides in said County, and has been a bona fide resident of this State since the year 1855 and that the witnesses, viz: Jas. L. Wylie Chas J. Nolan M.D. and J. D. Malone M.D. 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 Nothing Dollars of property, and in 1898 Nothing Dollars of property.

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

Witness my hand and seal of office, this 14 day of Jany. 1899.

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, _____ 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 _____ 1902.

_____ [L. S.]

Executed in presence of

_____

_____

Frey, S. G.
Cobb County

No. 1 8 12

INDIGENT PENSION, 1902.

Name S. G. Frey

County Cobb

Co. S. Pilkington Reg'm't

Approved _____ 1902.

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.

1-26-1902

Questions for Applicant.

STATE OF GEORGIA,

Cobb County.

S. G. Frey of said State and County, desiring to avail himself of the Pension Act (Section 1254, Code), hereby submits his proofs, and after being duly sworn true 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)
S. G. Frey, Marietta, Cobb County, Ga.

2. How long and since when have you been a resident of this State?
44 years, Since 1855.

3. When and where were you born? In South Carolina in 1836.

4. When and where and in what company and regiment did you enlist or serve? I enlisted at Marietta Ga. March 1862, in C. S. Phillips Legion, Ga. Vols.

5. How long did you remain in such company and regiment? Until April 6th 1865. 5 days before Lee's Surrender. Carried to Ft. Lookout and discharged July 25th 1865

6. When and where was your company and regiment surrendered and discharged? At Appomattox Va. April 9th 1865.

7. Were you present with your company and regiment when it was surrendered? Was captured 3 days before.

8. If not present, state specifically and clearly where you were, when you left your command, for what cause, and by whose authority? I was captured with Rest of Command, April 6th 1865, near Appomattox Va.

9. How much can you earn (gross) per annum by your own exertions or labor? About fifty dollars.

10. What has been your occupation since 1865? Farmer as long as able.

11. Upon which of the following grounds do you base your application for pension, viz: first, "age and poverty," second, "infirmity and poverty," or third, "blindness and poverty"? 1st & 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? For about six years have been so I could not work, on account of advancing age and rheumatism. At battle of Gettysburg I was struck in right shoulder by a fragment of shell which has caused rheumatism settle in said shoulder and arm thereby disabling it and causing me great pain and suffering.

13. What property, real or personal, or income, do you possess and its gross value? I have none of my own. I am living in a little house that belongs to Mother and Reynolds Mary I dare

14. What property, real or personal, did you possess in 1894, 1895, 1896, 1897, 1898, 1899, 1900 and 1901, and what disposition, if any, by sale or gift, have you made of same? In 1894 & 5. I owned a little farm, but big wages to work & sold it and moved to town. I support myself best I can by peddling tea nuts on the streets.

15. In what County did you reside during those years, and what property did you then return for taxation?
I resided in Cobb County. Returned nothing for taxation as stated above

16. How were you supported during the years 1899, 1900 and 1901? By peddling tea nuts on the streets since 1895.

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? Don't know how much it cost. Did it by peddling

18. What was your employment during 1899, 1900 and 1901? What pay did you receive in each year?
Peddling tea nuts. Made a decent support.

19. Have you a family? If so, who composes such family? Give their means of support? Have they a homestead? Myself and wife. Have no homestead. My wife is very feeble. Scarcely able to do any cooking.

20. Are you receiving any pension? If so, what amount and for what disability? No.

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

22. How many applications have you ever made and under what class? One, Indigent.

Sworn to and subscribed before me this the 10th day of July 1902.

S. G. Frey
Applicant.

John Whitney
Ordinary,
Cobb County.

Every Question MUST be Answered.

Each question, and each item in it, must be answered.

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,
Cobb COUNTY.

J. L. Wylie & J. A. Massey of said State and County, having been presented as a witness in support of the application of S. G. Frey 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? J. L. Wylie
Marietta Cobb County, Ga.

2. Are you acquainted with S. G. Frey, the applicant; if so, how long have you known him? Yes, known him ever since 1855.

3. Where does he reside, and how long and since when has he been a resident of this State?
In Marietta Cobb County, Ga. Has resided in State 47 years, since 1855.

4. When, where and in what company and regiment did he enlist, and how do you know?
He enlisted at Marietta Ga. in C. L. Phillips Leg[illegible] in Spring of 1862.
I was with him -

5. Were you a member of the same company and regiment? Yes

6. How long did he perform regular military duty? Three years and was a good soldier

7. When and where was his command surrendered? Appomattox Court House Va.
April 9th 1865.

8. Were you present when it surrendered? No. I was captured 3 days before

9. Was applicant present? No. He was captured with me -

10. If he was not present, where was he? In prison at Ft. Lookout

When did he leave his command? April 6th 1865 For what cause? Captured

By what authority he left? Captured with part of Co. How do you know all of this?
I was with him all the way through
I was discharged from prison May 1865. Left Frey in prison

11. What property, effects or income has the applicant? (Give your means of knowledge?)
He lives in house in Marietta, that he says belongs to his grand children

12. What property, effects or income did the applicant possess in 1896, 1897, 1898, 1899, 1900 and 1901, and what disposition, if any, did he make of same? He had a little farm and sold it & moved to town - Personally I dont know about his finances -

13. Has he conveyed away any of his property in the last four years, if so, what was it, and to whom?
Not that I know of -

14. What is the applicant's occupation and physical condition? Selling goobers on the streets - I think he is feeble from his appearance

15. Is the applicant unable to support himself by labor of any sort, if so, why? I think he is unable - He is getting old, and has rheumatism in his right arm and shoulder

16. How was he supported during the years 1898, 1899, 1900 and 1901? Peddling goobers -

17. What portion of his support for these four years was derived from his own labor or income?
I dont 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 disabled from making a support by rheumatism and advancing age -

19. What interest have you in the recovery of a pension by this applicant? None -

Sworn to and subscribed before me, this the 23 day of July 1902.
John Awtrey Ordinary.

James L. Wylie
J. A. Massey Witness.

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,
Cobb COUNTY.

Personally came before me Chas. H. Field and W. M. Kemp, both known to me as reputable physicians of said County, who, being severally sworn, say on oath that they have examined carefully S. G. Frey, applicant for pension under Section 1254, Code, and after such personal examination say that his precise physical condition is as follows:

He has recd an injury in right shoulder and has chronic rheumatism of both shoulders & arms of long standing, which owing to contraction of tendons and muscles, the right arm is rendered practically useless to him. He can only use left arm partially. He is absolutely unable to earn any part of a support by manual labor which is permanent,

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

Sworn to and subscribed before me, this the 25th day of July 1902.
John Awtrey Ordinary.

Chas. H. Field M.D.
W. M. Kemp M.D.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,
Cobb COUNTY.

I, John Awtrey Ordinary in and for said County, hereby certify that the applicant S. G. Frey resides in said County, and has been a bona fide resident of this State since the 18th day of Jany. 1894 and that the witnesses, viz: Jas. L. Wylie and J. A. Massey are of trustworthy character, and that their statements are entitled to full faith and credit.

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

I further certify that the tax digest of Cobb County show that applicant returned for taxation in his name in 1900 $925 - Agent for grandchildren Dollars of property, and in 1901 $925 - Agent for Children 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 July 1902.

John Awtrey 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 answers make to each of the questions asked of you, and the evidence you shall give will be the whole truth, so help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. In every case the ordinary must certify to the character of the witness, and as to the execution of the proof as above set out.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cobb County.

I, S G Frey hereby authorize John Awbry of to receive and receipt for the pension allowed and request that he remit same to by hand at by

Witness my hand and seal, this 1 day of Jan 1903.

S G Frey [L. S.]

Executed in presence of

J M Gann

Frey, S. G.
Cobb County

CODE SECTION 1254
(FOR THOSE ALREADY ENROLLED.)

No. 463

INDIGENT
SOLDIER'S PENSION
1903.

Name S G Frey
County Cobb
Co. F Regiment Phillips Ga.

WARRANT ISSUED
1/23 1903.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
Cody

Geo. Harrison, State Printer, Atlanta.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cobb County.

I, S G Frey hereby authorize John Awbry 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 Jan 1904.

S G Frey [L. S.]

Executed in presence of

J M Gann

Frey, S. G.
Cobb Co.

CODE SECTION 1254.
(FOR THOSE ALREADY ENROLLED.)

No. 683

INDIGENT
SOLDIER'S PENSION
1904.

Name S G Frey
County Cobb
Co. F Regiment Phillips Ga.

WARRANT ISSUED
1904.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

no data

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
Cobb County.

Personally appears J G Frey 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 Saddler, 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 L, of Phillips Legion of Ga Vols ; that his physical condition is as follows: Crippled to age Infirmity & poverty

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 Cobb county been allowed a pension for the year 1902

Sworn to and subscribed before me, this the 1 day of Jan 1903.
John Awtry Ordinary.

J G Frey

STATE OF GEORGIA,
Cobb County.

I, John Awtry Ordinary of said County, do certify that I am well acquainted with J G Frey the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 Awtry
Ordinary Cobb County.

Affix your Seal here

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 J G Frey 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 67 years old and by occupation a Saddler, 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 L, of Phillips Legion of Ga Vols ; that his physical condition is as follows: Crippled Infirmity & poverty

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 1902

Sworn to and subscribed before me, this the 1 day of January 1904.
John Awtry Ordinary.

J G Frey

STATE OF GEORGIA,
Cobb County.

I, John Awtry Ordinary of said County, do certify that I am well acquainted with J G Frey the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 Awtry
Ordinary Cobb County.

Affix your Seal here.

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, S G Frey hereby authorize John Autrey of to receive and receipt for the pension allowed, and request that he remit same to at by

WITNESS my hand and seal, this 7 day of Jan 1905.

S G Frey [L. S.]

Executed in the presence of
J M Gann

Frey, S.G.
Cobb Co.

CODE SECTION 1254.
(FOR THOSE ALREADY ENROLLED.)

No. 713.

INDIGENT
SOLDIER'S PENSION
1905.

Name S G Frey
County Cobb
Co. L Regiment
Philip Lesion

WARRANT ISSUED
JAN 23 1905.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

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

no data

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cobb COUNTY.

I, S G Frey hereby authorize John Autrey 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 Jany 1906.

S. G. Frey [L. S.]

Executed in the presence of
J M Gann

Frey, S.G.
Cobb County

CODE SECTION 1254.
(FOR THOSE ALREADY ENROLLED.)

No. 667

INDIGENT
SOLDIER'S PENSION
1906.

Name S G Frey
County Cobb
Co. L Philip Lesion

WARRANT ISSUED
1/22 1906.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
Cody

THE FRANKLIN PRINTING AND PUBLISHING CO. GEO. W. HARRISON, MGR.

no data

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
Cobb County.

Personally appears S. G. Frey 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 67; that he is 67 years old and by occupation a peddler, 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 L, of Phillips Legion of Ga. 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 7 day of Jany 1905. S. G. Frey

John Ardrey Ordinary.

STATE OF GEORGIA,
Cobb County.

I, John Ardrey Ordinary of said County, do certify that I am well acquainted with S. G. Frey the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 Jany 1905.

John Ardrey
Ordinary Cobb County.

Affix your Seal here

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,
Cobb County.

Personally appears S. G. Frey 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 L, of Phillips Legion of Ga Vols; that his physical condition is as follows: Infirmity & 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 7 day of Jany 1906. S. G. Frey

John Ardrey Ordinary.

State of Georgia,
Cobb County.

I, John Ardrey Ordinary of said County, do certify that I am well acquainted with S. G. Frey the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 Jany 1906.

John Ardrey
Ordinary Cobb County.

Affix your seal here

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, S G Frey, hereby authorize John A Frey of

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

at

by

WITNESS my hand and seal, this 4th day of Jany 1907.

S G Frey [L. S.]

Executed in presence of

[illegible]

Frey, S. G.
Cobb Co.

CODE SECTION 1254.
(FOR THOSE ALREADY ENROLLED)

No. 599

INDIGENT
SOLDIER'S PENSION
1907.

Name S G Frey
County Cobb
Co. S Phillips Legion

WARRANT ISSUED
JAN 21 1907.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

no date

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,

Cobb **County.**

Personally appears S G Grey 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 L, of Phillips Legion of Ga Cobb; that his physical condition is as follows: Age Infirmity & 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 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 4th day of Jany 1907.

John Awtrey Ordinary.

State of Georgia,

Cobb **County.** S G Grey

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

Given under my official signature and seal this 4th day of Jany 1907.

John Awtrey

Ordinary Cobb County.

Affix your seal here

Note.—The blank spaces must be filled.

Note.—Affidavit should not be attested before January 1st, 1907.

(Amendment)

Georgia-Cobb County-

Personally came S.G. Frey, applicant who upon oath, says that as to the disposition of his property- that it was made in good faith and for the purposes therein stated-

Sworn to and subscribed before me
Jan. 4, 1900-

Samuel G. Frey

J.M. Stone
Ordy.

Georgia Cobb County-

I, J.M. Stone Ordy in and for said county certify that the witnesses, viz: J.T.M. Spinks, V.V. Horn & D.B. Henderson, are of trustworthy character and that their statements are entitled to full faith and credit-

Witness my hand and ~~offi~~ seal of office- This Jan. 4, 1900.

J.M. Stone
Ordy
Cobb Co. Ga.

(Amendment)-

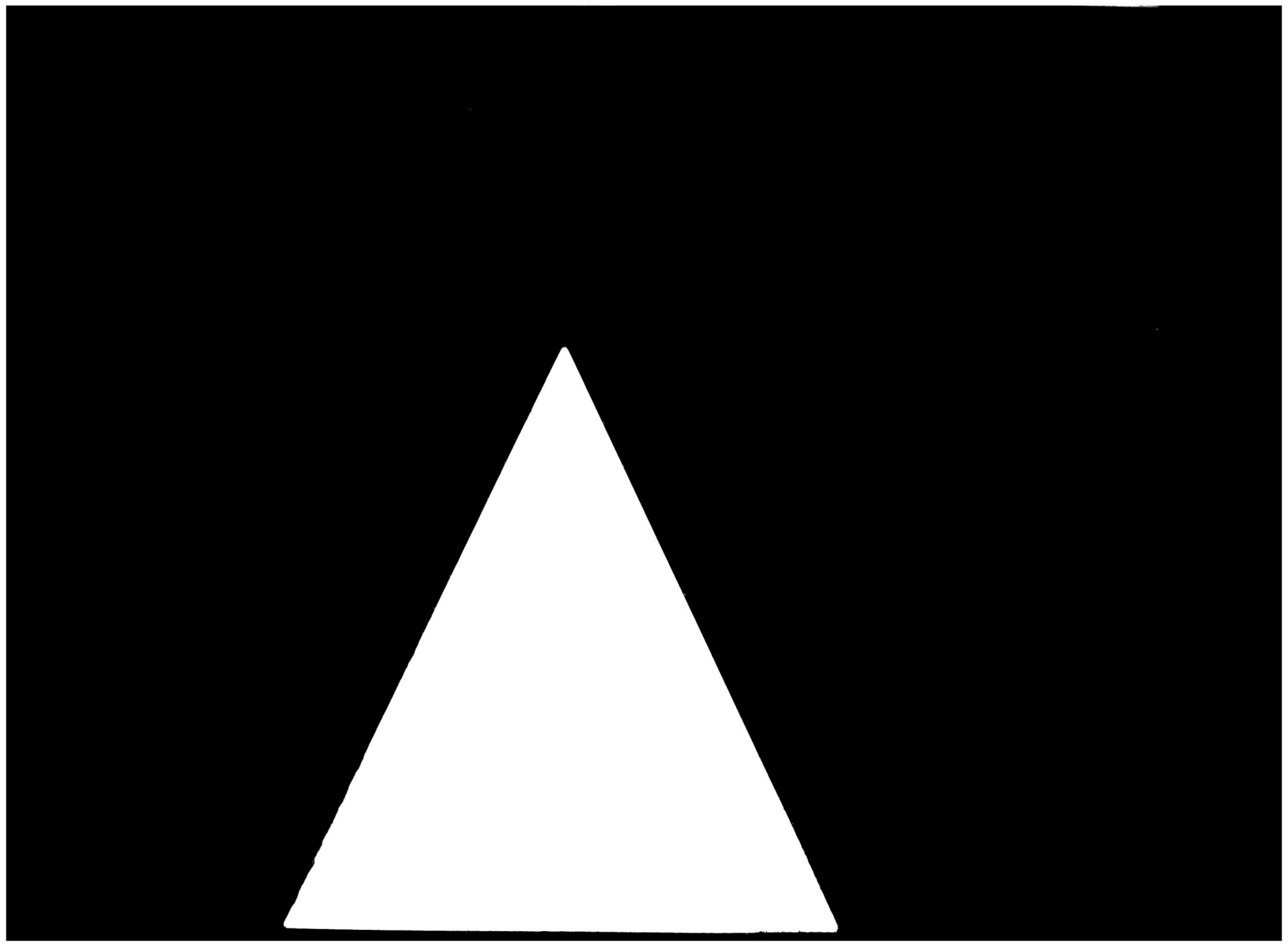
Georgia-Cobb County-

Personally came, the undersigned who upon oath say that they are each personally acquainted with the applicant S.G. Frey- that they have read applicant statements and the Doctors' affidavit and endorse every word contained therein as true- they have known him for years- and know that he, said Frey, is unable to earn a support by peddling or other labor of any kind whatever- He is uneducated and has to depend upon manual labor for his support. He is totally unable to do manual labor- His only means of support is by peddling around the town here on peanuts and apples- During the winter months he is unable to do this the greater portion of his time. They believe this physical condition is permanent-

Sworn to and subscribed before me-
This Jan. 4, 1900.

J.T.M. his x mark Spinks
V.V. Horn
D. B. Henderson.

J.M. Stone
Ordy.



Ex. Dept Atlanta Ga
Aug 3. 1889.

Returned for a more
particular description
of wounds.
It is the wrist and perfect
stiffness of elbow joint
that disables good use
of arm. Please state
more definitely
Respectfully
Your ob. servt
J. M. Harrison
Clerk

Ft. Mc Pherson R.
Cobb Co
V-60

No. 2696

Application for Allowance

FOR

J. R. Fuller

Right Arm disabled

Applicant

County Cobb

Amount 50 00

Date of Warrant Nov 9.

Entered on Record.

Nov 9 1889

Secretary Executive Department.

A. S. Clay

NOTES.

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

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 a crippled *hand*, nor for a crippled foot, nor for an arm or leg, unless the arm or leg has been rendered *substantially and essentially useless*.

3. It will not answer to say that an arm is "substantially useless for ordinary pursuits of life, etc." There is no qualification to the clause of the Act in reference to the arm or leg, but the limb must for all purposes be "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. It is more difficult to say when an arm is "substantially and essentially useless." The words are strong ones, however, and the injury must be very severe, and the arm in a badly damaged condition to entitle one to the allowance mentioned in the Act. The Legislature intended to limit these payments to such as were *most seriously wounded and disabled*. In the future there will doubtless provide for all who were badly injured, but the present law does not reach many worthy, needy cases. It was inaugurated as an experiment: if abused, it will naturally become unpopular and be repealed. If properly administered, will do great good.

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

7. The Ordinaries know the condition of applicants better than the Governor or his Secretaries, and they are earnestly requested to discourage any man from making application unless he is entitled under the law. Hundreds of applications have been received and disallowed because they were not disabled so as to entitle them under the law. This entails much unnecessary work upon this office; it causes delays in making payments to those who are entitled; it puts parties to expense and trouble, and in the end causes bitter disappointment and mortification.

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

The Ordinaries of the several counties are specially requested to call the attention of the physicians [illegible] as to these points.

NOTES.

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

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 a crippled *hand*, nor for a crippled foot, nor for an arm or leg, unless the arm or leg has been rendered *substantially and essentially useless*.

3. It will not answer to say that an arm is "substantially useless for ordinary pursuits of life, etc." There is no qualification to the clause of the Act in reference to the arm or leg, but the limb must for all purposes be "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. It is more difficult to say when an arm is "substantially and essentially useless." The words are strong ones, however, and the injury must be very severe, and the arm in a badly damaged condition to entitle one to the allowance mentioned in the Act. The Legislature intended to limit these payments to such as were *most seriously wounded and disabled*. In the future they will doubtless provide for *all* who were badly injured, but the present law does not reach many worthy, needy cases. It was inaugurated as an experiment; if abused, it will naturally become unpopular and be repealed. If properly administered, will do great good.

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

7. The Ordinaries know the condition of applicants better than the Governor or his Secretaries, and they are earnestly requested to discourage any man from making application unless he is entitled under the law. Hundreds of applications have been received and disallowed because they were not disabled so as to entitle them under the law. This entails much unnecessary work upon this office; it causes delays in making payments to those who are entitled; it puts parties to expense and trouble, and in the end causes bitter disappointment and mortification.

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

The Ordinaries of the several counties are specially requested to call the attention of the physicians [illegible] to these points.

No. 2676

Application for Allowance

FOR

Applicant's Name: J. D. Fuller

County: Coöe

Amount: 50 00

Date of Warrant: Nov 9 1889

Entered on Record. Nov 9 1889

Recorded in Book No. [illegible]

Page [illegible]

A. S. Clay

Clerk

Ex. Mail Atlanta Ga Aug 8. 1889.

Returned for correction and amendment. Must explain more fully the nature of the wound & state whether the ball passed entirely through the arm or not. State whether the wound is now open & discharging. State whether the bone is broken & if so whether any pieces have come out. State whether the muscles are cut by the ball

STATE OF GEORGIA,

[illegible] County.

PERSONALLY came [illegible] A. T. Simmons and [illegible] Butts citizens of [illegible] county in said State, who, being duly sworn, say that they are acquainted with J. L. Fuller 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 Cobb county, and we are well satisfied that all the statements of his affidavit are true.

J. W. [illegible] Co. G 1st Lieutenant Co B 60th Ga. Regt.
A. T. Simmons
M. J. Butts

Sworn to and subscribed before me this 30th day of July 1891
[illegible] February
[illegible]

STATE OF GEORGIA,

Cobb County.

PERSONALLY comes before me J. M. Stone Ordinary of said county [illegible] and R. L. T. Gober, both known to me as citizens of said county, who, being severally sworn, say on oath that they have examined the applicant J. L. Fuller, and after such examination say that the disease [illegible] he was shot through the [illegible] in Virginia, the ball entering the left arm, the bone of which was broken, pieces of the bone coming out; the arm is now stiff, the muscles contracted thus rendering the finger stiff, the arm cannot be straightened, being drawn by reason of the loss of the ball [illegible] the disease and wound are essentially substantially [illegible]

J. M. Stone
R. L. T. Gober

Sworn to and subscribed before me this 17 day of June 1891
[illegible]
Ordinary

ORDINARY

NOTE. The applicant must state fully the extent of the wound and then give facts to show the extent of the disability resulting therefrom.

STATE OF GEORGIA,

Cobb County.

I, J. M. Stone Ordinary of said county, do certify that I am well acquainted with J. L. Fuller the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in 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 to-regoing witnesses are persons of respectability, and that their statements are worthy of full credit and belief.

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

Given under my official signature and seal, this 27 day of [illegible] 1891

J. M. Stone
Ordinary Cobb County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.

Know all men by these presents, That I J. L. Fuller of Cobb Co county, in said State, do hereby appoint C. A. Gray of [illegible] my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit. Hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

In witness whereof I have hereto set my hand and seal this 3 day of July 1891.

Jas L Fuller [L. S.]

Executed in the presence of

The applicant [illegible] entire arm is stiff, the [illegible] arm hanging [illegible] the dog not [illegible] arm [illegible] Applicant [illegible] to stiff, [illegible] some [illegible] this arm is [illegible] used [illegible] [illegible] is also [illegible] [illegible] not [illegible] [illegible] desire [illegible] [illegible] sworn to [illegible] Sworn & [illegible] 5 1891 [illegible]

J. M. Stone
Ordinary

STATE OF GEORGIA,
Troup County.

PERSONALLY came W. M. Sellers and A. T. Simmons and [illegible] Butts citizens of Troup county in said State, who, being duly sworn, say that they are acquainted with J. D. Fuller 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 Cobb county, and we are well satisfied that all the statements in his affidavit are true.

Sworn to and subscribed before me, this 30th day of July 1889
R. M. Jordan
Ordinary

J. W. McGee
First Lieutenant Co B 60th Ga Regt
A. T. Simmons
W. J. Butts

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

STATE OF GEORGIA,
Cobb County.

PERSONALLY comes before me J. M. Stone Ordinary of said county L. C. Setze and Dr. N. N. Gober, both known to me as reputable physicians of said county, who, being severally sworn, say on oath that they have carefully examined J. D. Fuller and after such examination say that the applicant has been injured as follows: He was shot through the right arm below the elbow, the bone is broken, pieces of the bone are in the arm is stiff, the muscles contract thus rendering the fingers stiff, the arm and hand are crooked, being drawn by reason of the loss of the head of the arm & hand are essentially & substantially useless

Sworn to and subscribed before me, this 27 day of June 1889
J. M. Stone
ORDINARY

N. N. Gober M. D.
L. C. Setze M.D.

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,
Cobb County.

I, J. M. Stone Ordinary of said county, do certify that I am well acquainted with J. D. Fuller the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in 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 27 day of June 1889

J. M. Stone
Ordinary Cobb County

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cobb County.

Know all men by these presents, That I J. D. Fuller of Cobb county, in said State, do hereby appoint A. S. Clay of any 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 3rd day of June 1889.

Jas D Fuller [L. S.]

Executed in the presence of

The Applicant's entire arm is stiff. He does not use the arm for [illegible] The Applicant's arm is crooked at the elbow, the bone is broken, pieces of the bone are in the arm, the muscles contract thus rendering the fingers stiff, the arm is also stiff, the hand and arm crooked and he is unable to use the hand or arm. Sworn to and subscribed before me this June 5 1889 Ed Setze
J. M. Stone
Ordinary

STATE OF GEORGIA,
Cobb County.

I, J. M. Stone Ordinary of said county, do certify that I am well acquainted with J. D. Fuller 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. R. Montgomery before whom the foregoing affidavits were made and power of attorney was signed, is a Clerk of Superior Court of said county, and the said affidavits and signatures thereto are genuine.

Given under my official signature and seal, this 11 day of February 1890.

J. M. Stone
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. D. Fuller 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 13 day of Feby, 1891.

J. M. Stone
Ordinary Cobb County.

1890.

No. 1074.

APPLICATION FOR ALLOWANCE.

FOR THE ENDING OCTOBER 24, 1890.

FOR

Arm disabled

Applicant, J. D. Fuller
County, Cobb
Amount, 50
Date of warrant, Feb 13/
Entered on record Feby 13 1890
Cobb

SECRETARY EXECUTIVE DEPARTMENT.

WARRANT HANDED TO

Applicant

1891.

No. 595

Application for Allowance

FOR THE YEAR ENDING OCTOBER 26, 1891.

FOR

Arm disabled

Applicant, J. D. Fuller
County, Cobb
Amount, $50
Date of Warrant, Feb 11
Entered on record 189

SECRETARY EXECUTIVE DEPARTMENT.

WARRANT HANDED TO

A. S. Clay

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

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Cobb County.

PERSONALLY appears J. D. Fuller 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 ~~4th~~ 1st day of March 1876; 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 60th Regiment of Ga Volunteers Lawton 's Brigade; that whilst engaged in such military service, at the battle of Sharpsburg in the State of Maryland, on the 17th day of Sept 1862, he was wounded as follows: By a minnie ball passing through right forearm just above the wrist fracturing arm bone, tearing away the muscles & tendons, & rendering the arm stiff & essentially & 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, 1890. I have heretofore been allowed a pension of fifty dollars.

Sworn to and subscribed before me, this the 13 day of May 1890. J D Fuller

W M Mackaness J.C.C.

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 haud and seal, this day of 189

[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. D. Fuller 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 11th day of April 1836 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 60th Regiment of Ga Volunteers Lawton 's Brigade; that whilst engaged in such military service at the battle of Sharpsburg in the State of Penn, on the 17th day of Sept 1862, he was wounded as follows: Minnie Ball Military right Upon & Cut wrist Ball passing through forearm fracturing bones, and tearing away Sinew and muscles, thereby rendering Arm 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, for Wound disability.

Sworn to and subscribed before me, this the 13 day of May 1891. Jas D Fuller

W M Mackaness J.C.C.

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,
Cobb County.

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 13 day of May 1891.

Jas D Fuller [L. S.]

Executed in the presence of us:
T D Power
W C Stone

DIRECTION.

Send money to me as follows, by

to P. O.

County, Georgia.

resident of said State, and has been such continually since the [illegible] day of May 1874; 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 60th Regiment of Ga Volunteers Lawton's Brigade; that whilst engaged in such military service, at the battle of Sharpsburg in the State of Maryland, on the 17th day of Sept. 1862, he was wounded as follows: by a minnie ball passing through right arm just above the wrist fracturing ulna bone, tearing away the muscles & tendons, & rendering the hand stiff & essentially & 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, 1890. I have heretofore been allowed a pension of fifty dollars.

Sworn to and subscribed before me, this the [illegible] day of Feby 1890. } Jas D Fuller

W M Westbrook C C C

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 189

{L. S.]

Executed in the presence of us:

}

DIRECTION.

Send money to me as follows, by

to P. O.

County, Georgia.

resident of said State, and has resided therein continuously ever since the 11th day of April 1836; 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 60th Regiment of Ga Volunteers Lawton's Brigade; that whilst engaged in such military service at the battle of Sharpsburg in the State of Maryland, on the 17th day of Sept. 1862, he was wounded as follows: Minnie Ball striking right arm above wrist fracturing bones, and tearing away tendons and muscles, thereby rendering said arm 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, for Wounded disability

Sworn to and subscribed before me, this the 13th day of Feby 1891. } Jas D Fuller

W. Alex Quillian

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, Cobb *County.* }

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 13th day of Feby 1891.

Jas D Fuller [L. S.]

Executed in the presence of us:

T D Power

W. Alex Quillian }

DIRECTION.

Send money to me as follows, by

to P. O.

County, Georgia.

BAD COPY OR LIGHT PRINT

STATE OF GEORGIA,

Cobb County.

I, J. M. Stone Ordinary of said county, do certify that I am well acquainted with J. D. Fuller 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 repesents himself to be, and that he resides in this county.

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

J. M. Stone

Ordinary Cobb County.

No. 430

SOLDIER'S PENSION.

1892.

FOR THE YEAR ENDING OCTOBER 26, 1892

Name J. D. Fuller

County Cobb

Disability Dis'ann

Amount, $ 30

Entered on record Mch 3 1892.

W. H. HARRISON,

Secretary of Executive Department

AGENT.

A. S. Clay

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.

Know all Men by these Presents, That I Jas. D. Fuller of Cobb County, State of Georgia, do hereby appoint Cobb Co. Ordinary of Cobb Co. my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia 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 22 day of Mch 1893.

James D. Fuller [L. S.]

Executed in the presence of us:

DIRECTION.

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

_____ County, Georgia.

Cobb Co.

Fuller, James D.

1893.

Application for Allowance

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

County.

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

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

J M Stone

Ordinary Cobb County.

No. 430

SOLDIER'S PENSION.

1892.

FOR THE YEAR ENDING OCTOBER 26, 1892

Name J Fuller

County Cobb

Disability Dis'ann

Amount $ 30

Entered on record Mch 3 1892.

W. H. HARRISON,

Secretary of Executive Department

AGENT.

A S Clay

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

of Cobb County, State of Georgia, do hereby appoint of Cobb Co. my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia 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 22 day of Mch 1893.

James D Fuller [L.S.]

Executed in the presence of us:

DIRECTION.

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

_____ County, Georgia.

Cobb Co.

Fuller, James D.

1893.

Application for Allowance

Secretary Executive Department

Geo. W. Harrison, State Printer, Atlanta.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA

County.

BAD COPY OR LIGHT PRINT

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Cobb County.

PERSONALLY appears J. D. Fuller 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 11th day of April 1836: 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 the 60th Regiment of Ga. Volunteers Lawton's Brigade: that whilst engaged in such military service at the battle of Chickamauga in the State of Georgia, on the 19th day of September 1863 he was wounded as follows: By bullet striking the right thigh, fracturing the bone and passing through the left thigh, fracturing the bone and passing through the left thigh, fracturing the bone and passing through the left

POWER OF ATTORNEY.

STATE OF GEORGIA, Cobb COUNTY.

Know all Men by these Presents. That I, J. D. Fuller of Cobb County, State of Georgia, do hereby appoint J. M. Stone 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 7th day of Mch. 1894.

J. D. Fuller [L. S.]

Executed in the presence of us

W. H. Terrell

DIRECTIONS.

Send money to me as follows, by

to P. O.

County, Georgia.

Fuller, J. D. Co

(For Those Already Enrolled.)

No. 580

Soldier's Pension.

1894.

Name J. D. Fuller

County Cobb

Disability Rise Arm

Amount, $ 50

3/20 1894.

W. H. HARRISON,

Secretary Executive Department.

WARRANT HANDED TO

J. M. Stone

Geo. W. Harrison, State Printer, Atlanta.

POWER OF ATTORNEY.

STATE OF GEORGIA, Cobb County.

KNOW ALL MEN BY THESE PRESENTS, That I, J. D. Fuller of Cobb County, State of Georgia, do hereby appoint J. M. Stone 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 Warrrant 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 Mch 1895.

J. D. Fuller [L. S.]

Executed in presence of us

G. M. Fleming

DIRECTIONS.

Send money to me as follows, by

to P. O.

County, Georgia.

Fuller, J. D. Cobb Co

(For Those Already Enrolled.)

No. 361

SOLDIER'S PENSION.

1895.

Name J. D. Fuller

County Cobb

Disability Arm

Amount, $ 50

3/4 1895.

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDED TO

J. M. Stone

Geo. W. Harrison, State Printer, Atlanta.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }
Cobb County. }

PERSONALLY appears J. D. Fuller 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 11 day of April 1836 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 60th Regiment of Ga. Volunteers Gregg's Brigade; that whilst engaged in such military service at the battle of Sharpsburg in the State of Md, on the 17 day of Sept 1862 he was wounded as follows: By Gunshot shattering right arm between wrist and elbow, fracturing one bone, and tearing the flesh and muscles so that 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, 1894. I have heretofore been allowed a pension of $50. dollars, for the year 1893

Sworn to and subscribed before me, this, the 7th day of March 1894. } J. D. Fuller

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

Given under my official signature and seal, this 7th day of March 1894.

Affix your seal here

J. M. Stone
Ordinary Cobb County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }
Cobb County. }

Personally appears J. D. Fuller 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 11 day of April 1836 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 60th Regiment of Ga. Volunteers Gregg's Brigade; that whilst engaged in such military service at the battle of Sharpsburg in the State of Md. on the 17th day of Sept 1862 he was wounded as follows: with bullet shattering the right arm between wrist & elbow, fracturing the bone, tearing Muscles flesh &c, in such a way that 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 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. D. Fuller

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

Given under my official signature and seal, this 5th day of March 1895.

Affix your seal here

J. M. Stone
Ordinary Cobb County.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cobb County.

I, J. D. Fuller hereby authorize J. M. Stone of Marietta 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 3rd day of Mch 1896.

J. D. Fuller [L. S.]

Executed in presence of us
G. M. Fleming

Fuller, J. D.
Cobb Co.
ACT OF 24 OCT., 1887.
(For These Already Enrolled.)

No. 3195

SOLDIER'S PENSION.

1896.

Name J. D. Fuller
County Cobb
Disability Right Arm
Amount, $ 50.
3/20 1896

RICHARD JOHNSON,
Secretary Executive Department.

WARRANT HANDED TO
Att

Geo. W. Harrison, State Printer, Atlanta.

No data

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cobb County.

I, J. D. Fuller hereby authorize J. M. Stone of Marietta 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 2nd day of July 1897.

J. D. Fuller [L. S.]

Executed in presence of
G. M. Fleming

Fuller, J. D.
Cobb County
ACT OF 24 OCT., 1887.
(For These Already Enrolled.)

No. 3442

INVALID

SOLDIER'S PENSION.

1897.

Name J. D. Fuller
County Cobb
Disability Right Arm
Amount, $ 50.
2/25 1897.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO
Jm S

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

No data

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Cobb County.

Personally appears J. D. Fuller 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 ____ 1836 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 60th Regiment of Ga. Volunteers, Lawton's Brigade; that whilst engaged in such military service in the State of Md., on the 17th day of Sept 1862, he was wounded, injured or diseased as follows:

By bullet through the right arm between Elbow and Wrist, tearing the arm to pieces. Deponent is thereby 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 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 3rd day of Mch 1896. J. D. Fuller

J. M. 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, J. M. Stone Ordinary of said County, do certify that I am well acquainted with J. D. Fuller the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 Mch 1896.

Affix your seal here.

J. M. Stone

Ordinary Cobb County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Cobb County.

Personally appears J. D. Fuller 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 11 day of April 1836 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 60th Regiment of Ga. Volunteers, Lawton's Brigade; that whilst engaged in such military service in the State of Md., on the 17 day of Sept 1862, he was wounded, injured or diseased of follows:

By gunshot fretting the right arm between the wrist & elbow — by and on ascort of which 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 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 27th day of Feby 1897. J. D. Fuller POST OFFICE Oak Ley Mills

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

Given under my official signature and seal, this 27th day of Feby 1897.

Affix your seal here.

J. M. Stone

Ordinary Cobb County.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cobb County.

I, J. D. Fuller hereby authorize J. W. Stone of Marietta to receive and receipt for the pension paid hereon and request that he remit same to me by him at Marietta Ga.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 28th day of Feby. 1898.

J. D. Fuller [L. S.]

Executed in presence of
P. J. Hamby

Fuller, J. D.
Cobb Co.
ACT OF 1 OCT. 1890
(For These Already Enrolled.)
No. 3228

INVALID
SOLDIER'S PENSION.
1898.

Name J. D. Fuller
County Cobb
Disability Wound
Amount, $ 3/4 1898.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO
JMS

GEO. W. HARRISON, STATE PRINTER, ATLANTA

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cobb County.

I, J. D. Fuller hereby authorize J. W. Stone of Marietta to receive and receipt for the pension paid hereon and request that he remit same to me ~~by~~ at Marietta

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 24 day of Feby. 1899.

J. D. Fuller [L. S.]

Executed in presence of

Fuller, J. D.
Cobb Co.
CODE SECTION 1250.
(For These Already Enrolled.)
No. 3162

INVALID
SOLDIER'S PENSION.
1899.

Name J. D. Fuller
County Cobb
Disability Arm
Amount, $ 5/24 1899.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO
JMS

GEO. W. HARRISON, STATE PRINTER, ATLANTA

Mcadd

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Cobb County.

Personally appears J. D. Fuller 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 11th day of April 1836; 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 60th Regiment of Ga. Volunteers, Lawton's Brigade; that whilst engaged in such military service in the State of Geo. , on the 17th day of Sept. 1862, he was wounded, injured or diseased as follows:

By gun shot through right arm between wrist and elbo fracturing bone and rendering applicant practically incompetent to perform 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 26th day of Feby, 1898. J D Fuller POST OFFICE Oakland Mills.

J M Stone Ordy

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

Given under my official signature and seal, this 26th day of Feby 1898.

Affix your seal here

J M Stone Ordinary
Cobb County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Cobb County.

Personally appears J. D. Fuller 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 11 day of April 1836; 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 60th Regiment of Geo. Volunteers, Lawton's Brigade; that whilst engaged in such military service in the State of Geo. , on the 17 day of Sept. 1862, he was wounded, injured or diseased as follows:

By gun shot striking right arm thereby rendering applicant practically incompetent to perform ordinary manual 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 Feby, 1899. J D Fuller POST OFFICE Marietta,

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. Ow. Stone Ordinary of said County, do certify that I am well acquainted with J. D. Fuller the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 Feby 1899.

Affix your seal here

J M Stone Ordinary
Cobb County.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cobb County.

I, J. D. Fuller hereby authorize J. W. Stowe of Marietta, Ga.

to receive and receipt for the pension paid hereon and request that he remit same to me by Mail at Marietta, Ga

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 12th day of March 1900.

J D Fuller [L. S.]

Executed in presence of
T. J. Stanley.

Fuller J. D. Cobb Co.

CODE SECTION 1250
(For Those Already Enrolled.)
No. 3429

INVALID
SOLDIER'S PENSION.
1900.

Name J. D. Fuller
County Cobb
Disability Arms
Amount, $ 50.
Warrant issued March 24 1900.

JOHN W. LINDSEY,
Commissioner of Pensions.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cobb County.

I, J D Fuller hereby authorize John Awtry 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 7th day of Jany. 1901.

J D Fuller [L. S.]

Executed in presence of
J M Gann

Fuller J. D. Cobb Co. Ga

CODE SECTION 1250
(For Those Already Enrolled.)
No. 142

DISABLED
SOLDIER'S PENSION.
1901.

Name J D Fuller
County Cobb
Disability Indigent
Amount, $ 50.00
Jan 15 1901.

JOHN W. LINDSEY,
Commissioner of Pensions.

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

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Cobb County.

Personally appears J. D. Fuller 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 11 day of April 1836; 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 60 th Regiment of Ga. Volunteers, Lawton 's Brigade; that whilst engaged in such military service in the State of Md., on the 17th day of September 1862, he was wounded, injured or diseased as follows:

By gunshot striking right leg thereby rendering Applicant practically incompetent to perform ordinary manual avocations of life

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1900. I have heretofore under said law as a resident of Cobb County been allowed an invalid pension of $50 Dollars, for the year 1899.

Sworn to and subscribed before me, this the 12th day of March 1900. J. D. Fuller POST OFFICE Marietta, Ga.

J. W. 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. W. Stone Ordinary of said County, do certify that I am well acquainted with J. D. Fuller the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 March 1900.

Affix your seal here.

J. W. Stone
Ordinary Cobb County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Cobb County.

Personally appears J D Fuller 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 11 day of April 1836 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 60th Regiment of Ga Volunteers, Lawton 's Brigade; that whilst engaged in such military service in the State of Md, on the 17th day of Sept 1862, he was wounded, injured or diseased as follows:

By Gun shot striking right leg thereby rendering applicant practically incompetent to perform ordinary manual avocations of life

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 $50 Dollars, for the year 1900.

Sworn to and subscribed before me, this the 7th day of Jany 1901. J. D. Fuller Postoffice

John Awtry, Ordy

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 Awtry Ordinary of said County, do certify that I am well acquainted with J D Fuller the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 Jany 1901.

Affix your seal here.

John Awtry,
Ordinary Cobb County.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cobb County.

I, J D Fuller hereby authorize John Ardsey 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 11th day of January 1902.

J. D. Fuller [L. S.]

Executed in presence of
J M Gann

Fuller, J. D.
Cobb County

CODE SECTION 1250.
(FOR THOSE ALREADY ENROLLED.)

No. 311

B-66 DISABLED
SOLDIER'S PENSION
1902.

Name J. D. Fuller
County Cobb
Co. Regiment
Disability
Amount, $ 50

1/6 1902.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
Ordy

Geo. W. Harrison, State Printer, Atlanta.

no data

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cobb County.

I, J D Fuller hereby authorize John Ardsey of

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

at

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 1 day of Jan 1903.

J D Fuller [L. S.]

Executed in presence of
J M Gann

Fuller, J. D.
Cobb County

CODE SECTION 1250.
(FOR THOSE ALREADY ENROLLED.)

No. 257

DISABLED
SOLDIER'S PENSION
1903.

Name J D Fuller
County Cobb
Co. B Regiment 60
Disability
Amount, $ 50

1/23 1903.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
Ordy

Geo. W. Harrison State Printer, Atlanta.

N. data

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
Cobb County.

Personally appears J D Fuller 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 1836; 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 60th Regiment of Ga Volunteers, Lawtons's Brigade; that whilst engaged in such military service in the State of Md, on the 17 day of Sept 1862, he was wounded, injured or diseased as follows:

By Gun Shot Striking right leg thereby rendering applicant practically 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, 1902. I have heretofore, under said law, as a resident of Cob County, been allowed an invalid pension of $50 Dollars, for the year 1901.

Sworn to and subscribed before me, this the 11th day of Jan 1902. J D Fuller Post-office Marietta

John Awtrey

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

Given under my official signature and seal, this 11th day of January 1902.

Affix your seal here

John Awtrey
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 J D Fuller 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 1836; 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 60th Regiment of Ga Volunteers, Lawtons's Brigade; that whilst engaged in such military service in the State of Md, on the 17 day of September 1862, he was wounded, injured or diseased as follows:

By Gun Shot Striking right leg thereby rendering applicant incompetent to perform 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 $50.00 Dollars, for the year 1902.

Sworn to and subscribed before me, this the 1 day of Jan 1903. Post-office Marietta

John Awtrey

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. J D Fuller

I, John Awtrey Ordinary of said County, do certify that I am well acquainted with J D Fuller the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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.

Affix your seal here

John Awtrey
Ordinary County.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cobb COUNTY.

I, J. D. Fuller 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 19th day of Jan 1904.

J. D. Fuller [L. S.]

Executed in presence of
M. Gann

Fuller, J. D.
Cobb Co

CODE SECTION 1250.
(FOR THOSE ALREADY ENROLLED.)

No. 348

DISABLED
SOLDIER'S PENSION
1904.

Name J. D. Fuller
County Cobb
Co. B Regiment 60
Disability
Amount, $30.00

JAN 25 1904.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
Gen. W. Harrison, State Printer, Atlanta.

no data

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cobb COUNTY.

I, J. D. Fuller hereby authorize John Andrews 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 Jany 1905.

J. D. Fuller [L. S.]

Executed in the presence of
James McGann

Fuller, J. D.
Cobb Co

CODE SECTION 1250.
(FOR THOSE ALREADY ENROLLED.)

B-60 No. 541

DISABLED
SOLDIER'S PENSION
1905.

Name J. D. Fuller
County Cobb
Co. Regiment
Disability
Amount, $30

JAN 23 1905.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
Andy

The Franklin Printing and Publishing Co., Atlanta
Geo. W. Harrison, Manager, for State Printer

no data

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
Cobb County.

Personally appears J D Fuller 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 1836; 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 60th Regiment of Ga Volunteers Lawton 's Brigade; that whilst engaged in such military service in the State of Md, on the 17th day of Sept 186 2, he was wounded, injured or diseased as follows: By gun shot striking right leg, thereby rendering Applicant Greatly incapacited to perform Ordinary Avocations of life

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1904. I have heretofore, under said law, as a resident of Cobb County, been allowed an invalid pension of $50 Dollars, for the year 1903.

Sworn to and subscribed before me, this the 19 day of Jan 1904. John Autry

J D Fuller
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 Autry Ordinary of said County, do certify that I am well acquainted with J D Fuller the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 1904.

John Autry
Ordinary Cobb County.

Affix your Seal here.

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 D Fuller 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 1836; 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 60 th Regiment of Ga Volunteers Lawton 's Brigade; that whilst engaged in such military service in the State of Md, on the 17th day of Sept 1862, he was wounded, injured or diseased as follows: By gun shot striking right leg, thereby rendering Applicant Practically incapacited to perform the Ordinary manual abrocations 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 12 day of Jany 1905. John Autry

J D Fuller
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, ~~J D~~ John Autry Ordinary of said County, do certify that I am well acquainted with J D Fuller the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 Jany 1905.

John Autry
Ordinary Cobb County.

Affix your Seal here.

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, J. D. Fuller hereby authorize John Antony 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 10 day of January 1906.

J. D. Fuller [L. S.]

Executed in the presence of
J. W. Game

Fuller, J. D.

CODE SECTION 1250.
(FOR THOSE ALREADY ENROLLED.)

B-60 No. 362

DISABLED
SOLDIER'S PENSION
1906.

Name J. D. Fuller
County Cobb
Co. B Regiment 60
Disability
Amount, $ _____ 1906.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Tel. Printing Printing and Publishing Co., Geo. W. Harrison, Mgr.

no data

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cobb COUNTY.

I, J. D. Fuller, hereby authorize John Antony 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 5 day of January 1907.

J. D. Fuller [L. S.]

Executed in presence of

Fuller, J. D.
Cobb Co.

CODE SECTION 1250.
(FOR THOSE ALREADY ENROLLED)

No. 210.

DISABLED
SOLDIER'S PENSION
1907.

Name J. D. Fuller
County Cobb
Co. B 80 Regiment Ga Vols
Disability right arm disabled
Amount, $ 50 1907.

JAN 21

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
C

Geo. W. Harrison, State Printer, Atlanta.

no data

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,
Cobb County.

Personally appears J D Fuller 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 B, of 60 Ga th 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:

Right arm

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1906. I have heretofore, under said law, as a resident of Cobb County, been allowed an invalid pension of 50 Dollars, for the year 1905.

Sworn to and subscribed before me, this the 1 day of Jany 1906.
John A Utley

J D Fuller
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 Utley Ordinary of said County, do certify that I am well acquainted with J D Fuller the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 Jany 1906.
John A Utley
Ordinary Cobb County.

Affix your seal here

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 D Fuller 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 B, of 60 Ga 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:

Right Arm Disabled

HAL

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 00 Dollars, for the year 1906.

Sworn to and subscribed before me, this the 5 day of January 1907.
John A Utley, Ord.

J D Fuller
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 Utley Ordinary of said County, do certify that I am well acquainted with J D Fuller the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 January 1907.
John A Utley
Ordinary Cobb, County.

Affix your seal here

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

Cobb

Maimed Soldiers.

Voucher No 2696 1889.

Amount $ 50

Paid to Jas. D. Fuller

For Right arm Disabled

Nov. 9 1889

Included in warrant No.

issued to Treasurer.

1889

WARRANT CLERK.

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

A. S. Clay 1961

Cobb

Maimed Soldiers.

Voucher No 1071

Amount $ 50

Paid to J. D. Fuller

For Arm disabled

Feby 13 1891

Included in warrant No.

issued to Treasurer

18

WARRANT CLERK.

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

Applicant

Fuller J. D.

Cobb

Duplicate

1891.

Maimed Soldiers.

Voucher No. 898

Amount $ 50

Paid to J. D. Fuller

For Arm Dis'd

Feby 14 1891.

Included in warrant No.

issued to Treasurer.

1891.

WARRANT CLERK.

Geo. W. Harrison, State Printer, Atlanta.

A. S. Clay

No. 2696

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT. } Atlanta, Ga., Nov 9 1889

Mr. James D. Fuller 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

Right arm disabled

He is entitled to receive the sum of Fifty 00/ Dollars for such disability, the same being the allowance due for the year ending October 24, 1889.

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

J B Gordon
GOVERNOR.

By the Governor,
W A Hanson
CLERK EXECUTIVE DEPARTMENT.

$ 50

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,
Fifty 00/ Dollars,
per above voucher, this 9 of Nov. 1889.
A. S. Clay

No. 1074

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT. } Atlanta, Ga., Feby 13 1890

Mr. J. D. Fuller 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 Fifty 00/ 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.

TREASURER'S OFFICE PAID STATE OF GEORGIA

J B Gordon
GOVERNOR.

By the Governor,
W A Hanson
CLERK EXECUTIVE DEPARTMENT.

$ 50 00

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,
Fifty 00/ Dollars,
per above voucher, this 13 of Feby 1890
J. D. Fuller

1891.

No. 898

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.

Atlanta, Ga. Feby 11 1891.

Mr. J. D. Fuller 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 Disc

He is entitled to receive the sum of Fifty 00/ Dollars for such disability, the same being the allowance due for the year ending October 24, 1891.

TREASURER'S OFFICE STATE OF GEORGIA PAID

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

W. J. Northen.
GOVERNOR.

By the Governor,

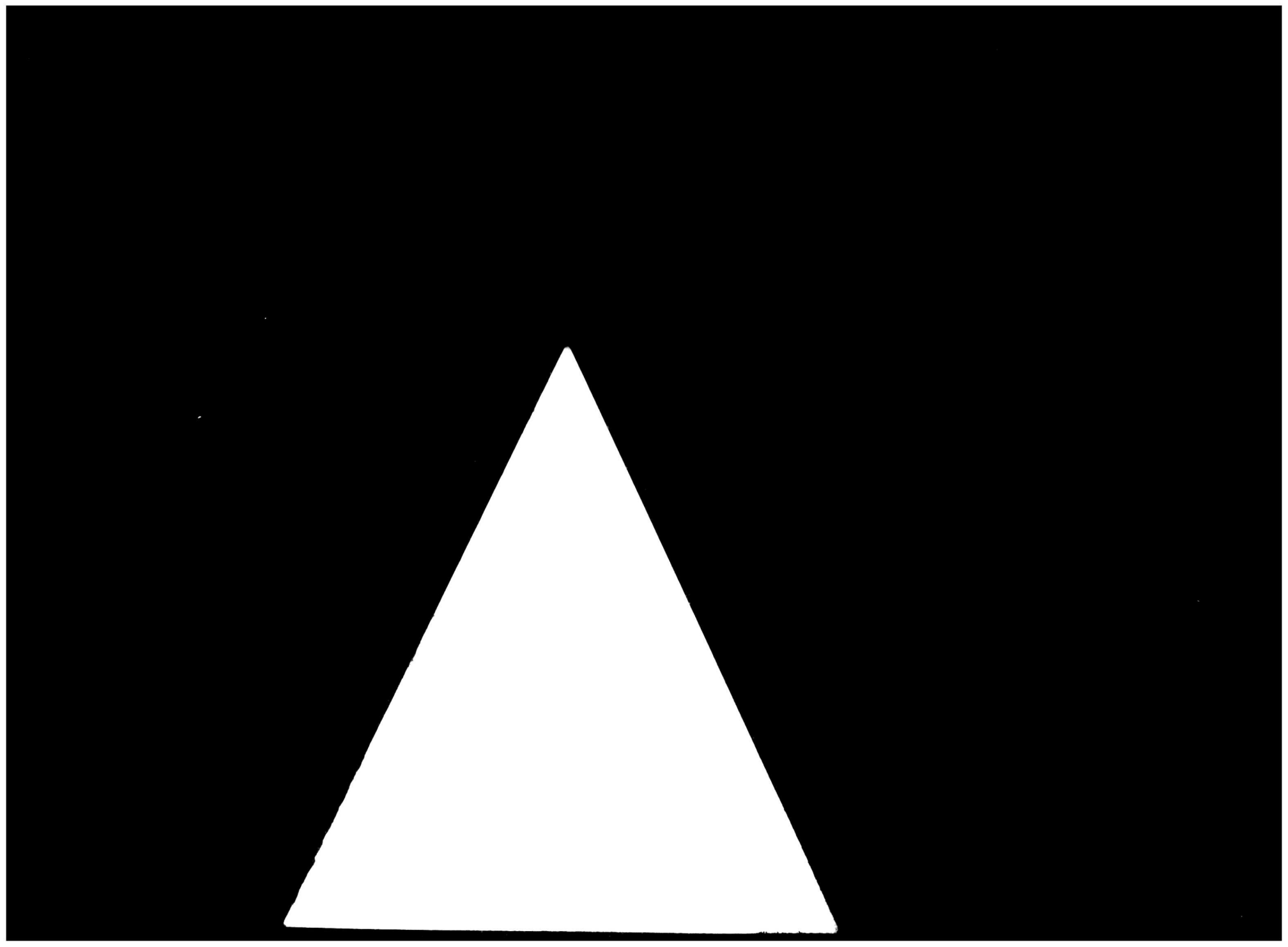
W. H. Harrison
SEC'Y EXECUTIVE DEPARTMENT.

$50

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

Fifty 00/ Dollars,

per above voucher, this 11 of Feby 1891.



Pension Office, 11/21/1[illegible].

Application must contain every fact to be proven to make out claim for pension.

J. W. Lindsey, Com. of Pensions.

Gainer, Mary
Ok for 1914
Cobb Co

No.

Widow's Pension

UNDER ACT 1910.

County Cobb

Name Mary A. Gaines

Widow of E P Gaines

Co Phillips Leg.

J. W. LINDSEY,
Commissioner of Pensions.

Chas. P. Byrd, State Printer.

10/20/10 6/24-1913

claim for pension. ... fact to be proven to make out

J.W. Lindsey, Com. of Pensions.

Gainer Mary A.
Apr 1914
Cobb Co

No. .....

Widow's Pension

UNDER ACT 1910.

County Cobb

Name Mary A. Gainer

Widow of E P Gainer

J. W. LINDSEY,
Commissioner of Pensions.

Chas P. Byrd, State Printer.

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

STATE OF GEORGIA,
Cobb County.

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

1. What is your name, and where do you reside? Mary A Gainer
2. How long and since when have you been a continuing resident in the State of Georgia? 46 years. Come to Ga when 32 years old.
3. When, where and to whom were you married? Nov 23rd 1869 to E P Gainer in Cobb County
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.) June 22nd 1862 At Marietta Ga. Co C Phillips Legion
5. When and where did the Commands of your husband surrender or discharge from the army? April 9th 1865. Appomattox Va
6. Was your husband personally present at the time of the surrender or discharge of this Command? From his Statements & Statements of his Comrades. he was. I was not his wife at that time
7. If he was not present state clearly where he was? From reputation of Comrades he was with his command
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? ——
   i. If so, when and where captured and where held as a prisoner, and when and for what cause released? ——
   j. When and where did your husband die? Were you residing together when he died? If not, how long had you resided apart? Feby 28th 1881, Cobb Co. Yes
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.) Nothing except $330.00 in notes
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 except what I have paid for my living
11. What property of any description of any value have you now? $50.00 left
Give list and cash value?
12. What are your annual earnings or income and their value? None - Supported by my children
13. Have you heretofore been paid a pension by the State? None
If so, when and for what cause were you struck from the Roll? None

Sworn to and subscribed before me this the 1st day of Oct 1910

Mary A. Gainer

J M Lang Ordinary.
of Cobb County.

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

STATE OF GEORGIA,
Cobb County.

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

2. How long and since when have you known Mary A. Gaines applicant? 40 years

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

40 Years to my Knowledge

4. When and to whom was she married? How do you know? Don't exact date E P Gaines

5. How long and since when did you know E P Gaines her husband? 50 Years or more

6. When, where and in what Company and Regiment did E P Gaines enlist?

June 22, 1862. Marietta Co. C. Phillipp Legion

7. Were you a member of the same Company? Yes

8. How long within your personal knowledge did he perform actual military service with his Company and Regiment? to my knowledge, [illegible] I was [illegible]

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

Appomattox, Va, [illegible]

10. Were you personally present when it was surrendered? No If not where were you I was on detail to get horses and how came you there?

11. Was the husband of applicant personally present at surrender? I do not know If not where was he? Fourth Cavalry putation he was with his Command. 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? Stated above.

13. What effort did he make to return to his Command and how do you know this? Of you own knowledge or how?

Sworn to and subscribed before me this the 1st day of Oct 1910 [illegible]

Ordinary.

of County.

AFFIDAVIT OF TWO FREEHOLDERS.

STATE OF GEORGIA, Cobb County.

Personally before me comes B A Osborne and I A Reed who on oath says that they are freeholders of said County and that they know Mary A Gaines of said County and know what property she owned on 4th Nov. 1908, and its cash value to be as set out by Schedule (A) as follows

Personal property $

Notes and accounts due $

Total $

We have known Mrs Mary A Gaines for Years and know she has no property

Schedule (B).

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

Personal property $

Money, Notes and accounts $

Schedule (C).

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

Acres of land worth $

Horses and Mules $

Cows and Hogs $

Other property $

income and earnings $

Total Value of all property and effects $

Sworn and subscribed before me this the 1st day of October 1910 I A Reed B A Osborne

J M Gaines Ordinary.

of Cobb County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA, Cobb County.

I, Mary A Gaines J M Gaines Ordinary of said County do certify that, I know Mary A Gaines 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 B A Osborne the witness who swears to the service of husband, and I A Reed & B A Osborne who are freeholders. That all of them are [illegible] of said County and were duly sworn by me before signing the foregoing affidavits [illegible] truthful, [illegible] statements are entitled to [illegible] for tax is for 1908 $ 00 for 1910 $ 00

Sworn under my hand and official seal of office this 12 day of October 1910

SEAL.

J M Gaines Ordinary.

Cobb County

(SEAL.)

NOTES 1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the avidance you shall give will be the truth. So help you God.?"

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

4 All affidavits must be made before the Ordinary.

3 Only widows who married prior to first January 1870, are entitled.

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

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

STATE OF GEORGIA,
Cobb County.

Personally before me comes Mrs Mary A. Gaines 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?
2. How long and since when have you been a continuing resident in the State of Georgia?
3. When, where and to whom were you married?
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.) June 22nd 1862 in Marietta in Company C Phillips Legion
5. When and where did the Commands of your husband surrender or discharge from the army? Surrendered at or near Appomattox C.H. Va April 9th 1865.
6. Was your husband personally present at the time of the surrender or discharge of this Command? He was - I have seen his parole, which has been lost or destroyed.
7. If he was not present state clearly where he was? X X X
8. Where was his Command when he left? Disbanded at Appomattox C.H.
a. For what cause did he leave his command? Surrender of Genl Lee
b. By whose authority did he leave his Command? Because of parole
c. For how long was he granted leave of absence? X X X
e. What was his physical condition when he left his Command? X X X
f. What effort did he make to return to his command? X X X
g. In what way was he prevented from going back to Command? X X X
h. Was he captured by the enemy at any time? He was and exchanged at Elmira N.Y.
i. If so, when and where captured and where held as a prisoner, and when and for what cause released? Exchanged and returned to his command and served until Lees surrender.
j. When and where did your husband die? Answered in original application
k. Were you residing together when he died? " " " "
l. If not, how long had you resided apart? " " " "
9. What property of any description did you own, hold or control for your use and its cash value, Nov. 4, 1908. (State same by items.) Ans^d in original application
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.) Ans^d in original application
11. What property of any description of any value have you now? Give list and cash value? Ans^d before - in original
12. What are your annual earnings or income and their value? Ans^d in original
13. Have you heretofore been paid a pension by the State? No
If so, when and for what cause were you struck from the Roll? Never applied before -

Sworn to and subscribed before me this the 20th January 1913

Mary A Gaines

J M Gaines Ordinary
of Cobb County.

+ returned to the Service in Co. C

Gains, Mary A. (Mrs.)
Cobb County
1915

Application for Pension Due Deceased Pensioner Under Act 1904.

J. M. Gains Ordinary
For Mary A. Gains
of Cobb County
of Co. ..... Regiment

Approved and ordered paid

..... 1915.

J. W. LINDSEY,
Commissioner of Pensions.

Georgia, ... County.

I hereby authorize and constitute

of ...
for me
191...
County

G. A. GRIFFIN PRES. JOHN P. CHENEY V. P.
J. J. BLACK SEC'Y TREAS. & GENL. MGR.

Black Undertaking Company
(INCORPORATED)

Funeral Directors and Embalmers
108 Winters Street
PHONE 400

MARIETTA, GA. Mch 20 1915

Mrs Mary A. Gains
Marietta Ga

To Casket	50 00
" Wagon & Attendance	10 00
	60 00

Recd Payment
Black Und Co

...
...d receipt
...for
...rom said
...1915.

Application for Pension Due to a Deceased Pensioner

UNDER THE ACT OF AUG. 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 W. J. Black of said County, who, after being sworn, on oath says that he knew Mrs. Mary A. Gaines of said County, and that she was on the ..... Pension Roll Cobb County at the time of her death, which occurred in Cobb County, in this State, on the 20 day of March 1915, and that a Pension of Sixty Dollars was due her and unpaid at the time of her death. That she left no widow or dependent children surviving her, and no estate of any value sufficient to pay her funeral expenses, which amounted to the sum of Sixty Dollars, as per sworn statement, itemized, hereto attached.

Sworn to and subscribed before me this 22nd day of March 1915.
J. M. Gann Ordinary
Cobb County

W. J. Black

Georgia, Cobb County.

I, J. M. Gann Ordinary of said County, do certify that I personally know W. J. Black, who is a resident citizen of said County, and that he is of a truthful and trustworthy character, entitled to full faith and credit.

I also knew Mrs. Mary A. Gaines while in life; that she was the same person whose name appears on the ..... Pension Roll of Cobb County, and was paid a Pension of Sixty Dollars in said County for 1914, and I now believe her to be dead.

Given under my hand and official seal, this 22nds day of March 1915.
J. M. Gann Ordinary,
Cobb County.

Georgia Cobb County
Personally appeared before me W. J. Black being duly sworn says the within account is just & true due & unpaid, and the same is reasonable for the services rendered
This March 22/15
W. J. Black
Sworn to and Subscribing before me
J. M. Gann
ordinary

OFFICE OF ORDINARY.

GEORGIA, COBB COUNTY.

I, J. M. GANN, Ordinary and ex-officio Clerk of the Court of Ordinary (I having no clerk) do hereby certify that I have compared the foregoing copy of Marriage License of C. C. Gaines and Mary A. Sharp with the original record thereof, now remaining in this office, and the same is a correct transcript therefrom, and of the whole of such original record as found in book A, records of Marriage Licenses, folio 237.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of the Court of Ordinary, this the 12 day of October 1910.

J. M. Gann
ORDINARY AND EX-OFFICIO C. C. O.

MARRIAGE LICENSE.

STATE OF GEORGIA, COBB COUNTY.

TO ANY MINISTER OF THE GOSPEL, JUDGE OF THE SUPERIOR COURT, OR JUSTICE OF THE PEACE, TO CELEBRATE:

YOU ARE HEREBY AUTHORIZED TO JOIN IN THE HONORABLE STATE OF MATRIMONY

E P. Gaines AND Mary A. Sharpe

According to the rites of your church, provided there be no lawful cause to obstruct the same, according to the constitution and laws of the state; and for so doing this shall be your sufficient license.

Given under my hand and seal 18 day of November 1869

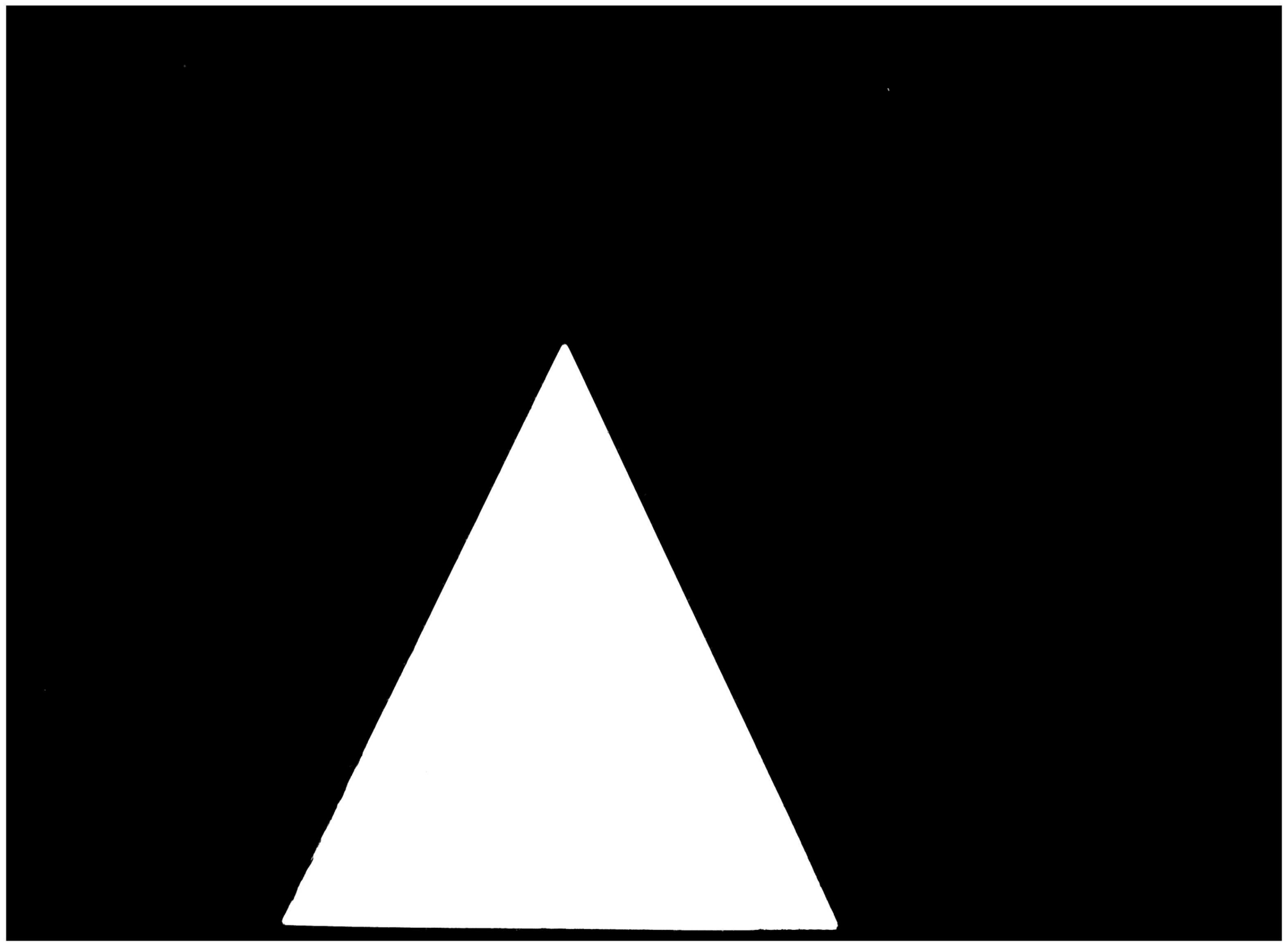
E.J. Shepard (Seal)
ORDINARY

I hereby certify, That E. P. Gaines and Mary A. Sharpe were joined together in

HOLY BONDS OF MATRIMONY

on the 28 day of November 1869 by me.

J. M. Gable, M.G.



Gann, A.
Cobb Co
O.K. Jan 1912

No.

Confederate Soldier's Application.

UNDER ACT 1910.

County Cobb

Name A Gann

Company E 1st Ga Battalion

~~State Troops~~ Cavalry

Regiment Reserve Cavalry

Approved Entered R.O. [illegible]

ENTERED ROSTER OFFICE

J. W. LINDSEY,
Commissioner of Pensions

CHAS. P. BYRD, State Printer, Atlanta.

11/15/11 11/15 – 1911

Confederate

Soldier's Application.

UNDER ACT 1910.

County Cobb

Name A. Causey

Company E 1st Ga Cavalry

Regiment

Approved

No.

Reuben A. Causey
Co. K. 1st Ga Cav
Cobb Co.
1912

PUBLISHED BY ROSTER OFFICE
J. W. LINDSEY,
Commissioner of Pensions

CHAS. P. BYRD, State Printer, Atlanta.

APPLICATION FOR SOLDIER'S PENSION UNDER ACT 1910.

Questions for Applicants to Answer.

STATE OF GEORGIA,
Cobb County.

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

1. What is your name and where do you reside? (Give County and Post-office) Lang... Cobb County Ga

2. How long and since when have you been a continuous bona fide citizen of this State? 6 years Cobb Co

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) Dalton Enlistment Mar 1862 Co E 1st Ga Cavalry Bullock's Legion Cavalry

5. How long did you remain in the actual Military Service with said Company and Regiment? (Give date of discharge) Until April 25-1865- 2 years

6. When and where was your Company and Regiment surrendered or discharged from the Service? April 25 1865 Wilson Ga

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? At Wilson Ga

b. When did you leave the Command? April 25-1865-

c. For what cause did you leave? Had no duties and no rations to issue

d. By whose authority did you leave? Order Col Lamar in Command

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

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

g. In what way were you prevented?

h. What effort did you make to return?

i. Were you captured during the war? No

j. If so, when, and where? In what prison were you held and when were you released? Never was Captured

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.)

One acre of Land
1 Mule 150
2 Gearing 25 2 Forks 15c

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? Personal Estate only for Family

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).

One acre of Land more or less
1 Mule & Land 150
2 Gearing & Land 25

12. What annual or monthly income or earnings of yourself and wife and the source derived have you? Have to depend entirely for most of Land

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

14. Have you ever applied for the Georgia Pension and had it refused? and for what cause it was not allowed?

Sworn to and subscribed before me, this the 12 day of Oct 1911

A. Causey

Ordinary,
of Cobb County.

1911
65
1846

QUESTIONS FOR WITNESS AS TO SERVICE.

STATE OF GEORGIA, Cobb County.

John L Reed of said State and County is hereby presented as a witness in support of the application of A Gaunt for the pension provided by the Act of 1910, in said State, and after being sworn true answers to make to the questions propounded, answers as follows:

1. What is your name and where do you reside? J L Reed Smyrna Cobb Co Ga

2. How long and since when have you known A Gaunt the applicant? Fifty Years

3. Where does he now reside, and since when has he been a bona fide, continuing resident in this State and how do you know? Smyrna Cobb Co. Ga ever since I knew him

4. When, where and in what Company and Regiment did A Gaunt enlist during war from 1861 to 1865? (Give date and place) May 1863. Altoona Ga Co E 1st Ga Bal State Trans Co & Regiment

5. How did you obtain your information of this Service? I was in Same

6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (give date) Until Out of April 1865 about 2 years

7. When and where was his Command surrendered or discharged (give date and place) Discharged at Macon Ga last of April 1865

8. Were you personally present at the Surrender? I was

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

12. When did he leave his Command? End of War Out April 1865 Where was his Command when he left it? Macon Ga for what cause did he leave? Was was over By whose authority did he leave there in charge (Col. Blount) 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) I was in Company with A Gaunt during the period named

13. In what way was he prevented from returning to his Command? Not required 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 12 day of Oct 1911 J L Reed his mark

J M Gaunt Ordinary,

of County.

AFFIDAVIT OF TWO FREEHOLDERS.

STATE OF GEORGIA. Cobb County.

Personally before me comes J H Cantrell & J M Stone who on oath says that they are freeholders residing in said County and we know A Gaunt 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.)

8 Trains of Land $1000.00
1 Horse 15 1 Mule 50.00
1 Cow 2 Years 35.00

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? No

3. What was the price paid or stated to be paid? None Sold

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 values? None Sold or was it made to obtain a pension?

Sworn to and subscribed before me, this the 12th day of October J H Cantrell

J M Gaunt Ordinary J M Stone

of Cobb County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA, Cobb County.

I J M Gaunt Ordinary of said County, certify that I know the applicant A Gaunt for Pension is the person he represents himself to be and resides in said County. That I also know John L Reed the witness swearing to the service and J H Cantrell & J M Stone 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 Results of Cobb shows that A Gaunt and wife value for tax is in 1908 $1150 for 1909 $1100 for 1910 $1100

Sworn under my hand and official seal of office this 30 day of Oct 1911

J M Gaunt Ordinary,

about $300 above wife's property of Cobb County.

NOTES 1. Before any questions are answered the Ordinary shall swear applicant and all witnesses in the following words "You do solemnly swear that you will true answers make to each question asked you and the evidence you shall give shall be the whole truth; so help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
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.

of.....County.

3. All evidence 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, said wife, affidavits of freeholders

Gann, Clementine
On Roll
Cobb County
Oct 1910

No.

Widow's Application

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

County Cobb

Name Clementine Gann

Widow of Ed Gann

Company A 9th Battalion

Approved

J. W. LINDSEY,
Commissioner of Pensions

CHAS. P. BYRD, State Printer, Atlanta.

11/1/15

Gann, Clementine
Cobb County
Ga. 1915

No.

Widow's Application

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

County Cobb

Name Clementine Gann

Widow of Ed Gann

Company A 9th Ga Battalion

Approved

J. W. LINDSEY
Commissioner of Pensions

CHAS. P. BYRD, State Printer, Atlanta

4/1/15

WIDOW'S AFFIDAVIT.

STATE OF GEORGIA,
Cobb County.

Personally before me comes Mrs Clementine Gann of said County, who, after being duly sworn, on oath says, that she is the widow of Ed Gann to whom in the County of Cobb State of Ga she was married on the 26th day of November 1866 and that she remained his wife, and resided with him to the date of his death in June 7 1915 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 Service Pension Roll of the State and paid a pension of $60.00 in Cobb County for 1915 per annum, on account of being a soldier in Company A 9th Ga Battalion Regiment Artillery (Volunteers of State Militia.)

At the death of Ed Gann he was in the use and possession of the following property 40 acres of Land Value $800.00 One mule 75.00 one Cow 25.00 of the cash value of $900.00

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

40	Acres land	$800.00
1	Horses and Mules	$75
1	Hogs, Cows, etc.	$25
	Total Cash value of all property	$900.00

That she is now a bona fide resident citizen of said County of Cobb and she has so continuously resided since All her life day of 19

Sworn to and subscribed before me, this the 4 day of Oct 1915

Clementine Gann

J M Gann Ordinary,
of Cobb County

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

STATE OF GEORGIA,
Cobb County.

Personally before me come J M Gann known to be responsible and truthful persons, residing in said County, who after having duly sworn on oath, say: that of their own personal knowledge Mrs. Clementine Gann who made the foregoing affidavit, is the lawful widow of Ed Gann who died in Cobb County in said State of Ga on 7 day of June 1915 and that she has not since remarried. That she became the wife of Edmund Gann on the 25 day of Nov 1866 and that she and he had resided together as man and wife continuously since 25 day of Nov 1866 and that the husband was the same man who was on the pension roll of said State from Cobb County when he died.

Sworn to and subscribed before me, this the 28th day of Oct 1915

J M Gann

J E Dobbs Ordinary,
Clerk Superior Court Cobb County.

of the cash value of $ 900

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

40	Acres land	$ 800.00
1	Horses and Mules	$ 75
1	Hogs, Cows, etc.	$ 25
	Total Cash value of all property	$ 900.00

That she is now a bona fide resident citizen of said County of Cobb and she has so continuously resided since All her life day of 19

Sworn to and subscribed before me, this the 4 day of Oct 1915 Clementine Gann

J M Gann Ordinary,

of Cobb County

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

STATE OF GEORGIA,

Cobb County.

Personally before me come J M Gann known to be responsible and truthful persons, residing in said County, who after having duly sworn on oath, say: that of their own personal knowledge Mrs. Clementine Gann who made the foregoing affidavit, is the lawful widow of Ed Gann who died in Cobb County in said State of Ga on 7 day of June 1915 and that she has not since remarried. That she became the wife of Edward Gann on the 25 day of Nov 1866 and that she and he had resided together as man and wife continuously since 25 day of Nov 1866 and that the husband was the same man who was on the pension roll of said State from Cobb County when he died.

Sworn to and subscribed before me, this the 28th day of Oct 1915 J M Gann

J E Dobbs Ordinary,

Clerk & Sexpenor Court Cobb County.

n. Clementine

Cobb County

Ga. 1916

s Application

l in Her Own Right When

on the Indigent Roll or

r Act of July 11, 1910.

obb

entine Gann

Gann

2 9th Battalion

J. W. LINDSEY,

Commissioner of Pensions

D. State Printer, Atlanta.

1/15

same man who was on the pension roll of said State ..... from Cobb ..... County

..... when he died.

Sworn to and subscribed before me, this the 28th day of Oct 1911

J. E. Dobbs. Ordinary,
Clerk Superior Court Cobb County.

J. M. Gann

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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

EDMOND GANN and MISS CLEMENTINE WADE

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 thereon of the fact and date of the Marriage

Given under my hand and seal this 23 day of November 1866 ~~1871~~ Jno. G. Campbell (L.S.)

ORDINARY

State of Georgia CERTIFICATE County of Cobb

I CERTIFY that Edmund Gann and Miss Clementine Wade were joined in Matrimony by me this 25th, day of November 1866 ~~Nineteen Hundred~~

Recorded December ~~28~~ 17th, 1866 ~~91~~

Jno. G. Campbell

and

W. H. Campbell, O. M. G.

ORDINARY

day of 1910

J. E. Dobbs, Ordinary,
Clerk Superior Court Cobb County.

177

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

EDMOND GANN and MISS CLEMENTINE WADE

in the Holy State of Matrimony, according to the Constitution and Laws of this State and for so doing this shall be your License

And you are hereby required to return this License to me, with your Certificate hereon of the fact and date of the Marriage

Given under my hand and seal this 23 day of November 1866 Jno.G.Campbell (L.S.)

ORDINARY

State of Georgia CERTIFICATE County of Cobb

I CERTIFY that Edmond Gann and Miss Clementine Wade were joined in Matrimony by me this 25th, day of November 1866 ~~Eighteen Hundred~~

Recorded December 17th, 1866 and

Jno.G.Campbell W.H.Campbell,O.M.G.

ORDINARY

AFFIDAVITS OF TWO FREEHOLDERS.

STATE OF GEORGIA,
Cobb County.

Personally before me comes J. H. Cantrell who after being sworn on oath says, that they are freeholders of said County, and that they know ..... of said County and knew her said husband Ed Gann at his death on the ..... day of ..... 1915 that she and he were in the use, possession and control of the following property at his death to wit: One lot of land 40 acres $500.00 One Cent 25.00 One horse & wagon $75.00 of the value of $~~500~~.00 600.00 That she is now in the use, possession and control of the following property to wit: the same as above

of the value of $.....

Sworn to and subscribed before me, this the 27 day of Oct 1915

J. H. Cantrell
J. M. Stone

J. M. Gann Ordinary,
of Cobb County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,
Cobb County.

I J. M. Gann Ordinary of said County, do certify, that, I know Mrs. Clementine Gann 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 more than 25 years 1901

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

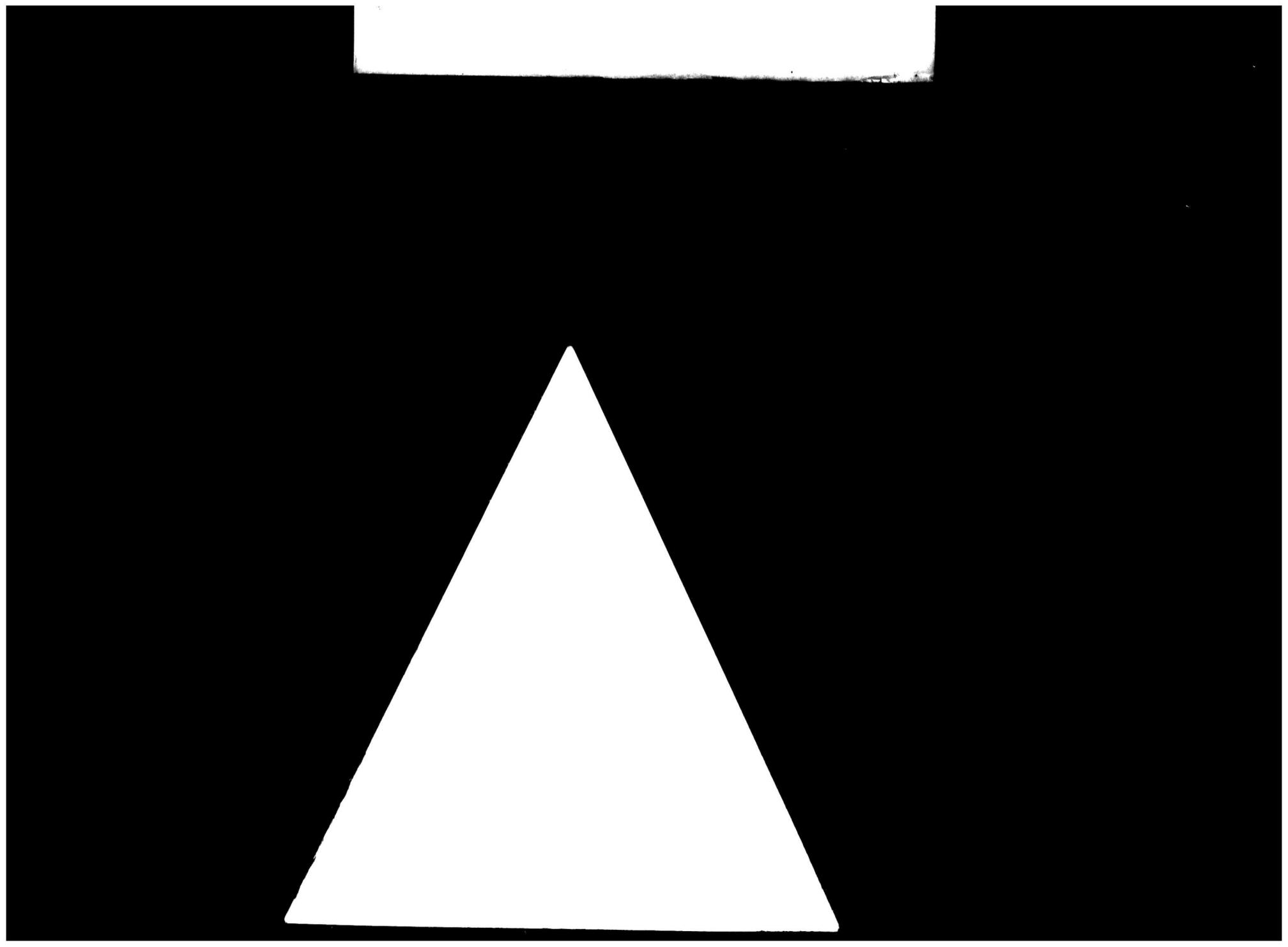
That the tax Books of Cobb County shows that Ed Gann returned property to the amount of ..... for 19~~08~~13 $645.00 for 19~~09~~14 $645 for 19~~10~~15 $940

Sworn under my hand and official seal of office this 26 day of Oct 1915

(SEAL.)

J. M. Gann 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.
4. Only widows who married prior to first January 1870, are entitled.
5. Attach certified copies of marriage license if obtainable. If not, prove marriage, by some present, or by general reputation.



Gann, Ed.
Cobb Co.

No.

OK Jan 1911
Write P. Rec

Confederate

Soldier's Application.

UNDER ACT 1910.

County Cobb

Name Ed Gann

Company A

Regiment 9 Ga. Battallion

Approved

I. W. LINDSEY,
Commissioner of Pensions

CHAS. P. BYRD, State Printer, Atlanta.

9/30/10

No. 4271 1911

Ware's Co.

Capt. F. C.

Confederate Soldier's Application.

UNDER ACT 1910.

County Cobb

Name E. Garner

Company A

Regiment 9 Ga. Battalion

Approved

J. W. LINDSEY,
Commissioner of Pensions

CHAS. P. BYRD, State Printer, Atlanta

Questions for Applicants to Answer.

STATE OF GEORGIA,
Cobb County.

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

1. What is your name and where do you reside? (Give County and Post-office) E. Garner Langston Cobb County Ga.

2. How long and since when have you been a continuous resident citizen of this State? All my life ever being a April 4 1863

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) Spring of 1861 2nd Enlistment Co A 9th Ga. Battalion Artillery

5. How long did you remain in the actual Military Service with said Company and Regiment? (Give date of discharge) Sept 9 1863 My Company was on detached duty guarding Cumberland Gap

6. When and where was your Company and Regiment surrendered or discharged from the Service? My Co. Surrendered on Sept 9 1863 at Cumberland Gap Tenn

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?

b. When did you leave the Command?

c. For what cause did you leave?

d. By whose authority did you leave?

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

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

g. In what way were you prevented?

h. What effort did you make to return?

i. Were you captured during the war? Yes

j. If so, when, and where? In what prison were you held and when were you released? Sept 9th 1863 Cumberland Gap Tenn. Camp Douglas Ill. June 12th 1865

9. What property of every discription 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.)

40 Acres of Land Value $400.00 Wagon 10.00 Buggy 20.
1 Hoss " 50.00
2 Cows " 40.00 Total 510.00

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

11. What property of any discription 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).

40 Acres of Land Value $400.00 Wagon 10. Buggy 20.
1 Hoss " 50.00
2 Cows " 40.00 Total $510.00

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

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

14. Have you ever applied for the Georgia Pension and had it refused? and for what cause it was not allowed?

Sworn to and subscribed before me, this the .....day of.....191.....
.....Ordinary,
of.....County.

E. Garner

Allowed $25 per year, and was Surrendered by Capt. Ware

QUESTIONS FOR WITNESS AS TO SERVICE.

STATE OF GEORGIA,
Cobb County.

James J Bowling of said State and County is hereby presented as a witness in support of the application of Ed Gauss for the pension provided by the Act of 1910, in said State, and after being sworn true answers to make to the questions propounded, answers as follows:

1. What is your name and where do you reside? J J Bowling Smyrna Cobb Co Ga
2. How long and since when have you known Ed Gauss the applicant? Fifty years ever since 1860
3. Where does he now reside and since when has he been a bonafide, continuing resident in this State and how do you know? Smyrna Cobb County Ga Ever Since I know him
4. When, where and in what Company and Regiment did Ed Gauss enlist during war from 1861 to 1865? (Give date and place) April 1862 I joined Co A 9 Ga Battalion
5. How did you obtain your information of this Service? I was member of Same Co Battalion of Artillery
6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (give date) Until Sept 9 1863. On that date we were captured
7. When and where was his Command surrendered or discharged (give date and place)
8. Were you personally present at the Surrender? No
9. If not, where were you and how came you there? In prison
10. Was the applicant personally present with his Command at surrender? No
11. If not where was he and how came him there? In prison
12. When did he leave his Command? — Where was his Command when he left it? — for what cause did he leave? — By whose authority did he leave and how long was he granted leave? How do you know all that you have stated to be true? If of your own knowledge (Tell clearly and specifically)
13. In what way was he prevented from returning to his Command? How do you know?
14. What effort did he make to return to his Command and how do you know?
15. Was applicant captured as a prisoner? Yes If so, when and where? April 9 1863 At Cumberland Gap Ten In what prison was he held? Camp Douglas Ill and when released? On May 4 1865 I left prison and applicant still remained

Sworn to and subscribed before me, this the 31 day of August 1910

J J Bowling his mark

J M Gauss Ordinary of Cobb County.

AFFIDAVIT OF TWO FREEHOLDERS.

STATE OF GEORGIA.
Cobb County.

Personally before me comes J H Cantrell who on oath says that they are free holders residing in said County and we know Ed Gauss 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.)

40 Acres Value $500.00
1 Hour " 75.00
2 Cows " 30.00

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?
3. What was the price paid or stated to be paid?
4. What relation is the party to applicant?
5. What disposition was made of the proceeds of the sale?
6. Was the disposition of this property made in good faith and full values? or was it made to obtain a pension?

Sworn to and subscribed before me, this the 31 day of August 1910

J H Cantrell
Gordon Gauss
J M Gauss Ordinary of Cobb County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,
Cobb County.

I, J M Gauss Ordinary of said County, certify that I know the applicant Ed Gauss for Pension is the person he represents himself to be and resides in said County. That I also know J J Bowling the witness swearing to the service and J H Cantrell & G B Gauss who are free holders, 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 Results of Ed Gauss shows that he and wife value for tax is in 1908 $570 for 1909 $585.00 for 1910 $545.00

Sworn under my hand and official seal of office this 15 day of Sept 1910

J M Gauss Ordinary of Cobb County.

NOTES 1. Before any questions are answered the Ordinary shall swear applicant and all witnesses in the following words "You do solemnly swear that you will true answers make to each question asked you and the evidence you shall give shall be the whole truth; so help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
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 Free holders unnecessary.

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

~~Gaunt Frances F.~~ 385

Cobb Co.

No. 665

Application for Allowance

FOR

Genl Disability Hosp

Applicant F F Gann

County Cobb

Amount 25

Date of Warrant Febry 1/88

Entered on Record,

Febry 1 1888

W H H

Secretary Executive Department.

E 1958

State of Georgia } In person appeared before me H V Reynolds
Cobb County } & W W Gohen who for amendment to the
affidavit in the matter of F F Gann applicant
for pension under act of Legislature of Georgia
approved Oct 24th 1887 say that the effects of the
gun shot wound has resulted in rendering said
Gann permanently and practically incompetent
for the performance of the ordinary manual
avocations of life. having shattered his
nervous system impaired his general health and
producing occasional risings treating
and running in the region of the wound
with no prospect in our judgement of a
restoration to the ordinary health of life

Sworn to & subscribed before
me this 1st th February 1888
H. M. Hammett
Ordinary

H V Reynolds M.D. adopting the above language
J. V. Malone M.D.

I hereby Certify that H. V. Reynolds and
J. V. Malone is known to me to be
Reputable Physician of Said County
H. M. Hammett
Ordinary

Cobb County.

I, H. M. Hammett Ordinary of said county, do certify that I am well acquainted with Francis F. Gann the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in 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 I am Ordinary 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 19 day of Dec 1887

H. M. Hammett
Ordinary Cobb County.

POWER OF ATTORNEY

STATE OF GEORGIA,
Fulton County.

Know all men by these presents, That I Francis F. Gann of Cobb county, in said State, do hereby appoint M. J. Speains of Atlanta Georgia my true and lawful attorney in fact, for me and in my name to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of 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 Tenth day of January 1888

Francis F. Gann [L. S.]

Executed in the presence of us:

N. C. Asher
J. M. McAfee Ash Pub
Fulton Co Ga.

STATE OF GEORGIA,
Cobb County

PERSONALLY appears Francis F. Gann 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 since the 10 day of August 1834; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Lieutenant in Company E, of 1st th Regiment of State Volunteers Stovall 's Brigade; that whilst engaged in such military service, at the battle of Atlanta in the State of Georgia, on the 22 day of July 1864, he was wounded as follows: by a Gun Shot Wound in the immediate locality of the left hip Joint from the effects of which deponent is permanently disabled 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 19 day of Dec 1887

Francis F. Gann

H. M. Hammett Ordy

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

COMMISSIONED OFFICER'S AFFIDAVIT.

STATE OF GEORGIA,
County.

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

Sworn to and subscribed before me, this day of 188

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

STATE OF GEORGIA,
Cobb County.

PERSONALLY came William L. Bishop - J. P. Bowie and W. G. Mass citizens of Cobb county, in said State, who, being duly sworn, say that they are acquainted with Francis F. Gann 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 Cobb County, and we are well satisfied that all the statements in his affidavit are true.

Sworn to and subscribed before me, this 19 day of Dec 1887
H. M. Hammett
Ordinary

J. P. Bowie
Witness
W. L. Bishop

STATE OF GEORGIA,
Cobb County.

PERSONALLY comes before me H. M. Hammett Ordinary of said county, H. V. Reynolds and N. N. Gober, both known to me as reputable physicians of said County, who, being severally sworn, say on oath that they have carefully examined Francis F. Gann and after such examination say that the applicant has been injured as follows: Gun shot wound in the immediate locality of the ~~ng~~ left hip joint from the effects of which we consider him permanently disabled to perform manual labor.

Sworn to and subscribed before me, this 19 day of Dec 1887
H. M. Hammett
ORDINARY

H. V. Reynolds M.D.
[illegible]

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

Audited Mch. 7 1889.
Wm A Wright
COMPTROLLER-GENERAL

Cobb

Maimed Soldiers.

Voucher No. 1203
Amount $ 50
Paid to Francis F. Gann
For General disability
Body mind
Mch 7 1889

Included in Warrant No.
issued to Treasurer
1889

WARRANT CLERK

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

W J Speris

O R Ten Do Abstract

STATE OF GEORGIA,
Cobb County

PERSONALLY appears Francis F Gann 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 since the 10 day of August 1834; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Lieutenant in Company E, of 1st th Regiment of State Volunteers Stovall 's Brigade; that whilst engaged in such military service, at the battle of Atlanta in the State of Georgia, on the 22 day of July 1864, he was wounded as follows by a Gun Shot Wound in the immediate locality of the left hip Joint from the effects of which deponent is permanently disabled 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 29 day of Dec 1887 } Francis F Gann
M. H. Hammett Ordy

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

COMMISSIONED OFFICER'S AFFIDAVIT.

STATE OF GEORGIA,
County.

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

Sworn to and subscribed before me, this day of 188

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

No. 1203

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT. } Atlanta, Ga. March 7 1889

Mr. Francis F. Gann 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 from body wound

He is entitled to receive the sum of Fifty & 00/ Dollars for such disability, the same being the allowance due for the year ending October 24, 1889.

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

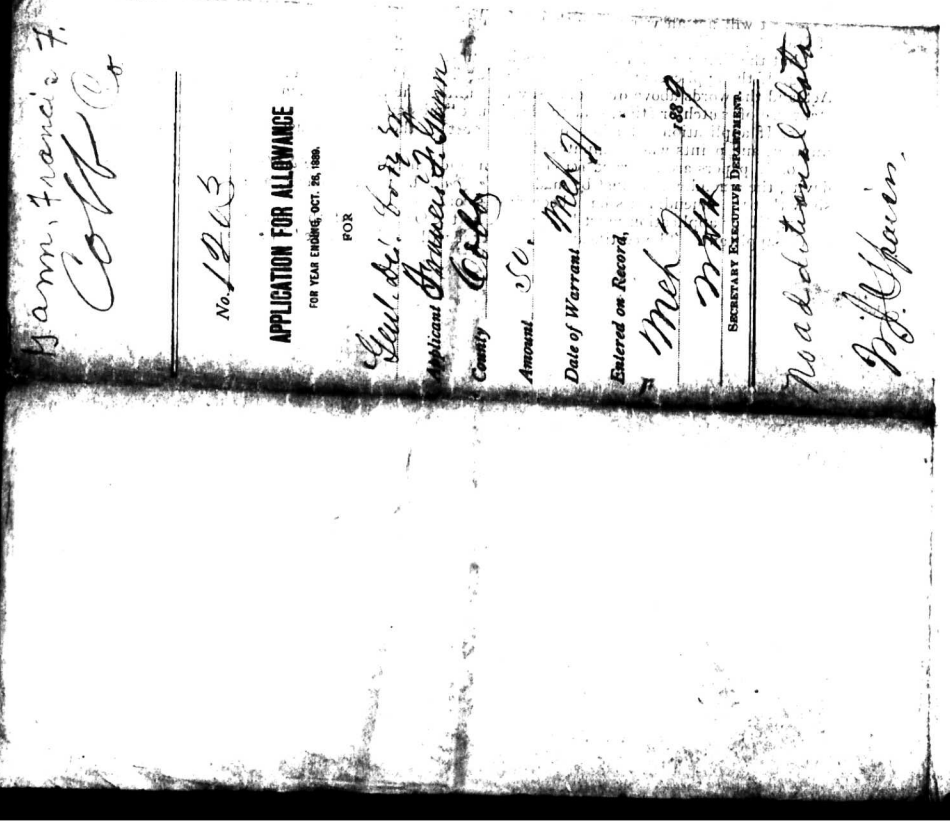
TREASURER'S OFFICE STATE OF GEORGIA

J B Gordon
GOVERNOR.

By the Governor
M. H. Hammett
CLERK EXECUTIVE DEPARTMENT.

52

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,
Fifty & 00/ Dollars
per above voucher, this 7 of March 1889.
Francis F Gann
By Wm J Spearin Atty in fact


Gann, Francis F.
Co K
No. 1263
APPLICATION FOR ALLOWANCE
FOR YEAR ENDING, OCT. 26, 1889.
FOR
Gail St. Co K 52 Ga
Applicant Francis F Gann
County Cobb
Amount $6.
Date of Warrant Mch 7 1889
Entered on Record, Mch 7 1889
Secretary Executive Department.
Marked Stricken Out
Disallowed.

STATE OF GEORGIA,
Cobb County.

PERSONALLY appears F. F. Gann 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 continuously since the Ten th day of August 1865, that he enlisted in the military service of the ~~Confederate States (or State)~~ State of Georgia during the war between the States, and served as a 2 Lieut in Company G, of 10th ~~or~~ Regiment of Georgia Volunteers, ~~Infantry~~ Stovall's Brigade; that whilst engaged in such military service, at the battle of Atlanta in the State of Georgia, on the 22 day of July 1864, he was wounded as follows: by being shot in the vicinity of the left joint the ball ranging upward and being so embedded in the hip that the surgeon failed to find or extract it from said wound and has been confined to his bed at least about half of his time since the wound was dealt for fifteen months and being compelled to use crutches for about ten months and is now compelled to use a cane in walking

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

Sworn to and subscribed before me, this the 4 day of Mch 1889. J. M. Stone Ordy.

Francis F Gann

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. Stone Ordinary of said county, W. V. Reynolds and J. D. Malone both known to me as reputable physicians of said county, who, being severally sworn, say on oath that they have carefully examined F. F. Gann and after such examination say that the applicant has been injured as follows: Wounds of hip sufficiently set forth in the above, the effects of said wound has not been exaggerated in the foregoing. We certify that the Applicant is practically incompetent to perform the ordinary manual avocations of life, and as such we fully believe him to be entitled to the provisions of the statute.

Sworn to and subscribed before me, this 4th day of March 1889. J. M. Stone Ordinary.

W. V. Reynolds M. D.
J. D. Malone M. D.

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,

Cobb County.

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

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

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

Given under my official signature and seal, this 4th day of March, 1889.

Jill Stone

Ordinary Cobb County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.

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

In witness whereof I have hereunto set my hand and seal, this 4th day of March, 1889.

Francis F. Gann (L. S.)

Executed in the presence of us:

Jill Stone
Ordny.

DIRECTION:

Send money to me as follows, by_____

to_____ P. O.

_____ County, Georgia.

NOTES.

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

STATE OF GEORGIA,
Cobb County.

I, J. M. Stone Ordinary of said county, do certify that I am well acquainted with Francis F. Gann 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 10th day of April 1890

J. M. Stone
Ordinary Cobb County.

1890.

No. 3720

APPLICATION FOR ALLOWANCE

FOR THE YEAR ENDING OCTOBER 26, 1890.

FOR Total Disability from Wm.

Applicant, Francis F. Gann

County, Cobb

Amount, 100

Date of Warrant, Apl 11

Entered on record Apl 11 1890

Secretary Executive Department.

WARRANT HANDED TO

W. J. Speers

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

---

STATE OF GEORGIA,
Cobb County.

I, J. M. Stone Ordinary of said County, do certify that I am well acquainted with F. F. Gann 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 20 day of Mch 1891.

J. M. Stone
Ordinary Cobb County.

1891.

Gann F. F.
Cobb Co

PAID 1891, [illegible]

No. 3834

Application for Allowance

FOR THE YEAR ENDING OCTOBER 26, 1891.

FOR Totally Disabled Pounds

Applicant, F. F. Gann

County, Cobb

Amount, 100

Date of Warrant, Mch 24 1891

Entered on record Mch 24 1891

Secretary Executive Department.

WARRANT HANDED TO

W. J. Speers

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

do certify that I am well acquainted with Francis F. Gann 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 10th day of April 1890

J. M. Stone

Ordinary Cobb County.

1890.

No. 2720

APPLICATION FOR ALLOWANCE

FOR THE YEAR ENDING OCTOBER 26, 1890.

FOR Total Disability from

Applicant Francis F. Gann

County, Cobb

Amount, 100

Date of Warrant, Apl 11

Entered on record Apl 11 1890

W. H. H.

SECRETARY EXECUTIVE DEPARTMENT.

WARRANT HANDED TO

W. J. Spears

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

do certify that I am well acquainted with F. F. Gann 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 20 day of Mch 1891.

J. M. Stone

Ordinary Cobb County.

Gann F. F.

Cobb

1891.

Gann F. F.

Cobb Co

PAID 1891, Co

No. 3834

Application for Allowance

FOR THE YEAR ENDING OCTOBER 26, 1891.

FOR Totally Disabled Mounted

Applicant, F. F. Gann

County, Cobb

Amount, 100

Date of Warrant, Mch 24 1891

Entered on record Mch 24 1891

W. H. H.

SECRETARY EXECUTIVE DEPARTMENT.

WARRANT HANDED TO

W. J. Spears

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

BAD COPY OR LIGHT PRINT

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
County.

PERSONALLY appears Francis F Gann 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 10 day of August 1865 that he enlisted in the military service of the ~~Confederate States (or of the~~ State of Georgia) during the war between the States, and served as a 2nd Lieutenant in Company E, of 1st Regiment of Georgia Volunteers 6th Tenn. Stevens's Brigade; that whilst engaged in such military service at the battle of Atlanta in the State of Georgia, on the 22 day of July 1864, he was wounded as follows: by being shot in the Scrotum of the left hip passing through the small cavity and causing so much injury to the nerves that the surgeon could not find the ball and it being so imbedded in the hip that the surgeon failed to find it and declared by Examination said deponent was shot then & there and this shot took effect three inches from the mean natural Centre of the body and having continued to discharge matter and running sores ever since and having continued to suffer great pain from said wound and from the effects of the same and from the Fall mos on or about Feb 1876 the left leg is very weak the whole system much debilitated at the present time that he is unable to perform any manual labor as any of the ordinary manual avocations of life being a large part of his time unable to do anything at all

Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1890. I have heretofore been allowed a pension of (6 6 12) 1888 F. F. G dollars.

Sworn to and subscribed before me this the 10th day of April 1890

Francis F Gann

J M Stone Ordy

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 10th day of April 1890

Francis F Gann [L. S.]

Executed in the presence of us:

J. D. Power

M. Stone Ordy

DIRECTION.

Send money to me as follows, by

to P. O.

County, Georgia.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
County.

PERSONALLY appears F F Gann 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 10 day of August 1865; that he enlisted in the military service of the ~~Confederate States (or of the~~ State of Georgia) during the war between the States, and served as a 2nd Lieutenant in Company E, of 1st Regiment of Georgia Volunteers 6th Tenn Stevens's Brigade; that whilst engaged in such military service at the battle of Atlanta in the State of Georgia, on the 22 day of July 1864, he was wounded as follows: by being shot in the Scrotum of the left hip passing through the small cavity and causing so much injury to the nerves that the surgeon could not find the ball and it being so imbedded in the hip that the surgeon failed to find it and declared by Examination said deponent was shot then & there and this shot took effect three inches from the mean natural Centre of the body and having continued to discharge matter and running sores ever since and having continued to suffer great pain from said wound and from the effects of the same and from the Fall mos on or about Feb 1876 the left leg is very weak and the whole system is so effected by weakness all the present time that deponent is unable to perform any manual labor as any of the ordinary manual avocations of life being a large part of his time unable to do anything at all

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 Same dollars, for Total disability

Sworn to and subscribed before me, this, the 20th day of March 1891.

F F Gann

J M Stone Ordy

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,
Cobb County.

Know all Men by these Presents, That I, F F Gann of Cobb County, State of Georgia, do hereby appoint Wm A Fleming of Fulton 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 20th day of March 1891.

F F Gann [L. S.]

Executed in the presence of us:

J D Power

Thos A Munroe

DIRECTION.

Send money to me as follows, by

to P. O.

County, Georgia.

day of ~~Augus~~ 18[illegible]; 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 2nd Lieutenant in Company E, of 14th Regiment of Georgia Volunteers, ~~6th Regt~~, Gen Gartrell's Brigade; that whilst engaged in such military service at the battle of Atlanta in the State of Georgia, on the 22 day of July 1864, he was wounded as follows: by being shot in the Scrotum of the Left Hip passing through the small cavity and causing so much blood in the Hip that the surgeon could not find and probe direct by Ball & Person said wound as far as it was then seen was found This Ball took Left Hip joint - The wound not having healed for 18 months and being continued by the passing of pieces of bone, matter and causing the Left Leg to be very weak the whole system much affected by the present time he is unable to perform any manual labor as any of the orders

Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1890. I have heretofore been allowed a pension of ~~(6 to 12) 1888~~ dollars

Sworn to and subscribed before me this the 10 day of April 1890

Francis F. Gann

J. M. Stone Ordy

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, [illegible] County.

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 10th day of April 1890

Francis F. Gann [L. S.]

Executed in the presence of us:

J. D. Power

J. M. Stone Ordy

DIRECTION.

Send money to me as follows, by

to P. O.

County, Georgia.

resident of said State, and has resided therein continuously ever since the 16 day of August 1834; 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 2nd Lieutenant in Company E, of 14th Regiment of Georgia Volunteers, ~~6th Regt~~, Gen Gartrell's Brigade; that whilst engaged in such military service at the battle of Atlanta in the State of Georgia, on the 22 day of July 1864, he was wounded as follows: by being shot in the Scrotality of the Left Hip passing through the small cavity and causing so much blood in the Hip that the surgeon could not find and probe direct by Ball & Person said wound as far as it was then seen was found This Ball took Left Hip joint - The wound not having healed for 18 months and being continued by the passing of pieces of bone, matter and causing the Left Leg to be very weak the whole system much affected by the present time he is unable to perform any manual labor as any of the orders

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 Cert dollars, for Total disability

Sworn to and subscribed before me, this, the 20th day of March 1891.

F. F. Gann

J. M. Stone Ordy

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, Clarke County.

Know all Men by these Presents, That I, F. F. Gann of Clarke County, State of Georgia, do hereby appoint W. J. Speer of Fulton 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 March 1891.

F. F. Gann [L. S.]

Executed in the presence of us:

J. D. Power

Thos. A. Thurmond

DIRECTION.

Send money to me as follows, by

to P. O.

County, Georgia.

Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1890. I have heretofore been allowed a pension of ~~(6 to 12) 1888~~ dollars

Sworn to and subscribed before me this the 10 day of April 1890

Francis F. Gann

J. M. Stone Ordy

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

BAD COPY***OR***LIGHT PRINT

STATE OF GEORGIA,
Cobb County

I, J. M. Stone Ordinary of said county, do certify that I am well acquainted with F. F. Gann 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 repesents himself to be, and that he resides in this county.

Given under my official signature and seal, this 23 day of April 1892.

J. M. Stone
Ordinary Cobb County.

Cobb Co.
No. 3651

SOLDIER'S PENSION.

1892.

FOR THE YEAR ENDING OCTOBER 26, 1892

Name F. F. Gann
County Cobb
Disability Total from wound,
Amount, $ 100
Entered on record April 27 1892.

W. H. HARRISON,
Secretary of Executive Department
Cobb
AGENT.
M. J. Spears

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

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cobb County.

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this the 4th day of April 1893.

F. F. Gann [L. S.]

Executed in the presence of us:
Alex. Mable
P. H. Gann

DIRECTION.

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

Cobb Co.
Gann F. F.
1893.

No. 588

Application for Allowance

For the Year Ending October 26, 1892.

FOR Totally Disabled

Applicant F. F. Gann
County, Cobb
Amount, 100
Date of Warrant,
Entered on record, 4/11 1893.

C. W. H. H.
Secretary Executive Department.

WARRANT HANDED TO
M. J. Spears
Geo. W. Harrison, State Printer, Atlanta.

No Date

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

[illegible] County.

PERSONALLY appears F. F. Gann

of [illegible] 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 [illegible] day of August 1834; 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 2. Lieutenant in Company [illegible], of [illegible] th Regiment of Georgia Volunteers [illegible] Brigade; that whilst engaged in such military service at the battle of Atlanta in the State of Georgia, on the 22 day of July, 186[illegible], he was wounded as follows: [illegible]

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 One Hundred Dollars for Said Disability

Sworn to and subscribed before me this the 23rd day of April 1892. F. F. Gann

[illegible] 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,

[illegible] County.

Know all Men by these Presents, That I, F. F. Gann of [illegible] County, in said State, do hereby appoint W. J. Lewis of [illegible] 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 23 day of April 1892.

F. F. Gann [L. S.]

Executed in the presence of us:

[illegible]

DIRECTION.

Send money to me as follows, by [illegible] to [illegible] P. O.

[illegible] County, Georgia.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

PERSONALLY appears F. F. Gann 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 10th day of August 1834; 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 Second Lieutenant in Company C, of first Th Regiment of Ga Volunteers State Troops Brigade; that whilst engaged in such military service at the battle of Atlanta in the State of Georgia, on the 22nd day of July 186[illegible], he was wounded as follows: by being shot in the locality of the left shoulder joint the Ball ranging upward and being arrested in the skin that the Surgeon was unable to find and extract from which the Body Defendant has been confined to his Bed or room half his time from then till now the wounded Shoulder cut out 15 months but has continually running sore or discharge does bring & running very quite these months up to march 1887 - in 1876 the Ball was cut out but the left leg is very weak and the whole system is affected by weakness till this present time that Deponent is unable to perform any & manual labour on any of the ordinary annual occupations of life he is a total loss of his labor

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 One Hundred dollars, for Said Disability

Sworn to and subscribed before me, this, the 4th day of April 1893. F. F. Gann

Jill Story Ordinary

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

STATE OF GEORGIA,

Cobb County.

I, Jill Story Ordinary of said County, do certify that I am well acquainted with F. F. Gann 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 [illegible] before whom the foregoing affidavits were made and power of attorney was signed, is a [illegible] of said County, and the said affidavits and signatures thereto are genuine.

Given under my official signature and seal, this 4th day of April 1893.

Jill Story Ordinary Cobb County.

STATE OF GEORGIA. POWER OF ATTORNEY.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cobb COUNTY.

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 19th day of Mch 1894.

F. F. Gann [L. S.]

Executed in the presence of us
[illegible]
[illegible]

DIRECTIONS.

Send money to me as follows, by

to P. O.

County, Georgia.

Gann, F. F.

(For Those Already Enrolled.)

No. 587

Soldier's Pension.

1894.

Name F. F. Gann
County Cobb
Disability Totally Dis
Amount, $ 100
3/20

1894.

W. H. HARRISON,
Secretary Executive Department.

WARRANT HANDED TO
W. J. Spears

Geo. W. Harrison, State Printer, Atlanta.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cobb County.

KNOW ALL MEN BY THESE PRESENTS, That I, F. F. Gann of Cobb County, State of Georgia, do hereby appoint W. J. Spears of Atlanta Ga my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of an injury received as aforesaid in the military service of the Confederate States (or of this State) as stated in the foregoing affidavit; hereby authorizing my said Attorney to receipt in my name for any Warrrant 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 16th day of Mch 1895.

F. F. Gann [L. S.]

Executed in presence of us
J. M. Stone
Ordinary.

DIRECTIONS.

Send money to me as follows, by

to P. O.

County, Georgia.

Gann, F. F.
Cobb Co.

(For Those Already Enrolled.)

No. 303

SOLDIER'S PENSION.

1895.

Name F. F. Gann
County Cobb
Disability Total disability
Amount, $ 100
3/20

1895.

RICHARD JOHNSON,
Secretary Executive Department.

WARRANT HANDED TO
Atl

Geo. W. Harrison, State Printer, Atlanta.

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 19th day of Mch 1894.

F. F. Gann [L. S.]

Executed in the presence of us

[illegible]

[illegible] Gann

DIRECTIONS.

Send money to me as follows, by

to P. O.

County, Georgia.

Gann, F. F.

(For Those Already Enrolled.)

No. 581

Soldier's Pension.

1894.

Name F. F. Gann

County Cobb

Disability Totally Dis

Amount, $ 100

3/20

1894.

W. H. HARRISON,

Secretary Executive Department.

WARRANT HANDED TO

W. J. Spears

Geo. W. Harrison, State Printer, Atlanta.

County, State of Georgia, do hereby appoint of Cobb W. J. Spears of Atlanta Ga my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of an injury received as aforesaid in the military service of the Confederate States (or of this State) as stated in the foregoing affidavit; hereby authorizing my said Attorney to receipt in my name for any Warrrant 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 16th day of Mch 1895.

F. F. Gann [L. S.]

Executed in presence of us

J. M. Stone

Ordinary.

DIRECTIONS.

Send money to me as follows, by

to P. O.

County, Georgia.

Gann, F. F.

Cobb Co.

(For Those Already Enrolled.)

No. 303

SOLDIER'S PENSION.

1895.

Name F. F. Gann

County Cobb

Disability Total disability

Amount, $ 100

3/20

1895.

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDED TO

Ab

Geo. W. Harrison, State Printer, Atlanta.

W. Cato

BAD COPY OR LIGHT PRINT

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }
Cobb County. }

PERSONALLY appears F. F. Gann 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 10th day of August 1834; 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 2nd Lieutenant in Company E, of 1st th Regiment of Ga. Volunteers, State Troops, Stovall's Brigade; that whilst engaged in such military service at the battle of Atlanta in the State of Georgia, on the 22 day of July 1864, he was wounded as follows: [illegible]

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 19 day of Mch 1894. } F. F. Gann

J. M. Stone Ordy

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 F. F. Gann the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 Mch 1894.

Affix your seal here

J. M. Stone
Ordinary Cobb County.

[illegible] ordinary name [illegible] avocations of life being a large [illegible] disability unable to be out of his bed or room

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }
Cobb County. }

Personally appears F. F. Gann 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 10th day of August 1834; 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 2nd Lieutenant in Company E, of 1st th Regiment of Ga. Volunteers, State Troops, Stovall's Brigade; that whilst engaged in such military service at the battle of Atlanta in the State of Ga., on the 22nd day of July 1864, he was wounded as follows: By being shot in the locality of the left hip joint, the ball ranging upward and being so imbedded in the hip that it was never taken out till 1876. On account of said wound deponent ~~[illegible]~~ is not able to any work, not part of the time to cover his worm.— The result is total disability to deponent.

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 16th day of Mch 1895. } F. F. Gann

J. M. Stone Ordy

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 F. F. Gann the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 Mch 1895.

Affix your seal here

J. M. Stone
Ordinary Cobb County.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cobb County.

I, F. F. Gann hereby authorize J. M. Stone of Marietta 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 10th day of Mch 1896.

F. F. Gann [L. S.]

Executed in presence of us
J. M. Fleming

Gann F. F.
Cobb Co
ACT OF 24 OCT. 1894.
(For Those Already Enrolled.)
No. 3196

SOLDIER'S PENSION.
1896.

Name F. F. Gann
County Cobb
Disability Total disability
Amount, $ 100.
3/20 1896

RICHARD JOHNSON,
Secretary Executive Department.

WARRANT HANDED TO
Ady

Geo. W. Harrison, State Printer, Atlanta.

No data

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cobb County.

I, F. F. Gann hereby authorize J. M. Stone of Marietta 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 3rd day of Mch 1897.

F. F. Gann [L. S.]

Executed in presence of

Gann F. F.
Cobb County
ACT OF 24 OCT. 1894.
(For Those Already Enrolled.)
No. 3708

INVALID
SOLDIER'S PENSION.
1897.

Name F. F. Gann
County Cobb
Disability Total Disability
Amount, $ 100.
Mch 16 1897.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO
Jne 8

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

No data

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Cobb County.

Personally appears H F Gann 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 10 day of August 1865 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 Lieut in Company E, of 15 th Regiment of Ga. State troops Volunteers, Stovall 's Brigade; that whilst engaged in such military service in the State of Ga., on the 22nd day of July 1864, he was wounded, injured or diseased as follows: By gun shot striking the left hip joint, the ball ranging upward and being so imbedded in the hip that it was not taken out till 1876. — On account of said wound deponent is not able to do any work — part of the time not able to leave his room — he is totally disabled.

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 1895

Sworn to and subscribed before me, this the 10 day of Mch 1896. H F Gann

J.M. 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, J.M. Stone Ordinary of said County, do certify that I am well acquainted with H. F. Gann the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 Mch 1896.

Affix your seal here.

J.M. Stone
Ordinary Cobb County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Cobb County.

Personally appears H F Gann 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 10 day of August 1865 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 2nd Lieut in Company E, of 15 th Regiment of Ga State troops Volunteers, Stovall 's Brigade; that whilst engaged in such military service in the State of Ga., on the 22 day of July 1864, he was wounded, injured or diseased as follows: By gunshot striking the left hip joint — the ball ranging upward and being so imbedded in the hip that it was never taken out till 1876. Whereby and on account of which Applicant is totally disabled to do anything in the way of work &c.

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 3rd day of Mch 1897. H F. Gann POST OFFICE Mableton R.F.

J.M. 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, J.M. Stone Ordinary of said County, do certify that I am well acquainted with H. F. Gann the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 Mch 1897.

Affix your seal here.

J.M. Stone
Ordinary Cobb County.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cobb County.

I, F. F. Gann hereby authorize R. C. Irwin of Cobb Colfa.

to receive and receipt for the pension paid hereon and request that he remit same to J. M. Stone by him.

at

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 5th day of Mch 1898.

F. F. Gann [L. S.]

Executed in presence of

Gann, F. F.
Cobb Co.

ACT OF 2 OCT., 1890
(For Those Already Enrolled.)

No. 3353

INVALID
SOLDIER'S PENSION.
1898.

Name F. F. Gann
County Cobb
Disability Total disability
Amount, $ 100.
3/23 1898.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO
R. C. Irwin

GEO. W. HARRISON, STATE PRINTER, ATLANTA

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cobb County.

I, F. F. Gann hereby authorize J. M. Stone of Marietta 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 15th day of Feby 1899.

F. F. Gann [L. S.]

Executed in presence of

Gann, F. F.
Cobb Co.

ACT OF 2 OCT., 1890
(For Those Already Enrolled.)

No. 3164

INVALID
SOLDIER'S PENSION.
1899.

Name F. F. Gann
County Cobb
Disability Wounds
Amount, $ 100.
7/24 1899.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO
J. M. S.

GEO. W. HARRISON, STATE PRINTER, ATLANTA

Marietta

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Cobb County.

Personally appears F. F. Gann 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 10th day of August 1834 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 2nd Lieut in Company E, of 1st th Regiment of Ga. State Troops Volunteers, Stovall's Brigade; that whilst engaged in such military service in the State of Ga., on the 22nd day of July 1864, he was wounded, injured or diseased as follows:

That he was shot in the left hip, ranging upward in said hip that it was never taken out till the year 1876. From and on account of said wound applicant is totally disabled — Confined for the most part to his room.

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 $100. Dollars, for the year 1897.

Sworn to and subscribed before me, this, the 5th day of Mch 1898. F. F. Gann POST-OFFICE Mableton Ga

J. M. Stone Ordy

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 F. F. Gann the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 Mch. 1898.

Affix your seal here.

J. M. Stone
Ordinary Cobb County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Cobb County.

Personally appears F. F. Gann 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 10th day of August 1834; 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 Lieut in Company E, of 1st th Regiment of Ga State Troops Volunteers, Stovall's Brigade; that whilst engaged in such military service in the State of Ga., on the 22nd day of July 1864, he was wounded, injured or diseased as follows:

By gunshot striking in the left hip — on account of which wound applicant is rendered totally disabled to do any manual labor.

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 $100 Dollars, for the year 1898.

Sworn to and subscribed before me, this, the 15th day of Feby 1899. F. F. Gann POST OFFICE Mableton Ga.

J. M. Stone Ordy

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 F. F. Gann the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 Feby 1899.

Affix your seal here.

J. M. Stone
Ordinary Cobb County.

POWER OF ATTORNEY.

STATE OF GEORGIA, Cobb County.

I, F. F. Gann hereby authorize J. M. Stone of Marietta, Ga.

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

at Marietta

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 21st day of March 1900.

F. F. Gann [L. S.]

Executed in presence of

T. J. Hamby

Gann, F. F.
Cobb Co.

CODE SECTION 1250
(For Those Already Enrolled.)
No. 3436

INVALID
SOLDIER'S PENSION.
1900.

Name F. F. Gann
County Cobb
Disability Wounds
Amount, $ 100.
Warrant issued Mch. 21 1900.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
Stone

Geo. W. Harrison, State Printer, Atlanta.

No data

POWER OF ATTORNEY.

STATE OF GEORGIA, Cobb County.

I, F. F. Gann hereby authorize John Awtrey of Marietta

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

at Marietta

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 5th day of January 1901.

F. F. Gann [L. S.]

Executed in presence of

Jas M Gann

Gann, F. F.
Cobb Co

CODE SECTION 1250
(For Those Already Enrolled.)
No. 144

DISABLED
SOLDIER'S PENSION.
1901.

Name F. F. Gann
County Cobb
Disability Gun Shot
Amount, $ 100.00
Jan 15th 1901.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
Awtrey

Geo. W. Harrison, State Printer, Atlanta.

No data

For Applicants Heretofore Allowed Pensions.

Co. B. 4th Regt Ga State Troops

STATE OF GEORGIA,
Cobb County.

Personally appears H. F. Gann 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 10th day of August 1834; that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served as a private in Company E, of 18th Regiment of Ga. State troops Stovall's Brigade; that whilst engaged in such military service in the State of Ga., on the 22nd day of July 1864, he was wounded, injured or diseased as follows:

By gunshot striking in the left hip - on account of which wound applicant is rendered totally disabled to do any manual labor.

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 7th day of January 1900. H. F. Gann. POST OFFICE

J. M. 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, J. M. Stone Ordinary of said County, do certify that I am well acquainted with H. F. Gann the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 1900.

Affix your seal here

J. M. Stone
Ordinary Cobb County.

For Applicants Heretofore Allowed Pensions.

Co B. 4th Regt Ga State Troops.

STATE OF GEORGIA,
Cobb County.

Personally appears H F Gann 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 10th day of August 1834; 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 2nd Lieutenant Company E, of 1st th Regiment of Ga State Troops Volunteers, Stovalls 's Brigade; that whilst engaged in such military service in the State of Ga, on the 22 day of July 1864, he was wounded, injured or diseased as follows:

By gun shot striking in left hip on account of which wound Applicant is rendered totally disabled to do any manual labor

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 $100.00 Dollars, for the year 1900.

Sworn to and subscribed before me, this the 7th day of January 1901. H F Gann Postoffice

John Awtry

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 Awtry Ordinary of said County, do certify that I am well acquainted with H F Gann the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 1901.

Affix your seal here

John Awtry
Ordinary Cobb County.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cobb County.

I, F F Gann hereby authorize John Autrey 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 9 day of Jan 1902.

F F Gann [L. S.]

Executed in presence of

J M Gann

Gann, F. F.
Cobb County

CODE SECTION 1250.
(FOR THOSE ALREADY ENROLLED.)

No. 315

DISABLED
SOLDIER'S PENSION
1902.

Name F F Gann
County Cobb
Co. E Regiment 1st
Disability
Amount, $ 100
1/16 1902.

JOHN W. LINDSEY,
Commissioner of Pensions.

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

no date

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cobb County.

I, F F Gann 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.

F F Gann [L. S.]

Executed in presence of

J M Gann

Gann, F. F.
Cobb County

CODE SECTION 1250.
(FOR THOSE ALREADY ENROLLED.)

No. 263

DISABLED
SOLDIER'S PENSION
1903.

Name F F Gann
County Cobb
Co. E Regiment 1st Reg
Disability total
Amount, $100
1/23 1903.

JOHN W. LINDSEY,
Commissioner of Pensions.

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
Cobb County.

Personally appears F F Gann 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 August 1834 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 Lieutenant in Company E, of 1st th Regiment of Ga State Troops Volunteers, Stovalls 's Brigade; that whilst engaged in such military service in the State of Ga, on the 22nd day of July 1864, he was wounded, injured or diseased as follows:

By Gun Shot Striking in the hip on account of which wound applicant is rendered totally disabled to do any manual labor

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1902. I have heretofore, under said law, as a resident of Cobb County, been allowed an invalid pension of $100 Dollars, for the year 1901.

Sworn to and subscribed before me, this the 9 day of Jan 1902. F. F. Gann Post-office Mableton Ga

John Awtrey

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 F F Gann the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 January 1902.

Affix your seal here

John Awtrey
Ordinary Cobb County.

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

Troops

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
Cobb County.

Personally appears F F Gann 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 August 1834; 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 Lieutenant in Company E, of 1st th Regiment of Ga State Troops Volunteers, Stovalls 's Brigade; that whilst engaged in such military service in the State of Ga, on the 22nd day of July 1864, he was wounded, injured or diseased as follows:

By Gun Shot Striking in the left hip on account of which wound applicant is rendered totally disabled to do any manual labor

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 16 day of Jan 1903. F F Gann Post-office Mableton

John Awtrey

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

Given under my official signature and seal, this 16 day of Jan 1903.

Affix your seal here

John Awtrey
Ordinary Cobb County.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cobb County.

I, F F Gann hereby authorize John Awbrey 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 Jan 1904.

F F Gann [L. S.]

Executed in presence of
James Gann

Gann, F. F.
Cobb Co.

CODE SECTION 1250.
(FOR THOSE ALREADY ENROLLED.)

No. 3-0

DISABLED
SOLDIER'S PENSION
1904.

Name F F Gann
County Cobb
Co. E Regiment 1
Disability Total
Amount, $100

JAN 25 1904.

JOHN W. LINDSEY,
Commissioner of Pensions

WARRANT HANDED TO
Cody

Geo. W. Harrison, State Printer Atlanta

no data

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cobb County.

I, F F Gann hereby authorize John Awbrey 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 21 day of Jany 1905.

F F Gann [L. S.]

Executed in the presence of
J M Gann

Gann, F. F.
Cobb Co.

CODE SECTION 1250.
(FOR THOSE ALREADY ENROLLED.)

No. 313

DISABLED
SOLDIER'S PENSION
1905.

Name F F Gann
County Cobb
Co. E Regiment 1st
Disability
Amount, $100.00

JAN 23 1905.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
Cody

The Franklin Printing and Publishing Co., Atlanta
Geo. W. Harrison, Manager for State Printer

no data

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
Cobb County.

Personally appears F F Gann 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 10th day of Aug. 1834; 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 2nd Lieut in Company E, of 12th Regiment of Ga State troops Volunteers Stovall 's Brigade; that whilst engaged in such military service in the State of Ga, on the 22nd day of July 1864, he was wounded, injured or diseased as follows: By gun shot striking on the left hip on account of which wound applicant is rendered totally disabled to do any manual labor

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1904. I have heretofore, under said law, as a resident of Cobb County, been allowed an invalid pension of $100 Dollars, for the year 1903.

Sworn to and subscribed before me, this the 18 day of Aug 1904. F F Gann
John Awtrey 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 Awtrey Ordinary of said County, do certify that I am well acquainted with F F Gann the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be, and that he resides in this County

Given under my official signature and seal, this 18 day of Aug 1904.

Affix your Seal here

John Awtrey
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 F F Gann 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 1834; 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 Lieutenant in Company Co, of 1st th Regiment of Ga State Troops Volunteers Stovall 's Brigade; that whilst engaged in such military service in the State of Ga, on the 22 day of July 1864, he was wounded, injured or diseased as follows: By Gun Shot Stricken, in the left hip on account of which wound is rendered totally disabled to do any Manual Labor

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 $100 Dollars, for the year 1904.

Sworn to and subscribed before me, this the 21 day of January 1905. F F Gann
John Awtrey 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 Awtrey Ordinary of said County, do certify that I am well acquainted with F F Gann the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be, and that he resides in this County.

Given under my official signature and seal, this 21 day of January 1905.

Affix your Seal here.

John Awtrey
Ordinary Cobb 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, F F Gann hereby authorize John A Whitney 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 Jany 1906.

F F Gann [L. S.]

Executed in the presence of

J M Gann

Gann, F. F.
Cobb Co.

CODE SECTION 1250.
(FOR THOSE ALREADY ENROLLED.)

No. 307

DISABLED
SOLDIER'S PENSION
1906.

Name F F Gann
County Cobb
Co. E 1 Elm Brook Regiment
Disability Total body wound
Amount, $100.00

1906.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

THE PRESSLEY PRINTING AND PUBLISHING CO., GEO. W. HARRISON, MGR.

no data

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cobb COUNTY.

I, F F Gann, hereby authorize John A Whitney 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 15 day of Jany 1907.

F. F. Gann [L. S.]

Executed in presence of

J M Gann

Gann, F. F.
Cobb Co.

CODE SECTION 1250.
(FOR THOSE ALREADY ENROLLED)

No. 213

DISABLED
SOLDIER'S PENSION
1907.

Name F F Gann
County Cobb
Co. E 18 Ga Regiment
Disability Total
Amount, $100.00

JAN 21 1907.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

no data

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,
Cobb County.

Personally appears F F Gann 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 Corporal in Company E, of 1st Ga State Troops 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:

Total Disability Wound July 22/64

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 100.00 Dollars, for the year 1905.

Sworn to and subscribed before me, this the 18 day of Jany 1906.
John Awtrey

F F Gann
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 Awtrey 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 18 day of Jany 1906.
John Awtrey
Ordinary Cobb County.

Affix your seal here

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 F F Gann 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 E, of 1st Ga State Troops 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:

Total Disability from Body Wound

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 100.00 Dollars, for the year 1906.

Sworn to and subscribed before me, this the 15 day of Jany 1907.
John Awtrey

F. F. Gann
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 F F Gann the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 Jany 1907.
John Awtrey
Ordinary Cobb County.

Affix your seal here

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

Gobb

Maimed Soldiers.

Voucher No. 2720.

Amount $ 100 00

Paid to Francis F. Gann

For Totally Disabled by Worms.

Apl. 11 1890

Included in warrant No.

issued to Treasurer

18

WARRANT CLERK.

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

W. J. Spears

Gann, F. F.

Gobb

1891.

Maimed Soldiers.

Voucher No. 2830

Amount $ 100

Paid to F. F. Gann

For Totally Disd by Worms.

Mch 21 1891.

Included in warrant No.

issued to Treasurer.

1891.

WARRANT CLERK

Geo. W. Harrison, State Printer, Atlanta.

W. J. Spears

No. 2720

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT. } Atlanta, Ga., Feb 11 1890.

Mr. Francis F. Gann 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 Total Disability for one year

He is entitled to receive the sum of One Hundred Dollars for such disability, the same being the allowance due for the year ending October 24, 1890.

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

GOVERNOR.

By the Governor,

CLERK EXECUTIVE DEPARTMENT.

CANCELLED BY WARRANT

PAID STATE TREASURER

$100 00

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

One Hundred & 00/100 Dollars,

per above voucher, this 11 of April 1890.

F F Gann by his Atty in fact W M Speairs

1891.

No. 2834

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT. } Atlanta, Ga. Nov 24 1891.

Mr. F. F. Gann 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 Totally dis'd by wounds

He is entitled to receive the sum of One Hundred & 00/ Dollars for such disability, the same being the allowance due for the year ending October 24, 1891.

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

W. J. Northen,
GOVERNOR.

By the Governor,

W. H. Harrison
SEC'Y EXECUTIVE DEPARTMENT.

TREASURER STATE PAID

$100

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

One Hundred & 00/100 Dollars,

per above voucher, this 26 of March 1891.

W M Speairs Atty in fact for F F Gann

Georgia } An person came before me H. V.
Cobb County } Reynolds who on oath says that he is
a regular authorized practicing Physician
that as such he is acquainted with F F
Gann of Cox District in Cobb County Georgia
that said Gann is suffering from the effects
of a gun shot wound inflicted by being
shot in the left hip (as this deponent is informed
and believes on the 22 day of July 1864 in the battle
at Kenesaw) that said F F Gann is from the effects
of said wound rendered substantially and
totally unable to labor that the facts of his
[illegible] out in is application for
pension [illegible] which this affidavit is attached
is true that [illegible] is made from personal
acquaintance in the last 14 years of having
been his practicing Physician for a good part
of said time that said Gann when he goes
out from home even is compelled to carry some one
to drive and care for him.

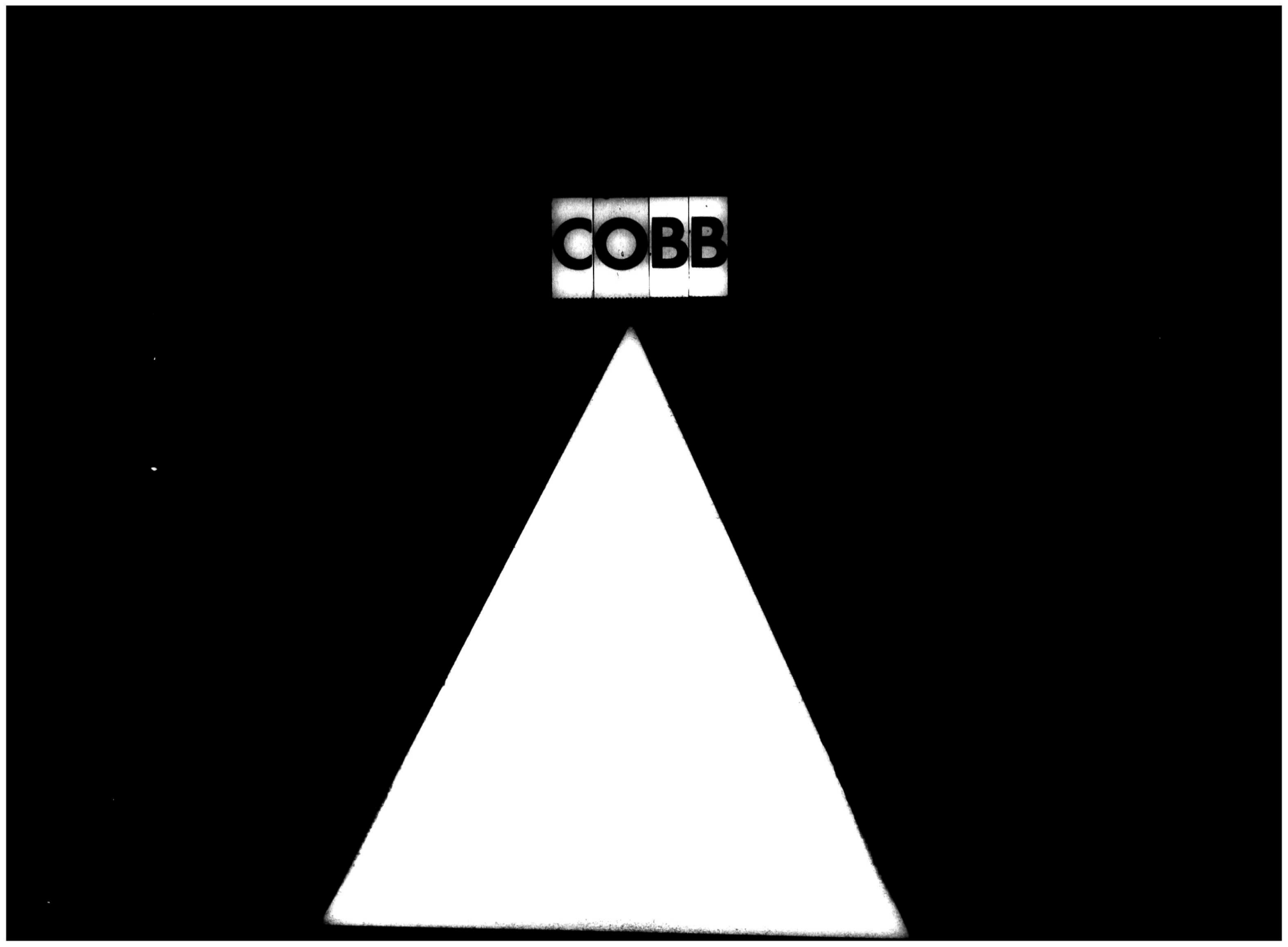
H. V. Reynolds M.D.

Sworn to and subscribed
before me this 10th day of
April 1896
J. W. Stone
Ordny

Georgia } An person appeared before me
Cobb County } J. D. Malone who on oath
says that he is a regularly authorized
practicing Physician of said county that he is well
acquainted with F F Gann of said county
and has treated him as his Physician
that said Gann is suffering from the effects
of a gun shot wound in the left hip which
has effected his whole system to such an
extent that he has become so weak and
emaciated from the confined [illegible] at
intervals of a few months apart ~~and~~ growing
out of the effects of said wound that he has
become totally unable to labor in any manual
exercise being a large part of his time unable
to even get out of his room.

J. D. Malone M.D.

Sworn to and subscribed before
me this 10th April 1896
J. W. Stone
Ordny.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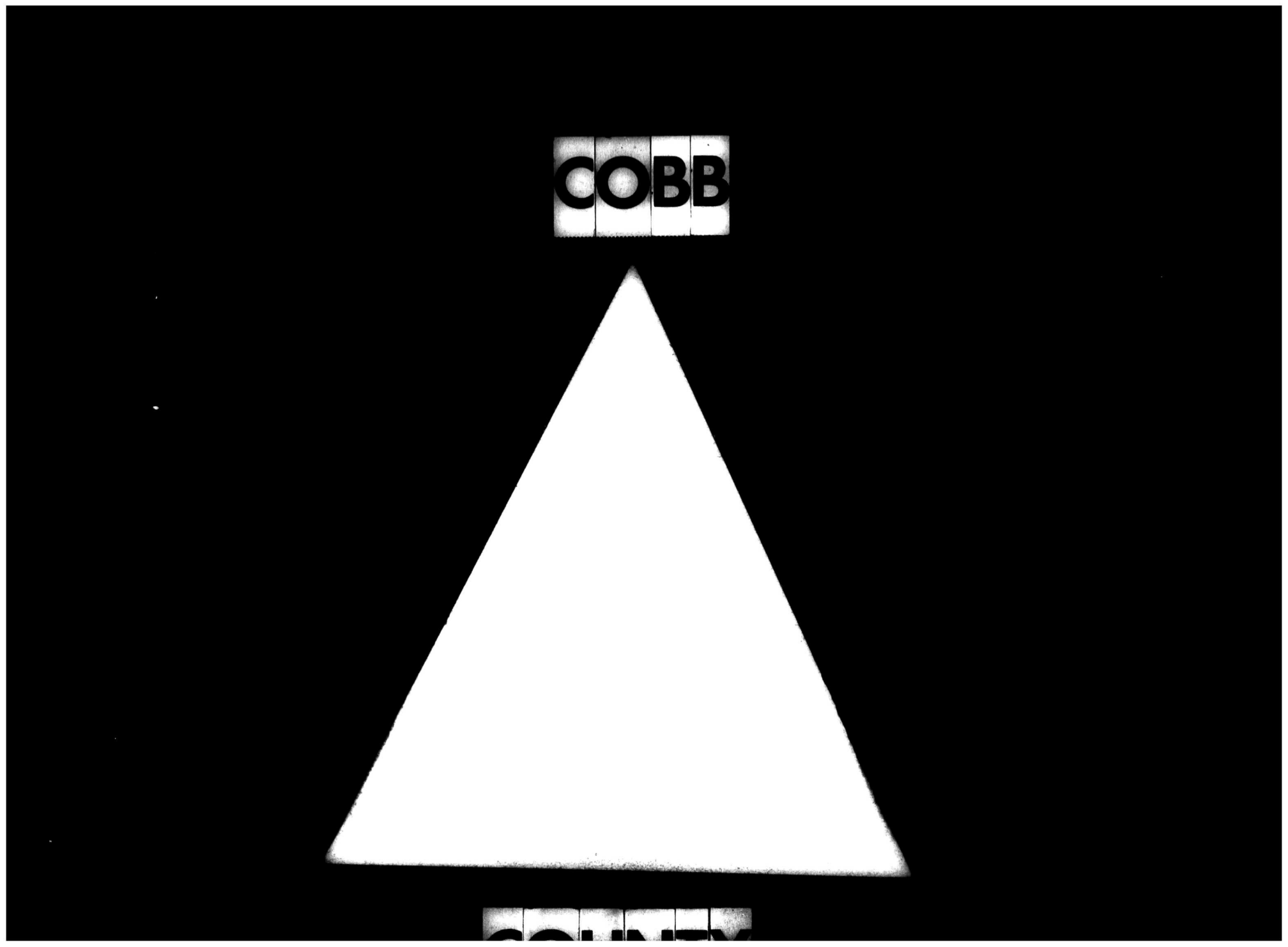
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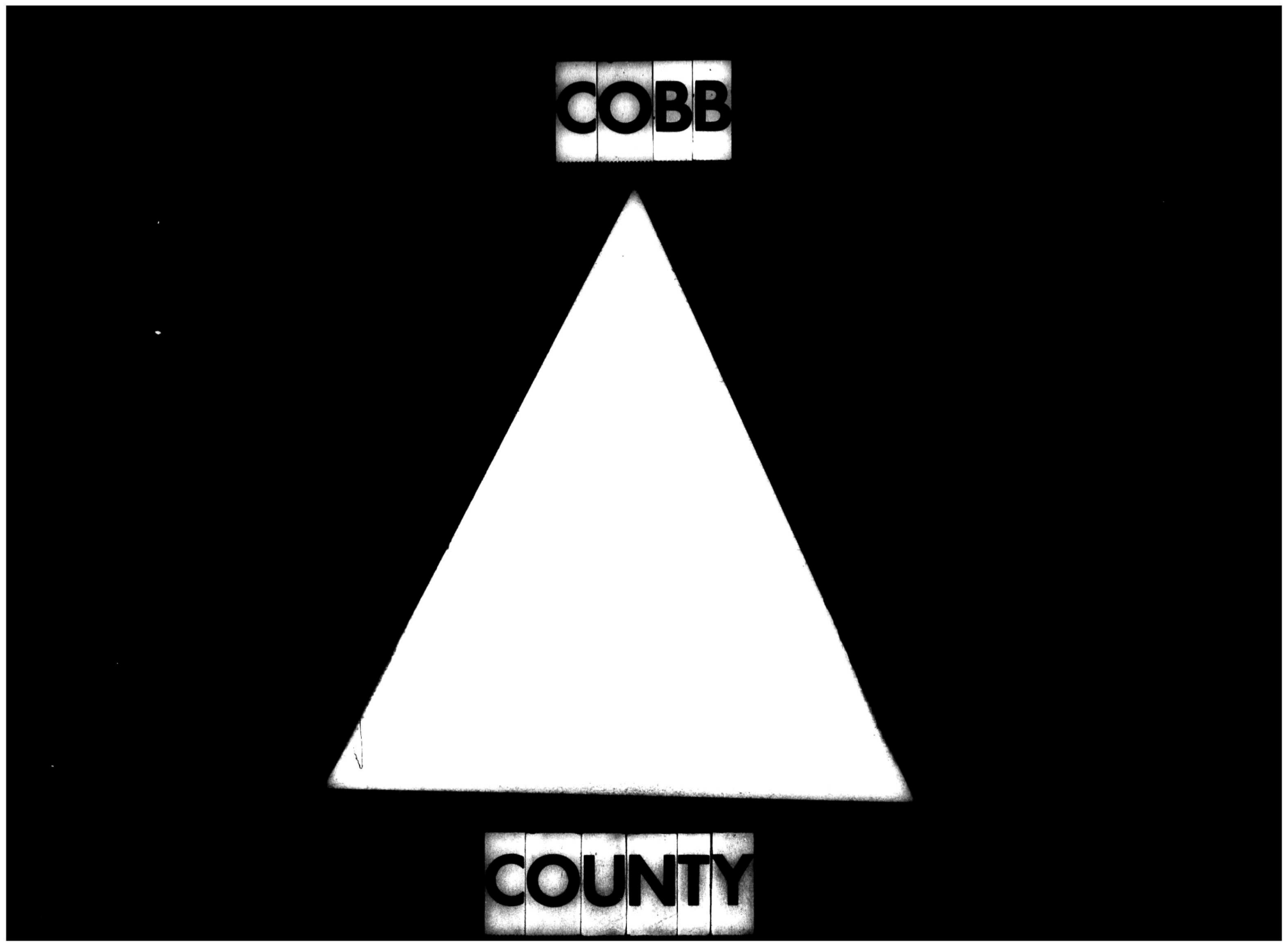

COBB
COUNTY

THE END

MICROFILMED FOR

GA. DEPT. OF
ARCHIVES AND HISTORY

(PENSION APPLICATIONS OF CONFEDERATE SOLDIERS AND WIDOWS WHO APPLIED FROM GEORGIA)

Title CROWDER, WILLIAM THRU GANN, F. F. (FRANCIS)
Co C 11th Regt Ga. Cav.

COBB COUNTY

Volume
GCP-92

GCP-

COBB COUNTY

Number
2886139- 2886139-92

I CERTIFY I WAS THE OPERATOR WHO PHOTOGRAPHED THIS FILM. IN ATLANTA, GEORGIA, August 31, 1962.

J. P. Surles
Operator

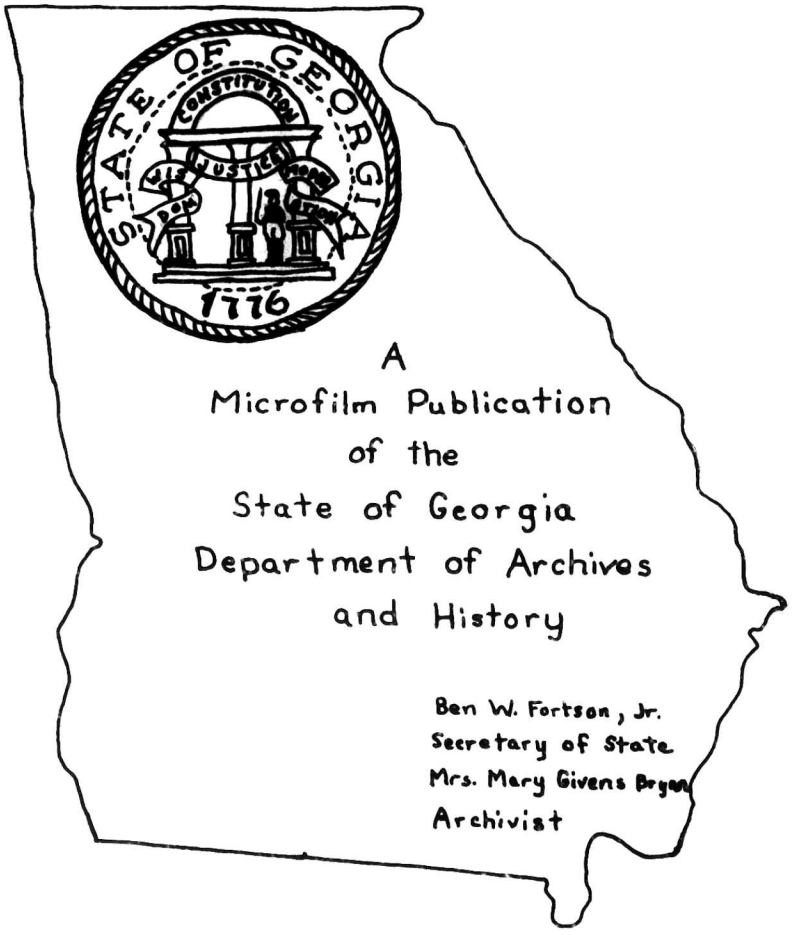
15 X V

1110

MANN FILM LABORATORIES

DATE

END



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Microfilm Publication
of the
State of Georgia
Department of Archives
and History

Ben W. Fortson, Jr.
Secretary of State
Mrs. Mary Givens Bryan
Archivist

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cobb County.

I, W. H. H. Dunn hereby authorize ~~[illegible]~~ of Monetta Ga J. M. Stone to receive and receipt for the pension allowed and request that he remit same to Mr J. M. Stone at by ~~[illegible]~~

Witness my hand and seal this 23 day of April 1895.

Executed in presence of
~~J. M. Stone~~
~~[illegible]~~

W. H. H. Dunn

G M Fleming

No. 374 ~~Dunn W. H. H.~~ Cobb Co.

INDIGENT PENSION

1895.

Name W. H. H. Dunn

County Cobb

Ground

Aug 1 1896

RICHARD JOHNSON,
Secretary Executive Department.

WARRANT HANDED TO
J. M. Stone

Geo. W. Harrison, State Printer, Atlanta.

Person

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cobb County.

I, W. H. H. Dunn hereby authorize ~~Thos. B. Jones~~ J. M. Stone of Monetta Ga. to receive and receipt for the pension allowed and request that he remit same to Mr. J. M. Stone at by ~~[illegible]~~

Witness my hand and seal this 23 day of April 1895.

Executed in presence of
~~J. M. Stone~~
~~Ordy~~

W. H. H. Dunn

G. M. Fleming

Approved Rich Johnson
No. 374
~~Dunn~~ Cobb Co.

INDIGENT PENSION

1895.

Name W. H. H. Dunn
County Cobb
Ground
Aug 1 1896

RICHARD JOHNSON,
Secretary Executive Department.

WARRANT HANDED TO
Judge Stone

Geo. W. Harrison, State Printer, Atlanta.

Person

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,
Cobb County.

Personally came before me A. E. Johnson and E. J. Setze, both known to me as reputable physicians of said county, who being severally sworn, say on oath that they have examined carefully W. H. H. Dunn, applicant for pension under the Act of 1894, and after such personal examination, say that his precise physical condition is as follows:

That he is suffering severely from chronic hemorrhoids and general giving way of the entire physical system, producing premature old age and infirmity.

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 23rd day of April 1895.

A. E. Johnson M.D.
E. J. Setze M.D.

J. M. Stone
Ordy

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,
Cobb County.

I, J. M. Stone, Ordinary in and for said County, hereby certify that the applicant W. H. Dunn resides in said County, and was a bona fide resident of this State on the first day of January, 1894, and that the witnesses, viz: J. M. Dunn, A. E. Johnson M.D. & E. J. Seitz M.D. are of trustworthy character and that their statements are entitled to full faith and credit.

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

I further certify that the tax digests of Cobb County show that applicant returned for taxation in his name in 1893 Nothing dollars of property, and in 1894, Nothing dollars of property.

Witness my hand and seal of office, this 6 day of May 1895.

J. M. Stone Ordinary

of Cobb County.

NOTE.

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

10. What is the applicant's occupation and physical condition? Farmer or Prospector He suffers from Chronic Hemorrhoids

11. Is the applicant unable to support himself by labor of any sort, if so, why? He is only able to contribute a small part of his support from his own labor, Because of his affliction

12. How was he supported during the years 1893 and 1894? As he is at present with such aid as his friends & relatives contribute

13. What portion of his support for these two years was derived from his own labor or income? I have no means of giving a definite answer further than to say that his support was derived as above stated

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? As before stated he is afflicted with Chronic Hemorrhoids and has been so for Several Years

15. What interest have you in the recovery of a pension by this applicant? None

Sworn to and subscribed before me, this the 22 day of April 1895. J. M. Dunn

J. M. Stone
Ordinary

QUESTIONS FOR APPLICANT.

STATE OF GEORGIA,
Cobb County.

W. H. H. Dunn 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) W. H. H. Dunn Cobb Co- I am temporarily residing in Columbia Co- my P. O. at present is Columbia Mills- Columbia Co Ga.
2. Where did you reside on January 1st, 1894, and how long have you been a resident of this State? In Cobb County- I have been a resident of Ga all my life except while in the Army- In 1841- in Columbia Co Ga.
3. When and where were you born?
4. Did you volunteer in the Confederate Army or in the Georgia Militia? Confederate Army
5. When and where did you enlist? 12th of March 1862- At Hamilton Harris Co
6. In what company and regiment did you enlist? In 35th Ga Co K.
7. How long did you remain in that company and regiment? About One Year.
8. If you were discharged from same and joined another, or if you were transferred to another, give an account of such discharge or transfer? I was transfered to 2nd Ga Battalion in 1863 at Orange Court House Virginia
9. For how long a period did you discharge regular military duty? Three years & one month-
10. When, where and under what circumstances were you discharged from service? I was Paroled at Appomattox Court House Va,
11. What is your present occupation? Farming
12. How much can you earn per annum by your own exertions or labor? Very little not exceeding one fourth of my time am I able to work.
13. What has been your occupation since 1865? Farming
14. What sum would be necessary for your support for this pension year, and how much are you able to contribute thereto either in labor or income? About One Hundred dollars As before Stated I am able to Contribute by my labor about one fourth of this amount,

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,
Cobb County.

J. M. Dunn, of said State and County, having been presented as a witness in support of the application of W. H. H. Dunn for pension under the Act approved December 15th, 1894, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? J. M. Dunn - Cobb County Leonard. P. O.
2. Are you acquainted with W. H. H. Dunn, the applicant, if so how long have you known him? All my life-
3. Where does he reside, and how long has he been a resident of this State? Temporarily in Columbia Co- He has always been a resident of this State
4. Do you know of his having served in the Confederate army or the Georgia militia? How do you know this? Yes I know it- from the fact that my brother was absent in the Army & returned home at the Surrender
5. When, where and in what company and regiment did he enlist? I do not know of. My own Knowledge- My information was that he enlisted in the 35th Ga & then in the 2nd Ga Battalion
6. Were you a member of the same company and regiment? No
7. How long did he perform regular military duty, and what do you know of his service as a Confederate soldier, and the time and circumstances of his discharge from the service? I Know that he was absent for more than three Years & that we received letters from him while in the Confederate Army
8. What property, effects or income has the applicant? (Give your means of knowledge.) No property or effects- I Know it because in my brother
9. What property, effects or income did the applicant possess in 1893 and 1894, and what disposition, if any, did he make of same? None

15. What is your present physical condition and how long have you been in such condition? I am afflicted with chronic Hemorrhoids and have been so afflicted for something more than three years.

16. 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? Infirmity and poverty.

17. 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? My infirmity became chronic as above stated and has grown worse with each year until I am in the condition heretofore described and from which I am disabled from work about three fourths of my time and what I am able to do is done under much suffering.

18. What property, effects or income do you possess? None

19. What property, effects or income did you possess in 1893 and in 1894 and what disposition, if any did you make of same? None

20. In what County did you reside during those years and what property did you then return for taxation? I resided in Pike in 1894 and in Meriwether County in 1893.

21. How were you supported during the years 1893 and 1894? Such as it was I made on a farm.

22. How much did your support cost for each of those years, and what portion did you contribute thereto by your own labor or income? It is impossible to state the cost of my support as I kept no accounts of what I consumed from the products of farm & garden.

23. What was your employment during 1893 and 1894? What pay did you receive in each year? Farming. My pay consisted of one half I could make on the farm as a cropper after deducting fertilizer bills.

24. Are you married and have you a family? If so, is your wife living and how many children have you? Give age and sex of children and their means of support? I am married & have a family. My wife is living. I have two children living with me. One, a girl about fifteen the other a boy aged eight years.

25. Are you receiving a pension under any law of this State, if so what amount and for what disability? I receive no pension from any source.

26. Are you receiving any aid from your County, and if so, how much? Did you ever apply for such aid? None. Never applied for such aid.

Sworn to and subscribed before me this the 23 day of April 1895. } W. H. H. Dunn Applicant.

J. M. Stone Ordinary

of 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 1897.

[L. S.]

Executed in presence of

)
)

(For Those Already Enrolled.)

No. 367

INDIGENT

Soldier's Pension.

1897.

Name

County

Jan 11 1897.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

No date

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

)
)

(For Those Already Enrolled.)

No. 1421

INDIGENT

SOLDIER'S PENSION,

1898.

Name

County

WARRANT ISSUED

1/17 1898.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO

GEO. W. HARRISON, STATE PRINTER, ATLANTA

No date

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Cobb County.

Personally appears W. H. H. Dunn 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 18th day of Dec. 1841; that he is 55 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 K B, of 35 2 th Regiment of Ga. Vols. Ga Battlin; that his physical condition is as follows: from and on account of exposure general disability &c. so that I cannot work

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 Cobb county been allowed a pension for the year 1896

Sworn to and subscribed before me, this, the 5 day of Jany 1897. W. H. H. Dunn

J. M. Stone Ordinary.

STATE OF GEORGIA,
Cobb County.

I, J. M. Stone Ordinary of said County, do certify that I am well acquainted with W. H. H. Dunn the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 Jany. 1897.

Affix your seal here.

J. M. Stone
Ordinary Cobb County.

NOTE—The blanks spaces must be filled.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Cobb County.

Personally appears W. H. H. Dunn 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 18th day of Dec. 1841; that he is 56 years old and by occupation a farmer; that he enlisted in the military service of the Confederate States (or of the State of Co. 35 Regt and) during the war between the States, and served for the term of 3 Yrs. in Company "B", of 2nd Battlin th Regiment of Ga. Vols; that his physical condition is as follows: On account of infirmity & disease he is unable to support himself by labor.

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 Jany 1898. W. H. H. Dunn

J. M. Stone Ordinary.

State of Georgia,
Cobb County.

I, J. M. Stone Ordinary of said County, do certify that I am well acquainted with W. H. H. Dunn the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 Jany 1898.

Affix your seal here.

J. M. Stone
Ordinary Cobb County.

NOTE.—The blank spaces must be filled.

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 _____ 1899.

Executed in presence of _____

(L. S.)

Dunn, W. H. H.

CODE SEC. 1254.
(For Those Already Enrolled.)

No. 1699

INDIGENT
SOLDIER'S PENSION,
1899.

Name W. H. H. Dunn
County Cobb

WARRANT ISSUED
Jan 1 1899

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO
Appch

Geo. W. Harrison, State Printer, Atlanta.

Wheeler

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 _____ 1900.

_____ [L. S.]

Executed in presence of _____

Dunn, W. H. H.
Co. E.

CODE SEC. 1254.
(For Those Already Enrolled.)

NO. 333

INDIGENT
SOLDIER'S PENSION,
1900.

Name W. H. H. Dunn
County Cobb

WARRANT ISSUED
Jan 14 1900.

JOHN. W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
Appch

Geo. W. Harrison, State Printer, Atlanta.

Wheeler

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Cobb County.

Personally appears W. H. H. Dunn 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 18 day of Dec. 1844; that he is 57 years old and by occupation a Farmer; that he enlisted in the military service of the Confederate States (or of the State of Co. K. 35 Regt. Ga. Vols.) during the war between the States, and served for the term of 3 yrs. in Company B, of 2d Batt th Regiment of ; that his physical condition is as follows: On account of infirmity and poverty he is unable to make support.

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 189 6

Sworn to and subscribed before me, this the 10 day of Jany 1899. W. H. H. Dunn

J. M. Stone Ordinary. Marietta Ga.

State of Georgia,
Cobb County.

I, J. M. Stone Ordinary of said County, do certify that I am well acquainted with W. H. H. Dunn the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 Jany. 1899.

Affix your seal here.

J. M. 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 W. H. H. Dunn 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 18th day of Decr. 1841; that he is 58 years old and by occupation a farmer; that he enlisted in the military service of the Confederate States (or of the State of Co. K. 35 Regt. Ga. Vols.) during the war between the States, and served for the term of 3 years in Company B, of 2nd Batt th Regiment of ; 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 1900. I have heretofore as a resident of Cobb county been allowed a pension for the year 189 9

Sworn to and subscribed before me, this the 15th day of January 1900. W. H. H. Dunn

J. M. Stone Ordinary. Marietta P O

State of Georgia,
Cobb County.

I, J. M. Stone Ordinary of said County, do certify that I am well acquainted with W. H. H. Dunn the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 1900.

Affix your seal here.

J. M. Stone
Ordinary Cobb County.

NOTE.—The blank spaces must be filled.
NOTE.—Affidavit should not be attested before January 1st, 1900.

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 1901.

[L. S.]

Executed in presence of

Denny, W. H. H.
Cobb Co

CODE SECTION 124
(For These Already Enrolled.)

No. 141

INDIGENT
SOLDIER'S PENSION.
1901.

Name W. H. H. Denny
County Cobb

WARRANT ISSUED
Jan 1 1901.

JOHN W. LINDSEY,
Commissioner of Pensions

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta

No date

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Cobb County.

Personally appears W. H. H. Dunn 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 18th day of December 1841; that he is 68 years old and by occupation a farmer that he enlisted in the military service of the Confederate States (or of the State of Co K 35th Regt) during the war between the States, and served for the term of 3 Years in Company B, of 2nd Batt Regiment of Ga Vols; that his physical condition is as follows: On account of infirmity and poverty he is unable to make support

that his property consists of the following items

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

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

Sworn to and subscribed before me, this the 4 day of January 1901. W. H. H. Dunn

John Awtry Ordinary.

STATE OF GEORGIA,
Cobb County.

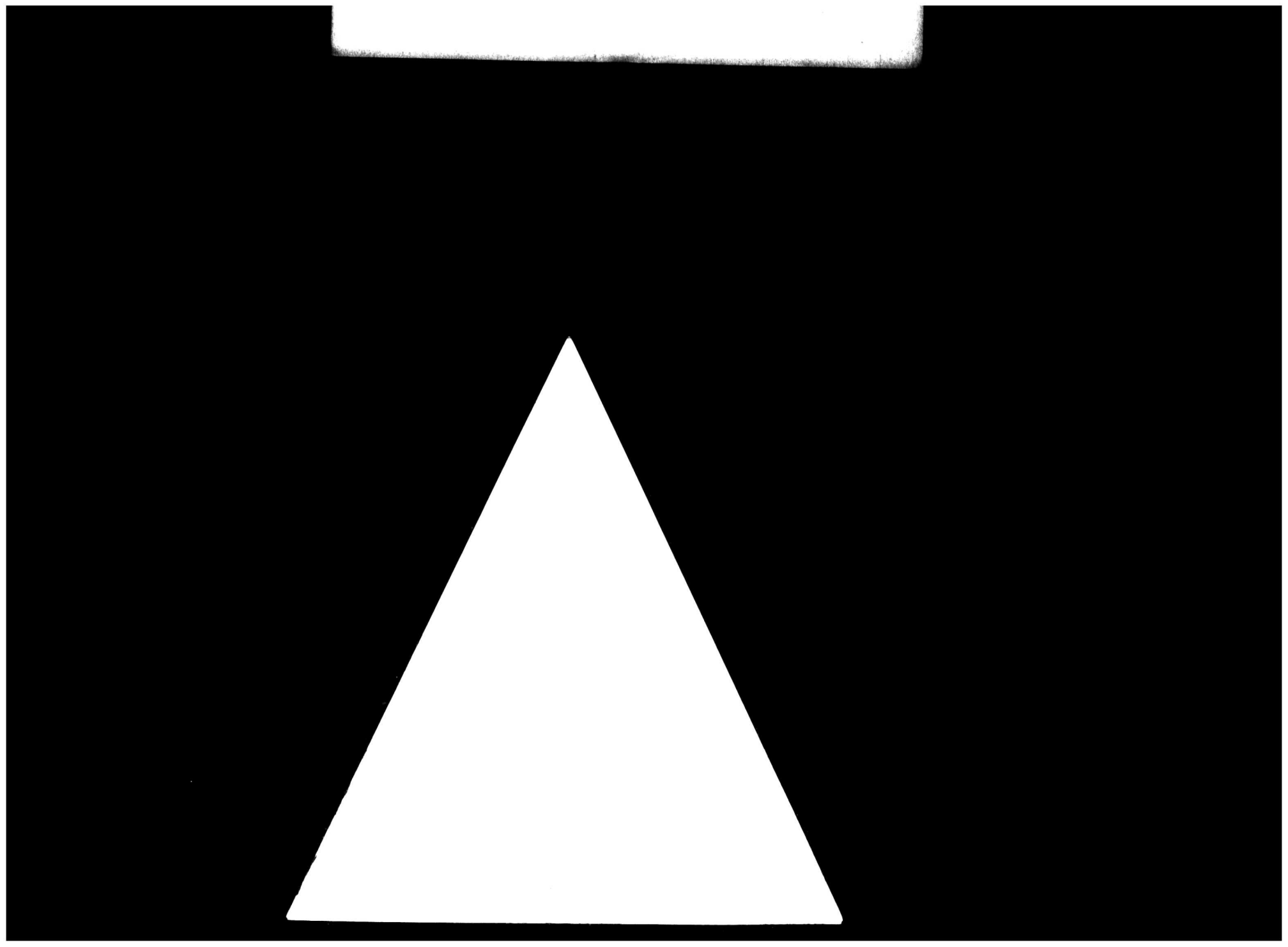
I, John Awtry Ordinary of said County, do certify that I am well acquainted with W. H. H. Dunn the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides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

Given under my official signature and seal, this 4th day of January 1901.

Affix your seal here

John Awtry Ordinary Cobb County.

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



NOTES.

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

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 a crippled *hand*, nor for a crippled foot, nor for an arm or leg, unless the arm or leg has been rendered *substantially and essentially useless*.

3. It will not answer to say that an arm is "substantially useless for ordinary pursuits of life, etc." There is no qualification to the clause of the Act in reference to the arm or leg, but the limb must for all purposes be "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. It is more difficult to say when an arm is "substantially and essentially useless." The words are strong ones, however, and the injury must be very severe, and the arm in a badly damaged condition to entitle one to the allowance mentioned in the Act. The Legislature intended to limit these payments to such as were *most seriously wounded and disabled*. In the future they will doubtless provide for *all* who were badly injured, but the present law does not reach many worthy, needy cases. It was inaugurated as an experiment : if abused, it will naturally become unpopular and be repealed. If properly administered, will do great good.

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

7. The Ordinaries know the condition of applicants better than the Governor or his Secretaries, and they are earnestly requested to discourage any man from making application unless he is entitled under the law. Hundreds of applications have been received and disallowed because they were not disabled so as to entitle them under the law. This entails much unnecessary work upon this office ; it causes delays in making payments to those who are entitled : it puts parties to expense and trouble, and in the end causes bitter disappointment and mortification.

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

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

Dawson, Ga. Sept 24 1890

Dear Sir

Please find enclosed application for allowance for Sept Ellis, Co. H, 1st Ga Cav. Please fill out and return to me at once. Yours truly

No. 937.

Application for Allowance

FOR

Applicant Sept Ellis

County Lee.

Amount $18.

Date of Warrant May 5 1893

Entered on Record,

May 5 1893

W H H

Secretary Executive Department.

NOTES.

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

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 a crippled *hand*, nor for a crippled foot, nor for an arm or leg, unless the arm or leg has been rendered *substantially and essentially useless*.

3. It will not answer to say that an arm is "substantially useless for ordinary pursuits of life, etc." There is no qualification to the clause of the Act in reference to the arm or leg, but the limb must for all purposes be "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. It is more difficult to say when an arm is "substantially and essentially useless." The words are strong ones, however, and the injury must be very severe, and the arm in a badly damaged condition to entitle one to the allowance mentioned in the Act. The Legislature intended to limit these payments to such as were *most seriously wounded and disabled*. In the future they will doubtless provide for *all* who were badly injured, but the present law does not reach many worthy, needy cases. It was inaugurated as an experiment; if abused, it will naturally become unpopular and be repealed. If properly administered, will do great good.

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

7. The Ordinaries know the condition of applicants better than the Governor or his Secretaries, and they are earnestly requested to discourage any man from making application unless he is entitled under the law. Hundreds of applications have been received and disallowed because they were not disabled so as to entitle them under the law. This entails much unnecessary work upon this office; it causes delays in making payments to those who are entitled; it puts parties to expense and trouble, and in the end causes bitter disappointment and mortification.

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

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

Dunton, Cobb
Dunton, Cobb

No. 937.

Application for Allowance

FOR

Left Eye

Applicant H. J. Dunton

County Cobb

Amount 15.

Date of Warrant May 5/88

Entered on Record.

May 5 1888

W H H

Secretary Executive Department.

STATE OF GEORGIA,
Cobb County.

PERSONALLY appears H. J. Dunton 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 since the 10 day of December 1852; 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 20 th ~~Regiment~~ Batalion of Georgia ~~Volunteers~~ Cavalry's Brigade; that whilst engaged in such military service, at the battle of Hatchers Run in the State of Virginia, on the 1st day of October 1864, he was wounded as follows: He was shot in the left eye, the ball coming out at the jaw, the eye was shot and the sight entirely destroyed and has been since the injury deponent, as never been able to see out of the eye since the same was inf...

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 29 day of March 1888

H. J. Dunton

W. M. Kennett Ordy

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,
Cobb County.

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

Sworn to and subscribed before me, this day of 188

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

STATE OF GEORGIA,
Co. — County.

PERSONALLY came A. F. Lea & A. C. Kessler
& M. L. Whitlock
citizens of Cobb Co county in said State,
who, being duly sworn, say that they are acquainted with W. J. Denton
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 Cobb county, and we are well satisfied that all the statements in his affidavit are true.

Sworn to and subscribed before me, this
29 day of March 1881
W. M. Hammett
Ordy

A. F. Lea
A. C. Kessler
M. L. Whitlock

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

STATE OF GEORGIA,
Cobb County.

PERSONALLY comes before me A. M. Hammett Ordinary of said county C. A. Yoke, and D. J. Sitze, both known to me as regular ~~(Executive)~~ of said county, who, being severally sworn, say on oath that they have carefully examined W. J. Denton and after such examination say that the applicant has been wounded as follows: He was shot through the left eye the sight was totally destroyed & the eyeball was much ruptured & sore at this time, the eye since the injury

Sworn to and subscribed before me, this
29 day of March 1881
W. M. Hammett
ORDINARY

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

STATE OF GEORGIA,
Cobb County.

I, A. M. Hammett Ordinary of said county, do certify that I am well acquainted with W. J. Denton the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in 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 I am Ordinary 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 29th day of March 1881

W. M. Hammett
Ordinary Cobb County.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cobb County.

Know all men by these presents, That I W. J. Denton of Cobb county, in said State, do hereby appoint W. C. Price of Cobb Co my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia 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 29 day of March 1881. W. J. Denton [L. S.]

Executed in the presence of us:
W. M. Hammett Ord
A. F. Lea
Cobb Co, Georgia

Dunton, H. J.
Cobb
H

Gr 1/4

APPLICATION FOR ALLOWANCE

FOR YEAR ENDING OCTOBER 26, 1889

Loss of Left Eye

Applicant, H. J. Dunton

County Cobb

Amount 30

Date of Warrant May 2

Entered on record May 2 1889

SECRETARY EXECUTIVE DEPARTMENT

No addition of Estate

A. E. Clay

STATE OF GEORGIA,
Cobb County.

PERSONALLY appears H. J. Dunton 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 First day of January 1857; 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 20th ~~Regiment~~ Battalion of Georga Volunteers Young's Brigade; that whilst engaged in such military service, at the battle of Hatcher's Run in the State of Virginia, on the first day of October 1864, he was wounded as follows:

Shot with Minnie ball in left eye totally destroying the eye and ranging down taking part of jaw bone and four jaw teeth.

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 8th day of April 1889
J. W. Stone
Ordny.

H. J. Dunton

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. W. Stone Ordinary of said county, W. W. Gober and H. V. Reynolds, both known to me as reputable physicians of said county, who, being severally sworn, say on oath that they have carefully examined H. J. Dunton and after such examination say that the applicant has been injured as follows:

The left eye has been wholly destroyed, the ball striking the frontal bone just above the eye and ranging down injuring nasal bones and jaw bone

Sworn to and subscribed before me, this 8th day of April 1889
J. W. Stone
ORDINARY.

W. W. Gober M.D.
H. V. Reynolds M.D.

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

STATE OF GEORGIA,

Cobb County.

I, J. M. Stone Ordinary of said county, do certify that I am well acquainted with H. J. Denton 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 8 day of April 1889

J. M. Stone.

Ordinary Cobb County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County

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

In witness whereof I have hereunto set my hand and seal, this 8th day of April 1889

H. J. Denton (L. S.)

Executed in the presence of us:

J. M. Stone)

Ordy.)

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, M. Stone Ordinary of said county, do certify that I am well acquainted with H. J. Dunton 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 1st day of Mch 1890.

M. Stone
Ordinary Cobb County.

STATE OF GEORGIA,
Cobb County.

I, M. Stone Ordinary of said County, do certify that I am well acquainted with H. J. Dunton 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 2d day of Sept 1891.

M. Stone
Ordinary Cobb County.

Dunton, H. J.
Cobb

1890.

No. 2370

APPLICATION FOR ALLOWANCE

FOR THE YEAR ENDING OCTOBER 26, 1891.

FOR Loss of Au Eye

Applicant, H. J. Dunton

County, Cobb

Amount, 30

Date of Warrant, Mch

Entered on record Mch 1890

W. H. H.

SECRETARY EXECUTIVE DEPARTMENT.

WARRANT HANDED TO R. Ammie

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

Dunton, H. J.
Cobb

1891

Dunton H. J.
Cobb Co

PAID 1891, No. 2353

No. 2353

Application for Allowance

FOR THE YEAR ENDING OCTOBER 26, 1891.

FOR Loss of Eye

Applicant, H. J. Dunton

County, Cobb

Amount, 30

Date of Warrant, Mch 7

Entered on record Mch 7 1891

W. H. H.

SECRETARY EXECUTIVE DEPARTMENT.

WARRANT HANDED TO Applicant

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

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Cobb County.

PERSONALLY appears W J Dunlap 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 First day of January 1857; 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 20 th Regiment Battalion of Georgia Volunteers Youngs 's Brigade; that whilst engaged in such military service at the battle of Hatchers Run in the State of Virginia, on the First day of October, 1864, he was wounded as follows: Shot with Minnie ball in Left Eye, Totally destroying that member.

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 Thirty dollars.

Sworn to and subscribed before me this the First day of March 1890.

W J Dunlap

H C Stone Ordy.

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

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

W J Dunlap [L. S.]

Executed in the presence of us:
H C Stone
J G White

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. J. Dunlap 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 December 1857, 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 Privately in Company C, of 20th Regiment Battalion of Ga Cavalry Volunteers Young 's Brigade; that whilst engaged in such military service at the battle of 1st Hatchers Run in the State of Va, on the day of October 1864, he was wounded as follows: Ball struck in the left eye and totally destroying said eye. Following the right of the said eye is entirely blind.

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 $30, dollars, for Said eye

Sworn to and subscribed before me, this the 28 day of May 1891.

W J Dunlap

H C Stone Ordy.

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,
Cobb County.

Know all Men by these Presents, That I, W. J. Dunlap of Cobb County, State of Georgia, do hereby appoint R. E. Irwin 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 by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 28 day of May 1891.

W J Dunlap [L. S.]

Executed in the presence of us:
H C Stone

DIRECTION.

Send money to me as follows, by

to P. O.

County, Georgia.

STATE OF GEORGIA,
Cobb County.

I, J. M. Stone Ordinary of said county, do certify that I am well acquainted with R. J. Dunton 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 repesents himself to be, and that he resides in this county.

Given under my official signature and seal, this 12 day of March 189 2

J. M. Stone
Ordinary Cobb County.

Dunton R. J.
Co. K 2 Ga.
No. 2153

SOLDIER'S PENSION.

1892.

FOR THE YEAR ENDING OCTOBER 31, 1892.

Name R. J. Dunton
County Cobb
Disability Loss Left eye
Amount, $ 30
Entered on record March 14 1892.

W. H. HARRISON,
Secretary of Executive Department.

AGENT.

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

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 collect and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of the State), as stated in the _____ hereby granting unto my said attorney to appear 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.]

_____

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

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }
_____ County. }

Application for Advance

No. 28

Dunton R. J.
Cobb Co.

1893

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Cobb County.

PERSONALLY appears H. J. Dunton 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 January 1852, 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 20 Battalion Ga Cavalry Volunteers Young's Brigade; that whilst engaged in such military service at the battle of Hatchers Run in the State of Virginia, on the 1st day of October 1864, he was wounded as follows:

By bullet striking in the left eye, knocking the said left eye entirely out.

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 $30. Dollars for Said left Eye

Sworn to and subscribed before me this the 12th day of Mch 1892.

x H. J. Dunton

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,
Cobb County.

Know all Men by these Presents, That I, H. J. Dunton of Cobb County, in said State, do hereby appoint Robt. C. Irwin 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 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 12th day of Mch 1892.

x H. J. Dunton [L. S.]

Executed in the presence of us:

J. M. Stone

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 H. J. Dunton 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 _____ 1852, 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 20 Battalion Ga Cav. Volunteers Young's Brigade; that whilst engaged in such military service at the battle of Hatchers Run in the State of Va., on the 1st day of October 1864, he was wounded as follows: By gunshot striking in the left eye and entirely destroying the sight of the said left eye.

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1892. I have heretofore been allowed a pension of $30. dollars, for Said Eye

Sworn to and subscribed before me, this, the 18 day of Mch 1893.

H. J. Dunton

J. M. Stone Ord.

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 H. J. Dunton 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 18 day of Mch 1893.

J. M. Stone
Ordinary Cobb County.

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.

Dentons Hf Co

(For Those Already Enrolled.)

No. 573

Soldier's Pension.

1894.

Name W. H. Denton

County Cobb

Disability Loss of Eye

Amount, $ 30

1894.

W. H. HARRISON,
Secretary Executive Department.

WARRANT HANDED TO

W. H. Denton

Geo. W. Harrison, State Printer, Atlanta.

POWER OF ATTORNEY.

STATE OF GEORGIA, }
Cobb County. }

KNOW ALL MEN BY THESE PRESENTS, That I, W. H. Denton

of Cobb

County, State of Georgia, do hereby appoint R. F. Nesbitt

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this the 16th

day of April 1895. W. H. Denton [L. S.]

Executed in presence of us

S. B. Scott

B. H. Workentin

S. B. Scott

DIRECTIONS.

Send money to me as follows, by _____

_____ to _____ P. O.

_____ County, Georgia.

Dentons Hf

Cobb Co

(For Those Already Enrolled.)

No. 295

SOLDIER'S PENSION.

1895.

Name W. H. Denton

County Cobb

Disability Loss of Eye

Amount, $ 30

1895.

RICHARD JOHNSON,
Secretary Executive Department.

WARRANT HANDED TO

W. H. Denton

Geo. W. Harrison, State Printer, Atlanta.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }
Cobb County. }

PERSONALLY appears H. J. Dunton 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 57; that he enlisted in the military service of the Confederate States (or of the State of) during the war between the 20th States, and served as a Private in Company C, of 20th Regiment of Ga Volunteers Young's Brigade; that whilst engaged in Cavalry such military service at the battle of Hatchers Run in the State of Va on the 1st day of Oct 1864 he was wounded as follows: By gunshot stricking in the left eye totally destroying the sight of said eye.

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1894 I have heretofore been allowed a pension of $30 dollars, for the year 1893

Sworn to and subscribed before me, this, the 19th day of Mch 1894. } H. J. Dunton

J. M. Stone Ordy.

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 H. J. Dunton the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 Mch 1894.

Affix your seal here

J. M. Stone

Ordinary Cobb County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }
Cobb County. }

Personally appears H. J. Dunton 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 57 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 20th Regiment of Ga Volunteers, Young's Brigade; that whilst engaged in Cav. such military service at the battle of Hatchers Run in the State of Va on the 1st day of October 1864, he was wounded as follows: By bullet stricking in and putting out entirely the left eye.

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26th, 1895. I have heretofore been allowed a pension of 30 dollars, for the year 1894

Sworn to and subscribed before me, this, the 7th day of Mch 1895. } H. J. Dunton

J. M. Stone Ordy

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 H. J. Dunton the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 Mch 1895.

Affix your seal here

J. M. Stone

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

Dunton, H. J.
Cobb G.

ACT OF 20 OCT. 1887.
(For Those Already Enrolled.)
No. 3191

SOLDIER'S PENSION.

1896.

Name H. J. Dunton
County Cobb
Disability Loss Eye
Amount, $ 30.
3/19 1896

RICHARD JOHNSON,
Secretary Executive Department.

WARRANT HANDED TO
Appt

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 1897.

[L. S.]

Executed in presence of

Dunton, H. J.
Cobb County

ACT OF 24 OCT. 1887.
(For Those Already Enrolled.)
No. 3224

INVALID

SOLDIER'S PENSION.

1897.

Name H. J. Dunton
County Cobb
Disability Loss Eye
Amount, $ 30.
3/17 1897.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO
Appt.

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

No data

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Cobb County.

Personally appears H. J. Dunton 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 ..... 1857; 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 20th Regiment of Ga. Cav. Volunteers, Young's Brigade; that whilst engaged in such military service in the State of Va., on the 1st day of Oct. 1864, he was wounded, injured or diseased as follows: By bullet striking and entirely destroying the left eye.

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the 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 1895.

Sworn to and subscribed before me, this, the 13 day of Mch 1896. H. J. Dunton

J. M. Stone Ordy.

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 H. J. Dunton the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 Mch 1896.

Affix your seal here.

J. M. Stone

Ordinary Cobb County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Cobb County.

Personally appears H. J. Dunton 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 ..... 1857; 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 20th Regiment of Ga. Cav. Volunteers, Young's Brigade; that whilst engaged in such military service in the State of Va., on the 1st day of Oct. 1864, he was wounded, injured or diseased of follows: By gunshot striking the left side of the head causing a total loss of the left eye.

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the 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 1896.

Sworn to and subscribed before me, this, the 2 day of Mch 1897. H. J. Dunton POST OFFICE Smyrna Ga.

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

Given under my official signature and seal, this 2nd day of Mch 1897.

Affix your seal here.

J. M. Stone

Ordinary Cobb County.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cobb County.

I, H. J. Dunton hereby authorize R. C. Irwin of Marietta 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 29th day of Mch 1898.

H. J. Dunton [L. S.]

Executed in presence of
J. M. Stone
Orig

Dunton, H. J.
Cobb Co.

ACT OF 26 OCT. 1890
(For Those Already Enrolled.)

No. 3364

INVALID
SOLDIER'S PENSION.
1898.

Name H. J. Dunton
County Cobb
Disability Loss Eye
Amount, $ 30.
4/6 1898.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO
R. C. Irwin

GEO. W. HARRISON, STATE PRINTER, ATLANTA

Marietta

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

Dunton, H. J.

CODE SECTION 1250.
(For Those Already Enrolled.)

No. 3318

INVALID
SOLDIER'S PENSION.
1899.

Name H. J. Dunton
County Cobb
Disability Eye
Amount, $ 30.
3/6 1899.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO
R. C. Irwin

GEO. W. HARRISON, STATE PRINTER, ATLANTA

Marietta

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Cobb County.

Personally appears H. J. Dunston 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 1857, 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 20th Battallion Cavalry of Ga Volunteers, Young's Brigade; that whilst engaged in such military service in the State of , on the 1st day of October 1864 he was wounded, injured or diseased as follows:

By Gunshot at the battle of Hatchers Run striking him on the side of the head and ranging so as to totally destroy the sight of the left eye.

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the 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 $30. Dollars, for the year 1897.

Sworn to and subscribed before me, this the 29th day of Mch. 1898. H. J. Dunston
POST-OFFICE [illegible]
J M Stone Ordy

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

Given under my official signature and seal, this 29th day of Mch. 1898.

Affix your seal here

J M Stone
Ordinary Cobb County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Cobb County.

Personally appears H. J. Dunston 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 Dec, 1857, 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 20th Battl. Ga Cav. Volunteers, Young's Brigade; that whilst engaged in such military service in the State of Va, on the 1st day of Oct. 1864, he was wounded, injured or diseased as follows:

By gunshot striking the left eye passing thro the entire lobe of the sight of said eye.

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1899. I have heretofore under said law as a resident of Cobb County been allowed an invalid pension of $30 Dollars, for the year 1898.

Sworn to and subscribed before me, this the 15th day of Feby 1899. H. J. Dunston
POST OFFICE Smyrna Ga.
J M Stone Ordy

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 H. J. Dunston the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 Feby 1899.

Affix your seal here

J M Stone
Ordinary Cobb County.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cobb County.

I, H. J. Dunton hereby authorize N. W. Dunton, My Son of Atlanta Georgia to receive and receipt for the pension paid hereon and request that he remit same to Mr. H. J. Dunton by Postal Money Order, or Cashier's Check at Smyrna Georgia

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

H. J. Dunton [L. S.]

Executed in presence of

[illegible]

Dunton, H. J.
Cobb Co.

CODE SECTION 1250
(For Those Already Enrolled.)

No. 3401

INVALID
SOLDIER'S PENSION.
1900.

Name H. J. Dunton
County Cobb
Disability Eye
Amount, $ 30.
Warrant issued Mar 16 1900.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
N W Dunton

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 1901.

[L. S.]

Executed in presence of

Dunton, H. J.
Cobb Co.

CODE SECTION 1250
(For Those Already Enrolled.)

No. 84

DISABLED
SOLDIER'S PENSION.
1901.

Name H. J. Dunton
County Cobb
Disability Loss left eye
Amount, $ 30.00

Jany 15 1901.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
App

Geo. W. Harrison, State Printer, Atlanta.

No data

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Cobb County.

Personally appears H J Dunston 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 Decr. 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 6, of 20th Batt. ~~Regiment~~ of Ga. Cav. Volunteers, Young 's Brigade; that whilst engaged in such military service in the State of Va. , on the 19 day of Oct. 1864, he was wounded, injured or diseased as follows:

By gunshot striking the left eye causing the entire loss of the sight of said eye.

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1900. I have heretofore under said law as a resident of Cobb County been allowed an invalid pension of $30 Dollars, for the year 1899

Sworn to and subscribed before me, this the 17 day of March, 1900. } H J Dunston
POST OFFICE
J M 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, J. M. Stone Ordinary of said County, do certify that I am well acquainted with H J Dunston the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 March 1900.

Affix your seal here.

J M Stone
Ordinary Cobb County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Cobb County.

Personally appears H. J. Dunton 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 Decr. 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 20th Battalion of Ga. Cav. Volunteers, Young 's Brigade; that whilst engaged in such military service in the State of Va, on the 1st day of Oct. 1864, he was wounded, injured or diseased as follows:

By gun shot striking the left eye causing the entire loss of the sight of said eye

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 30 Dollars, for the year 1900.

Sworn to and subscribed before me, this the 14th day of Jany. 1901. } H. J. Dunston
Postoffice
John Durkey, Ordy.

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 Durkey Ordinary of said County, do certify that I am well acquainted with H. J. Dunton the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 Jany. 1901.

Affix your seal here

John Durkey
Ordinary Cobb County.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cobb County.

I, H. J. Dunton hereby authorize John Awtrey Ordinary of Cobb County Ga to receive and receipt for the pension paid hereon and request that he remit same to me by Check at Smyrna Ga

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 21st day of January 1902.

H. J. Dunton [L. S.]

Executed in presence of
J. B. Dunton

Dunton H. J.
Cobb County

CODE SECTION 1350
(FOR THOSE ALREADY ENROLLED.)

No. 1111

DISABLED
SOLDIER'S PENSION
1902.

Name H J Dunton
County Cobb
Co. C Regiment 20th Batt
Disability
Amount, $30.00
1/24 1902.

JOHN W. LINDSEY,
Commissioner of Pensions.

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

no data

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cobb County.

I, H J Dunton hereby authorize John Awtrey 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 1903.

H J Dunton [L. S.]

Executed in presence of

Dunton H. J.
Cobb County

CODE SECTION 1350
(FOR THOSE ALREADY ENROLLED.)

No. 248

DISABLED
SOLDIER'S PENSION
1903.

Name H J Dunton
County Cobb
Co. C Regiment 20th
Disability Eye
Amount, $30.00
1/23 1903.

JOHN W. LINDSEY,
Commissioner of Pensions.

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
Cobb County.

Personally appears H J Dunston 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 Dec 1852; 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 20th Regt of Ga Cav Volunteers, Youngs 's Brigade; that whilst engaged in such military service in the State of Va, on the 1st day of Oct 1864, he was wounded, injured or diseased as follows:

By gun shot striking the left eye Causing the entire loss of sight of said eye

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1902. I have heretofore, under said law, as a resident of Cobb County, been allowed an invalid pension of $30 Dollars, for the year 1901.

Sworn to and subscribed before me, this the 13 day of Jan 1902. H J Dunston, Post-office Smyrna

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 H J Dunston the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 Jan 1902.

John Awtrey
Ordinary Cobb County.

Affix your seal here

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 H J Dunston 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 Dec 1852; 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 20 th Regt of Ga Cav Volunteers, Youngs 's Brigade; that whilst engaged in such military service in the State of Va, on the 1st day of Oct 1864, he was wounded, injured or diseased as follows:

By gun Shot Striking The left eye Causing entire loss of sight of said Eye

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1903. I have heretofore, under said law, as a resident of Cobb County, been allowed an invalid pension of $30 Dollars, for the year 1902.

Sworn to and subscribed before me, this the 6 day of Jan 1903. H J Dunston, Post-office Smyrna

John Awtrey

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 H J Dunston the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 1903.

John Awtrey
Ordinary Cobb County.

Affix your seal here

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

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cobb County.

I, H. J. Dunton hereby authorize John Ashley 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 22 day of Jan 1904.

H. J. Dunton [L. S.]

Executed in presence of
J. M. Gamm

Dunton, H. J.
Cobb Co.
Code Section 1250.
(FOR THOSE ALREADY ENROLLED.)
No. 355

DISABLED
SOLDIER'S PENSION
1904.

Name H. J. Dunton
County Cobb
Co. C 20th Regiment
Disability Eye
Amount, $30.00
JAN 25 1904.

JOHN W. LINDSEY,
Commissioner of Pensions

WARRANT HANDED TO
Tod

Geo. W. Harrison, State Printer, Atlanta.

no data

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cobb County.

I, H. J. Dunton hereby authorize John Ashley of Cobb Co. 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 1st day of January 1905.

his
H. J. x Dunton [L. S.]
mark

Executed in the presence of

Dunton, H. J.
Cobb Co.
Code Section 1250.
(FOR THOSE ALREADY ENROLLED.)
No. 309

DISABLED
SOLDIER'S PENSION
1905.

Name H. J. Dunton
County Cobb
Co. C Regiment 20th Ga. Cav.
Disability Left eye
Amount, $30.00
JAN 23 1905.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
Andy

The Franklin Printing & Publishing Co., Atlanta
Geo. W. Harrison, Supt. for State Printer

no data

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA, }
Cobb County. }

Personally appears H J Dunston 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 Dec 1832, 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 Co, of 20th Regiment of Ga Cav. Volunteers Young 's Brigade; that whilst engaged in such military service in the State of Ga, on the 18th day of Oct 186 4, he was wounded, injured or diseased as follows: By gunshot striking the left eye Causing the entire loss of the sight of said eye

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1904. I have heretofore, under said law, as a resident of Cobb County, been allowed an invalid pension of $30 Dollars, for the year 1903.

Sworn to and subscribed before me, this the 27 day of Jany 1904. } H A Dunton
John Awtrey } 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 Awtrey Ordinary of said County, do certify that I am well acquainted with H J Dunton the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 Jan 1904.

Affix your Seal here.

John Awtrey
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 H J Dunton 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 1832; 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 Privat in Company C, of 20 th Regiment of Ga Cav. Volunteers Youngs '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: By Gun Shot Striking left Eye Causing loss of Sight

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 30 Dollars, for the year 1904.

Sworn to and subscribed before me, this the 21st day of January 1905. } H. J. Dunton
John Awtrey } 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 Awtrey Ordinary of said County, do certify that I am well acquainted with H. J. Dunton the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 January 1905.

Affix your Seal here.

John Awtrey
Ordinary Cobb 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, H. J. Dunton hereby authorize John A. Wheeler 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 Jany 1906.

H. J. Dunton [L. S.]

Executed in the presence of

J. M. Gann

Dunton, H. J.
Cobb

CODE SECTION 1250.
(FOR THOSE ALREADY ENROLLED.)

No. 320

DISABLED
SOLDIER'S PENSION
1906.

Name H. J. Dunton
County Cobb
Co. C. 70th Regiment Ga. Vol.
Disability
Amount, $30-
1906.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

no data

Audited 1889.

COMPTROLLER GENERAL.

Cobb

Maimed Soldiers.

Voucher No. 2174
Amount, $ 30.
Paid to H. J. Dunton
For Loss of left Eye
May 21 1889.

Included in Warrant No.
issued to Treasurer.

1889.

WARRANT CLERK.

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

A. S. Clay

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,
Cobb County.

Personally appears H J Dunton 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 20 Ga Bath Regiment of Ga, Cav 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:

Loss of Eye

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 30 Dollars, for the year 1905.

Sworn to and subscribed before me, this the 1 day of Jany 1906.
John Awtrey

H. J. Dunton
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 Awtrey Ordinary of said County, do certify that I am well acquainted with H J Dunton the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 Jany 1906.

John Awtrey
Ordinary Cobb County.

Affix your seal here

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

No. 2174

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.

Atlanta, Ga May 4. 1889.

Mr H. J. Dunton 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 Eye

He is entitled to receive the sum of Thirty & 00/ Dollars for such disability the same being the allowance due for the year ending October 24, 1889.

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

STATE OF GEORGIA

B. B. Gordon
GOVERNOR.

By the Governor
W H Harrison
CLERK EXECUTIVE DEPARTMENT.

30
RECEIVED OF STATE TREASURER, R U HARDEMAN,
Thirty & 00/ Dollars,
per above voucher, this 4 of May 1889.

A. S. Clay
per R. C. Irwin

Maimed Soldiers.

Voucher No. 2320

Amount $ 30

Paid to H. J. Dunton

For Loss of an Eye

March 5 1890

Included in warrant No.

issued to Treasurer

18

WARRANT CLERK

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

R. Cormie

Smyrna, Ga. Mar. 30, 1895.

BOUGHT OF **H. J. DUNTON,**

RAISER AND DEALER IN

CHOICE SWEET POTATOES and SEED CORN.

[illegible]

Yours truly H. J. Dunton per H.

1891.

Maimed Soldiers.

Voucher No. 2353

Amount $ 30

Paid to H. J. Dunton

For Loss of Eye

March 1891

Included in warrant No.

issued to Treasurer

1891

WARRANT CLERK

Geo. W. Harrison, State Printer, Atlanta

[illegible]

No. 2320.

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT. } Atlanta, Ga. Mch 5 1890

Mr W. J. Newton 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 One Eye

He is entitled to receive the sum of Thirty 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.

J. B. Gordon
GOVERNOR.

By the Governor.

H. K. Harrison
CLERK EXECUTIVE DEPARTMENT.

$ 30

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

Thirty Dollars,

per above voucher, this 5 of March 1890

W. J. Newton
per R. C. Irwin

1891.

No. 2352

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT. } Atlanta, Ga. March 7 1891.

Mr. W. J. Newton 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 Loss of One Eye

He is entitled to receive the sum of Thirty Dollars for such disability, the same being the allowance due for the year ending October 24, 1891.

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

W. J. Northen
GOVERNOR.

By the Governor.

H. K. Harrison
SEC'Y EXECUTIVE DEPARTMENT.

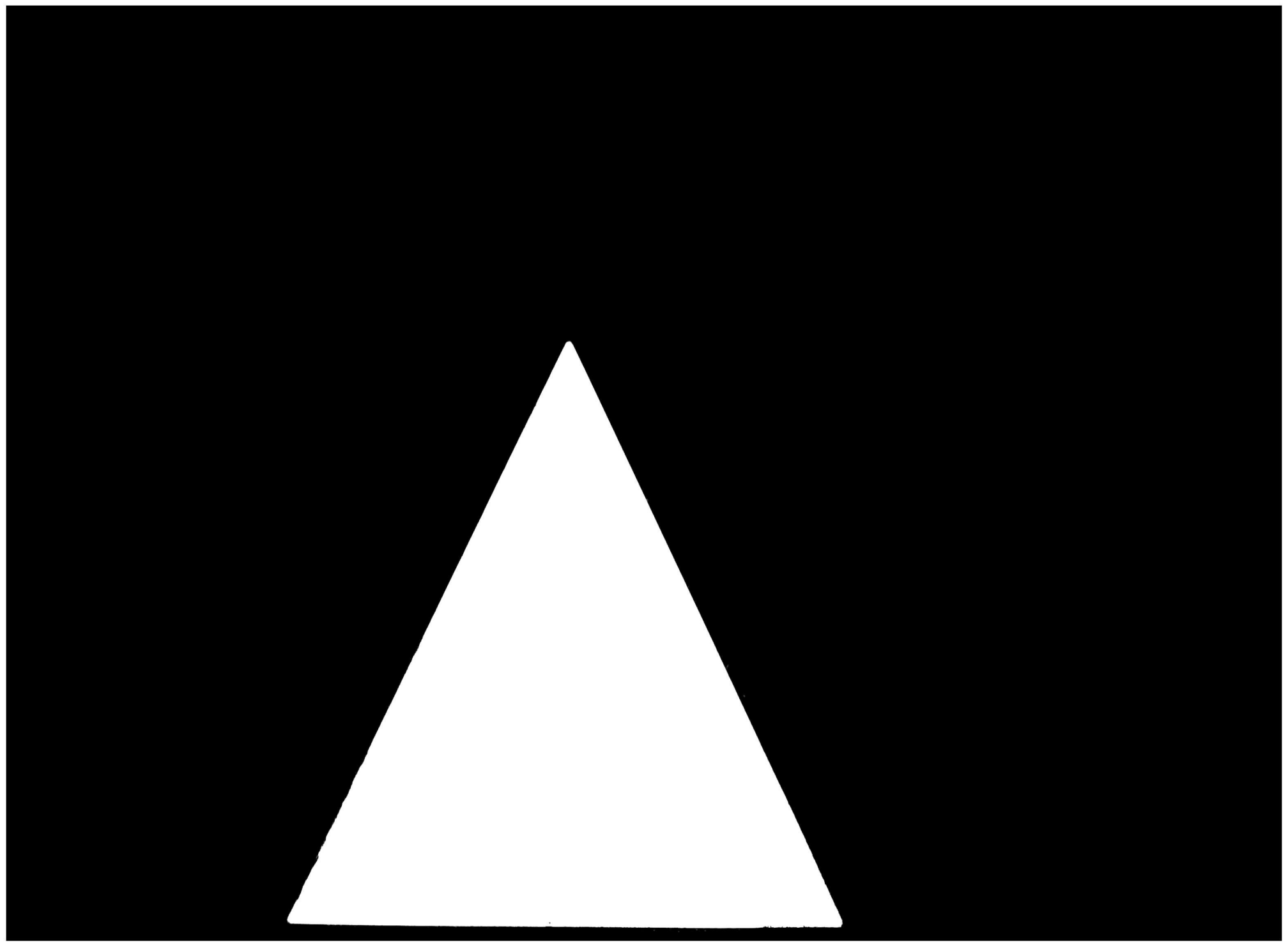
$ 30

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

Thirty Dollars,

per above voucher, this 7 of March 1891.

W. J. Newton



Dunwoody Ga.
Cobb Co.

No. 442

APPLICATION FOR ALLOWANCE

FOR YEAR ENDING, OCT. 26, 1889.

FOR

General Dis from Body Mortem

Applicant C. A. Dunwoody

County Cobb

Amount 50

Date of Warrant Feby 13/

Entered on Record,

Feby 13 1889

WHH

SECRETARY EXECUTIVE DEPARTMENT.

Applicant

Barrow's Leg 1st Lt.
Cobb

No. 4442

APPLICATION FOR ALLOWANCE

FOR YEAR ENDING, OCT. 26, 1889.

FOR

Applicant C. A. Dunwody

County Cobb

Amount $ 50

Date of Warrant Feby 13/

Entered on Record, Feby 13 1889

SECRETARY EXECUTIVE DEPARTMENT.

Cobb Co Ga

STATE OF GEORGIA,

Cobb County.

PERSONALLY appears C. A. Dunwody 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 continuously since the 6th day of June 1828; 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 1st Lieut in Company A, of 7th Regiment of Georgia Volunteers Bartows 's Brigade; that whilst engaged in such military service, at the battle of first Manassas in the State of Virginia, on the 21st day of July 1861, he was wounded as follows: Ball entered on the right side penetrating the right lung, the ball passed through the left lung and near the right kidney, cutting the coatings of the bowels & remaining a large portion of the time in which cases I have suffered intense pain with Neuralgia & other pains. My sufferings have been great & continued ever since receiving same. Confined to my bed for months at a time unfitting me at all times for the duties of life which causes me great & constant suffering.

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

Sworn to and subscribed before me, this the 9th day of Feb 1889 } C. A. Dunwody

W. Ward J.P.

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 Jul. Stone Ordinary of said county, J. Stone and E. J. Setze, both known to me as reputable physicians of said county, who, being severally sworn, say on oath that they have carefully examined C. A. Dunwody and after such examination say that the applicant has been injured as follows: Gun shot wound, ball entering in front of right hip & passing out at the [illegible] of hip & spine. Severing hip & detaching it in part from spine. Hurt the sciatic & protruded nerves & deposits of [illegible] She would be injured the entire remaining part that the kidney, bladder, bowels & other viscera will be involved.

Sworn to and subscribed before me, this 12 day of Feby 1889 } Jul. Stone E. J. Setze Phys.

Jul. Stone

ORDINARY.

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

STATE OF GEORGIA,

Cobb County.

I, J. W. Stone, Ordinary of said county, do certify that I am well acquainted with C. A. Dunwoody, 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 W. S. Wood before whom the foregoing affidavits were made and power of attorney was signed, is a Justice Peace of said county, and that the said affidavits and signatures thereto are genuine.

Given under my official signature and seal, this 13 day of May 1889

J. W. Stone
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 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 188

(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 fact showing the *extent of the disability*. If applicant claims disability from disease contracted in the service, a full and carefully stated history of the disease should be given, tracing the disability by positive proofs to the service.

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

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

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

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

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

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

STATE OF GEORGIA,
Cobb County.

I, ~~C. A. Dunnoody~~ J. M. Stone Ordinary of said county, do certify that I am well acquainted with C. A. Dunnoody 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 Jno. R. Broadfoot 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 10th day of Feby 1890

J. M. Stone
Ordinary Cobb County.

STATE OF GEORGIA,
Cobb County.

I, J. M. Stone Ordinary of said County, do certify that I am well acquainted with C. A. Dunnoody 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 Jno. R. Broadfoot 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 12th day of Feby 1891.

J. M. Stone
Ordinary Cobb County.

Dunnoody, C. A.
Cobb Co.
Dunnoody, C. A.

1890.

No. 896

APPLICATION FOR ALLOWANCE.

FOR THAT ENDING OCTOBER 31, 1891.

FOR

Dis by body wound

Applicant, C. A. Dunnoody

County, Cobb

Amount, 50

Date of warrant, Feby 11

Entered on record Feby 11 1890

W. H. H.

SECRETARY EXECUTIVE DEPARTMENT.

WARRANT HANDED TO

applicant

Dunnoody, C. A.
Cobb Co.

1891

Dunnoody, C. A.
Cobb Co.

1891, No. 1099

No. 1099

Application for Allowance

FOR THAT ENDING OCTOBER 31, 1891.

FOR

Body wound

Applicant, C. A. Dunnoody

County, Cobb

Amount, $50.

Date of Warrant, Feb 11

Entered on record

W. H. H. 189

SECRETARY EXECUTIVE DEPARTMENT.

WARRANT HANDED TO

C. A. D.

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

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
[illegible] County.

PERSONALLY appears [illegible] of [illegible] 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 6 day of [illegible] 18[illegible]; 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 1st Sgt in Company [illegible], of [illegible]th Regiment of [illegible] Volunteers [illegible] 's Brigade; that whilst engaged in such military service, at the battle of [illegible] Manassas in the State of [illegible], on the [illegible] day of July 1861, he was wounded as follows: By gunshot through right [illegible] coming in front [illegible] the right kidney, cutting the ureter of the bowels running [illegible] large part of the left [illegible] from which cause I have suffered intense pain [illegible]

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 [illegible] dollars.

Sworn to and subscribed before me, this the [illegible] day of February 1890. C. A. Dunwody

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
[illegible] County.

KNOW ALL MEN BY THESE PRESENTS, That I, [illegible] of [illegible] county, in said State, do hereby appoint [illegible] of [illegible] 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 [illegible] day of [illegible] 189[illegible]. [L. S.]

Executed in the presence of us:

DIRECTION.

Send money to me as follows, by [illegible] to [illegible] P. O. [illegible] County, Georgia.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
[illegible] County.

PERSONALLY appears Chas A Dunwody of [illegible] 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 [illegible] day of June 1828; 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 First Sergt in Company H, of 7th Regiment of Georgia Volunteers Barlow 's Brigade; that whilst engaged in such military service at the battle of Fair Manassas in the State of Virginia, on the twenty first day of July 1861, he was wounded as follows: By Gunshot through the right [illegible] entering in front the ball passing through the [illegible] bone & severing and tearing the right kidney. Cutting the ureters of the bowels & severing a portion of the rib bone from which cause I have suffered intense pain & the parts. My sufferings have been great & continuous ever since, confining me to my bed for months at a time, rendering me at all times [illegible] the duties of life from which cause I am still a great sufferer.

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 [illegible] dollars, for [illegible]

Sworn to and subscribed before me, this the [illegible] day of February 1891. C A Dunwody
[illegible]

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,
[illegible] County.

Know all Men by these Presents, That I, [illegible] of [illegible] County, State of Georgia, do hereby appoint [illegible] of [illegible] 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 [illegible] day of [illegible] 1891. [L. S.]

Executed in the presence of us:

DIRECTION.

Send money to me as follows, by [illegible] to [illegible] P. O. [illegible] County, Georgia.

STATE OF GEORGIA,

Cobb County.

I, J. M. Stone Ordinary of said county, do certify that I am well acquainted with C. A. Dunwody 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 repesents himself to be, and that he resides in this county.

Given under my official signature and seal, this 4th day of March, 1892

J. M. Stone

Ordinary. Cobb County.

No. 77

SOLDIER'S PENSION.

1892.

FOR THE YEAR ENDING OCTOBER 20, 1892.

Name C. A. Dunwody

County

Disability Gen Shot in Hip

Amount, $ 50.00

Entered on record Mch 11 1892.

W. H. HARRISON,

Secretary of Executive Department

AGENT.

Applicant

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.

Know all Men by these Presents, That I C. A. Dunwody of Howell Cobb County, State of Georgia, do hereby appoint of Howell Cobb Co. my true and lawful attorney in fact, for ~~me and in my name~~, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia 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 20th day of March 1893.

C. A. Dunwody [L. S.]

Executed in the presence of us:

Chas C. Rogers

J. B. Watson J.P.

DIRECTION.

Send money to me as follows, by G. T. Lyon to ~~P. O.~~

County, Georgia.

C. A. Dunwody

Dunwody, C. A.

Cobb Co.

1893.

No. 577

Application for Allowance

For the Year Ending October 20, 1892

Applicant, C. A. Dunwody

County, Cobb

Amount, 50

Date of Warrant, 3/11/93

Entered on record, 12/11/93

Secretary Executive Department.

WARRANT HANDED TO G. T. Lyon

Geo. W. Harrison, State Printer, Atlanta.

No Letter

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }
Cobb County, }

PERSONALLY appears C. A. Dunnaday 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 8 day of June 1822; 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 1st Sergt in Company H, of 7 th Regiment of Georgia Volunteers Bartow 's Brigade; that whilst engaged in such military service at the battle of Manassas in the State of Virginia, on the 21st day of July 1861, he was wounded as follows: By Gun shot in the right side ball entering in front passing through the hip coming out near the right Kidney cutting the coatings of the bowels, forming a large fistula in the hip bone from which I suffer intense pain with weakness of the parts my suffering is great & continuous & am confined to my bed & room & I am totally disabled from earning a support by manual labor & I am a great & constant sufferer

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 Fifty Dollars for Disability

Sworn to and subscribed before me this the 16 day of April 1892 C. A Dunnaday

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, }
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 1892.

[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 C. A. Dunnaday 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 8th day of June 1822; 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 1st Sergt in Company H, of 7th Regiment of Georgia Volunteers Bartow 's Brigade; that whilst engaged in such military service at the battle of Manassas in the State of Virginia, on the 21st day of July 1861, he was wounded as follows: By Gun shot in the right side ball entering in front & passing through the hip coming out near right Kidney cutting the coatings of the bowels & forming a large fistula in the hip bone from which I suffer intense pain with weakness of the parts my suffering is great & continuous & am confined to my bed & room & I am totally disabled from earning a support by manual labor & I am a great & constant sufferer

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 Fifty dollars, for Disability

Sworn to and subscribed before me, this the 15th day of March 1893. C. A. Dunnaday

John B. Watkins J.C.

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. H. Evans Ordinary of said County, do certify that I am well acquainted with C. A Dunnaday 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 17 day of March 1893.

J. H. Evans

Ordinary Cobb County.

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.

Dunnwody, C. A.
Co
(For Those Already Enrolled.)
No. 5710

Soldier's Pension.
1894.

Name C. A. Dunnwody
County Cobb
Disability Bridge Eccrus
Amount, $ 58
3/13 1894.

W. H. HARRISON,
Secretary Executive Department.

WARRANT HANDED TO
C. A. Dunnwody

Geo. W. Harrison, State Printer, Atlanta.

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 Warrrant 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.

Dunnwody, C. A.
Cobb Co
(For Those Already Enrolled.)
No. 296

SOLDIER'S PENSION.
1895.

Name C. A. Dunnwody
County Cobb
Disability Bridge Trouble
Amount, $ 50.00
3/12 1895.

RICHARD JOHNSON,
Secretary Executive Department.

WARRANT HANDED TO
Appt

Geo. W. Harrison, State Printer, Atlanta.
Wm Lutz

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }
Cobb County. }

PERSONALLY appears C. A. Dunwody 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 6th day of June 1828; 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 Lieutenant in Company H, of 7th Regiment of Georgia Volunteers Bartow's Brigade; that whilst engaged in such military service at the battle of 1st Manassas in the State of Virginia, on the 21st day of July 1861, he was wounded as follows: Gun shot wound at the right hip ball passing through the hip bone & coming out near the kidney cutting the coating of the bowels & shoving a considerable portion of the bone. My sufferings have been great & continuous ever since confining me to bed for days at a time & unfitting me for the ordinary duties of life, causing a general affection from which my sufferings are great & constant.

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

Sworn to and subscribed before me, this, the 6 day of March 1894. } C. A. Dunwody

F. M. Hembree N P

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

Given under my official signature and seal, this 7th day of March 1894.

Affix your seal here

J. M. Stone

Ordinary Cobb County.

F. M. Hembree is a duly commissioned N.P. in this County. J. M. Stone Ord'y

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }
Cobb County. }

Personally appears C. A. Dunwody of Roswell 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 6th day of June 1828; 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 1st Lieut in Company H, of 7th Regiment of Georgia Volunteers, Bartow's Brigade; that whilst engaged in such military service at the battle of 1st Manassas in the State of Virginia, on the 21st day of July 1861, he was wounded as follows: Gun shot in the right hip entering in front the ball passing through the hip bone & coming out near right kidney cutting the coatings of the bowels & removing a large portion of the hip bone from which cause I have suffered extreme pain with Neuralgia of the parts. My sufferings have been great & continuous ever since confining me to bed for weeks at a time unfitting me at all times for the duties of life. From which cause I am still a great & constant sufferer.

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 Fifty dollars, for the year 1894

Sworn to and subscribed before me, this, the First day of March 1895. } C. A. Dunwody

J. M. Stone Ord'y

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 the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 1895.

Affix your seal here

J. M. Stone

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)

)

Dunwoody, C. A.
Cobb Co.

ACT OF 21 OCT., 1887.
(For Those Already Enrolled.)

No. 40
(To Fulton co 1897)

SOLDIER'S PENSION.

1896.

Name C. A. Dunwoody
County Cobb
Disability Hip
Amount, $ 50
2/24 1896

RICHARD JOHNSON,
Secretary Executive Department.

WARRANT HANDED TO
Applt

Gen. W. Harrison, State Printer, Atlanta.

No data

[illegible]
[illegible]
[illegible]
[illegible]
[illegible]
[illegible]
Sworn to & Subscribed before
me this 12th [illegible] 1889
N. S. Wood J. P.

Dunwoody, C. A.
Cobb Co.

Maimed Soldiers.

Audited Feb. 13 1889.
Wm A Wright
COMPTROLLER GENERAL

Voucher No. 2143
Amount $ 50.
Paid to C. A. Dunwoody
For General Disability from [illegible]
Feby 13 1889

Included in Warrant No
issued to Treasurer
1889

WARRANT CLERK

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

Applicant

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Cobb County.

Personally appears C. A. Dunwody 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 6th day of June 1828; 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 1st Lieut in Company K, of 7th Regiment of Georgia Volunteers, Barton's Brigade; that whilst engaged in such military service in the State of Virginia, on the 21st day of July 1861, he was wounded, injured or diseased as follows:

Rec'd a gunshot wound in the right hip entering in front the ball passing through the hip bone & coming out near the right kidney cutting the coatings of the bowels & remaining always a portion of the hip bone from which cause I have suffered intense pain with neuralgia of the parts. My sufferings have been great & continuous ever since confining me to bed for weeks at a time unfitting me for the active duties of life & am still a great & constant sufferer

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 Fifty dollars, for the year 189 5.

Sworn to and subscribed before me, this, the 10th day of July 1896. — C. A. Dunwody.

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 C. A. Dunwody the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 July 1896.

Affix your seal here.

J. M. Stone

Ordinary Cobb County.

No. 4442

STATE OF GEORGIA, EXECUTIVE DEPARTMENT. Atlanta, Ga. May 13 1897.

Mr C. A. Dunwody 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 Total & Reliable Pension

He is entitled to receive the sum of Fifty 00/ Dollars for such disability, the same being the allowance due for the year ending October 24, 1889

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

W. J. Gordon
GOVERNOR

By the Governor
W. H. Harrison
CLERK EXECUTIVE DEPARTMENT.

RECEIVED OF STATE TREASURER R. U. HARDEMAN,
Fifty Dollars
per above voucher, this 13 of May 1889
C. A. Dunwody

Audited _____ 1891.

COMPTROLLER GENERAL.

Dunwoody, C. A.

1891.

Maimed Soldiers.

Voucher No. 1099

Amount $ 50

Paid to C A Dunwoody

For Body wound

Feby 1 1891.

Included in warrant No.

issued to Treasurer.

1891

WARRANT CLERK.

Geo. W. Harrison, State Printer, Atlanta.

Applicant

Audited _____ 18__

COMPTROLLER-GENERAL.

Maimed Soldiers.

Voucher No. 966

Amount $ 50

Paid to C A Dunwoody

For Disabled by Body wound Feb 11 1890

Included in warrant No.

issued to Treasurer.

18

WARRANT CLERK.

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

Applicant

1891.

No. 1099

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.

Atlanta, Ga. Feby 18 1891.

Mr. C. A. Dunwody 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 Disabled by body wound

He is entitled to receive the sum of [illegible] 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. Northen
GOVERNOR.

By the Governor,

W. W. Harrison
SEC'Y EXECUTIVE DEPARTMENT.

50

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

Fifty [illegible] Dollars,

per above voucher, this [illegible] of [illegible] 1891.

C. A. Dunwody

No. 896

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.

Atlanta, Ga., Feby 11 1890

Mr. C. A. Dunwoody 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 body wound

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

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

J. Bleckley
GOVERNOR.

By the Governor,

W. W. Harrison
CLERK EXECUTIVE DEPARTMENT.

TREASURER'S OFFICE PAID STATE OF GEORGIA

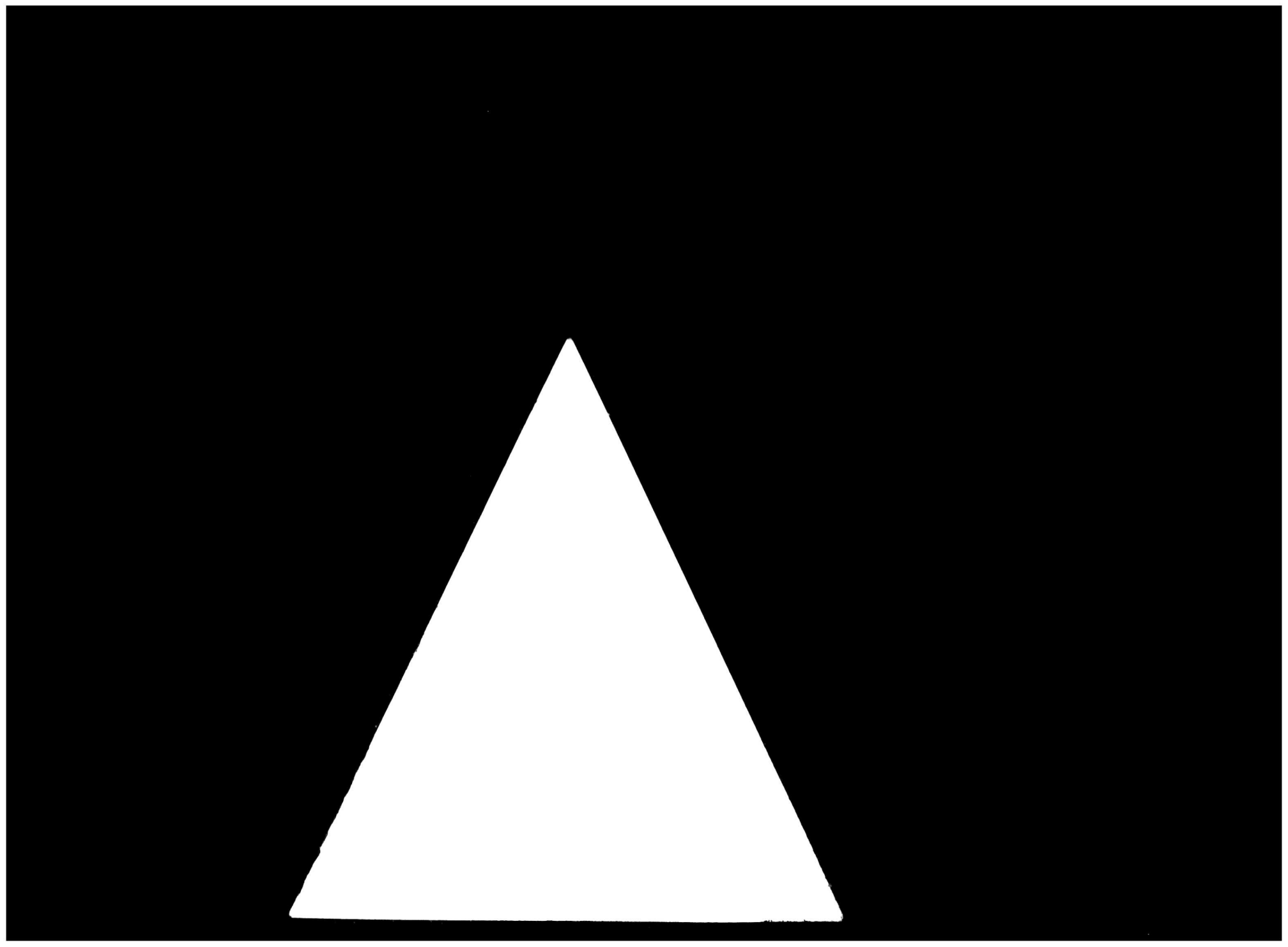
$ 50

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

Fifty & 00/ Dollars,

per above voucher, this 11 of Feby 1890

C. A. Dunwody



Form No. 2.

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. Matilda E. Dunwody 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 Henry M. Dunwody 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 30th day of Jany 1894.

J. M. Stone Ordinary.

POWER OF ATTORNEY.

Form No. 3.

STATE OF GEORGIA, Cobb County.

KNOW ALL MEN BY THESE PRESENTS, That I, Mrs. Matilda E. Dunwody of Cobb County in said State, do hereby appoint Wm. A. Wright of Atlanta Ga. my true and lawful attorney in fact, for me, and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia 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 30th day of Jany 1894.

Matilda E. Dunwody [L. S.]

Executed in the presence of us:

J. M. Stone Ord.

DIRECTIONS.

Send amount by Maj. John Dunwody of Atlanta Ga. to me at Roswell Georgia, and oblige

Yours truly Matilda E. Dunwody

Dunwody, Matilda
Cobb County

FOR THOSE HERETOFORE PAID.

1894.

Feb 1 Chatham Co 1893

No. 541

WIDOWS' PENSION,

for year ending February 15th, 1894.

—PAID TO—

Mrs. Matilda E. Dunwody

—OF—

Cobb County.

WARRANT ISSUED

7/3 1894,

AND HANDED TO

Wm A. Wright

GEO. W. HARRISON, State Printer, Atlanta.

Form No. 2.

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. Matilda E. Dunnoody 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 Henry M. Dunnoody 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 30th day of Jany 1894.

J. M. Stone Ordinary.

POWER OF ATTORNEY.

Form No. 3.

STATE OF GEORGIA, Cobb County.

KNOW ALL MEN BY THESE PRESENTS, That I, Mrs. Matilda E. Dunnoody of Cobb County in said State, do hereby appoint Wm. A. Wright of Atlanta Ga. my true and lawful attorney in fact, for me, and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia 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 30th day of Jany 1894.

Matilda E. Dunnoody [L. S.]

Executed in the presence of us:

J. M. Stone Ordy

DIRECTIONS.

Send amount by Maj. John Dunnoody, Atlanta Ga., to me at Roswell Georgia, and oblige

Jan. 24 1895 Matilda E. Dunnoody

Dunnoody, Matilda E.
Cobb County

FOR THOSE HERETOFORE PAID.

1894.

Ex Chatham Co 1893

No. 541

WIDOWS' PENSION,

for year ending February 15th, 1894.

—PAID TO—

Mrs. Matilda E. Dunnoody

—OF—

Cobb County.

WARRANT ISSUED

Jan 24 1894,

AND HANDED TO

Wm. A. Wright

GEO. W. HARRISON, State Printer, Atlanta.

Form No. 2.

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. Matilda E. Dunnoody 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 Henry E. Dunnoody 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 26th day of Jany 1895.

J. M. Stone Ordinary.

POWER OF ATTORNEY.

Form No. 3

STATE OF GEORGIA, Cobb County.

KNOW ALL MEN BY THESE PRESENTS, That I, Matilda E. Dunnoody of Cobb County in said State, do hereby appoint Wm. A. Wright of Atlanta Ga. my true and lawful attorney in fact, for me, and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia 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 26th day of Jany. 1895.

[L. S.]

Executed in the presence of us:

J. M. Stone Ordny

DIRECTIONS.

Send amount by to me at , and oblige

Dunnoody, Matilda E.
Cobb C

FOR THOSE HERETOFORE PAID.

1895.

No. 442

WIDOW'S PENSION,

for year ending Febuary 15th, 1895.

—PAID TO—

Mrs. Matilda E. Dunnoody

—OF—

Cobb County.

widow of Henry M. Dunnoody

WARRANT ISSUED

Jan 24 1895.

AND HANDED TO

Wm. A. Wright

GEO. W. HARRISON, State Printer.

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA, Personally comes Mrs.
County of Cobb Matilda E. Dunnoody

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 my life 18 That she is the Widow of Henry M. Dunnoody who was a Soldier in Company "A" of the 51st Regiment of Georgia Volunteers, that he enlisted in said Regiment on or about the month of 186 and served in the Army up to time of his death 186 That he lost his life on the 2nd day of July 1863 (*State here full particulars of the husband's death, when, where and from what cause.*) (As follows: On the Second day of July 1863 the said Soldier Henry M. Dunnoody received a mortal wound in the head while fighting in battle at the Heights of Gettysburg Pa., from which wound he died immediately on the 2nd day of July 1863.

(Resided last Year in Chatham Co Ga.)

Deponent swears that she was the wife of said deceased soldier during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 1857 that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension 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 30th day of Jany 1894
J. M. Stone Ordinary.
Matilda E. Dunnoody
Post-office Roswell Ga.

Original Application from Chatham Co

Form 1.

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA, Personally Comes Mrs.
County of Cobb Matilda E. Dunnoody

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 during her life 18 That she is the Widow of Henry M. Dunnoody who was a Soldier in Company "A" of the 51st Regiment of Ga. Volunteers, that he enlisted in said Regiment on or about the month of 186 and served in the Army up to his death 186 That he lost his life on the 2nd day of July 1863 (*State here full particulars of the husband's death, when, where and from what cause.*) (That while engaged at the battle of Gettysburg Penn., he was killed dead on the battle-field on the 2nd day of July 1863.

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 1857, that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension 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 26th day of Jany 1895.
J. M. Stone Ordinary.
Matilda E. Dunnoody
Post-office Marietta Ga

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. Matilda E. Dunwoody 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 Henry M. Dunwoody deceased, and as such has heretofore been allowed a pension for the year ending February 15th, 1895.

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this the 8 day of Feby 1896.

{SEAL}

J. H. Stone Ordinary.

Form No. 3.

POWER OF ATTORNEY.

STATE OF GEORGIA, Cobb County.

I, Mrs. M. E. Dunwoody hereby authorize J. H. Stone of Marietta Ga to receive and receipt for the pension paid hereon and request that he remit same to me at by Express

In Witness Whereof, I have hereunto set my hand and seal, this 10 day of Feby 1896.

Matilda E. Dunwoody [L.S.]

Executed in the presence of

G. W. Fleming

Dunwoody, Matilda E.
Cobb County
FOR THOSE HERETOFORE PAID.

1896.

No. 3 5 7 2 2

WIDOW'S PENSION,

for year ending February 15th, 1896.

PAID TO

Mrs. Matilda E. Dunwoody

OF

Cobb County.

widow of Henry M. Dunwoody

WARRANT ISSUED

1896.

AND HANDED TO

Geo. W. Harrison, State Printer.

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

Form No. 2.

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. Matilda E. Dunwoody 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 Henry M. Dunwoody 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 6 day of Feby 1897.

{SEAL}

J. H. Stone Ordinary

Form No 3

POWER OF ATTORNEY.

STATE OF GEORGIA, Cobb County.

I Matilda E. Dunwoody hereby authorize J. H. Stone of Marietta Ga to receive and receipt for the pension paid hereon and request that he remit same to me by Express

In Witness Whereof, I have hereunto set my hand and seal, this 29 day of Feby 1897.

Matilda E. Dunwoody [L.S.]

Executed in the presence of

G. W. Fleming

Dunwoody, Matilda E.
Cobb County
FOR THOSE HERETOFORE PAID.

1897.

No. 3 6 9 5

WIDOW'S PENSION,

for year ending February 15th, 1897.

PAID TO

Mrs. M. E. Dunwoody

OF

Cobb County.

widow of Henry M. Dunwoody

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT ISSUED

1897.

AND HANDED TO

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of Cobb

Personally Comes Mrs. Matilda E. Dunwoody

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 18 That she is the Widow of Henry M Dunwoody who was a Soldier in Company A of the 51st Regiment of Georgia Volunteers, that he enlisted in said regiment on or about the month of 186 and served in the Army up to Time of his death 1863 That he lost his life on the 2nd day of July 1863 (*State here full particulars of the husband's death, when, where and from what cause.*)

On the Second day of July 1563 the deceased Soldier receive a wound at the battle of Gettysburg Penn. from which wound he died on the said date July 2nd 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 1857, that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension as a resident of 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 5th day of July 1896.
J. H. Stone Ordinary.

Matilda E. Dunwoody
Post-office Marietta Ga.

Form No. 1.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of Cobb

Personally Comes Mrs. Matilda E. Dunwoody

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 18 That she is the Widow of Henry M. Dunwoody who was a Soldier in Company A of the 51st Regiment of Georgia Volunteers, that enlisted in said regiment on or about the month of 186 and served in the Army up to Time of his death 1863 That he lost his life on the 2nd day of July 1863 (*State here full particulars of the husband's death, when, where and from what cause.*)

That while engaged in the battle of Gettysburg Penn. he was Mortally wounded from which wound he died on the battle field.

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 1857, that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension as a resident of 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 9th day of July 1897.
J. H. Stone Ordinary.

Matilda E. Dunwoody
Post-office Marietta, Ga

POWER OF ATTORNEY.

State of Georgia, Cobb County.

I, Mrs Matilda E Dunwody hereby authorize J M Stone of Marietta Ga to receive and receipt for the pension paid hereon and request that he remit same to me by him

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 3rd day of Feby 1898.

Matilda E Dunwody [L. S.]

Executed in the presence of

For Those Heretofore Paid.

1898.

NO. 3403

WIDOW'S PENSION,

For year ending February 15th, 1898.

PAID TO Mrs Matilda E Dunwody

OF Cobb County,

Widow of Henry M Dunwody

RICHARD JOHNSON,
Commissioner of Pensions

WARRANT ISSUED Feby 8 1898.

AND HANDED TO Ma

GEO. W. HARRISON, STATE PRINTER, ATLANTA

POWER OF ATTORNEY.

State of Georgia, Cobb County.

I, M. E. Dunwody hereby authorize J M Stone of Marietta Ga. to receive and receipt for the pension paid hereon and request that he remit same to me by him

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 1st day of Feby 1899.

M. E. Dunwody [L. S.]

Executed in presence of

Dunwody, M. E. Mrs. Cobb County

For Those Heretofore Paid.

1899.

NO. 3760

WIDOW'S PENSION,

For year ending February 15th, 1899.

PAID TO Mrs M. E. Dunwody

OF Cobb County

Widow of Henry M Dunwody

RICHARD JOHNSON,
Commissioner of Pensions

WARRANT ISSUED 2/8 1899.

AND HANDED TO JMS

GEO. W. HARRISON, STATE PRINTER, ATLANTA

Form No. 1.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of Cobb } Personally Comes Mrs. Matilda E. Dunwoody

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 18__. That she is the Widow of Henry M. Dunwoody who was a Soldier in Company "A." of the 59th Regiment of Ga. Volunteers, that he enlisted in said regiment on or about the month of 186__ and served in the Army up to Time of his death 1863. That he lost his life on the 2nd day of July 1863 (*State here full particulars of the husband's death, when, where and from what cause.*)

That while in the battle of Gettysburg Penn. he was killed on the battle-field on the 2nd day of July 1863.

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that he has never married since his death aforesaid, and that she became his wife in the year 1852

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 3rd day of July 1898. J.W. Stone Ordinary. } Matilda E. Dunwoody Post-Office

State of Georgia, Cobb County. } I J.W. Stone Ordinary of said County, certify that I am well acquainted with Mrs. Matilda E. Dunwoody 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 I understand all her life

Given under my official signature and seal this the 3rd day of July 1898.

J.W. Stone

{ Official Seal. }

Ordinary of Cobb County.

Form No. 1.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of Cobb } Personally Comes Mrs. M. E. Dunwoody

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 18__. That she is the Widow of Henry M. Dunwoody who was a soldier in Company A of the 59th Regiment of Georgia Volunteers, that he enlisted in said regiment on or about the month of 186__ and served in the Army up to Time of death 1863. That he lost his life on the 2nd day of July 1863 (*State here full particulars of the husband's death, when, where and from what cause.*)

That while engaged in the battle of Gettysburg Penn. on July 2nd 1863 he was mortally wounded from which wound he died on the 2nd day of July 1863.

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 18__

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 1st day of July 1899. J.W. Stone Ordinary. } M. E. Dunwoody Post-Office Roswell Ga.

State of Georgia, Cobb County. } I J. W. Stone Ordinary of said County, certify that I am well acquainted with Mrs. M. E. Dunwoody 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 1st day of July 1899.

J.W. Stone

{ Official Seal. }

Ordinary of Cobb County.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cobb County.

I, Mrs. M E Dunwoody hereby authorize
Gil Stone of Marietta Ga.
to receive and receipt for the pension paid hereon and request that he remit same to
me by him.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 9th
day of Feby 1900.

Mrs M. E. Dunwoody [L. S.]

Executed in presence of
T. J. Hamby

Dunwoody M. E.
Cobb County

To Those Heretofore Paid.

1900.

NO. 1984

WIDOW'S PENSION,

For year ending February 15th, 1900.

PAID TO
Mrs M E Dunwoody
OF
Cobb County,
Widow of Henry M. Dunwoody

JNO. W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
Feb 16 1900,
AND HANDED TO
Gil

Jno. W. Harrison, State Printer, Atlanta.

Form No. 1.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of Cobb } Personally Comes Mrs. M. E. Dunwoody

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 18__. That she is the Widow of Henry M. Dunwoody who was a soldier in Company A of the 51st Regiment of Georgia Volunteers, that he enlisted in said regiment on or about the month of__ 186__ and served in the Army up to time of death 1863 That he lost his life on the 2nd day of July 1863 (*State here particulars of the husband's death, when, where and from what cause*) That while engaged in the Battle of Gettysburg Penn. on July 2nd 1863 he was mortally wounded from which wound he died on the 2nd July 1863

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 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 9 day of Feby 1900. J. M. Stone Ordinary

Mrs M. E. Dunwoody Post Office

State of Georgia, Cobb County. } I J. M. Stone Ordinary of said County, certify that I am well acquainted with Mrs. M. E. Dunwoody, 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 9th day of Feb 1900.

Official Seal.

J. M. Stone Ordinary of Cobb County.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cobb County.

I, M. E. Dunwoody, hereby authorize John Awtrey of Marietta 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 9th day of Jany 1902.

M. E. Dunwoody, [L. S.]

Executed in presence of

J. M. Gann

Dunwoody, Mrs M. E.
Cobb County

To Those Heretofore Paid.

1902.

No. 322

WIDOW'S PENSION,

For year ending Dec. 31, 1902.

PAID TO Mrs. M. E. Dunwoody OF Cobb County,

Widow of

Co. Regiment

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED 1/16 1902

AND HANDED TO Ordy

GEO. W. HARRISON, STATE PRINTER, ATLANTA, GA.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cobb County.

I, M. E. Dunwoody hereby authorize John Awtrey of Marietta, Ga. to receive and receipt for the pension paid hereon and request that he remit same to Mr. McCandlish at Marietta

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

M. E. Dunwoody [L. S.]
Cy. H. S. McCandlish
atty

Executed in presence of

Dunwoody, Mattie E.
Cobb Co.

To Those Heretofore Paid.

1901.

No. 123

WIDOW'S PENSION,

For year ending February 15th, 1901.

PAID TO Mrs. M. E. Dunwoody OF Cobb County.

Widow of Henry M. Dunwoody

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED Jan. 13 1901,

AND HANDED TO Putney

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

Form No. 1.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of Cobb | Personally comes Mrs. M E Dunwoody

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 Henry M Dunwoody who was a soldier in Company A of the 57 Regiment of Georgia Volunteers, that he enlisted in said regiment on or about the month of 186 and served in the Army up to time of his death 1863. That he lost his life on the 2 ond day of July 1862 (State here particulars of the husband's death, when, where and from what cause) That while engaged in the battle of Gettysburg Penn on July 2 on 1863 he was mortally wounded from which wounds he died on the 2 ond July 1863

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 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 9th day of Jany 1902. John Awtrey, Ordinary. | M. E. Dunwoody. Post-Office Roswell Ga

State of Georgia, Cobb County. | I, John Awtrey Ordinary of said County, certify that I am well acquainted with Mrs. M E Dunwoody, 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 9th day of Jany 1902.

(Official Seal.)

John Awtrey Ordinary of Cobb County.

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

Form No. 1.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of Cobb | **Personally Comes Mrs.** M E Dunwoody

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 Henry M Dunwoody who was a soldier in Company A of the 57th Regiment of Georgia Volunteers, that he enlisted in said regiment on or about the month of 186 and served in the Army up to Time of death 1863. That he lost his life on the 2 ond day of July 1863. (State here particulars of the husband's death, when, where and from what cause) That while engaged in the battle of Gettysburg Penn on July 1863 he was Mortally wounded and died on the 2 ond July 1863

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

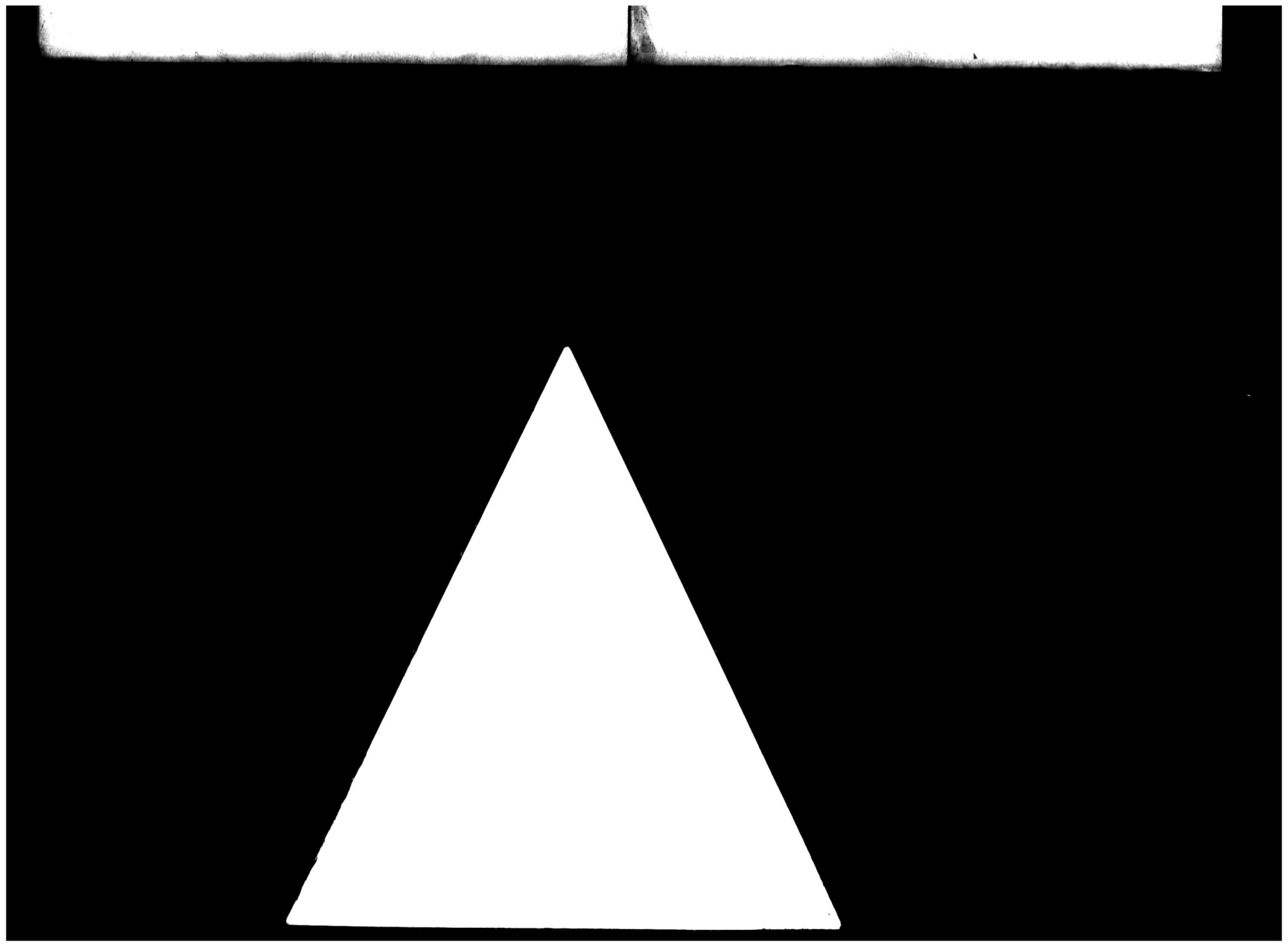
Sworn to and subscribed before me, this 14th day of Jany. 1901. John Awtrey Ordinary. | M E Dunwoody Post Office

State of Georgia, Cobb County. | I John Awtrey Ordinary of said County, certify that I am well acquainted with Mrs. M E Dunwoody, 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 14th day of Jany. 1901.

{Official Seal.}

John Awtrey Ordinary of Cobb County.



Mar 1, 1862.
Released, P.B. Pickens,
Ind., person June 26 1865

Du Pree, Elizabeth
Cobb Co. 1920

No.

Widow's Pension

Under Act 1910—as Amended by Act of 1919.

County Cobb

Name Elizabeth DuPree

Widow of W. G. DuPree

Company D

Regiment 14th Ga Vol Inf Reg

Approved

J. W. LINDSEY,
Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

10-30-1919

Ordinary's Certificate

STATE OF GEORGIA, Cobb COUNTY }

I, J. M. Gaines Ordinary of said County, do certify that I know Elizabeth DuPree 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. W. Bryant 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 Sept 1919

(SEAL) J. M. Gaines 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.

STATE OF GEORGIA,
Cobb COUNTY }

I, J M Garner Ordinary of said County, do certify that I know Elizabeth DuPree 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 W Brymer 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 Sept 1919

(SEAL) J M Garner 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.

No.

Widow's Pension

Under Act 1910—as Amended by Act of 1919

County Cobb
Name Elizabeth DuPree
Widow of W C DuPree
Company D
Regiment 14th Ga Vol Inftry
Approved

J. W. LINDSEY,
Commissioner of Pensions.
Bird Printing Co., State Printers, Atlanta.
10-30-919

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

Questions for Applicant

STATE OF GEORGIA,
Cobb COUNTY } Elizabeth DuPree

Personally before me comes ~~Elizabeth Carpenter~~ 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? Elizabeth DuPree, Blackwell ~~Silva ... Carpenter~~ ~~Roswell~~ Ga
2. How long and since when have you been a continuing resident of the State of Georgia? All my life 75 years
3. When, where and to whom were you married? ~~1865~~ Cherokee Co in 1876 ~~Walton Co Ga~~ ~~John J. Carpenter~~ W C DuPree
a. Have you married since the death of first and soldier husband? No
4. When, where and in what Company and Regiment did your husband enlist as a soldier in Confederate Army or Georgia Militia? (State the arms and class of Service.) March 1862 in Co. D. 14th Regiment Ga Vol. Inftry
5. When and where did the commands of your husband surrender or discharge from the army? April 1865, Appomattox Va
6. Was your husband personally present at the time of the surrender or discharge of this command? No, he was Captured 2nd day April 1865
7. If he was not present state clearly where he was? he was in prisoner
8. Where was his command when he left? near Petersburg Va
a. For what cause did he leave his command? Captured
b. By whose authority did he leave his command? —
c. For how long was he granted leave of absence? —
e. What was his physical condition when he left his command? —
f. What effort did he make to return to his command? —
g. In what way was he prevented from going back to Command
h. Was he captured by the enemy at any time? Yes
i. If so, when and where captured and where held as a prisoner, and when and for what cause released? April 2nd 1865; near Petersburg Va. Point Lookout, M. D. June 1865
j. When and where did your ~~first~~ husband die? April 4 - 1909. Cobb Co
k. Were you residing together when he died? Yes
l. If not, how long had you resided apart? — We were living together
m. Are you now a widow? Yes
9. 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? Invalid pension up to his death

Sworn to and subscribed before me this the 12 day of September 1919 } Elizabeth her x mark DuPree

J M Garner Ordinary
of Cobb County }

(SEAL)

Questions for Witnesses as to Service of Husband and Marriage

STATE OF GEORGIA,
Cobb COUNTY.

Personally before me comes W W Brymer 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 W Brymer Cobb County Ga

2. How long and since when have you known Elisabeth DuPree applicant? 50 years or more

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

4. When and to whom was she married? W C DuPree How do you know?

5. How long and since when did you know W C DuPree her husband? Personally acquainted with him about two years in service

6. When and where did W C DuPree the husband of applicant, die? June 1909

7. Were the applicant and her husband living together as husband and wife at the date of his death? Yes

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

9. When, where and in what Company and Regiment did W C DuPree enlist? Company "D" 14th Georgia Volunteer Infnt

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? Appomattox Va.

13. Were you personally present when it was surrendered? No If not, where were you Virginia and how came you there? Was in service

14. Was the husband of applicant personally present at surrender? Yes If not where was he he had been captured short time before surrender When, where and for what cause did he leave Command? (Give date.) Captured 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? —

Sworn to and subscribed before me this the 22 day of Sept 1914

W W Brimer

J M Gauer Ordinary of Cobb County.

(SEAL)

STATE OF GEORGIA, CHEROKEE COUNTY.

I hereby certify that W C DuPree and Elizabeth McDaniel were joined together in the Holy Bans of Matrimony by me, on the 2nd day of January 1876.

P.C. WALDRUP N.P. & J.P.

Recorded Dec 30th 1876.

C.M. McClure Ordinary.

Georgia Cherokee County

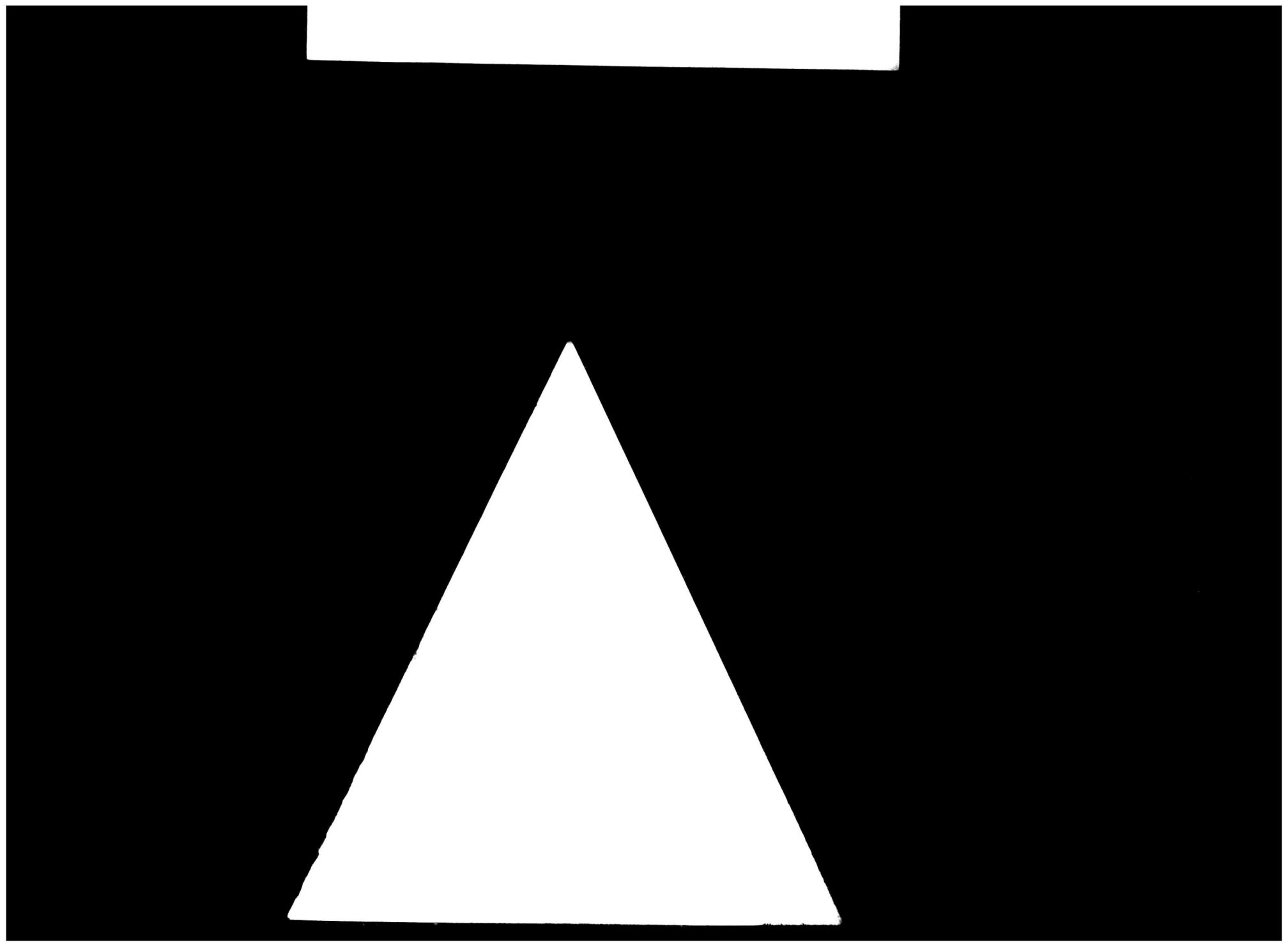
I, J.M. Satterfield, Ordinary and Ex Officio Clerk of Ordinary hereby certify that the within writing and printing contains a true and correct copy of the Marriage certificate of W C DuPree and Elizabeth McDaniel as the same appears of record in my Office.

Given under my hand and official signature.

This September 24th 1919.

J.M. Satterfield

Ordinary of Cherokee County.



Ex Dept

The proof by the Commissioned Officer of applicants Company must be sworn to before an officer & it should be made before the Ordinary or Clerk in Cherokee Co.

Applicant is entitled when his proof is perfected.

Feby 3/88

W H Harrison
Clerk

Dupree, William C.
~~Dupree, William C.~~ 87
Colb Co

No. 756

Application for Allowance

FOR

Left leg disabled

Applicant Wm C Dupree

County Cobb

Amount 25

Date of Warrant Feby 25/88

Entered on Record,

Feby 25 1888

W H H

Secretary Executive Department.

STATE OF GEORGIA,
Cobb County

Personally appears W. C. Dupree 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 since the 10 day of July 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 Thomas's Brigade; that whilst engaged in such military service, at the battle of Seven Days fight in the State of Virginia, on the 10 day of June 1862, he was wounded as follows: He was shot through the left thigh, the leg is stiff and swells up so as to prevent the leg from being used. I was also shot through the hip — the wound in the leg permanently disables the applicant and renders the leg substantially useless and 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 12 day of Jany 1888

W. C. his x mark Dupree

O. W. Cammett Ordinary

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,
~~Cobb~~ Cherokee County.

Personally came before me ~~Thos J. Abbott~~ J. W. McCollum of the county of Cherokee Co. State of Georgia, who, being duly sworn, says that he was a commissioned officer in Company "D", of 14" Regiment of Georgia Volunteers, and that deponent knows W. C. Dupree, 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 Dupree, as stated by him in said affidavit. Deponent further states that said Dupree is a *bona fide* citizen of this State, and resides in Cobb county.

Sworn to and subscribed before me, this ~~3~~ 20th day of ~~Jany~~ Feby 1888

O. W. Putnam Ordinary
this 20th day of February 1888

J. W. McCollum

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

Ex Dept
proof by the
Commissioned Officer
Applicant's Company
to be sworn to
be an officer
should be made
the Corning or
in Cherokee

Dupree, William C.
Dupree, Hill & Co
Cobb Co

No. 756

Application for Allowance

FOR

Left leg disabled

Applicant W. C. Dupree

County Cobb

Amount 25

Date of Warrant Feby 25/88

Entered on Record, Feby 25 1888

W. H. H.

Secretary Executive Department

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 *born* citizen

of this State, and resides in County, and we are well satisfied that all the state-

ments in his affidavit are true.

Sworn to and subscribed before me, this

day of 188

STATE OF GEORGIA,

Cobb *County.*

I, H. M. Hammett Ordinary of said county,

do certify that I am well acquainted with W. C. Dupree the

applicant in the foregoing affidavit, and am well satisfied that the statements made by him in 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 I Ann Ramsay 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 12, day of January 1885

H. M. Hammett

Ordinary Cobb County

STATE OF GEORGIA,

Cobb *County.*

PERSONALLY comes before me H. M. Hammett Ordinary of said county,

Dr. A. Smith and Dr. Geo. Roberts both known to

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

carefully examined W. C. Dupree and after such examination say that the

applicant has been injured as follows He was shot through the

the leg and hip the ~~upon~~ leg is stiff

the wound permanently disables the appli-

cant and renders the leg substantially useless

and incompetent to perform manual labor.

Sworn to and subscribed before me, this Geo. C. Roberts M.D.

12 day of January 1885 A. Smith M.D.

H. M. Hammett

ORDINARY

NOTE

POWER OF ATTORNEY

STATE OF GEORGIA

Cobb *County.*

Know all men by these presents, That I W. C. Dupree

of Cobb

county, in said State, do hereby appoint ~~W. H. Nolan~~

of R. L. Irwin 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 21st

day of January 1885

W. C. his X Dupree [L. S.]

mk

Executed in the presence of us

H. M. Hammett

Ordy

Empire, Ga
Cobb

No. 634

APPLICATION FOR ALLOWANCE

FOR YEAR ENDING OCTOBER 26, 1889

FOR

Left leg Disabled

Applicant, W. C. Dupree

County Cobb

Amount 50

Date of Warrant Feby 18

Entered on record Feby 18 1889

W. H. H.

SECRETARY EXECUTIVE DEPARTMENT.

A. S. Clay
Wadditional data

STATE OF GEORGIA,
Cobb County.

PERSONALLY appears W. C. Dupree 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 1st day of January 1849 that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served as a Private in Company D, of 14 th Regiment of Georgia Volunteers Thomas 's Brigade, that whilst engaged in such military service, at the battle of Seven days fight in the State of Virginia, on the 10th day of June 1862 he was wounded as follows: By Gunshot wound in left leg striking and passing through said leg above knee thereby rendering said left leg substantially and essentially useless. Also by Gunshot wound in hip and lower part of abdomen, cutting through to intestines & causing rupture thereby rendering deponent 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 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 13th day of Feby 1889

W. C. his X mark Dupree

J. M. Stone
Ordny.

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. Stone Ordinary of said county, E. J. Seltze and J. D. Malone, both known to me as reputable physicians of said county who, being severally sworn, say on oath that they have carefully examined W. C. Dupree and after such examination say that the applicant has been injured as follows: that said wounds as described in deponents affidavit, renders his left leg substantially and essentially useless. Also Gunshot wound in abdomen, producing rupture &c. renders him practically incompetent to perform the ordinary manual avocations of life.

Sworn to and subscribed before me, this 13th day of Feby. 1889

E. J. Seltze M.D.
J. D. Malone M.D.

J. M. Stone
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,

Cobb County.

I, J. M. Stone Ordinary of said county, do certify that I am well acquainted with W. C. Dupree 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 13th day of July. 1889

J. M. Stone
Ordinary Cobb County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.

Know all Men by these Presents, That I, W. C. Dupree of Cobb county, in said State, do hereby appoint A. S. Coley of Cobb Co. Ga. my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit, hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

In witness whereof I have hereunto set my hand and seal, this 13th day of July, 1889.

W. C. his + Dupree (L. S.)
mark

Executed in the presence of us:

J. M. Stone Ordy.

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 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 W. C. Dupree 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 Feby. 1890

J. M. Stone

Ordinary Cobb County.

STATE OF GEORGIA,

Cobb County.

I, J. M. Stone Ordinary of said County, do certify that I am well acquainted with W. C. Dupree 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 12th day of Feby 1891.

J. M. Stone

Ordinary Cobb County.

Dupree, W. C.
Cobb Co

1890.

Dupree, W. C.

No. 2133

APPLICATION FOR ALLOWANCE.

FOR THE YEAR ENDING OCTOBER 26, 1890.

—FOR—

Sec disabled

Applicant, W. C. Dupree

County, Cobb

Amount, $50.00

Date of warrant, Mch 1st 1890

Entered on record Mch 1 1890

W H H

SECRETARY EXECUTIVE DEPARTMENT.

No. [illegible] Warrant Handed to

A. S. Clay.

Dupree, W. C.
Cobb

1891

Dupree, W. C.
Cobb Co

No. 903

Application for Allowance

FOR THE YEAR ENDING OCTOBER 26, 1891.

FOR

Sec'd by Lady 2nd

Applicant, W. C. Dupree

County, Cobb

Amount, $50.

Date of Warrant, Feby 14

Entered on record 2/14 1891

W H H

SECRETARY EXECUTIVE DEPARTMENT.

No. [illegible] Warrant Handed to

A. S. Clay

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

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Cobb County.

PERSONALLY appears W. C. Dupree 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 June 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 D, of 14th Regiment of Ga. Volunteers Thomas's Brigade; that whilst engaged in such military service, at the battle of Seven days in the State of Va. on the 10th day of June 1862 he was wounded as follows: By bullet striking and passing through the left thigh, cutting the muscles and causing the said leg substantially & essentially useless. Also by minnie ball passing in from the rear near the point of the right hip bone fracturing and taking off pinch of hip bone passing out through the lower part of abdomen cutting him half in through; by this wound he is [illegible] 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 Fifty dollars.

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 Fifty dollars.

Sworn to and subscribed before me, this the 8th day of Feb 1890.

W. C. his x mark Dupree

J. W. Stone Ordy

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 8th day of Feby 1890

W. C. his x mark Dupree [L. S.]

Executed in the presence of us:

J. W. Stone

DIRECTION.

Send money to me as follows, by

to P. O.

County, Georgia.

Deponent is compelled to walk on stick all the time.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Cobb County.

PERSONALLY appears W. C. Dupree 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 1st day of January 1850; 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 Ga. Volunteers Thomas's Brigade; that whilst engaged in such military service at the battle of 7 Dys fight Richmond in the State of Va. on the 10th day of June 1862 he was wounded as follows: By bullet striking left thigh and passing through and tearing muscles, flesh &c. Also by bullet passing through the right hip from the rear and coming out in the left groin tearing the lower part of the abdomen so that permanent rupture is produced. Deponent is totally incompetent to perform the Ordinary Manual Avocations.

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

Sworn to and subscribed before me, this the 12th day of Feby. 1891.

W. C. his x mark Dupree

J. W. Stone Ordny.

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,
Cobb County.

Know all Men by these Presents, That I, W. C. Dupree of Cobb County, State of Georgia, do hereby appoint A. S. Clay 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 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 12th day of Feby. 1891.

W. C. his x mark Dupree [L. S.]

Executed in the presence of us:

J. W. Stone
T. D. Power

DIRECTION.

Send money to me as follows, by

to P. O.

County, Georgia.

STATE OF GEORGIA,
Cobb County.

I, J. M. Stone Ordinary of said county, do certify that I am well acquainted with W. C. Dupree 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 repesents himself to be, and that he resides in this county.

Given under my official signature and seal, this 19 day of July 1892

J. M. Stone
Ordinary Cobb County.

Entered, 11
No. 429

SOLDIER'S PENSION.
1892.

FOR THE YEAR ENDING OCTOBER 30, 1892.

Name W. C. Dupree
County
Disability Body minor
Amount, $ 50
Entered on record 11 Oct 3 1892.

W. H. HARRISON,
Secretary of Executive Department
No. Sales
AGENT.
A. S. Clay

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

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cobb County.

Know all Men by these Presents, That I W. C. Dupree of Cobb County, State of Georgia, do hereby appoint A. S. Clay of Cobb County my true and lawful attorney in fact, for [illegible] 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 15 day of March 1893.

W. C. Dupree [L.S.]
Executed in the presence of us:
J. M. Stone
Only

DIRECTION.

Send money to me as follows, by
STATE OF GEORGIA to P. O.
County, Georgia.

Cobb Co.
Dupree, W. C.
1893.

No. 574
Application for Allowance
For the Warranting Order No.
FOR
Sergt. Co. [illegible]
Applicant, W. C. Dupree
County, Cobb
Amount, 50
Date of Warrant
Entered on record, 3/2 1893.
Cobb
Secretary Executive Department.
WARRANT HANDED TO
A. S. Clay
Geo. W. Harrison, State Printer, Atlanta, Ga.
No. Sales

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County. }

PERSONALLY appears W. C. Dupree

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 July 1861; 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 the ... th Regiment of Georgia Volunteers Thomas 's Brigade; that whilst engaged in such military service at the battle of Seven Days in the State of Virginia, on the 10 day of June 1862, he was wounded as follows: By bullet striking right side frame of body of Epine Dorsi passing through Joint of Shoulder Blade passing through Collar Bone & Neck Severing Nerves & Muscles & that fact is essentially & substantially as stated

Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1892. I have heretofore been allowed a pension of $50.00 Dollars for Said Wounds for 1-91

Sworn to and subscribed before me this the 29 day of Feby 1892. W. C. X Dupree mark

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,

Cobb County. }

Know all Men by these Presents, That I, W. C. Dupree of Cobb County, in said State, 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 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 29 day of Feby 1892. W. C. X Dupree mark [L. S.]

Executed in the presence of us:

J. M. Stone Ordy.

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. C. Dupree 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 May 1861; 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 the 11th Regiment of Ga Volunteers Thomas 's Brigade; that whilst engaged in such military service at the battle of Seven days in the State of Va. on the 10 day of June 1862, he was wounded as follows: By Gunshot Wound through the left Shoulder Joint Severing Nerves & Muscles & Fracturing Collar Bone & Shoulder Blade & Left Arm so that it is entirely Disabled at the Joint of Shoulder & Arm & Left Lung Penetrated & Left Arm entirely Disabled & Left Lung Penetrated & Right Arm entirely Disabled & Left Lung Penetrated & Right Arm entirely Disabled & Left Lung Penetrated & Right

POWER OF ATTORNEY.

STATE OF GEORGIA, Cobb COUNTY.

Know all Men by these Presents, That I, W. C. Dupree of Cobb County, State of Georgia, do hereby appoint A. S. Clay 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 12 day of Mch 1894.

W. C. his x mark Dupree [L. S.]

Executed in the presence of us

J. M. Stone
Ordinary

DIRECTIONS.

Send money to me as follows, by

to P. O.

County, Georgia.

Dupree, W. C.

(For Those Already Enrolled.)

No. 5

Soldier's Pension.

1894.

Name W. C. Dupree

County Cobb

Disability Leg & Hip

Amount, $ 3/4

1894.

W. H. HARRISON,

Secretary Executive Department.

WARRANT HANDED TO

Ad Clay

Geo. W. Harrison, State Printer, Atlanta.

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 Warrrant 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.

Executed in presence of us [L. S.]

DIRECTIONS.

Send money to me as follows, by

to P. O.

County, Georgia.

Dupree, W. C.

Cobb Co.

(For Those Already Enrolled.)

No. 292

SOLDIER'S PENSION.

1895.

Name W. C. Dupree

County Cobb

Disability Leg & Hip

Amount, $ 3/4

1895.

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDED TO

Ofr

Geo. W. Harrison, State Printer, Atlanta.

No data

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }
Cobb County. }

PERSONALLY appears W. C. Dupree 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 Jany 1864 that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served as a Private in Company K, of 4th Regiment of Ga Volunteers Thomas 's Brigade; that whilst engaged in such military service at the battle of Dexter days fight Richmond in the State of Va. on the 10 day of June 1862 he was wounded as follows: By Gunshot in the right hip and side & thence through the right hip and ranging through & coming out in front in lower part of abdomen, Deponent nearly half in two — Deponent is rendered almost totally incapable to perform 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 26th 1894. I have heretofore been allowed a pension of $50.00 dollars, for the year 1893

Sworn to and subscribed before me, this the 17th day of Feb 1894. } W. C. X Dupree
mark

J. M. 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, J. M. Stone, Ordinary of said County, do certify that I am well acquainted with W. C. Dupree the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 Feb 1894

Affix your seal here

J. M. Stone
Ordinary Cobb County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }
Cobb County. }

Personally appears W. C. Dupree 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 K, of 4th Regiment of Ga Volunteers, Thomas 's Brigade; that whilst engaged in such military service at the battle of 7 days fight in the State of Va. on the 10 day of June 1862 he was wounded as follows: By bullet struck right hip & side & also through left thigh — Deponent is rendered totally 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 26th, 1895. I have heretofore been allowed a pension of 50 dollars, for the year 1894

Sworn to and subscribed before me, this the 17th day of Feb 1895. } W. C. X Dupree
mark

J. M. 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, J. M. Stone, Ordinary of said County, do certify that I am well acquainted with W. C. Dupree the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 Feb 1895.

Affix your seal here

J. M. Stone
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

Dupree, W. C.
Cobb Co.

ACT OF 24 OCT., 1887.
(For These Already Enrolled.)

No. 2705

SOLDIER'S PENSION.
1896.

Name W. C. Dupree
County Cobb
Disability Right Side & Leg
Amount, $ 50.
3/4 1896

RICHARD JOHNSON,
Secretary Executive Department.

WARRANT HANDED TO
Appeh

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 1897.

[L. S.]

Executed in presence of

Dupree, W. C.
Cobb County

ACT OF 24 OCT., 1887.
(For These Already Enrolled.)

No. 2000

INVALID
SOLDIER'S PENSION.
1897.

Name W. C. Dupree
County Cobb
Disability Abdomen & Leg
Amount, $ 50.
2/24 1897.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO
Appeh.

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

No data

1/4

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Cobb County.

Personally appears W. C. Dupree 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 59 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 4th Regiment of Va Volunteers, Thomas 's Brigade; that whilst engaged in such military service in the State of Va., on the 10 day of May 186 4 he was wounded, injured or diseased as follows: By gunshot Striking the left thigh Passing through said thigh, also by ball Passing through the right hip and side, so that deponent is rendered practically incompetent to perform the ordinary manual operations 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, 1896. I have heretofore as a resident of Cobb county been allowed a pension of $50. dollars, for the year 189 5

Sworn to and subscribed before me, this the 31 day of Mch 1896. W. C. his X mark Dupree

J. M. 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, J. M. Stone Ordinary of said County, do certify that I am well acquainted with W. C. Dupree the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 Mch 1896.

Affix your seal here.

J. M. Stone
Ordinary Cobb County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Cobb County.

Personally appears W. C. Dupree 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 186 6 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 4th Regiment of Va, Volunteers, Thomas 's Brigade; that whilst engaged in such military service in the State of Va., on the 10 day of June 186 4 he was wounded, injured or diseased of follows: By gunshot Striking the Abdomen and right thigh Causing Painful Wound and Injured Bowels Rendering him Incompetent to Perform the Ordinary Manual Operations 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 189

Sworn to and subscribed before me, this the 23 day of July 1897. W. C. his X mark Dupree POST OFFICE Blacksells P.O.

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

Given under my official signature and seal, this 23rd day of July 1897.

Affix your seal here

J. M. Stone
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

Dupree, W. C.
Cobb Co. Ga.

ACT OF 24 OCT. 1887.
(For Those Already Enrolled.)
No. 3164

INVALID
SOLDIER'S PENSION.
1898.

Name W. C. Dupree
County Cobb
Disability Wound
Amount, $ 3/2 50. 1898.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cobb County.

I, W. C. Dupree hereby authorize
J. W. Stowe of Marietta
to receive and receipt for the pension paid hereon and request that he remit same to
me by hims
at Marietta

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 28
day of Feby, 1899.

W. C. Dupree [L. S.]
his mark

Executed in presence of
T. J. Hamby.

Dupree, W. C.
Cobb Co.

CODE SECTION 1758.
(For Those Already Enrolled.)
No. 33357

INVALID
SOLDIER'S PENSION.
1899.

Name W. C. Dupree
County Cobb
Disability Wound
Amount, $ 50 1899.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

No date

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Cobb County.

Personally appears W. C. Dupree 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) during the war between the States, and served as a Private in Company D, of 14th Regiment of Ga. Volunteers, Thomas 's Brigade; that whilst engaged in such military service in the State of Va., on the 10 day of June 1862, he was wounded, injured or diseased as follows: That while engaged in battle he was wounded by having his right Side Shot open & by one Shot in the left leg by which applicant 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 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 15th day of March 1898.

W. C. Dupree
POST-OFFICE Blackwell P.O.

J. M. Stone Ord'y

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. C. Dupree the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 1898.

Affix your seal here.

J. M. Stone
Ordinary Cobb County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Cobb County.

Personally appears W. C. Dupree 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) during the war between the States, and served as a private in Company D, of 14th Regiment of Ga. Volunteers, Thomas' Brigade; that whilst engaged in such military service in the State of Va., on the 10 day of June 1862, he was wounded, injured or diseased as follows: By gun-shot striking right hip, thereby rendering applicant 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, 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 Feby 1899.

W. C. Dupree
POST OFFICE Blackwell, P.O.

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. C. Dupree the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 Feby 1899.

Affix your seal here

J. M. Stone
Ordinary Cobb County.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cobb County.

I, W. C. Dupree hereby authorize J. M. Stone of Marietta, Ga.

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

at Marietta, Ga.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 15 day of March 1900.

W. C. his x mark Dupree [L. S.]

Executed in presence of
T. J. Hamby

Dupree, W. C.
Cobb Co.

CODE SECTION 1250
(For Those Already Enrolled.)
No. 3428

INVALID
SOLDIER'S PENSION.
1900.

Name W. C. Dupree
County Cobb
Disability Wound
Amount, $ 50
Warrant issued March 21 1900.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
Stone

Geo. W. Harrison, State Printer, Atlanta.

No date

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cobb County.

I, W C Dupree hereby authorize John Autrey of Marietta

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

at Marietta

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 5th day of January 1901.

W C his x mark Dupree [L. S.]

Executed in presence of
Jas M Gann

Dupree, W. C.
Cobb Co.

CODE SECTION 1250
(For Those Already Enrolled.)
No. 186

DISABLED
SOLDIER'S PENSION.
1901.

Name W C Dupree
County Cobb
Disability Gun Shot
Amount, $ 150
Jan 15 1901.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
Autrey

Geo. W. Harrison, State Printer, Atlanta.

No date

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Cobb County.

Personally appeare W. C. Dupree 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 1865; 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 14 th Regiment of Ga. Volunteers, Thomas's Brigade; that whilst engaged in such military service in the State of Va., on the 10th day of June 1862, he was wounded, injured or diseased as follows:
By gunshot striking right hip, thereby rendering applicant practically incapacitated 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, 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 15th day of March 1900. W. C. Dupree, POST OFFICE Blackwell, Ga.

J. M. Stone Ord'y

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. C. Dupree the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 1900.

Affix your seal here.

J. M. Stone
Ordinary Cobb County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Cobb County.

Personally appears W C Dupree 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 1865; 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 14 th Regiment of Ga Volunteers, Thomas 's Brigade; that whilst engaged in such military service in the State of Va, on the 10th day of June 1862, he was wounded, injured or diseased as follows:
By gun shot striking right hip, thereby rendering applicant 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 26th, 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 15th day of January 1901. W. Chis Dupree, Postoffice Mork

John Awtry, Ordy.

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 Awtry Ordinary of said County, do certify that I am well acquainted with W C Dupree the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 1901.

Affix your seal here.

John Awtry
Ordinary Cobb County.

Form No. 5.

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 _____ by _____

at _____

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

day of _____ 1901.

_____ [L. S.]

Executed in the presence of

Pension Office
Nov 1 1902
I belong to that class of Confederate who drawing a pension under the act of 1901 and who are receiving pensions under any other act where the disability is not due to the service of the war. All this up to the wounds - The Commissioner Sh Sum allowed Applicant in his former application all his wounds - then called for - Commissioner of Pensions
[illegible]
Pensions of Pensions

Application for Increase

Code Section 1250.

No.

INVALID

Soldier's Pension,

1901.

Name W. C. Dupree

County Cobb

Co. D 14th Ga. Regt.

Disability Left leg & Rupture right side

Amount, $

1901.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

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

Geo. W. Harrison, State Printer, Atlanta.

9/30-02

Form No. 1.

For Use of Applicants Who Have Not Heretofore Drawn.

The Instructions as set out in the Notes Must be Observed.

STATE OF GEORGIA,

Cobb County.

PERSONALLY appears W. C. Dupree of said Cobb County, State of Georgia, who being duly sworn, says on oath that he was born on the 20th day of August 1844; that he is a *bona fide* citizen and resident of Georgia, and has been continuously since the _____ day of _____ 1853, that he enlisted in the military service of the Confederate States (or the State of _____) on the 20th day of March 1862, during the war between the States, and served in Company D of 14th th Regiment of Ga. Volunteers Thomas' Brigade, and was honorably ~~discharged~~ Captured on the 2nd day of April 1865; that whilst engaged in such military service, and in line of duty in the State of Va on the 10th day of June 1862 he was disabled or wounded as follows: At Seven days fight applicant was struck by Gun Shot ~~[illegible]~~ in left leg, disabling same, on which disability he has been drawing a pension of $50.00 In August 1863 applicant was struck by Gun Shot in right hip, partially disabling said hip and causing a bad rupture on right side, on account of which applicant asks an increase of pension - The two wounds and the rupture now totally disable applicant from labor of any kind -

Where was command surrendered? Petersburg, Va.

Was applicant present? No, was captured 7 days before If not, where was he? In Prison at Ft. Lookout How come there? Prisoner of war -

And by whose authority? State fully:

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, 1902.

Sworn to and subscribed before me, this the 15th day of May 1902.

W. C. his x mark Dupree

John Awtry
Ordinary.

Post Office Blackwells, Ga.

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

NOTE.—Do not trouble to mention wounds which do not disable.

NOTE.—The Ordinary will see that *all* blank spaces are filled when the affidavits are signed.

Form No. 2.

Affidavit for Three Witnesses.

STATE OF GEORGIA,

_____ County.

PERSONALLY appears before me, the undersigned Ordinary in and for said County _____

_____ and _____

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 _____ 18____, 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.*)

Where was applicant's command surrendered? _____

Was he with it? _____ 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? _____

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 _____

_____ day of _____ 1901. _____

_____

_____ 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

Physicians' Affidavit.

STATE OF GEORGIA,

Cobb County.

PERSONALLY comes before me ~~Chas W Tribble~~ John Dorsey Ordinary of said County,

Chas W Tribble and E H Heard, both known to me as reputable physicians of said County, who being severally sworn, say on oath, that they have carefully examined Wm. E. Dupree and after such personal examination, say that the present condition of applicant is as follows: He has a gunshot wound in the right side near shoulder that has cut range of the right ilium & superficiliem, making a fistula of the left & rear of hip bone, & also has dental lesion. Which owing to wound in hip he is unable to support by means of labor. Also has a gunshot wound in left leg just above the malleolus and varicose veins of the [illegible] left knee, owing to long suffering from same is unable to perform any kind of manual labor whatever, and he is permanent so,

and that such condition is permanent. Said condition arises from the following facts:

We have treated applicant professionally for _____ years, and his condition, as above stated, does _____ arise from hereditary or congenital causes, or from vicious or intemperate habits.

Sworn to and subscribed before me, this
15th day of May 1902
John Dorsey
Ordinary.

Chas W Tribble M D
E H Heard M D

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.

Form 4.

STATE OF GEORGIA,

Cobb County.

I, John Dorsey, Ordinary of said County, do certify that I am well acquainted with Wm. E. Dupree 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 _____ day of _____ 1890.

I also certify that the witnesses, to-wit: Chas. W. Tribble MD

and E H Heard MD 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 15th day of May 1902.

John Dorsey
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.

I, W. C. Dupree hereby authorize John Awtry of Marietta 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 Jany 1902.

W. C. his x mark Dupree [L. S.]

Executed in presence of John Awtry

Dupree, W. C.
Cobb County

CODE SECTION 1250
(FOR THOSE ALREADY ENROLLED.)

No. 306

DISABLED
SOLDIER'S PENSION
1902.

Name W. C. Dupree
County Cobb
Co. D Regiment 14th
Disability
Amount, $ 50
1/16 1902.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
Ody

Geo. W. Harrison, State Printer, Atlanta.

no data

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cobb County.

I, W. C. Dupree hereby authorize John Awtry 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 5th day of January 1903.

W. C. his x mark Dupree [L. S.]

Executed in presence of

Dupree
Cobb County

CODE SECTION 1250
(FOR THOSE ALREADY ENROLLED.)

No. 280

DISABLED
SOLDIER'S PENSION
1903.

Name W. C. Dupree
County Cobb
Co. B 14th Regiment Ga. Vols
Disability
Amount, $ 50
1/23 1903.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
Ody

Geo. W. Harrison State Printer, Atlanta.

No data

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA, }
Cobb County. }

Personally appears W C Dupree 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 1865; 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 14th Regiment of Ga Volunteers, Thomas's Brigade; that whilst engaged in such military service in the State of Va, on the day of June 1862, he was wounded, injured or diseased as follows:

By gun shot, shattering right hip thereby rendering applicant 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 1902. 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 4 day of Jany 1902. } W C Dupree
Post-office Blackwell

John Dunlap, Ordinary

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

STATE OF GEORGIA, }
Cobb County. }

I, John Dunlap Ordinary of said County, do certify that I am well acquainted with W C Dupree the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 Jany 1902

Affix your seal here

John Dunlap
Ordinary Cobb County.

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

COMPTROLLER'S OFFICE

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA, }
Cobb County. }

Personally appears W C Dupree 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 1865; 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 14th Regiment of Ga Volunteers, Thomas's Brigade; that whilst engaged in such military service in the State of Va, on the 10th day of 1862, he was wounded, injured or diseased as follows:

By gun shot striking right hip thereby rendering applicant 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, 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 5th day of January 1903. } W C Dupree
Post-office Blackwell

John Dunlap, Ordy

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 Dunlap Ordinary of said County, do certify that I am well acquainted with W C Dupree the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 1903

Affix your seal here

John Dunlap
Ordinary Cobb County.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cobb County.

I, W. C. Dupree hereby authorize John Whitney 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 15th day of January 1904.

W. C. Dupree his x mark [L. S.]

Executed in presence of
J. M. Gann

Dupree, W. C.
Cobb Co

Code Section 1250.
(FOR THOSE ALREADY ENROLLED.)

No. 554

DISABLED
SOLDIER'S PENSION
1904.

Name W. C. Dupree
County Cobb
Co. B. 14th Regiment Ga. Vols
Disability light lg.
Amount, $50.00

JAN 25 1904.

JOHN W. LINDSEY,
Commissioner of Pensions

WARRANT HANDED TO
[signature]

Geo. W. Harrison, State Printer Atlanta.

no date

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cobb County.

I, W. C. Dupree hereby authorize John Whitney 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 20th day of January 1905.

+ W. C. Dupree [L. S.]

Executed in the presence of
J. M. Gann

Dupree, W. C.
Cobb Co.

Code Section 1250.
(FOR THOSE ALREADY ENROLLED.)

No. 306

DISABLED
SOLDIER'S PENSION
1905.

Name W. C. Dupree
County Cobb
Co. B Regiment 14
Disability
Amount, $8.00

JAN 23 1905.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
[signature]

The Franklin Printing and Publishing Co., Atlanta
Geo. W. Harrison, Manager for State Printer

no date

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA, }
Cobb County. }

Personally appears W C Dupree 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 1865; 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 11th Regiment of Ga Volunteers Thomas's Brigade; that whilst engaged in such military service in the State of Va, on the day of June 1862, he was wounded, injured or diseased as follows: By gun shot Stinking right hip Knee & Inkery, applicant Practically incompetent to perform the Ordinary manual labors of life

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1904. I have heretofore, under said law, as a resident of Cobb County, been allowed an invalid pension of $50 Dollars, for the year 1903.

Sworn to and subscribed before me, this the 15th day of January 1904. W C Dupree his mark
John Awtrey 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 Awtrey Ordinary of said County, do certify that I am well acquainted with W.C. Dupree the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 1904.

John Awtrey
Ordinary Cobb County.

Affix your seal here.

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, }
 Catt COUNTY. }

Personally appears W C Dupree 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 1865; 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 11th Regiment of Ga Volunteers Thomas's Brigade; that whilst engaged in such military service in the State of Va, on the 10 day of June 1862, he was wounded, injured or diseased as follows: By gun shot Stinking right hip

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 20 day of Jany 1905. + W C Dupree
John Awtrey 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 Awtrey Ordinary of said County, do certify that I am well acquainted with W C Dupree the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be, and that he resides in this County.

Given under my official signature and seal, this 20 day of Jany 1905.

John Awtrey
Ordinary Cobb County.

Affix your seal here.

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, W. C. Dupree, hereby authorize John Autry 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 Jany 1906.

W. C. Dupree his mark [L. S.]

Executed in the presence of

J. M. Gann

Code Section 1250
(FOR THOSE ALREADY ENROLLED.)

No. 2-5

DISABLED
SOLDIER'S PENSION
1906.

Name W. C. Dupree
County Cobb
Co. B 14th Regiment Ga. Vols.
Disability Left leg disabled
Amount, $12.

1906.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

The Franklin Printing and Publishing Co. Geo. W. Harrison, Mgr.

Dupree, W. C.,
Cobb Co.,

Code Section 1250.
(FOR THOSE ALREADY ENROLLED)

No. 205

DISABLED
SOLDIER'S PENSION
1907.

Name W. C. Dupree
County Cobb
Co. B 14th Regiment Ga. Vols.
Disability
Amount, $12.

JAN 21 1907.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cobb COUNTY.

I, W. C. Dupree, hereby authorize John Autry 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 3

day of Jany 1907.

W. C. Dupree his mark [L. S.]

Executed in presence of

J. M. Gann

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,
Cobb County.

Personally appears W C Dupree 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 private in Company D, of 14 Ga Regiment of Ga. 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:

Left leg disabled

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 50.00 Dollars, for the year 1905.

Sworn to and subscribed before me, this the 1 day of Jany 1906.
John A Wrey

W. C. his x Dupree 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 A Wrey Ordinary of said County do certify that I am well acquainted with W C Dupree the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 Jany 1906.

John A Wrey
Ordinary Cobb County.

Affix your seal here

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 W C Dupree 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 D, of 14th Regiment of Ga 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:

Left Leg Disabled

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 50.00 Dollars, for the year 1906.

Sworn to and subscribed before me, this the 3 day of Jany 1907.
John A Wrey

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

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

John A Wrey
Ordinary Cobb County.

Affix your seal here

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

Audited Feb. 18 1889

Wm A Wright

COMPTROLLER GENERAL

Colt

Maimed Soldiers.

Voucher No. 631

Amount $ 50

Paid to W C Dupree

For Leg & Leg disabled

Feby 18 1889

Included in Warrant No

issued to Treasurer

1889

WARRANT CLERK

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

A. S. Clay

Maimed Soldiers.

Voucher No 2132

Amount $ 50.

Paid to W C Dupree

For Leg disabled

March 1 1890

Included in warrant No.

issued to Treasurer.

18

WARRANT CLERK

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

A. S. Clay

Duplicate

1891.

Maimed Soldiers.

Voucher No. 70 2

Amount $ 50

Paid to W C Dupree

For Leg disabled

Jan 1st 1891.

Included in warrant No.

issued to Treasurer.

1891.

WARRANT CLERK

Geo. W. Harrison, State Printer, Atlanta.

A. S. Clay

No. 6311,

STATE OF GEORGIA, EXECUTIVE DEPARTMENT. } Atlanta, Ga. Feby 18 1889

Mr. J. A. C. Dupree 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

Left leg disabled,

He is entitled to receive the sum of Fifty 00/ Dollars for such disability, the same being the allowance due for the year ending October 24, 1889.

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

GOVERNOR.

By the Governor

CLERK EXECUTIVE DEPARTMENT.

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

Fifty 00/ Dollars.

per above voucher, this 18 of Feby 1889.

A. S. Clay

No. 2133

STATE OF GEORGIA, EXECUTIVE DEPARTMENT. } Atlanta, Ga., Mch 1 1890

Mr. W. C. Dupree 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

leg disabled

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, 1890

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

GOVERNOR.

By the Governor,

W H Harrison

CLERK EXECUTIVE DEPARTMENT.

$ 50 00

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

Fifty Dollars,

per above voucher, this 1 of March 1890

W. C. Dupree per

A. S. Clay his atty in fact

1891.

No. 902

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.

Atlanta, Ga. Feby 14 1891.

Mr. W. C. Dupree 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 Died by his mother

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.

TREASURER'S OFFICE PAID STATE OF GEORGIA

W. J. Northen
GOVERNOR.

By the Governor

W. H. Harrison
SEC'Y EXECUTIVE DEPARTMENT.

$50

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

Fifty Dollars,

per above voucher, this of 1891.

W. C. Dupree per A. S. Clay his atty in fact.

Oath in folder.

Certificate of Release of Prisoner of War.

HEAD QUARTERS, POINT LOOKOUT, MD.

Provost-Marshal's Office, [illegible] 1865.

I hereby Certify, That [illegible] Prisoner of War having this day taken the Oath of Allegiance to the UNITED STATES, ~~as prescribed by the President in his proclamation of December 8th, 1863~~, & in conformity with instructions from the War Department, hereby released and discharged.

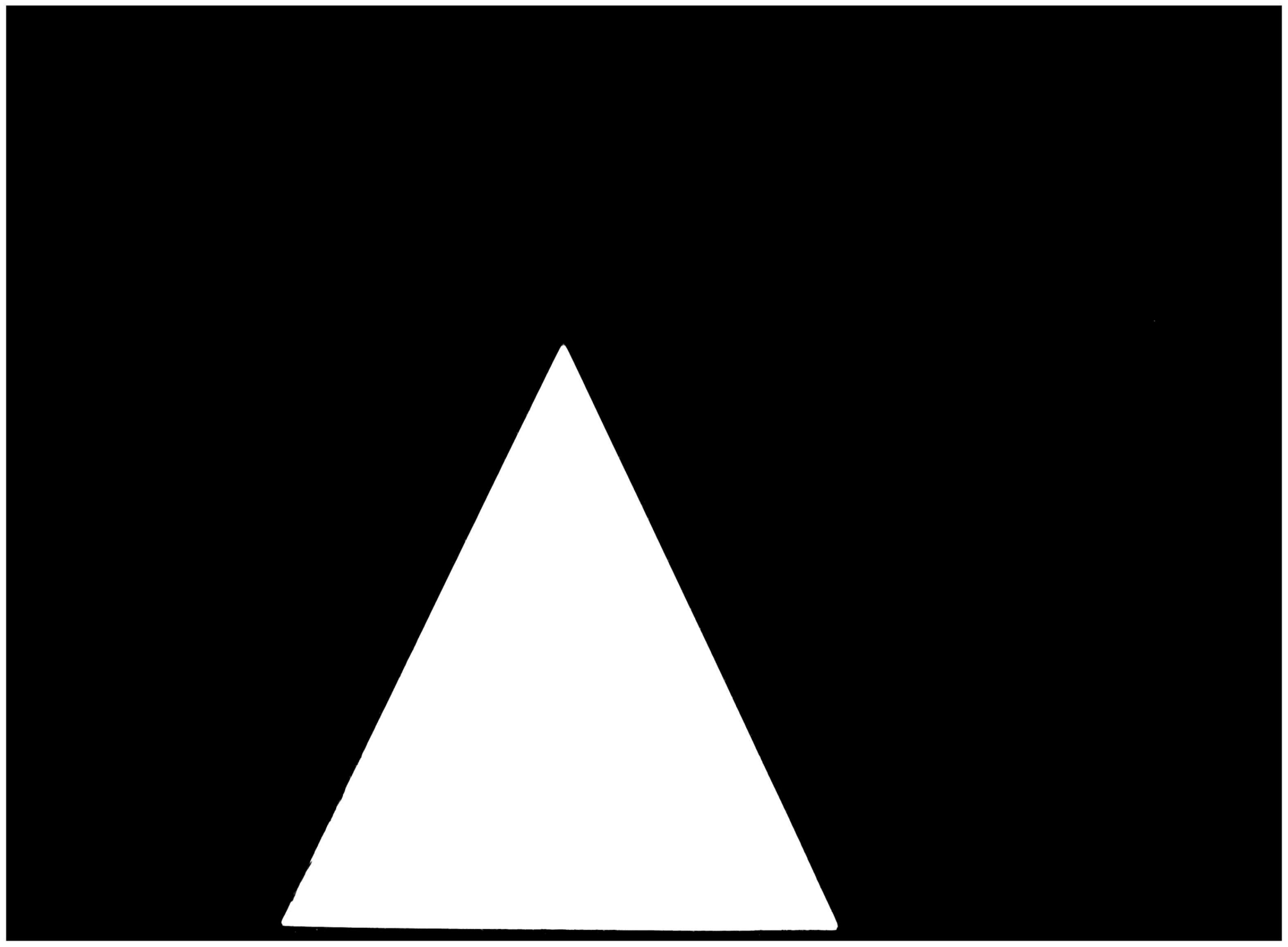
In witness whereof, I hereunto affix my official Signature and Stamp.

[illegible]

Maj. and Provost Marshal.

OATH AND PAROLE.

I do solemnly swear, in presence of Almighty God, that I will hencefoth faithfully support, protect and defend the Constitution of the United States, and the Union of the States thereunder, and that I will in like manner aid and faithfully support all acts of Congress passed during the existing rebellion with reference to Slaves, so long and so far as not repealed, modified or held void by Congress, or by decision of the Supreme Court, and that I will in like manner abide by and faithfully support all proclamations of the President made during the existing rebellion, having reference to slaves, so long and so far as not modified or declared void by decision of the Supreme Court.—So help me God, and I give my solemn parole of honor (to be enforced according to military law) that I will hold no correspondence with, or afford any aid or comfort to any enemies or opposers of the United States, save on an act of humanity, to administer to the necessity of individuals, who are in sickness or distress—and I solemnly declare that this Oath and Parole is taken and given freely and willingly, without any mental reservation or evasion whatever, and with full intention to keep the same.



Durham, F. M.
Cobb Co

ACT OF 24 OCT., 1887.
(For Those Already Enrolled.)

No. 140.
See Barlow 1899

INVALID
SOLDIER'S PENSION.
~~1898.~~ 1901.

Name F M Durham
County Cobb
Disability Loss of Arm
Amount, $ 100.00

Jan. 15th 1898.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO
Gentry

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

No data

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cobb County,

I, F. M. Durham hereby authorize
John Curtey of Marietta
to receive and receipt for the pension paid hereon and request that he remit same to
me by
at

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 8th
day of Jany. 1901 ~~1898.~~

F M Durham [L. S.]

Executed in presence of
Jas M Gann

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cobb County,

I, F. M. Durham hereby authorize
John Awtey of Marietta
to receive and receipt for the pension paid hereon and request that he remit same to
me by
at

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 8th
day of Jany. 1901 ~~1898.~~

F M Durham [L. S.]

Executed in presence of
Jas M Gann

Durham, F. M.
Cobb Co

ACT OF 24 OCT., 1887.
(For Those Already Enrolled.)

No. 140
See Bartlett 1899

INVALID
SOLDIER'S PENSION.
~~1898.~~ 1901.

Name F M Durham
County Cobb
Disability Lap of Arm
Amount, $ 110 —
Jan. 15th 1898.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO
Attorney

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

No date

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears F. M. Durham 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 1872; 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 18th Regiment of Ga. Volunteers, Hoods & others 's Brigade; that whilst engaged in such military service in the State of Virginia, on the 13th day of December 1862, he was wounded, injured or diseased as follows:

At battle of Fredericksburg applicant received a gun shot wound in the right arm, causing said arm to be amputated above the elbow

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 Bartow county been allowed an invalid pension of $100.00 Dollars, for the year ~~1899~~ 1900.

Sworn to and subscribed before me, this, the 8th day of Jany. 1901 ~~1898~~.

F. M. Durham

POST-OFFICE

John Awtry, Ordy

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.

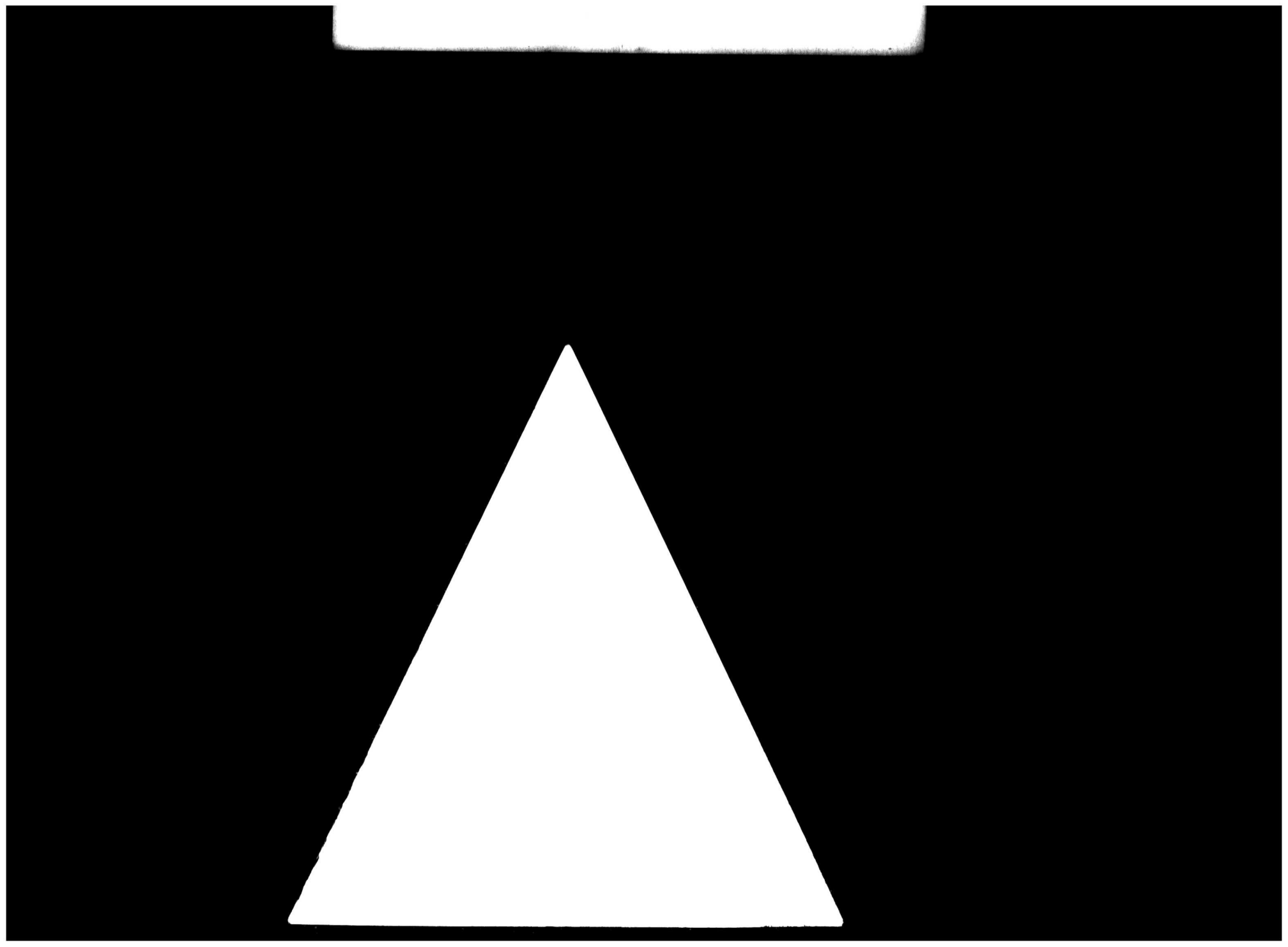
I, John Awtry Ordinary of said County, do certify that I am well acquainted with F. M. Durham the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides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

Given under my official signature and seal, this 8th day of Jany. 1901 ~~1898~~.

Affix your seal here.

John Awtry

Ordinary Cobb County.



Durham, James P.
295
~~Durham, James P.~~
Cobb Co

No. 962

Application for Allowance

FOR

Right Leg disabled

Applicant Jas P. Durham

County Cobb

Amount 25

Date of Warrant June 1/88

Entered on Record,

June 1 1888

W H H

Secretary Executive Department.

STATE OF GEORGIA,
Cobb County.

PERSONALLY appears Jas P. Durham 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 since the 2" day of September 1885; 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 18th Regiment of Ga Volunteers Wofford's Brigade; that whilst engaged in such military service, at the battle of Gettysburg in the State of Penn on the 2" day of July 1863, he was wounded as follows He was shot through the ~~left~~ right leg, the bone was broken all to pieces it was over a year before the leg could be used, the joint was made stiff— the leg is ~~now~~ applicant was discharged from the army— used a crutch— the leg is rendered substantially and essentially useless— it swells up now and is a running sore and causes applicant much pain and pains ~~him~~ the leg of applicant

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 10 day of May 1888

J P Durham

R W Bowman Notary Pub

NOTE.—State fully nature of wound or character of disease which causes the disability, and if from injury, the extent of the disability.

COMMISSIONED OFFICER'S AFFIDAVIT.

STATE OF GEORGIA,
Cobb County.

PERSONALLY came before me Jas L Lemon of the county of Cobb State of Georgia, who, being duly sworn, says that he was a commissioned officer in Company A" of 18" Regiment of Ga Volunteers, and that deponent knows Jas P. Durham, and that he received the wounds (or ~~contracted the disease~~) in the military service, as stated in his foregoing affidavit, and that wounds (~~disease~~) permanently disables the said Jas P. Durham, as stated by him in said affidavit. Deponent further states that said Jas P Durham is a *bona fide* citizen of this State, and resides in Cobb county.

Sworn to and subscribed before me, this 10 day of May 1888

Geo L Collins J.P. Cobb County

J L Lemon Co A 18th Ga Regt

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

Durham, James P.
Co. A, 18th Ga. Inf.

No. 76 2

Application for Allowance

Eighth Reg Ga Infantry

Applicant's P. O. address Co Ga

County Cobb

Amount $ 25

Date of Warrant Nov 15 88

Entered on Roll

Issued 11 1888

Delivered

STATE OF GEORGIA,

Co 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 state-

ments in his affidavit are true.

Sworn to and subscribed before me, this

day of 188

STATE OF GEORGIA,

Cobb County.

I, H.M. Hammett Ordinary of said county,

do certify that I am well acquainted with Jas P. Durham the

applicant in the foregoing affidavit, and am well satisfied that the statements made by him in 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. Jno D Collins

I further certify that Jas P Durham before whom the foregoing

affidavits were made and power of attorney was signed, is a Commercial Notary Public

of said county, and that the said affidavits and signatures thereto are genuine.

Given under my official signature and seal, this 10 day of May 1888

H.M. Hammett

Ordinary Cobb County

STATE OF GEORGIA,

Cobb County.

Personally comes before me H.M. Hammett Ordinary of said county,

Dr. A. J. Potts and Ef Selfe who being sworn, say that they are acquainted with

the applicant, Jas P. Durham and also with the nature of the injury

received by the said applicant, as stated in the foregoing affidavit; that they were present when

the said applicant received said injury. He was shot through the right

leg, the bone was broken, the wound is running

sore, the leg is stiff and is evidently weak

and essentially & substantially useless

Cobb Co. The applicant is possible to pursue manual

Sworn to and subscribed before me this labor.

10 day of May 1888

P. Selfe Mrs.

H.M. Hammett

ORDINARY

POWER OF ATTORNEY

STATE OF GEORGIA

Cobb County.

Know all men by these presents, That I Jas P. Durham

of Cobb

county, in said State, do hereby appoint R. C. Irwin

of Cobb Co my true and lawful attorney in fact, for

me and in my name to receive and receipt for whatever amount of money I may be entitled to from the

State of Georgia by reason of the injury received as aforesaid in the military service of the Confed-

erate States for 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 10

day of May 1888

J P Durham

Executed in the presence of us

H.M. Hammett

Ordinary

Ex. Sec'y Allowed
April 29. 1889.

The applicant
is not entitled
on this proof
to any allowance
Evidence that the
applicant is
dead.

W. A. Hanson
Clerk

APPLICATION FOR ALLOWANCE

FOR YEAR ENDING OCTOBER 26, 1889.

FOR

Applicant, Wife of J. P. Durham

County Cobb

Amount $ 25

Date of Warrant June 23 188[illegible]

Entered on record June 23 188[illegible]

SECRETARY EXECUTIVE DEPARTMENT.

Maaditandata

Clerk

STATE OF GEORGIA,

Cobb County.

PERSONALLY appears J. P. Durham 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 October 1863, 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 15 th Regiment of Ga. Volunteers Wofford's Brigade, that whilst engaged in such military service, at the battle of Chattanooga in the State of Tenn., on the 23rd day of Nov. 1863, he was wounded as follows: By Gunshot striking the ankle of the right foot crushing and shattering the bones causing the ankle to become stiff and causing pain and a continuous running sore. Thereby rendering said right leg 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 4th day of March 1889. J. P. Durham

Jer. Stone Ordy

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. M. Orbes and E. P. Stiles, 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 J. P. Durham, and after such examination say that the applicant has been injured as follows: By Gunshot striking the ankle of the right foot shattering the bones causing the ankle to become stiff and causing pain & a continuous running sore. Thereby rendering said right leg substantially and essentially useless.

Sworn to and subscribed before me, this 4th day of March 1889. W. M. Orbes M.D. E. P. Stiles M.D.

Jer. Stone Ordy.

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,

Cobb County.

I, J. H. Stone, Ordinary of said county, do certify that I am well acquainted with J. P. Durham 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 12th day of June, 1889

J. H. Stone

Ordinary Cobb County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County

Know all Men by these Presents, That I, J. P. Durham of Cobb county, in said State, do hereby appoint R. D. Colley of Polk 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 12th day of March 1889

J. P. Durham (L. S.)

Executed in the presence of us:

J. H. Stone, Ordy.

DIRECTION:

Send money to me as follows, by

to P. O.

County, Georgia.

the tube of the leg was shattered on account of the wound, the leg has largely pushed away, the leg is a running sore, swells up, gives considerable pain to applicant, is now under treatment and has been and is now a very painful wound—the leg is substantially and substantially useless. The applicant was examined sworn to and subscribed before me June 12 1889

J. H. Stone Ordy.

R. L. Fisher M. D.
E. J. Seitz Med.

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 J. P. Durham 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 U. R. Power before whom the foregoing affidavits were made and power of attorney was signed, is a N. Pub. ~~Cobb Co Geo~~ of said county, and the said affidavits and signatures thereto are genuine.

Given under my official signature and seal, this 11 day of Feby. 1891.

J. M. Stone
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. P. Durham 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 13th day of Feby. 1891.

J. M. Stone
Ordinary Cobb County.

Durham, J. P.
Cobb Co.

1890.

No. 2612

APPLICATION FOR ALLOWANCE.

FOR THE YEAR ENDING OCTOBER 26, 1890.

—FOR—

Leg disabled

Applicant, J. P. Durham
County, Cobb
Amount, 50
Date of warrant, Mch 26
Entered on record Mch 26 1890
W. H. H.
SECRETARY EXECUTIVE DEPARTMENT.
Wm. Wallace Clerk
WARRANT HANDED TO
W. H. Perkinson

Durham, J. P.
Cobb Co.

1891

Durham, J. P.
Cobb Co

No. 1849

Application for Allowance

FOR THE YEAR ENDING OCTOBER 26, 1891.

FOR

Leg dis'd

Applicant, J. P. Durham
County, Cobb
Amount, $50.
Date of Warrant, Feby 26
Entered on record Feby 26 1891
W. H. H.
SECRETARY EXECUTIVE DEPARTMENT.
Wm. Wallace Clerk
WARRANT HANDED TO
W. H. Perkinson

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

[illegible] authority
James [illegible]
to draw [illegible]
on [illegible]
Claim
W. H. Perkinson
Marietta Ga
Mch 26 1890

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Cobb County.

PERSONALLY appears J. P. Durham 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 19 day of October 1895; 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 18 th Regiment of Georgia Volunteers Wofford 's Brigade; that whilst engaged in such military service, at the battle of Gettysburgh in the State of Pennsylvania on the 2nd day of July 1863, he was wounded as follows: being struck in right ankle by minnie ball and tearing out leader and part of bone and from wound caused by this wound part of flesh of foot was lost thereby and foot and ankle also rendered stiff and thereby Company paid [illegible] and by reason of said injury I am rendered substantially & essentially disabled. This March 4th 1895 [illegible] Deponent further says that he is frequently subject to Pension Office Examination.

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

Sworn to and subscribed before me, this the 11th day of Feby 1890. J P Durham

[illegible] 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
Cobb County.

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 11th day of Feby 1890.

Executed in the presence of us: J P Durham [L. S.]
J. D. Power
W. R. Powell Jr. Pub.

DIRECTION.

Send money to me as follows, by [illegible]

[illegible] P. O.

[illegible] County, Georgia.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Cobb County.

PERSONALLY appears J. P. Durham 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 19th day of October 1865; 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 18 th Regiment of Ga. Volunteers Wofford 's Brigade; that whilst engaged in such military service at the battle of Gettysburg in the State of Penn., on the 2nd day of July 1863, he was wounded as follows: By Minnie ball fracturing right fibula just above the ankle, fracturing same and also the bones of said leg - [illegible] to be caused that quitclaim amount of the time is [illegible] Whereby is rendered [illegible] and also necessarily with stiff [illegible] and [illegible] practically [illegible] Deponent further says that he is frequently subject to Pension Office [illegible]

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

Sworn to and subscribed before me, this the 13th day of Feby, 1891. J P Durham

Jill Stone Ordy.

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,
Cobb County.

Know all Men by these Presents, That I, J. P. Durham of Cobb County, State of Georgia, do hereby appoint W. H. Perkinson of Cherokee County Ga., my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of 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 Feby, 1891.

J P Durham [L. S.]

Executed in the presence of us:
Jill Stone.
W. D Power

DIRECTION.

Send money to me as follows, by [illegible]

[illegible] to [illegible] P. O.

[illegible] County, Georgia.

STATE OF GEORGIA,

Cobb County.

I, J. M. Stone Ordinary of said county, do certify that I am well acquainted with J. P. Durham 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 repesents himself to be, and that he resides in this county.

Given under my official signature and seal, this 3rd day of Mch 1892

J. M. Stone

Ordinary Cobb County.

No. 1093

SOLDIER'S PENSION.

1892.

FOR THE YEAR ENDING OCTOBER 26, 1892

Name [illegible]

County Cobb

Disability Dis. Coy

Amount, $ 50

Entered on record Mch 5 1892.

W. H. HARRISON,

Secretary of Executive Department

AGENT.

W. H. Parkinson

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.

Know all Men by these Presents, That I J. P. Durham of Cobb County, State of Georgia, do hereby appoint of Woodstock 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 18 day of Mch 1893.

J. P. Durham [L.S.]

Executed in the presence of us:

J. M. Stone Ord.

DIRECTION.

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

_____ County, Georgia.

Durham J. P.

Cobb Co

1893.

No. 518

Application for Allowance

For the Year Ending October 25, 1893.

FOR

Dis. Ann

Applicant, J. P. Durham

County, Cobb

Amount, 50

Date of Warrant, 3/2

Entered on record, 1893.

W. H. H.

Secretary Executive Department.

WARRANT HANDED TO

W. H. Parkinson

Geo. W. Harrison, State Printer, Atlanta.

No. [illegible]

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

PERSONALLY appears J. P. Durham 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 October 18 36; 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 4th th Regiment of Volunteers, Cobb's Brigade; that whilst engaged in such military service at the battle of Peachtree in the State of Georgia, on the 20 day of July 1864, he was wounded as follows: By gunshot Struck the right leg between the ankle & knee fracturing the bones and muscles, re- dponent is thereby rendered 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, 1892. I have heretofore been allowed a pension of $50. Dollars for Said disability

Sworn to and subscribed before me this the 15 day of Feb 1892.

J. P. Durham

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,

County.

Know all Men by these Presents, That I, J. P. Durham of County, in said State, do hereby appoint W. H. Parkerson of Woodstock 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 15 day of Feb 1892

J. P. Durham [L. S.]

Executed in the presence of us

W. H. Stone Coby

DIRECTION.

Send money to me as follows, by

to P. O.

County, Georgia.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

PERSONALLY appeared J. P. Durham 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 36 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 4th th Regiment of Volunteers, Cobb's Brigade; that whilst engaged in such military service at the battle of Peachtree in the State of Georgia, on the 20 day of July 1864, he was wounded as follows: By gunshot Struck the right leg between the ankle & knee fracturing the bones and muscles, re- dponent is thereby rendered practically incompetent to perform the ordinary manual avocations of life

Deponent desires to praticipate 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 heretolore been allowed a pension of $50. dollars, for Said disability

Sworn to and subscribed before me, this, the 15 day of Mch 1893.

J. P. Durham

Jno. Stone Ord

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, John Stone Ordinary of said County, do certify that I am well acquainted with J. P. Durham 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 15 day of Mch 1893.

John Stone

Ordinary Cobb County.

STATE OF GEORGIA.
POWER OF ATTORNEY.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cobb County.

KNOW ALL MEN BY THESE PRESENTS, That I, J. P. Durham of Cobb County, State of Georgia, do hereby appoint W. W. Benson of Woodstock 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 Warrrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 14th day of Mch 1895.

Executed in presence of us J. P. Durham [L. S.]
J. M. Stone
Ony

DIRECTIONS.

Send money to me as follows, by

to

County, Georgia. P. O.

Durham J. P.
Cobb Co

(For Those Already Enrolled.)

No. 297

SOLDIER'S PENSION.

1895.

Name J. P. Durham
County Cobb
Disability Ankle & Leg
Amount, $ 50
3/4

1895.

RICHARD JOHNSON,
Secretary Executive Department.

WARRANT HANDED TO
Att.

Geo. W. Harrison, State Printer, Atlanta.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cobb COUNTY.

Know all Men by these Presents, That I, J. P. Durham of Cobb County, State of Georgia, do hereby appoint W. W. Benson of Woodstock 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 6th day of Mch 1894.

Executed in the presence of us J. P. Durham [L. S.]
J. M. Stone
Ony

DIRECTIONS.

Send money to me as follows, by

to

County, Georgia. P. O.

Durham J. P.
Cobb Co

(For Those Already Enrolled.)

No. 576

Soldier's Pension.

1894.

Name J. P. Durham
County Cobb
Disability Ankle & Leg
Amount, $ 50
3/16

1894.

W. H. HARRISON,
Secretary Executive Department.

WARRANT HANDED TO
W. W. Benson

Geo. W. Harrison, State Printer, Atlanta.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Cobb County.

Personally appears J. P. Durham 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 Oct. 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 A, of 8th Regiment of Ga Volunteers, Wofford 's Brigade; that whilst engaged in such military service at the battle of Gettysburg in the State of Penn. on the 2 day of July 1863 he was wounded as follows: By bullet striking the right ankle and leg fracturing the said leg so that 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 26th, 1895. I have heretofore been allowed a pension of $30. dollars, for the year 189 4

Sworn to and subscribed before me, this, the 14 day of Mch 1895. J. P. Durham

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

Given under my official signature and seal, this 14 day of Mch 1895.

Affix your seal here

Jill Stone
Ordinary Cobb County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Cobb County.

PERSONALLY appears J. P. Durham 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 Octobr 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 A, of 8 th Regiment of Ga. Volunteers Wofford 's Brigade; that whilst engaged in such military service at the battle of Gettysburg in the State of Penn on the 2d day of July 1863 he was wounded as follows: By Gunshot striking the right ankle and leg fracturing the bones & Muscles so that said leg is drawn and shortened away, so renders deponent 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, 1894. I have heretofore been allowed a pension of $30. dollars, for the year 189 3

Sworn to and subscribed before me, this, the 6th day of Mch 1894. J. P. Durham

Jill 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, Jill. Stone Ordinary of said County, do certify that I am well acquainted with J. P. Durham the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 Mch. 1894.

Affix your seal here

Jill Stone
Ordinary Cobb County.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cobb County.

I, J. P. Durham hereby authorize W. W. Benson of Woodstock 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 29th day of Feby 1896.

J. P. Durham [L. S.]

Executed in presence of us
J. M. Stone
Cap.

Durham, J. P.
Act of 24 Oct. 1887.
(For Those Already Enrolled.)
No. 2706

SOLDIER'S PENSION.
1896.

Name J. P. Durham
County Cobb
Disability Right Leg
Amount, $ 50.
34 1896

RICHARD JOHNSON,
Secretary Executive Department.

WARRANT HANDED TO
Wy

Geo. W. Harrison, State Printer, Atlanta.

Mt Alto

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cobb County.

I, J. P. Durham hereby authorize W. A. Wright of Atlanta Ga.

to receive and receipt for the pension paid hereon and request that he remit same to W. W. Benson by Check or Money Order

at Woodstock Ga.

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

J. P. Durham [L. S.]

Executed in presence of
J. M. Stone
Cap.

Durham, J. P.
Act of 24 Oct. 1887.
(For Those Already Enrolled.)
No. 2788

INVALID
SOLDIER'S PENSION.
1897.

Name J. P. Durham
County Cobb
Disability Right Leg
Amount, $ 50.
2/27 1897.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO
W. A. W.

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

No data

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Cobb County.

Personally appears J. P. Durham 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 Oct. 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 A, of 18th Regiment of Ga. Volunteers, Walford's Brigade; that whilst engaged in such military service in the State of Penn., on the 2nd day of July 1863 he was wounded, injured or diseased, as follows:

By gunshot striking the right leg between the knee and ankle fracturing the bones tearing the muscles and flesh on account of which 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 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 29th day of Feby 1896. J. P. Durham
J. M. Stone Ordy

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

Given under my official signature and seal, this 29th day of Feby. 1896.

Affix your seal here.

J. M. Stone
Ordinary Cobb County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Cobb County.

Personally appears J. P. Durham 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 Oct. 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 A, of 18th Regiment of Ga. Volunteers, Walford's Brigade; that whilst engaged in such military service in the State of Penn., on the 2 day of July 1863 he was wounded, injured or diseased of follows:

By gunshot striking right leg just above the ankle fracturing the bones &c. whereby applicant 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 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 189 .

Sworn to and subscribed before me, this, the 26 day of Feby 1897. J. P. Durham
POST OFFICE Woodstock Ga.
J. M. Stone Ordy

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. P. Durham the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 Feby 1897.

Affix your seal here.

J. M. Stone
Ordinary Cobb County.

POWER OF ATTORNEY.

STATE OF GEORGIA,
[illegible] County.

I, J. P. Durham hereby authorize W. W. Burson,
of Woodstock, 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 15th
day of Feby 1898.

J. P. Durham [L. S.]

Executed in presence of
[illegible]

(For Those Already Enrolled.)
No. 2560

INVALID
SOLDIER'S PENSION.
1898.

Name J. P. Durham
County Cobb
Disability Right Leg
Amount, $ 12
2/24 1898.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO
W. W. Burson

GEO. W. HARRISON, STATE PRINTER, ATLANTA

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cobb County.

I, J. P. Durham hereby authorize
W. W. Burson of Woodstock, Ga.
to receive and receipt for the pension paid hereon and request that he remit same to
me by him
at Woodstock

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 25
day of Feby, 1899.

J P Durham [L. S.]

Executed in presence of
T. J. Hamby.

(For Those Already Enrolled.)
No. 3357

INVALID
SOLDIER'S PENSION.
1899.

Name J. P. Durham
County Cobb
Disability Leg
Amount, $ 12
3/9 1899.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO
W. W. Burson

GEO. W. HARRISON, STATE PRINTER, ATLANTA

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cobb County.

I, J. P. Durham hereby authorize J. M. Stone of Marietta, 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 6th day of March 1900.

J. P. Durham [L. S.]

Executed in presence of
T. J. Hamby

CODE SECTION 1250
(For Those Already Enrolled.)
No. 1[illegible]

INVALID
SOLDIER'S PENSION.
1900.

Name J. P. Durham
County Cobb
Disability Leg
Amount, $ 50.
Warrant issued [illegible] 1900.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
Stone

Geo. W. Harrison, State Printer, Atlanta.

Durham J. P.
Cobb Co

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cobb County.

I, J. P. Durham hereby authorize John Awbrey of Marietta

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

at Marietta

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 12th day of January 1901.

J. P. Durham [L. S.]

Executed in presence of
Jas M Gann

CODE SECTION 1250
(For Those Already Enrolled.)
No. 187

DISABLED
SOLDIER'S PENSION.
1901.

Name J. P. Durham
County Cobb
Disability Gun Shot
Amount, $ 50.00
Jan 15 1901.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
Awbrey

Geo. W. Harrison, State Printer, Atlanta.

No data

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Cobb County.

Personally appears J. P. Durham 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 18 day of October 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 A, of 18 th Regiment of Georgia Volunteers, Wofford 's Brigade; that whilst engaged in such military service in the State of Penn., on the 2nd day of July 1863, he was wounded, injured or diseased as follows:

By gunshot striking right ankle and fracturing bone thereby rendering applicant 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 6th day of February 1900. J. P. Durham
POST OFFICE Woodstock, Ga

J. M. 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, J. M. Stone Ordinary of said County, do certify that I am well acquainted with J. P. Durham the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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.

Affix your seal here

J. M. Stone
Ordinary Cobb County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Cobb County.

Personally appears J. P. Durham 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 18th day of Oct. 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 privat in Company A, of 18 th Regiment of Ga Volunteers, Wofford 's Brigade; that whilst engaged in such military service in the State of Penn., on the 2 day of July 1863, he was wounded, injured or diseased as follows:

By gun shot striking right ankle and fracturing bone, thereby rendering applicant 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 day of 1901. J. P. Durham
Postoffice

John Awtry, Ordinary

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

STATE OF GEORGIA,
Cobb County.

I, John Awtry Ordinary of said County, do certify that I am well acquainted with J. P. Durham the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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.

Affix your seal here

John Awtry
Ordinary Cobb County.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cobb County.

I, J. P. Durham hereby authorize
John Autrey 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 11
day of Jan 1902.

J. P. Durham [L. S.]

Executed in presence of

[illegible]

CODE SECTION 1950.
(FOR THOSE ALREADY ENROLLED.)

No. 305

DISABLED
SOLDIER'S PENSION
1902.

Name J. P. Durham
County Cobb
Co. A Regiment 18th
Disability
Amount, $ 50

1/16 1902.

JOHN W. LINDSEY,
Commissioner of Pensions

WARRANT HANDED TO
Ordy

Geo. W. Harrison, State Printer, Atlanta.

no data

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cobb County.

I, J. P. Durham hereby authorize
John Autrey 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 13th
day of Jany 1903.

J. P. Durham [L. S.]

Executed in presence of

[illegible]

CODE SECTION 1950.
(FOR THOSE ALREADY ENROLLED.)

No. 351

DISABLED
SOLDIER'S PENSION
1903.

Name J. P. Durham
County Cobb
Co. A 18th Regiment Ga. Vol.
Disability
Amount, $ 50.00

1/23 1903.

JOHN W. LINDSEY,
Commissioner of Pensions

WARRANT HANDED TO
Ordy

Geo. W. Harrison, State Printer, Atlanta.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cobb County.

Personally appears J. P. Durham 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 8th day of October 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 A, of 18th Regiment of Ga Volunteers, Wofford's Brigade; that whilst engaged in such military service in the State of Penn, on the 2nd day of July 1863, he was wounded, injured or diseased as follows:

By gun shot striking right ankle and fracturing bone thereby rendering applicant incapable to perform the ordinary manual avocation 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.

J. P. Durham

Sworn to and subscribed before me, this the 11 day of June 1902. Post-office Woodstock

John Gresham

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

Given under my official signature and seal, this 11th day of June 1902.

Affix your seal here

John Gresham
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 J. P. Durham 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 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 A, of 8th Regiment of Ga Volunteers, Wofford's Brigade; that whilst engaged in such military service in the State of Penn, on the 2 day of July 1863, he was wounded, injured or diseased as follows:

By gun shot striking right ankle and fracturing bone thereby rendering Applicant incapable to perform the Ordinary manual avocation 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 13th day of January 1903. J. P. Durham Post-office Woodstock

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

Given under my official signature and seal, this 13th day of January 1903.

Affix your seal here

John Gresham
Ordinary Cobb County.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cobb COUNTY.

I, J. P. Durham hereby authorize John Owtley 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 15th day of January 1904

J. P. Durham [L. S.]

Executed in presence of

Durham, J. P.
Cobb Co

CODE SECTION 1250.
(FOR THOSE ALREADY ENROLLED.)

No. 323

DISABLED
SOLDIER'S PENSION
1904.

Name J. P. Durham
County Cobb
Co. A. 18th Regiment Ga. Vols.
Disability Right ankle
Amount, $50
JAN 25 1904.

JOHN W. LINDSEY,
Commissioner of Pensions

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

no data

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cobb COUNTY.

I, J. P. Durham hereby authorize John Owtley of Cobb Co.

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 20th day of January 1905.

J. P. Durham [L. S.]

Executed in the presence of

Durham, J. P.
Cobb Co.

CODE SECTION 1250.
(FOR THOSE ALREADY ENROLLED.)

No. 3[illegible]

DISABLED
SOLDIER'S PENSION
1905.

Name J. P. Durham
County Cobb
Co. A. 18th Regiment Vols.
Disability Wound Right ankle
Amount, $50.00
JAN 23 1905.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
Order

THE FRANKLIN PRINTING AND PUBLISHING CO., ATLANTA
GEO. W. HARRISON, MANAGER, FOR STATE PRINTER

no data

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
Cobb County.

Personally appears J. P. Durham 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 18th day of Oct. 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 A, of 18 th Regiment of Ga Volunteers Hafford's Brigade; that whilst engaged in such military service in the State of Penn., on the 2nd day of July 1863, he was wounded, injured or diseased as follows: By gunshot striking right ankle and fracturing bone thereby rendering applicant 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, 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 15th day of January 1904.
John Hurley, Ordy.
J. P. Durham
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 J. P. Durham the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 1904.

Affix your Seal here.

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 J. P. Durham 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 Oct. 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 A, of 18 th Regiment of Ga Volunteers Hoffords's Brigade; that whilst engaged in such military service in the State of Penn., on the 2 day of July 1863, he was wounded, injured or diseased as follows: Gun shot striking right ankle fracturing bone

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 20 day of January 1905.
John Hurley, Ordy.
J. P. Durham
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 J. P. Durham the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be, and that he resides in this County.

Given under my official signature and seal, this 20th day of January 1905.

Affix your Seal here.

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, 1905.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cobb COUNTY.

I, J P Durham hereby authorize
John Austin 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 17
day of January 1906.

J P Durham [L. S.]

Executed in the presence of
[illegible]

(Code Section 1250
FOR THOSE ALREADY ENROLLED.)

No. 217

DISABLED
SOLDIER'S PENSION
1906.

Name J P Durham
County Cobb
Co. A Regiment 15
Disability Disease
Amount, $8 00

1906.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

The Franklin Printing and Publishing Co. Geo. W. Harrison, Mgr.

Durham, J. P.
Cobb Co.

(Code Section 1250.
FOR THOSE ALREADY ENROLLED)

No. 2166.

DISABLED
SOLDIER'S PENSION
1907.

Name J P Durham
County Cobb
Co. A. 18 Regiment Ga Vols
Disability Leg Disabled
Amount, $12 00 JAN 17 1907.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
J

Geo. W. Harrison, State Printer, Atlanta.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cobb COUNTY.

I, J P Durham hereby authorize
John Austin 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 17
day of January 1907.

J P Durham [L. S.]

Executed in presence of

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,
Cobb County.

Personally appears J P Durham 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 A, of 18 7th 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:

Right leg disabled

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 1 day of January 1906.
John A Irby

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

Given under my official signature and seal, this 17 day of January 1906.
John A Irby

Affix your seal here

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 P Durham 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 A, of 18 7th 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:

Right Leg Broaden

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 17 day of January 1907.
John A Irby

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

Given under my official signature and seal this 17 day of January 1907.
John A Irby

Affix your seal here

Ordinary Cobb County.

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

Audited June 20 1889.

Wm. A. Wright

COMPTROLLER GENERAL

Colbt

Maimed Soldiers.

Voucher No. 2612

Amount $ 50.

Paid to J. P. Durham

For Right leg

disabled

June 28 1889

Included in Warrant No.

issued to Treasurer

1889

WARRANT CLERK

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

W. H. Perkinson

Maimed Soldiers.

Voucher No. 2612

Amount $ 50

Paid to J. P. Durham

For leg disabled

Mar 26 1890

Included in warrant No.

issued to Treasurer

18

WARRANT CLERK

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

W. H. Perkinson

by

J. J. Nisbet

Durham, J. P.

1891.

Maimed Soldiers.

Voucher No. 1849

Amount $ 50

Paid to J. P. Durham

For leg dis.

July 26 1891.

Included in warrant No.

issued to Treasurer.

1891.

WARRANT CLERK

Geo. W. Harrison, State Printer, Atlanta.

W. H. Perkinson

No. 2403

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT. } Atlanta, Ga. June 25. 189

Mr. J. P. Durham 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 Right leg disabled

He is entitled to receive the sum of Fifty & 00/ Dollars for such disability, the same being the allowance due for the year ending October 24, 1889.

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

J. B. Gordon
GOVERNOR

By the Governor
W. H. Hansen
CLERK EXECUTIVE DEPARTMENT.

50

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,
Fifty & 00/ Dollars
per above voucher, this 26 of Nov. 1889.
R. C. Irwin

No. 2612

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT. } Atlanta, Ga. Mch 26 1890.

Mr. J. P. Durham 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 Leg disabled

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, 1890

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. Hansen
CLERK EXECUTIVE DEPARTMENT.

TREASURY PAID STATE OF GEORGIA

$50

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,
Fifty & 00/ Dollars,
per above voucher, this 26th of Mch 1890
H. H. Perkerson by
J. T. Nisbet.

1891.

No. 1849

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.

Atlanta, Ga. July 26 1891.

Mr. J P Durham 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 Leg 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.

TREASURER STATE OF GA.

W. J. Northen
GOVERNOR.

By the Governor.

Wm A Harrison
SEC'Y EXECUTIVE DEPARTMENT.

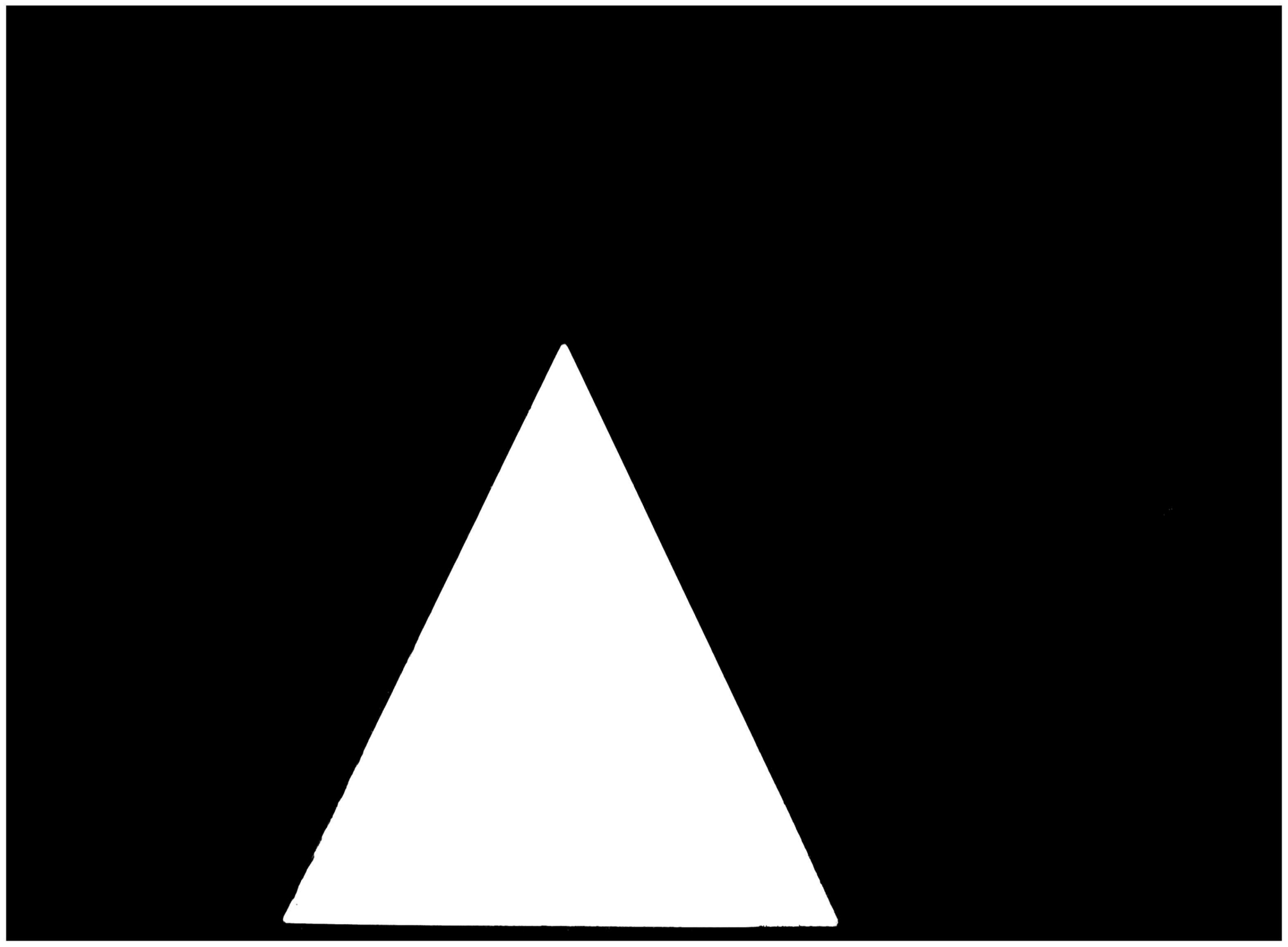
$ 50

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

Fifty 00/100 Dollars,

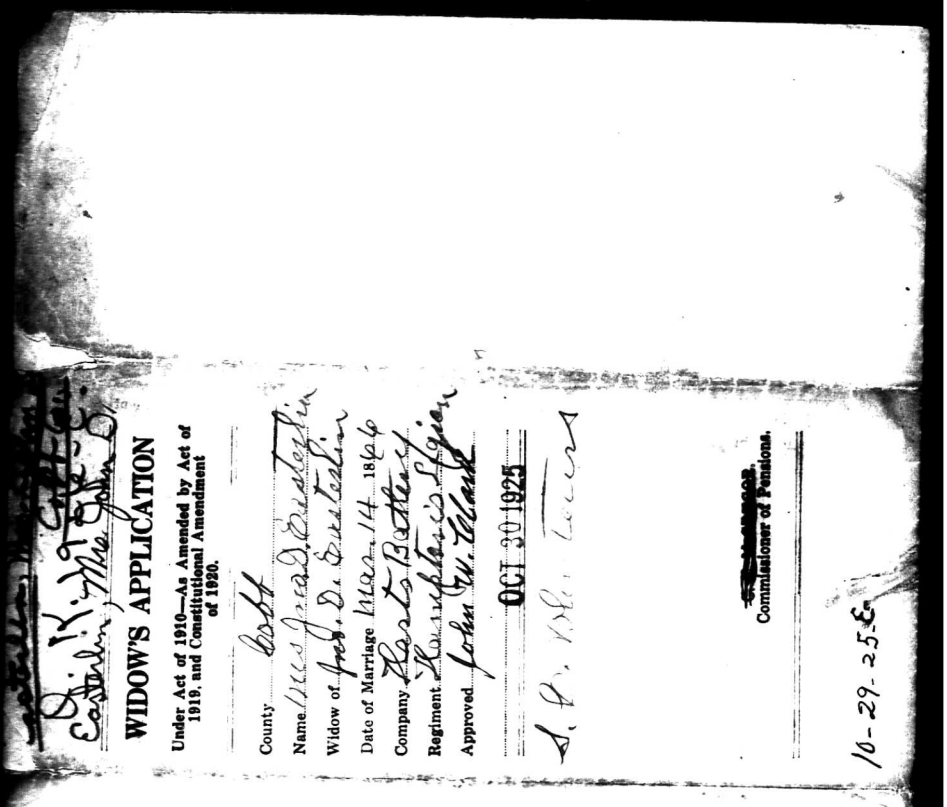
per above voucher, this 26 of July 1891.

J P Durham
for W Perkinson



Castellin, Mrs. John D.

D. K. Castellin



WIDOW'S APPLICATION

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

County Cobb

Name Mrs Jno D. Castellin

Widow of Jno. D. Castellin

Date of Marriage Mar 14 1866

Company Hart's Battery

Regiment Hampton's Legion

Approved John W. Clark

OCT 30 1925

S. P. Blair Lewis

~~[illegible]~~
Commissioner of Pensions.

10-29-25 E

Ordinary's Certificate

STATE OF GEORGIA, Cobb COUNTY.

I, J M Gauer, Ordinary of said County, do certify that I know Mrs J D. Castellin the applicant for pension; that she is the person she represents herself to be, and that she has been, continuously, a bona fide resident citizen of said State since January 1st, 1920; that I also know 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 are truthful and trustworthy and their statements are entitled to full faith and credit.

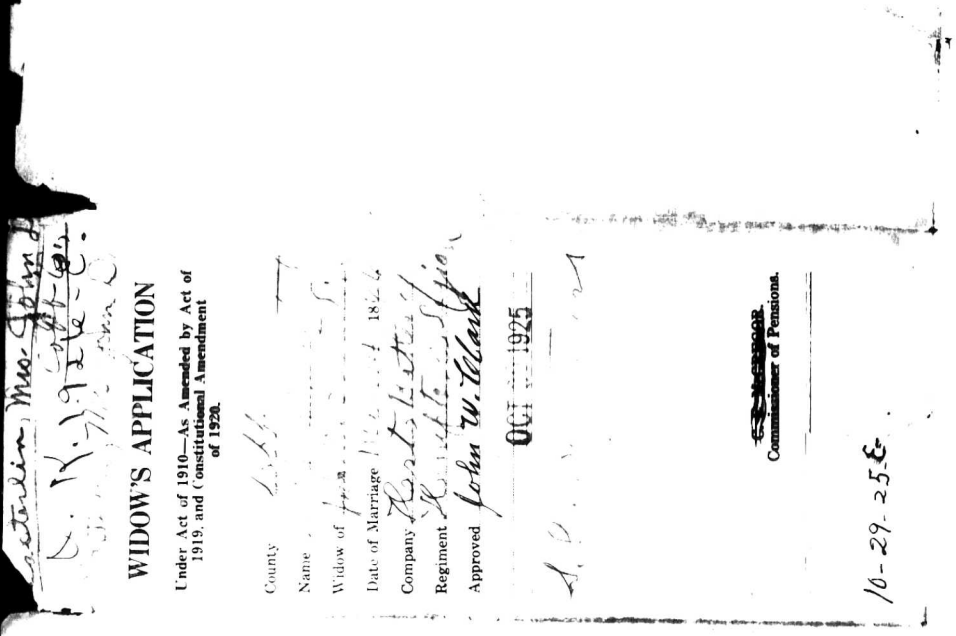
Given under my hand and official seal of office this 27 day of Oct 1925.

(SEAL OF ORDINARY) J M Gauer, Ordinary.

of Cobb County

Instructions:

1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the whole truth. So help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. Only widows who married prior to January 1st, 1881, are entitled.
4. All affidavits must be made before the Ordinary of the County in which the applicant or witness resides and must be certified by such Ordinary.
5. Attach certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.
6. Fill out the back of the application carefully.
7. Don't use the bulky form of Marriage Certificate in vogue throughout the State. A short, simple form is easier to handle.



WIDOW'S APPLICATION

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

County [illegible]

Name [illegible]

Widow of [illegible]

Date of Marriage [illegible] 18[illegible]

Company [illegible]

Regiment [illegible]

Approved John W. Wade

OCT [illegible] 1925

[illegible]
Commissioner of Pensions.

10-29-25E

Ordinary's Certificate

STATE OF GEORGIA,

Cobb COUNTY.

I, J M Gann, Ordinary of said County, do certify that I know Mrs J D Eastelin the applicant for pension; that she is the person she represents herself to be, and that she has been, continuously, a bona fide resident citizen of said State since January 1st, 1920; that I also know 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 are truthful and trustworthy and their statements are entitled to full faith and credit.

Given under my hand and official seal of office this 27 day of Oct 192[illegible]

(SEAL OF ORDINARY)

J M Gann Ordinary.
Cobb County

Instructions:

1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the whole truth. So help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. Only widows who married prior to January 1st, 1881, are entitled.
4. All affidavits must be made before the Ordinary of the County in which the applicant or witness resides and must be certified by such Ordinary.
5. Attach certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.
6. Fill out the back of the application carefully.
7. Don't use the bulky form of Marriage Certificate in vogue throughout the State. A short, simple form is easier to handle.

APPLICATION FOR PENSION BY A WIDOW

Under Act of 1910, as Amended by Act of 1919, and Constitutional Amendment of 1920

QUESTIONS FOR APPLICANT TO ANSWER:

STATE OF GEORGIA,

Cobb COUNTY.

Personally appears before me, [illegible] of said State and County and hereby applies for the pension allowed by the Act of 1910, as amended by the Act of 1919 and the Constitutional Amendment of 1920, and submits testimony to support 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 Post Office and County)
Mrs Jno. D. Eastelin, Marietta Ga. Cobb Co.
2. How long and since when have you been, continuously, a bona fide resident citizen of the State of Georgia? 35 years or more
3. When, where and to whom were you married? To Jno. D. Eastelin in Brantleyville S. C.
a. Have you married since the death of first and soldier husband? No,
4. When, where and in what Company and Regiment did your husband enlist as a soldier in Confederate Army or Georgia Militia? (State the arms and class of Service and give name of Colonel and Captain.) Hants Bailey, Hampton Legion S.C. Vol
5. When and where did the commands of your husband surrender or discharge from the Service?
6. Was your husband personally present with his command when it was surrendered or discharged? Yes
7. If he was not present, state specifically and clearly where he was?
8. When did he leave the Command? after the surrender
a. For what cause did he leave?
b. By whose authority did he leave?
c. For how long was his leave of absence granted? In what way?
e. What was his physical condition when he left his command? Normal
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? In what prison was he held and when was he released?
j. When and where did your first husband die? Marietta Ga. 1904
k. Were you residing together when he died? Yes
l. If not, how long had you resided apart?
m. Are you now a widow? Yes
9. Have you or your husband heretofore been paid a pension by the State? ~~Yes~~ No
If so, when and for what cause were you or your husband placed on the roll?

Sworn to and subscribed before me, this the 6 day of [illegible], 192[illegible].

J M Gann Ordinary
Cobb County.

(SEAL OF ORDINARY)

Mrs J. D. Eastelin
Applicant.

Questions for Witness as to Service of Husband and Marriage

STATE OF GEORGIA,

..... COUNTY.

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

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

2. How long and since when have you known ..... applicant .....

3. Where does she now reside, and since when has she been, continuously, a bona fide, resident citizen of this State? .....

4. When and to whom was she married? J D Easterlin How do you know? .....

5. How long and since when did you know ..... her husband? .....

6. When and where did the husband of applicant, die? Marietta Ga. Feb 17. 1904

7. Were the applicant and her husband living together as husband and wife at the date of his death? Yes

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

9. When, where and in what Company and Regiment did Hart's Battery enlist? (Give date and place) 1863, Bamberg S C

10. How did you obtain your information of this service? .....

11. How long within your personal knowledge did he perform actual military service with this Company and Regiment? (Give dates.) From 1863 to close of War

12. When and where was his Command surrendered or discharged? (Give date and place) .....

13. Were you personally present with this Command when it was surrendered? .....
If not, where were you ..... and how came you there? .....

14. Was the husband of applicant personally present with his Command at its surrender? Yes
If not where was he? ..... and how came him there? .....
When, where and for what cause did he leave his Command? (Give date.) .....
By whose authority did he leave his Command? .....
and how long was he granted leave? .....
How do you know all that you have stated to be true? (If of your own knowledge, state clearly and specifically). .....

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

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

17. Was he captured as a prisoner? 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 ....., 192.... } ..... (Witness)

....., Ordinary of ..... County. }

(SEAL OF ORDINARY)

day of ....., 192.... (Witness)

....., Ordinary

of ..... County.

(SEAL OF ORDINARY)

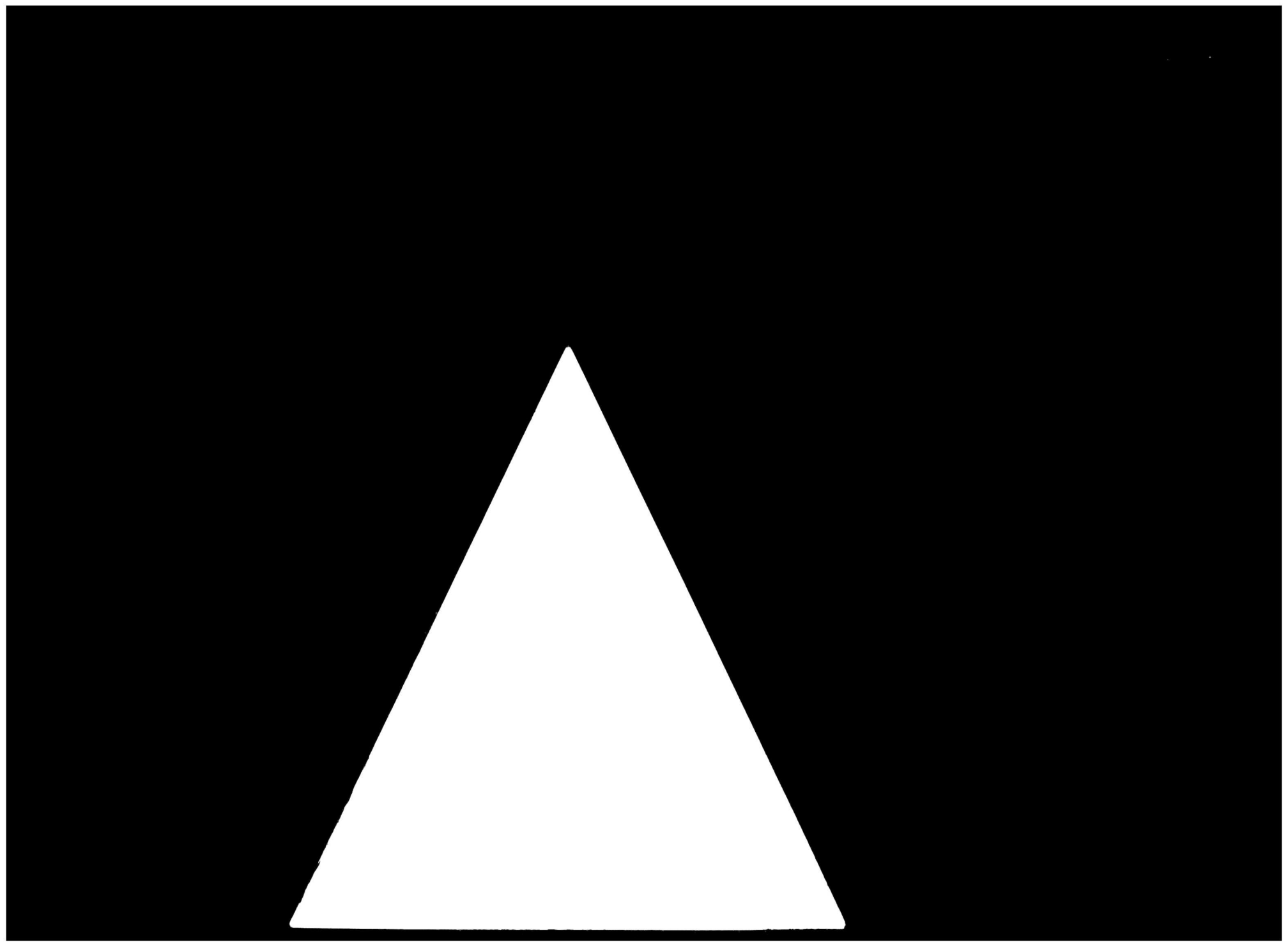
Bamberg S.C.
June 2 - 1925

Dear Mrs [illegible]

I am returning the blank - am very sorry I have been so [illegible] in doing so - also that I am unable to give you the desired information asked. I know your husband was in the same command with my husband, "Hart's Battery" [illegible] Hampton, [illegible] command was in service until the close of the war - but I don't know how long your husband was with with it - I do not know anything about Mr Lartigue, the last I know he was in Orlando Florida - don't know if he is still living - Sorry I cannot give you any more information.

Very truly
Mrs F. M. Bamberg -

This letter is from the wife of Bernard Frank Bamberg of Bamberg S.C. Bonnie of J. D. Dusterline



Eaton, J. W.
Cobb Co

No. C. K. Jan 1910

INDIGENT PENSION.

190

Name J. W. Eaton

County Cobb

Co. I 7th Ga Inf'y Regt.

Approved 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, Ga.
4-30-09

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__

[L. S.]

Executed in presence of

_____

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__

_____ [L. S.]

Executed in presence of

Eaton, J. W.
Cobb Co
No.
C.H. Jan 1910

INDIGENT PENSION.

190

Name J W Eaton
County Cobb
Co. I 7th Ga Infy Regt.
Approved _____ 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, Ga.
4-30-09

QUESTIONS FOR APPLICANT.

STATE OF GEORGIA,

Cobb COUNTY.

J W Eaton of said State and County, desiring to avail himself of the Pension Act (Section 1254, Code), hereby submits his proofs, and after being duly sworn true 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.) Smyrna, Cobb County Ga
2. How long and since when have you been a resident of this State? Sixty Eight Years
3. When and where were you born? Corral Co. Ga. Nov 2nd 1839
4. When and where and in what company and regiment did you enlist or serve? May 1861 Cobb County Ga. Co. I 7th Ga Regiment
5. How long did you remain in such company and regiment? Until April 10th 1865
6. When and where was your company and regiment surrendered and discharged? April 10 1865 Appomattox Court House Va.
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? I was present
9. How much can you earn (gross) per annum by your own exertions or labor? Nothing
10. What has been your occupation since 1865? Farming
11. Upon which of the following grounds do you base your application for pension, viz: first, "age and poverty," second, "infirmity and poverty," or third, "blindness and poverty?" Age Infirmity & 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. 1st I have been failing fast for 6 years until at this time I am unable to perform any labor
13. What property, real and personal, or income, do you possess, and its gross value? Nothing
14. What property, real or personal, did you possess in 1901, 1902, 1903, 1904, 1905, 1906 and 1907, and what disposition, if any, by sale or gift, have you made of same? I had a home and in 1895 I had this fortune and had to sell my home to pay debts
15. In what County did you reside during those years, and what property did you then return for taxation? I had nothing
16. How were you supported during the years 1901, 1902, 1903, 1904, 1905, 1906 and 1907? By my family
17. How much did your support cost for each of those years, and what portion did you contribute thereto by your own labor or income? For past 5 years not as much as $40.00
18. What was your employment during 1901, 1902, 1903, 1904, 1905, 1906 and 1907? What pay did you receive in each year? I was our farm. I had a son who farmed, who is now
19. Have you a family? If so, who composes such family? Give their means of support. Have they a homestead or other property? Their ages and how employed? Yes. Wife and one Grand child, 6 years old whose parents are dead
20. Are you receiving any pension? If so, what amount and for what disability? No
21. Have you ever made an application for pension before? No
22. How many applications have you ever made and under what class? None

Sworn to and subscribed before me this the 20 day of Dec 1908

J. W. Eaton
Applicant.

John Hardy Ordinary,
of Cobb County.

Every Question MUST Be Answered.

Age and works for himself

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,
Cobb COUNTY.

W J Hudson of said State and County, having been presented as a witness in support of the application of J W Eaton 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? W J Hudson, Marietta Ga.

2. Are you acquainted with J W Eaton the applicant; if so, how long have you known him? Yes. Ever since April 31st 1861. to April 9th 18'

3. Where does he reside, and how long and since when has he been a resident of this State? Smyrna Cobb Co. Ga. Ever since I knew him

4. When, where and in what company and regiment did he enlist, and how do you know? May 31st 1861. Mustered in in Atlanta Ga. Co. I. 7th Ga Inf. I was with him

5. Were you a member of the same company and regiment? Yes

6. How long did he perform regular military duty? Until April 9th 1865

7. When and where was his command surrendered? April 9th 1865 - Appomattox Court House Va.

8. Were you present when it surrendered? Yes

9. Was applicant present? Yes

10. If he was not present, where was he? He was present

When did he leave his command At Surrender For what cause? War was over

By what authority he did? Paysallen How do you know all of this? I was there

11. What property, effects or income has the applicant? Give your means of knowledge.

12. What property, effects or income did the applicant possess in 1901, 1902, 1903, 1904, 1905, 1906 and 1907, and what disposition, if any, did he make of same?

13. Has he conveyed away any of his property in the last four years; if so, what was it, and to whom?

14. What is the applicant's occupation and physical condition?

15. Is the applicant unable to support himself by labor of any sort; if so, why?

16. How was he supported during the years 1901, 1902, 1903, 1904, 1905, 1906 and 1907?

17. What portion of his support for these four years was derived from his own labor or income?

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

19. Who composes family? What property have they? Children's ages and their earning capacity?

20. What interest have you in the recovery of a pension by this applicant? No

Sworn to and subscribed before me, this the 20 day of Dec 1908.

John Hutcy Ordinary.

W. J. Hudson Capt Co. I 7th Witness Ga. Inf.

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,
..... COUNTY.

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

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

Sworn to and subscribed before me, this the ..... day of ..... 190..

..... Ordinary.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,
..... COUNTY.

I, ... Ordinary, in and for said County, hereby certify that the applicant ..... resides in said County, and has been a bona fide resident of this State since the ..... day of ..... 189.. 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 digest of ..... County shows that applicant returned for taxation in his name in 1901 ..... Dollars of property, and in 1902 ..... Dollars of property; in 1903 ..... Dollars of property; in 1904 ..... Dollars of property; in 1905 ..... Dollars of property; in 1906 ..... Dollars of property; in 1907 ..... Dollars of property.

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

Witness my hand and seal of office, this ..... day of ..... 190..

..... Ordinary

of ..... County.

NOTE.

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

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,
Cobb County.

W J Hudson of said State and County, having been presented as a witness in support of the application of J W Eaton for pension under section 1254, Code, and after being duly sworn true answers to make to the following questions, depones and answers as follows:

1. What is your name and where do you reside? W J Hudson, Marietta Ga.
2. Are you acquainted with J W Eaton, the applicant; if so, how long have you known him? Yes. Ever since April 31st 1861 to April 9 '78
3. Where does he reside, and how long and since when has he been a resident of this State? Smyrna Catt Co Ga. Ever Since I have been
4. When, where and in what company and regiment did he enlist, and how do you know? May 31st 1861. Mustered in in Atlanta Ga. Co I. 7th Ga Inf. I was with him
5. Were you a member of the same company and regiment? Yes
6. How long did he perform regular military duty? Until April 9 1865
7. When and where was his command surrendered? April 9th 1865 - Appomattox Court House Va.
8. Were you present when it surrendered? Yes
9. Was applicant present? Yes
10. If he was not present, where was he? He was present
When did he leave his command? At Surrender For what cause? War was over
By what authority he left? Paroled How do you know all of this? I was there
11. What property, effects or income has the applicant? (Give your means of knowledge.)
12. What property, effects or income did the applicant possess in 1901, 1902, 1903, 1904, 1905, 1906 and 1907, and what disposition, if any, did he make of same?
13. Has he conveyed away any of his property in the last four years; if so, what was it, and to whom?
14. What is the applicant's occupation and physical condition?
15. Is the applicant unable to support himself by labor of any sort; if so, why?
16. How was he supported during the years 1901, 1902, 1903, 1904, 1905, 1906 and 1907?
17. What portion of his support for these four years was derived from his own labor or income?
18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code
19. Who composes family? What property have they? Children's ages and their earning capacity?
20. What interest have you in the recovery of a pension by this applicant? No

Sworn to and subscribed before me, this the 20 day of Dec 1907

John Awtrey Ordinary.

W J Hudson Witness

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,
County.

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

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

Sworn to and subscribed before me, this the day of 190

Ordinary.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,
County.

I, Ordinary, in and for said County, hereby certify that the applicant resides in said County, and has been a bona fide resident of this State since the day of 189 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 digest of County shows that applicant returned for taxation in his name in 1901 Dollars of property, and in 1902 Dollars of property; in 1903 Dollars of property; in 1904 Dollars of property; in 1905 Dollars of property; in 1906 Dollars of property; in 1907 Dollars of property.

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

Witness my hand and seal of office, this day of 190

Ordinary.

of County.

NOTE.

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

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,
Cobb County.

I V V Eaton of said State and County, having been presented as a witness in support of the application of ..... 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? V V Eaton Smyrna Cobb County Ga

2. Are you acquainted with J W Eaton, the applicant; if so, how long have you known him? Yes, all my life

3. Where does he reside, and how long and since when has he been a resident of this State? Smyrna Cobb County Ga

4. When, where and in what company and regiment did he enlist, and how do you know?

5. Were you a member of the same company and regiment?

6. How long did he perform regular military duty?

7. When and where was his command surrendered?

8. Were you present when it surrendered?

9. Was applicant present?

10. If he was not present, where was he?

When did he leave his command? ..... For what cause?

By what authority he left? ..... How do you know all of this?

11. What property, effects or income has the applicant? (Give your means of knowledge.) None, I live with & have been past 10 years

12. What property, effects or income did the applicant possess in 1901, 1902, 1903, 1904, 1905, 1906 and 1907, None

and what disposition, if any, did he make of same? None

13. Has he conveyed away any of his property in the last four years; if so, what was it, and to whom? No

14. What is the applicant's occupation and physical condition? He is a former He has Rheumatism & Bright's disease and is unable to work and has been for past 4 years

15. Is the applicant unable to support himself by labor of any sort; if so, why? Yes. On account of disease & age

16. How was he supported during the years 1901, 1902, 1903, 1904, 1905, 1906 and 1907? By his Children

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

18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code. He has Rheumatism & Bright's disease

19. Who composes family? What property have they? Children's ages and their earning capacity? Himself & wife. None. One son 30 years old who keep him up

20. What interest have you in the recovery of a pension by this applicant? None

Sworn to and subscribed before me, this the ..... day of ..... 190.. V. V. Eaton Witness.

..... Ordinary.

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,
Cobb County.

Personally came before me W T Page and W M Kemp, both known to me as reputable physicians of said County, who, being severally sworn, say on oath that they have examined carefully ..... applicant for pension under Section 1254, Code, and after such personal examination say that his precise physical condition is as follows: General Rheumatism Old age Prevents him from Performing him from doing Scarcely any work Sufficient to Earn a living or Support for self

W T Page M D
W M Kemp M D

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

Sworn to and subscribed before me, this the 20 day of Dec 1908

John Awtrey Ordinary.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,
Cobb County.

I, John Awtrey Ordinary, in and for said County, hereby certify that the applicant J W Eaton resides in said County, and has been a bona fide resident of this State since the all his life day of ..... 189.. and that the witnesses, viz.: W J Hudson and V V Eaton are of trustworthy character, and that their statements are entitled to full faith and credit.

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

I further certify that the tax digest of ..... County shows that applicant returned for taxation in his name in 1901 ..... Dollars of property, and in 1902 800.00 Dollars of property; in 1903 ..... " ..... Dollars of property; in 1904 ..... " ..... Dollars of property; in 1905 ..... " ..... Dollars of property; in 1906 ..... " ..... Dollars of property; in 1907 Nothing Dollars of property.

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

Witness my hand and seal of office, this 20 day of December 1908

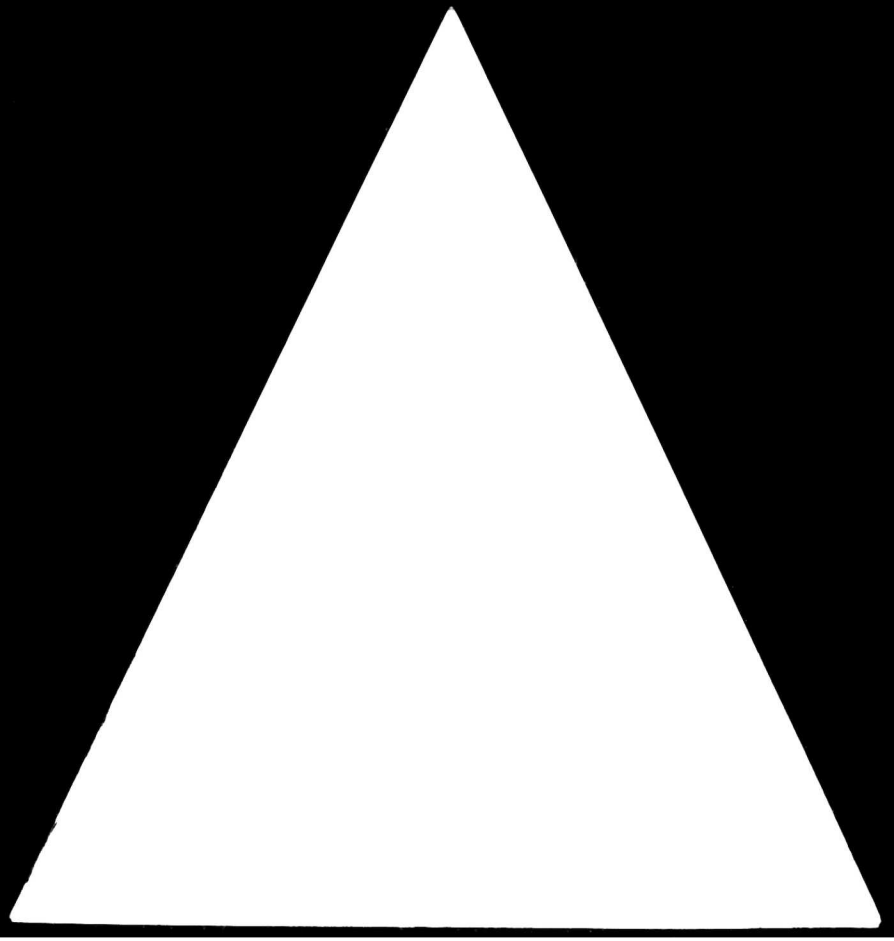
John Awtrey Ordinary.
of Cobb County.

NOTE.

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

Ordinary.

3. Additional affidavits may be attached if blank spaces are insufficient.
4. In every case the Ordinary must certify to the character of the witness, and as to the execution of the proof as above required.



ension Office, 11/21/1[illegible].
Application must contain every fact to be proven to make out claim
or pension.

J. W. Lindsey, Com. of Pensions.

Edwards, M. L. (mrs)
Cobb, County

No. [illegible]

Widow's Pension

UNDER ACT 1910.

County Cobb

Name Mrs M. L. Edwards

Widow of J. R. Edwards

J. W. LINDSEY,
Commissioner of Pensions.

Chas. P. Byrd, State Printer.

10/20/10
5/16/11
5/16-1911

ension Office, 11/21/10.
Application must conatin every fact to be proven to make out claim or pension.

J.W. Lindsey, Com. of Pensions.

Edwards M. L. (mrs)
Cobb, County
Vice Administrator
No.

Widow's Pension

UNDER ACT 1910.

WW

County Cobb

Name Mrs M. L. Edwards

Widow of J. R. Edwards

J. W. LINDSEY,
Commissioner of Pensions.

Chas. P. Byrd, State Printer

Rec'd 5/16/11
7/15

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

STATE OF GEORGIA,
Cobb County.

Personally before me comes Mrs M L Edwards 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? Mrs M L Edwards Marietta Ga.
2. How long and since when have you been a continuing resident in the State of Georgia? All my life ever since May 26th 1848
3. When, where and to whom were you married? August 1868 Dawson Co J R Edwards
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.) January 1862 Norfolk Va Co. I 22nd Ga Regt Infty
5. When and where did the Commands of your husband surrender or discharge from the army? April 9th 1865 Appomattox Va.
6. Was your husband personally present at the time of the surrender or discharge of this Command? Yes
7. If he was not present state clearly where he was? he was present
8. Where was his Command when he left? Surrender
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? —
j. When and where did your husband die? Were you residing together when he died? If not, how long had you resided apart? June 3rd 1878 Dawson Co Ga. Yes.
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.) 80 acres of Land in Dawson Co Ga. Value $800.00
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? 80 acres of Land Dawson Co Ga Value $800.00
12. What are your annual earnings or income and their value? $50 - from rent of above land only income
13. Have you heretofore been paid a pension by the State? No
If so, when and for what cause were you struck from the Roll? None never applied

Amended May 9 1911

Sworn to and subscribed before me this the 8th day of August 1910

Mary L. Edwards

J M Gaines Ordinary.
Cobb County.

J M Gaines Ordinary

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

STATE OF GEORGIA,
Dawson County.

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

2. How long and since when have you known M. J. Edwards applicant?

3. How long and since when has she continuously resided in this State? (Give date.) May 26 1848 or all her life

4. When and to whom was she married? How do you know? Married to J. W. Edwards

5. How long and since when did you know J. W. Edwards her husband? M L Edwards ever since 1862 up to his death

6. When, where and in what Company and Regiment did J. W. Edwards enlist? January 1862 at Marietta Ga Co H 22nd Ga Reg

7. Were you a member of the same Company? I Was

8. How long within your personal knowledge did he perform actual military service with his Company and Regiment? About 3 years

9. When and where did his Command surrender, and was discharged? April 9 1865 at Appomatox Court House Va.

10. Were you personally present when it was surrendered? Yes If not where were you I Was Present and how came you there?

11. Was the husband of applicant personally present at surrender? He Was If not where was he? He Was Present 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 you own knowledge or how?

Sworn to and subscribed before me this the 24th day of August 1910 J. W. Board
J. J. Evans Ordinary.
of Dawson County.

AFFIDAVIT OF TWO FREEHOLDERS.

STATE OF GEORGIA,
Dawson County.

Personally before me comes J. W. Board & R. L. Roper who on oath says that they are freeholders of said County and that they know M L Edwards 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 60 Acres Land Value $1000

Personal property	None	$
Notes and accounts due	None	$
Total		$

Schedule (B).

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

Personal property	None	$
Money, Notes and accounts	None	$

Schedule (C).

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

60	Acres of land worth	$1000
	Horses and Mules None	$
	Cows and Hogs None	$
	Other property None	$
	income and earnings None	$
	Total Value of all property and effects	$1000

Sworn and subscribed before me this the 24 day of August 1910 J. W. Board
J. J. Evans Ordinary. R. L. Roper
of Dawson County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,
Dawson County.

I, J. J. Evans Ordinary of said County do certify that, I know 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 James W Board the witness who swears to the service of husband, and J. W. Board & R. L. Roper who are freeholders. That all of them are now residents of said County and were duly sworn by me before signing the foregoing affidavits and that they all, are truthful, trustworthy, and their statements are entitled to full faith and credit.

That the Tax Returns of Dawson Returned for Tax is for 1908 $4.00 for 1910 $4.00

Sworn under my hand and official seal of office this 24 day of August 1910

SEAL. J. J. Evans Ordinary.
Dawson County.
(SEAL.)

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

Georgia
Cobb County } I J M Gann ordy of said County Certify that Mrs M L Edwards is now a resident of said County and that She has not returned any property for taxation in said County for past three years Oct 15 1910 J M Gann ordy

I hereby certify that the within is a true
copy of the Marriage License of John R. Edwards
and Miss Mary S. Hackenhall according to the
Records of Lawson County found in Book
A Page 265
Given under my hand and official signature
this August 24th day 1910
J. J. Evans
Ordinary

MARRIAGE LICENSE

OF

AND

Issued

and Recorded on Page Book

of Marriage Licenses.

Ordinary.

THE FOOTE & DAVIES CO. PRINTERS ATLANTA

MARRIAGE LICENSE

OF

_____

AND

_____

Issued _____ 1

and Recorded on Page _____ Book

_____ of Marriage Licenses.

_____

Ordinary.

THE FOOTE & DAVIES CO. PRINTERS ATLANTA

MARRIAGE LICENSE,

STATE OF GEORGIA. COUNTY OF DAWSON.

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

You are hereby authorized to join John R. Edwards and Mary S. Hackenhull in the Holy State of Matrimony, according to the Constitution and Laws of this State and for so doing this shall be your License. And you are hereby required to return this License to me, with your Certificate hereon of the fact and date of the Marriage.

Given under my hand and seal this 25 day of August 1868 190

Daniel Fowler (L.S.)
Ordinary.

STATE OF GEORGIA, CERTIFICATE. DAWSON COUNTY.

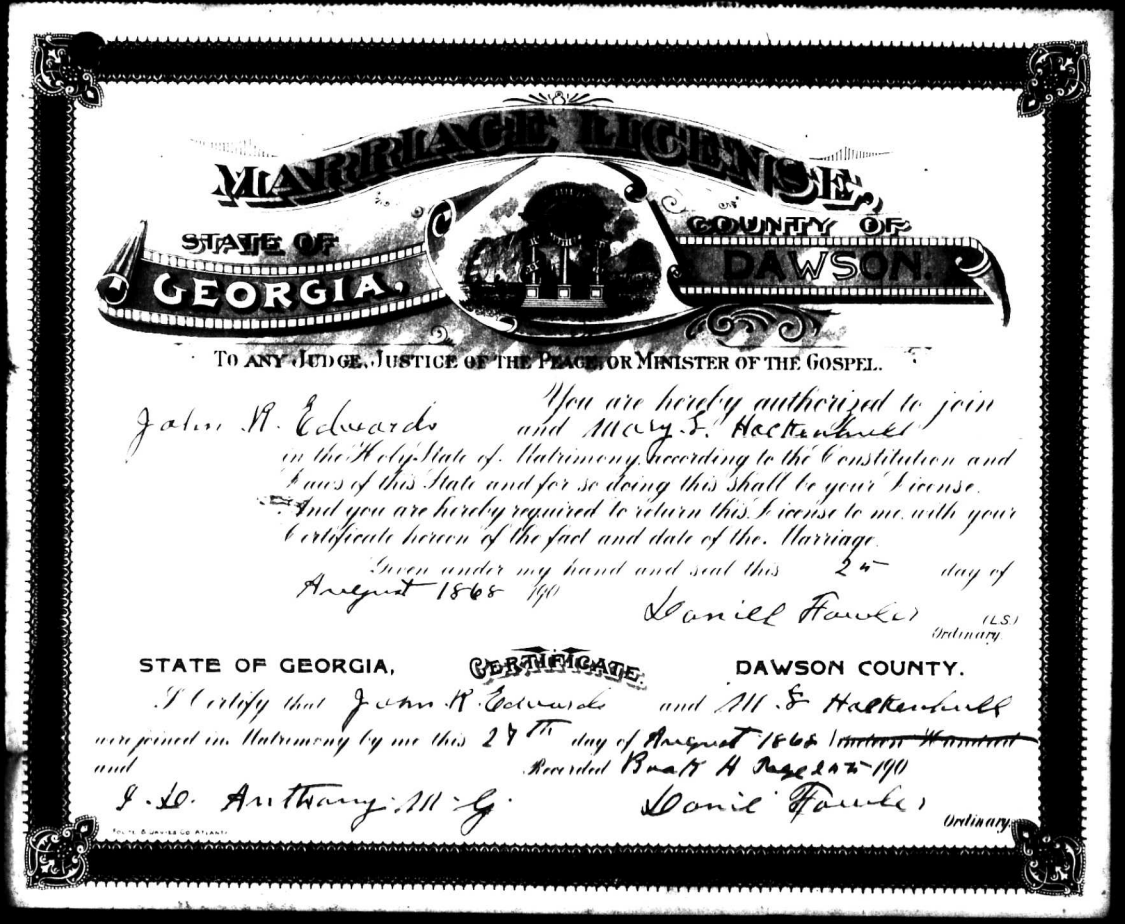
I Certify that John R. Edwards and M. S. Hackenhull were joined in Matrimony by me this 27th day of August 1868 ~~[illegible]~~ and

Recorded Book H Page 245 190

I. D. Anthony M. G.

Daniel Fowler
Ordinary.

POLITE & DAVIES CO. ATLANTA



MARRIAGE LICENSE.

STATE OF GEORGIA, COUNTY OF DAWSON.

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

You are hereby authorized to join John R. Edwards and Mary E. Hackenbuck in the Holy State of Matrimony, according to the Constitution and Laws of this State and for so doing this shall be your License. And you are hereby required to return this License to me, with your Certificate hereon of the fact and date of the Marriage.

Given under my hand and seal this 24 day of August 1868

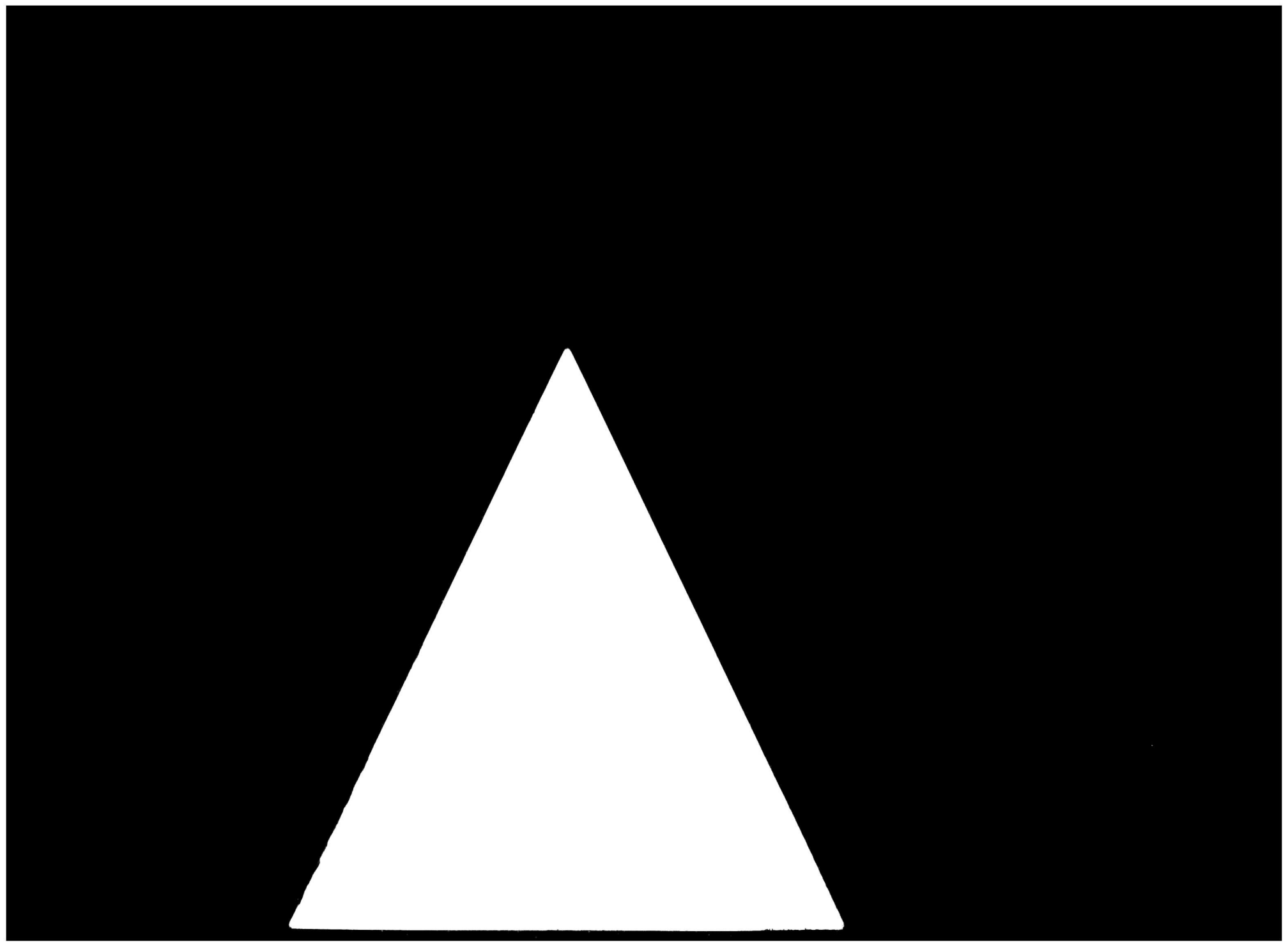
Daniel Franklin (LS) Ordinary.

STATE OF GEORGIA, CERTIFICATE. DAWSON COUNTY.

I Certify that John R. Edwards and Mary E. Hackenbuck were joined in Matrimony by me this 24th day of August 1868 ~~[illegible]~~ and Recorded Book H Page 217-190

J. D. Anthony, M. G. Daniel Franklin Ordinary.

SOUTH. ENGRAVING CO. ATLANTA



EDWARDS, P. T. - Cobb County

Application for increase
Disapproved & filed

Code Section 1250. 7/30-1908

Not Notified & increase

INVALID

Soldier's Pension,

1901. 1902

Name R. J. Edwards

County Cobb

Co. B *78th* *Regt.*

Disability Arm & Leg

Amount, $

1901.

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.

4/29-1902

Form No. 2.

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 _____ by _____
at _____

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

_____ [L. S.]

Executed in the presence of

_____

Form No. 5.

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 _____ by _____

at _____

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

day of _____ 1901.

_____ [L. S.]

Executed in the presence of

EDWARDS, P. I. - Cobb County
Application for increase
Disapproval & filed
Code Section 1250. 7/30-1902
Not entitled to increase

INVALID

Soldier's Pension,

1901. 1902

Name P. I. Edwards

County Cobb

Co. B 58th Regt.

Disability Arm & Leg

Amount, $ _____

_____ 1901.

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.

4/29-1902

Form No. 1.

For Use of Applicants Who Have Not Heretofore Drawn.

The Instructions as set out in the Notes Must be Observed.

STATE OF GEORGIA,

Cobb County.

PERSONALLY appears P. I. Edwards of said Cobb County, State of Georgia, who being duly sworn, says on oath that he was born on the 28th day of January 1840, that he is a *bona fide* citizen and resident of Georgia, and has been continuously since the 28th day of January 1840, that he enlisted in the military service of the Confederate States (or the State of _____) on the _____ day of May 1861, during the war between the States, and served in Company B. of 58th th Regiment of Ga. Volunteers Gordon's Brigade, and was honorably discharged on the ~~[illegible]~~ day of April 1863; that whilst engaged in such military service, and in line of duty in the State of Penn., on the _____ day of May 1863 he was disabled or wounded as follows: At Battle of Gettysburg applicant was Color bearer, he was wounded by gunshot striking left hand, paralyzing same and rendering applicant left arm practically and essentially useless - At the same battle applicant was wounded by a fragment of a shell striking his left leg just above the ankle, fracturing the bone - This has become a running sore disabling said left leg, and rendering it practically and essentially useless - Applicant has heretofore been allowed a pension of fifty dollars for above injuries, and now asks that it be increased to $100 on account of total loss of said Members -

Where was command surrendered? At Appomattox

Was applicant present? No - If not, where was he? Surrendered at Kingston Ga. How come there? Was at home on furlough

And by whose authority? State fully: By authority of Commanding officer - This proof has been heretofore made while applicant was a resident of Forsyth County -

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, 1902.

Sworn to and subscribed before me, this the 29th day of April 1902

P. I. his X mark Edwards

John Awtry
Ordinary.

Post Office Marietta

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

NOTE.—Do not trouble to mention wounds which do not disable.

NOTE.—The Ordinary will see that *all* blank spaces are filled when the affidavits are signed.

Affidavit for Three Witnesses.

STATE OF GEORGIA,

County.

PERSONALLY appears before me, the undersigned Ordinary in and for said County _____

_____ and _____

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 _____ 18____, 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.*)

Where was applicant's command surrendered? _____

Was he with it? _____ 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? _____

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 _____

_____ day of _____ 1901. _____

_____

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.

Physicians' Affidavit.

Form No. 3

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 personal examination, say that the present

condition of applicant is as follows: _____

and that such condition is permanent. Said condition arises from the following facts: _____

We have treated applicant professionally for _____ years, and his condition, as above stated,

does _____ arise from hereditary or congenital causes, or from vicious or intemperate habits.

Sworn to and subscribed before me, this _____

_____ day of _____ 1901. _____

_____

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.

Form 4.

STATE OF GEORGIA,

Cobb County.

I, John Hunting, Ordinary of said County,

do certify that I am well acquainted with F. D. Edwards 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 Jan 1901.

I also certify that the witnesses, to-wit: C F Nolan MD

and Gilbert Truman MD 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 29th day of April 1902.

John Hunting

Ordinary Cobb County.

All amending proofs must be executed with the same formality as original proofs, and the Ordinary must certify

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cobb County.

I, P. I. Edwards hereby authorize John Awtrey of Moncelle 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 1st day of January 1902.

P. I. his x mark Edwards [L. S.]

Executed in presence of
J. M. Gann

CODE SECTION 1250.
(FOR THOSE ALREADY ENROLLED.)

No. 363
Train Forsyth 1901

DISABLED
SOLDIER'S PENSION
1902.

Name P. I. Edwards
County Cobb
Co. B Regim. 38
Disability
Amount, $ 50
1/6 1902.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
Ordy

Geo. W. Harrison, State Printer, Atlanta.

Edwards, P. I.
Cobb County

Forsyth
No data

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cobb County.

I, P. I. Edwards hereby authorize John Awtrey of Marietta, 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 2nd day of January 1903.

P. I. his x mark Edwards [L. S.]

Executed in presence of

CODE SECTION 1250.
(FOR THOSE ALREADY ENROLLED.)

No. 254

DISABLED
SOLDIER'S PENSION
1903.

Name P. I. Edwards
County Cobb
Co. B. 38th Regiment Ga. Vols
Disability Left arm
Amount, $ 50.00
1/23 1903.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
Ordy

Geo. W. Harrison State Printer, Atlanta.

Edwards, P. I.
Cobb County

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
Cobb County.

Personally appears P. I. Edwards 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 _____ 1837; that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served as a ~~Color~~ private in Company B, of 38th Regiment of Ga Volunteers, Gordons's Brigade; that whilst engaged in such military service in the State of Penn, on the 3 day of July 1863, he was wounded, injured or diseased as follows:

Owning to gun shot wound through the hand and Conister Striking leg from which wounds deponent has never recovered and his leg is still running he is rendered practically incompetent to perform the usual 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 Forsyth Co Ga been Enrolled County, been allowed an invalid pension of $50 Dollars, for the year 1902.

Sworn to and subscribed before me, this the 15 day of January 1902. P. I. Edwards Post-office Marietta

John Awtrey

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 P. I. Edwards the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 1902.

Affix your seal here

John Awtrey
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 P. I. Edwards 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 _____ 1838; 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 38th Regiment of Ga. Volunteers, Gordon's's Brigade; that whilst engaged in such military service in the State of Va, on the _____ day of June 1863, he was wounded, injured or diseased as follows:

He was wounded by gun shot wound in left hand rendering left arm practically and essentially. Also, by gun shot wound in left leg above the ankle, rendering said left leg practically & essentially useless

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 fifty Dollars, for the year 1902.

Sworn to and subscribed before me, this the 2nd day of Jany 1903. P. I. Edwards Post-office Marietta, Ga.

John Awtrey Ordinary

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

STATE OF GEORGIA,
Cobb County.

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

Given under my official signature and seal, this 2nd day of January 1903.

Affix your seal here

John Awtrey
Ordinary Cobb County.

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

POWER OF ATTORNEY.

STATE OF GEORGIA, Cobb COUNTY.

I, P. I. Edwards hereby authorize John Awtrey 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 1st day of January 1904.

P. I. his x mark Edwards [L. S.]

Executed in presence of

Edwards, P. I.
Cobb Co

CODE SECTION 1250.
(FOR THOSE ALREADY ENROLLED.)

No. 379

DISABLED
SOLDIER'S PENSION
1904.

Name P. I. Edwards
County Cobb
Co. B 38th Regiment La. Vols.
Disability Left arm
Amount, $50.00

JAN 25 1904.

JOHN W. LINDSEY,
Commissioner of Pensions

WARRANT HANDED TO
Lindsey

Geo. W. Harrison, State Printer, Atlanta.

no date

POWER OF ATTORNEY.

STATE OF GEORGIA, Cobb COUNTY.

I, P. I. Edwards hereby authorize John Awtrey 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 1st day of January 1905.

P. I. his x mark Edwards [L. S.]

Executed in the presence of

J. M. Gann

Edwards, P. I.
Cobb Co

CODE SECTION 1250.
(FOR THOSE ALREADY ENROLLED.)
La Fulton Co - 1906

No. 390

DISABLED
SOLDIER'S PENSION
1905.

Name P. I. Edward
County Cobb
Co. B Regiment 38
Disability
Amount, $50

JAN 23 1905.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
Lindsey

THE FRANKLIN PRINTING AND PUBLISHING CO. ATLANTA
GEO. W. HARRISON, MANAGER FOR STATE PRINTER

no date

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA, Cobb County.

Personally appears P. I. Edwards 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 1838; 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 38 th Regiment of Ga. Volunteers Gordon's 's Brigade; that whilst engaged in such military service in the State of Va, on the day of 186 , he was wounded, injured or diseased as follows: He was wounded by Gun shot wound in left hand, rendering said left arm practically & essentially useless— Also by Gun shot wound in left leg above the knee, rendering said left leg practically and essentially useless—

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

Sworn to and subscribed before me, this the 18th day of January 1904. John Awtrey Post-office

P. I. Edwards his mark

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, 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 1904.

Affix your Seal here.

Ordinary 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 P. I. Edwards 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 1838; 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 B, of 38 th Regiment of Ga vols Volunteers Gordon's '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:

Disabled hand & foot

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 1 day of Jany 1905. John Awtrey Post-office

P. I. his mark Edwards

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 P. I. Edwards the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 Jany 1905.

Affix your Seal here.

Ordinary John Awtrey Cobb County.

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

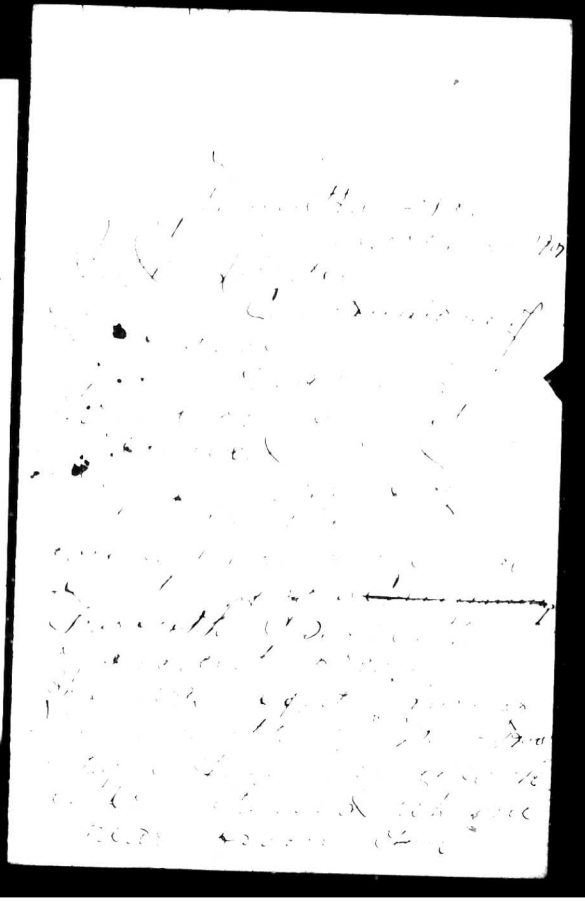
C. T. NOLAN, M. D.
MARIETTA, GEORGIA.

MARIETTA, GA., April 26th 1902

This certifies that I am a practicing physician and as such have examined Mr. P. J. Edwards of Marietta Ga. and find that he has two (2) wounds which he alleges to have received in the war between the states. The injury of left hand consist in amputation of index finger at first joint - the other three (3) fingers of same hand are partially paralyzed - that is the extensor tendons do not act, and the result is an inability to open hand. The second injury is to left ankle and leg. The foot has a long scar on it showing result of injury. There is and old wound on left leg above ankle which is red and tender and at times discharges a thick pus. This sore is claimed to have been there since the injury in 1864. There are also several very large varicose veins of same leg which is source of much annoyance. Both of these injury to the hand and foot, impair very materially the usefulness of each member

Sworn to & subscribed before me
this April 26th 1902.
John Awtry,

C. T. Nolan M.D.
Gilbert Lennard M.D.



O. T. NOLAN, M. D.,
MARIETTA, GEORGIA.

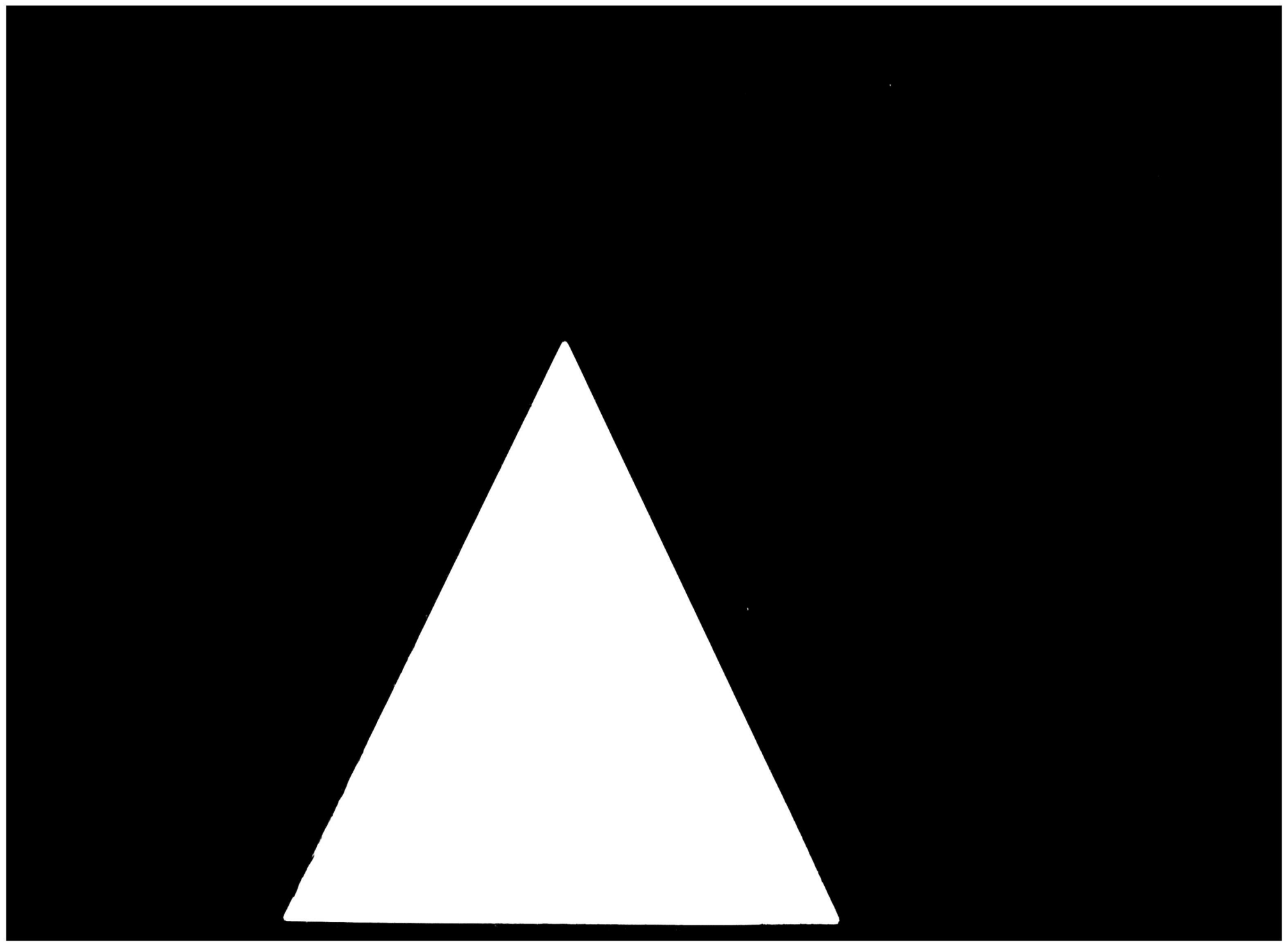
MARIETTA, GA., April 26th 1902

This certifies that I am a practicing physician and as such have examined Mr. P. J. Edwards of Marietta Ga. and find that he has two (2) wounds which he alleges to have received in the war between the states. The injury of left hand consist in amputation of index finger at first joint - the other three (3) finger of same hand are partially paralized - that is the extensor tendons do not act, and the result is an inability to open hand. The second injury is to left ankle and leg. The foot has a long scar on it showing result of injury. There is and old wound on left leg above ankle which is red and tender and at times discharges a thick pus. This sore is claimed to have been there since the injury in 1863. There are also several very large varicose veins of same leg which is source of much annoyance. Both of these injury, to the hand and foot, impair very materially the usefullness of each member

Sworn to & subscribed before me
this April 26th 1902.
John Awtry,

O. T. Nolan M.D.
Gilbert Tennent M.D.

10/28-1901
P. J. Edwards Applic-
from Forsyth County
was Appd 10/1-1901
& Pmt Inspt Hall to be
paid in 1902
J. W. Lindsey
Cons of Pension



Atlanta, Ga., Sept. 1, 1937.
405 State Capitol.

R. S. Eidson enlisted as a private in Co. A, 38th Regiment Ga. Infantry Sept. 26, 1861. Lost arm, Wilderness, Va., May 6, 1864. Home wounded close of war.

Lillian Henderson

Record Q.K.
Eidson, R. S. (Mrs)
C. Fannie
Cobb County
Ctr
038

Widow's Application

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

County Cobb
Name Mrs. Fannie Eidson
Widow of R. S. Eidson
Date of Marriage Oct. 16 1892
Date of Husband's Death Apr. 7. 1907
Company A
Regiment 38th Ga.
Approved
Director.

DEC 27 1937

AUG 1

Ordinary's Certificate

STATE OF GEORGIA,

Cobb COUNTY.

I, Jas. J. Daniell, Ordinary of said County, do certify that I know Mrs. Fannie Eidson the applicant for pension; that she is the person she represents herself to be, and that she has been, continuously, a bona fide resident citizen of said State since January 1st, 1920; that I also know B. V. Grear the witness who swears to the service of husband and/or the marriage; that both of them are now residents of said County and were duly sworn by me before signing the foregoing affidavits, and that they are truthful and trustworthy and their statements are entitled to full faith and credit.

Given under my hand and seal of office this 5th day of August 1937.

(SEAL OF ORDINARY) Jas. J. Daniell, Ordinary.

of Cobb County.

INSTRUCTIONS

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

Atlanta, Ga., Sept. 1,
403 State Capitol.

R. S. Eidson enlisted
private in Co. A, 38th R
Ga. Infantry Sept. 26,
Lost arm, Wilderness, Va.
1864. Home wounded close

Recorded Lt. (mos)
J. Fannie Eidson
Cobb County

Widow's Application

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

County Cobb
Name Mrs. Fannie Eidson
Widow of R. S. Eidson
Date of Marriage Oct. 16 1892
Date of Husband's Death Apr. 7. 1907
Company A
Regiment 38th Ga
Approved 193
Director.

Ordinary's Certificate

STATE OF GEORGIA,

Cobb COUNTY.

I, Jas. J. Daniell, Ordinary of said County, do certify that I know Mrs. Fannie Eidson the applicant for pension; that she is the person she represents herself to be, and that she has been, continuously, a bona fide resident citizen of said State since January 1st, 1920; that I also know B. V. Greer the witness who swears to the service of husband and/or the marriage; that both of them are now residents of said County and were duly sworn by me before signing the foregoing affidavits, and that they are truthful and trustworthy and their statements are entitled to full faith and credit.

Given under my hand and seal of office this 5th day of August 1937.

(SEAL OF ORDINARY) Jas. J. Daniell, Ordinary.

of Cobb County.

INSTRUCTIONS:

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

APPLICATION FOR PENSION BY A WIDOW OF A CONFEDERATE SOLDIER

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

QUESTIONS FOR APPLICANT TO ANSWER:

STATE OF GEORGIA,

Cobb COUNTY.

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

SECTION I.

1. What is your name, and where do you reside? (Give Post Office and County) Mrs. Fannie Eidson, R.F.D.4, Marietta, Cobb Co.

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

Give date, or year, of your birth. May 10 1862 Age? 77

3. (1) When, (2) where and (3) to whom were you married? Oct. 16. 1892, Cherokee Co. - R. S. Eidson

a. Have you married since the death of first and soldier husband? No.
b. When and where did your first husband die? Kennesaw, Ga. Apr. 7. 1907
c. Were you residing together when he died? Yes
d. If not, how long had you resided apart?
e. Are you now a widow? Yes
f. Have you or your husband heretofore been paid a pension by the State? Yes - husband
g. If so, when and for what cause were you or your husband placed on the roll? Cobb Co. 1890 - 1907 Lost arm, Wilderness, Va. May 6, 1864.

SECTION II.

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

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

2. When and where did the Commands of your husband surrender or discharge from the Service?

3. Was your husband personally present with his Command when it was surrendered or discharged?

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

Sworn to and subscribed before me, this the 5 day of Aug. 1937.

Jas. J. Daniell, Ordinary
of Cobb County.
(SEAL OF ORDINARY)

her
X Mrs. R. S. Eidson
Mark Applicant.

An Affidavit

(Read carefully before making this affidavit.)

State of Georgia,

County of

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

1. That she is an applicant for the Georgia pension allowed to widows of Confederate soldiers;

2. That her deceased husband **was not** a pensioner of the State of Georgia at the time of his death, and, therefore, his Confederate military service has not heretofore been proven in connection with an application for pension;

3. That she is unable to obtain from any person or source evidence as to the Confederate military service of her deceased soldier husband;

4. That this affidavit is being made to authorize the use, as evidence, of any official record of said Confederate military service as may be preserved either at the Capitol in Atlanta, or in the office of the Adjutant-General, Washington, D. C.

Sworn to and subscribed before me, this the

day of , 193

, Ordinary,

County.

Questions for Witness as to Marriage and Service of Husband.

STATE OF GEORGIA, Cobb COUNTY.

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

1. What is your name and where do you reside? (Give Post Office and County) B. V. Greer, Marietta, Cobb Co. Ga.

2. How long and since when have you known Mrs. R. S. Eidson applicant About 40 years - Since 1896 or 1897.

3. Where does she now reside, and since when has she been, continuously, a bona fide resident citizen of this State? R7 A4 Marietta, Ga. All time I have known her - Since 1896

4. When and to whom was she married? R. S. Eidson How do you know? were living together as man and wife 1896.

5. How long and since when did you know Robert S. Eidson her husband? About ten years - 1896 or 97 to 1907, time of his death.

6. When and where did R. S. Eidson the husband of applicant, die? Apr. 7, 1907 at Kennesaw, 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? Were they divorced? No -

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

9. When, where and in what Company and regiment did enlist? (Give date and place)

10. How did you obtain your information of this service?

11. How long within your personal knowledge did he perform actual military service with this Company and Regiment? (Give dates.)

12. When and where was his Command surrendered or discharged? (Give date and place.)

13. Were you personally present with this Command when it was surrendered? If not, where were you and how came you there?

14. Was the husband of applicant personally present with his Command at its surrender? If not where was he? and how came him there? When, where and for what cause did he leave his Command? (Give date.) By whose authority did he leave his Command? and how long was he granted leave? How do you know all that you have stated to be true? (If of your own knowledge, state clearly and specifically)

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

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

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

Sworn to and subscribed before me, this the 5 day of Aug, 1937

Jas. J. Wanielle Ordinary of Cobb, County.

(SEAL OF ORDINARY)

B. V. Greer (Witness)

as to questions 1 to 8 inclusive

STATE DEPARTMENT OF PUBLIC WELFARE

HURT BUILDING

ATLANTA

Honorable James J. Daniel, Ordinary,
Cobb County,
Marietta, Georgia.

WHEREAS:

MRS. FANNIE EIDSON, WIDOW OF R. S. EIDSON,

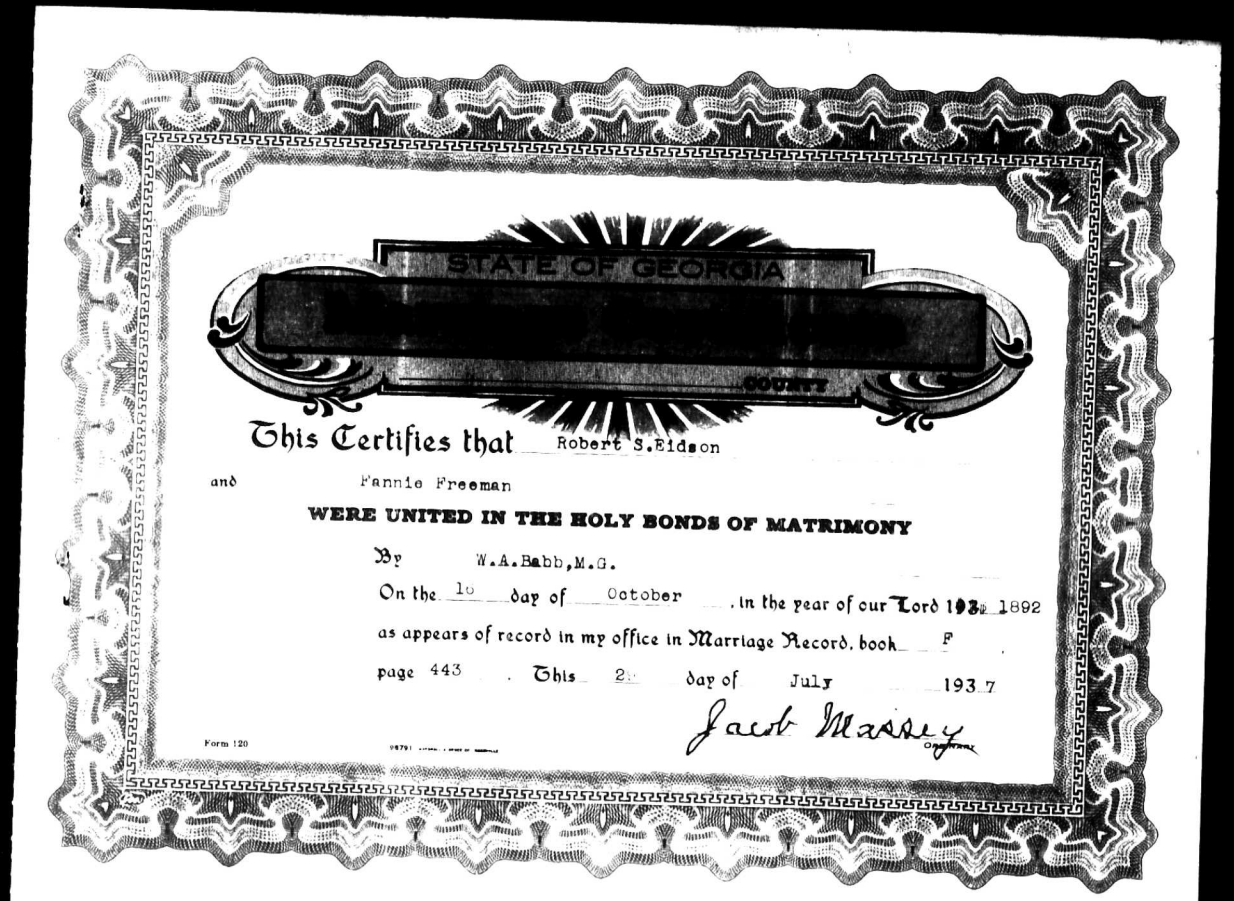
has filed in this office an application for the Georgia pension allowed to widows of Confederate veterans; and it appearing that the late husband of this applicant performed actual military service as a Confederate soldier and was honorably separated from such service; and that applicant was married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

ORDERED:

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

This, the 27th day of December 1937.

L. Thos. Gillen
Director, Confederate Division
State Department of Public
Welfare



STATE OF GEORGIA

[redacted]

COUNTY

This Certifies that Robert S.Eidson

and Fannie Freeman

WERE UNITED IN THE HOLY BONDS OF MATRIMONY

By W.A.Babb,M.G.

On the 1o day of October , in the year of our Lord 18[illegible] 1892

as appears of record in my office in Marriage Record, book F

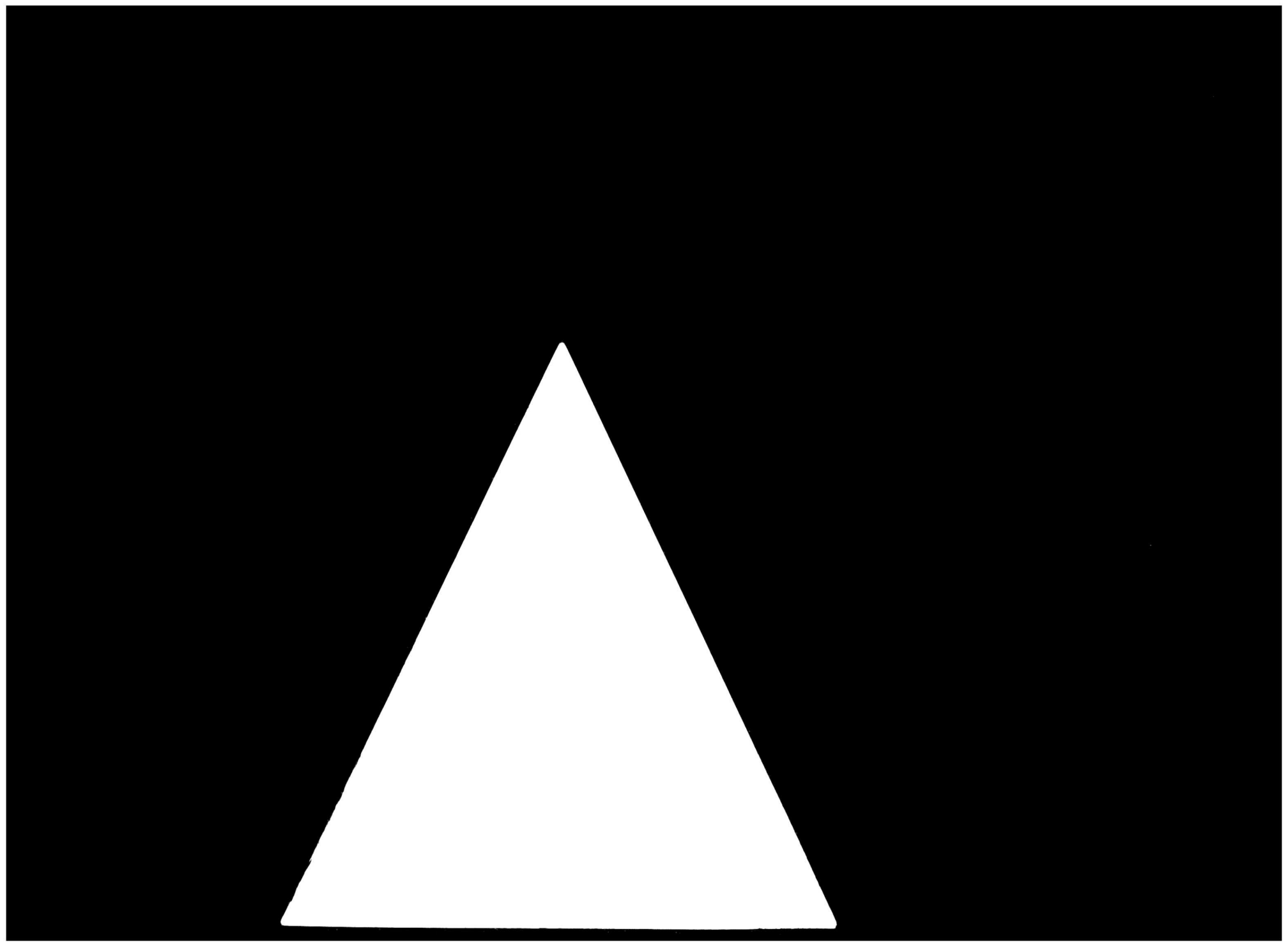
page 443 . This 2[illegible] day of July 193 7

Jacob Massey

Ordinary

Form 120

98791



Eidson, G. B.

No. Cobb Co.

INDIGENT PENSION

1898.

Name G. B. Eidson

County Cobb

Approved 1898.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

1/31.98

POWER OF ATTORNEY.

STATE OF GEORGIA,
COUNTY.

I, _____ of _____ 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 _____ day of _____ 1898.

Executed in presence of

_____ [L.S.]

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.]

INDIGENT PENSION

1898.

Name G. B. Eidson

County Cobb

Approved 1898.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

1/31.98

No. [illegible]

Questions for Applicant (Lydens Battery)

STATE OF GEORGIA,
Cobb County.

G. B. Eidson 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.)
G. B. Eidson. Smyrna Georgia

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

3. When and where were you born? 1824. Oglethorpe County Ga

4. When and where and in what company and regiment did you enlist or serve? Lochs Tty. 1862 at Atlanta Ga. Lydens Artillery 9th Ga Batalion of Artillery

5. How long did you remain in such company and regiment?
Until the war closed. was Captured and confined at Camp Douglass and was discharged from person after the war

6. For how long a period did you discharge regular military duty? until I was Captured

7. When, where and under what circumstances were you discharged from service? Was discharged at the close of the war from Camp Douglass person.

8. What is your present occupation? Farmer

9. How much can you earn (gross) per annum by your own exertions or labor? Twenty Dollars

10. What has been your occupation since 1865? Farmer

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

12. If upon the first ground, state how long you have been in such condition that you could not earn your support? If upon the second, give a full and complete history of the infirmity and its extent? If upon the third, state whether you are totally blind and when and where you lost your sight?
for the past 2 year applicant has been unable to earn a support is 74 years old and very feeble

13. What property, effects or income do you possess and its gross value? None

14. What property, effects or income did you possess in 1894, 1895, 1896 and 1897 and what disposition, if any, did you make of same? In 1895 I owned a piece of property which was under a mortgage & has been sold to satisfy said mortgage at present applicant has no property real or personal

15. In what County did you reside during those years and what property did you then return for taxation?
Cobb Co Ga = None

16. How were you supported during the years 1896 and 1897? In 1896 by my son and 1897 by my son in law & 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? Sixty Dollars. applicant contributed about 20 dolls

18. What was your employment during 1896 and 1897? What pay did you receive in each year?
Farmer. earned about 20 dolls

19. Have you a family? If so, who composes such family? Give their means of support? Have they a homestead? family. wife. children all married No homestead

20. Are you receiving any pension, if so, what amount and for what disability? Applicant is not receiving any pension

Sworn to and subscribed before me this the 14 day of January 1898.

G B Eidson
Applicant.

J. M. Stone Ordinary.
of Cobb County.

Every Question MUST be Answered

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,
Cobb County.

J E Legg and H G Segers, of said State and County, having been presented as a witness in support of the application of J. B. Edison for pension under the Act approved December 15th, 1894, and after being duly sworn true answer to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? J E Legg and H G Segers - Marietta Cobb Co Ga

2. Are you acquainted with J B Edison, the applicant, if so how long have you known him? about 40 years

3. Where does he reside, and how long and since when has he been a resident of this State? Ever since we have known him some 40 yrs

4. When, where and in what company and regiment did he enlist, and how do you know? 9th Ga Batalion Artillery Co A Cadmus Artillery we were in the same company and regiment

5. Were you a member of the same company and regiment?

6. How long did he perform regular military duty, and what do you know of his service as a Confederate soldier, and the time and circumstances of his discharge from the service? applicant enlisted in Atlanta Ga in July 61 1862 was always at his post of duty served faithfully until captured and was confined with us at Camp Douglas Ill until he close of the war and until he was discharged

7. What property, effects or income has the applicant? (Give your means of knowledge.) None in 1895 all of his property was sold under a Mortgage and at present has no property

8. What property, effects or income did the applicant possess in 1896 and 1897, and what disposition, if any, did he make of same? Had none property sold under Mortgage 1895

9. Has he conveyed away any of his property in the last three years, if so, what was it and to whom? Has not. What he had was sold under the mortgage as set out in answers to the question

10. What is the applicant's occupation and physical condition? Farmer is old and infirm is 74 years of age and is a very feeble old man

11. Is the applicant unable to support himself by labor of any sort, if so, why? He is and as said in answers to Question 10 is 74 yrs old and very feeble

12. How was he supported during the years 1896 and 1897? by his own exertions and by contributions from his friends

13. What portion of his support for these two years was derived from his own labor or income? Twenty Dollars would be all that he could earn in four months

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? as already stated applicant is 74 yrs of age has no property and is unable to make a livelyhood and is a very feeble

15. What interest have you in the recovery of a pension by this applicant? None whatever

Sworn to and subscribed before me, this the 14 day of January 1898.

H C Stone Ordinary.

J E Legg
J H Segers
Witness.

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,
Cobb County.

Personally came before me, J. H. Moss and J. D. Malone, both known to me as reputable physicians of said County, who being severally sworn, say on oath that they have examined carefully J. B. Edison, applicant for pension under the Act of 1894, and after such personal examination say that his precise physical condition is as follows:

He has Diarrhea & Kidney and bladder associated in his case & chronic and feeble

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 20 day of January 1898.

H C Stone Ordinary.

J. H. Moss M.D.
J. D. Malone M.D.

ORDINARYS' CERTIFICATE.

STATE OF GEORGIA,
Cobb County.

I, H C Stone, Ordinary in and for said County, hereby certify that the applicant J B Edison resides in said County, and has been a bona fide resident of this State since the 1st day of December 1865 and that the witnesses, viz.: J E Legg, H G Segers, H. G. Moss M.D. and J. D. Malone M. D. are of trust worthy character and that their statements are entitled to full faith and credit.

I further certify that before answering the forgoing 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 20 day of January 1898.

H C 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,
Cobb County.

I, G. B. Eidson, hereby authorize
T. J. Hanby of Marietta Ga.
to receive and receipt for the pension allowed, and request that he remit same to
me at
by him

Witness my hand and seal this 19th day of Jany 1899.

Executed in presence of
W. Elane
G. B. Eidson (L. S.)

CODE SEC. 1254
(For Those Already Enrolled.)

No. 2477

INDIGENT
SOLDIER'S PENSION,
1899.

Name G. B. Eidson
County Cobb

WARRANT ISSUED
1/21 1899

RICHARD JOHNSON,
Commissioner of Pensions

WARRANT HANDED TO
T. J. Hanby
Geo. W. Harrison, State Printer, Atlanta.

No data

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cobb County.

I, G. B. Eidson hereby authorize
John Hurtley of Marietta
to receive and receipt for the pension allowed and request that he remit same to
me at his office
by hand

Witness my hand and seal, this 4 day of Jany 1902.

G. B. Eidson (L. S.)

Executed in presence of

Eidson, G. B.
Cobb County

CODE SECTION 1254
(FOR THOSE ALREADY ENROLLED.)

No. 560

From Fulton 1901

INDIGENT
SOLDIER'S PENSION
1902.

Name G. B. Eidson
County Cobb
Co. 9th Regiment
Batt. Artillery

WARRANT ISSUED
1/10 1902

JOHN W. LINDSEY,
Commissioner of Pensions

WARRANT HANDED TO
Cady
W. Harrison, State Printer, Atlanta

No data

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears G. B. Eidson 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 9 day of Jany. 1824; that he is 75 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 Yrs. in Company A, of 9 th Regiment of Ga. Vols. Artillery (Lyddon's Battery) 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 1899. I have heretofore as a resident of Cobb county been ~~allowed a pension for the year 189~~ enrolled as a Pensioner

Sworn to and subscribed before me, this the 10 day of Jany. 1899. G B Eidson

Ordinary. Smyrna Ga.

State of Georgia,

Cobb County.

I, J M Stone Ordinary of said County, do certify that I am well acquainted with G. B. Eidson the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 Jany 1899.

Affix your seal here

J M Stone Ordinary Cobb County.

Note.—Two 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 G B Eidson of Cobb County, State of Geoogia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the day of 1824; that he is 77 years old and by occupation a farmer that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served for the term of 3 years in Company , of 9 th Regiment Lyddon's Artill. Ga. 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 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 Fulton county been allowed a pension for the year 1901

Sworn to and subscribed before me, this the 4 day of Jany 1902. G B Eidson

John Awtry Ordinary.

STATE OF GEORGIA,

Cobb County.

I, John Awtry Ordinary of said County, do certify that I am well acquainted with G B Eidson the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 Jany 1902.

Affix your seal here

John Awtry 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,
Cobb County.

I, G B Eidson hereby authorize
John Awtry 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 Jan 1903.

G B Eidson [L. S.]

Executed in presence of
J M Lamm

Eidson, G. B.
Cobb County

CODE SECTION 1254.
(FOR THOSE ALREADY ENROLLED.)

No. 439

INDIGENT
SOLDIER'S PENSION
1903.

Name G B Eidson
County Cobb
Co. 9th Regiment Whitley

WARRANT ISSUED
1/23 1903.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
Ady

Geo. Harrison, State Printer, Atlanta.

No date

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cobb County.

I, G B Eidson hereby authorize
John Awtry of Marietta
to receive and receipt for the pension allowed and request that he remit same to
me at his office
by hand

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

G. B. Eidson [L. S.]

Executed in presence of
John Awtry

Eidson, G. B.
Cobb Co

CODE SECTION 1254.
(FOR THOSE ALREADY ENROLLED.)

No. 682

INDIGENT
SOLDIER'S PENSION
1904.

Name G B Eidson
County Cobb
Co. 9th Regiment Lt

WARRANT ISSUED
1/25 1904.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
Ady

Geo. W. Harrison, State Printer, Atlanta.

no date

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
Cobb County.

Personally appears G. B. Eidson 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 ____ 1824; that he is 78 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 yrs in Company ____, of 9th Batt Lyons Regiment of Ga. Vols; that his physical condition is as follows: On acct of age infirmity & poverty he is unable to earn a support

artillery

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 Cobb county been allowed a pension for the year 1902

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

John Awtry Ordinary. G. B. Eidson

STATE OF GEORGIA,
Cobb County.

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

Given under my official signature and seal, this 10 day of Jan 1903.

Affix your Seal here

John Awtry
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 G. B. Eidson 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 ____ 1824; that he is 79 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 yrs in Company ____, of 9th Batt Lyons Regiment of Ga. Vols; that his physical condition is as follows: On account of age infirmity and poverty he is unable to support himself

Artillery

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 2 day of Jan 1904.

G. B. Eidson
G. B. Eidson Ordinary.

STATE OF GEORGIA,
Cobb County.

I, John Awtry Ordinary of said County, do certify that I am well acquainted with G. B. Eidson the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 1904

Affix your Seal here.

John Awtry
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, G B Eidson hereby authorize
Attorney 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 1905.

G. B. Eidson [L. S.]

Executed in the presence of

Eidson, G. B.
Cobb Co.

CODE SECTION 1254.
(FOR THOSE ALREADY ENROLLED.)

No. 709

INDIGENT
SOLDIER'S PENSION
1905.

Name G. B. Eidson
County Cobb
Co. Regiment
WARRANT ISSUED
1905.

JOHN W. LINDSEY,
Commissioner of Pensions

WARRANT HANDED TO

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

no date

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cobb COUNTY.

I, G B Eidson hereby authorize
John Aurtey 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 1906.

G B Eidson [L. S.]

Executed in the presence of

Eidson, G. B.
Cobb County

CODE SECTION 1254.
(FOR THOSE ALREADY ENROLLED.)

No. 664

INDIGENT
SOLDIER'S PENSION
1906.

Name G. B. Eidson
County Cobb
Co. 9th Ga. Regiment
WARRANT ISSUED
1/22 1906.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
Judy

THE FRANKLIN PRINTING AND PUBLISHING CO. GEO. W. HARRISON, MGR.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
Cobb County.

Personally appears G B Eidson 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 ____ 1824; that he is 78 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 9 Ga. of Ga. Regiment of Cavalry Artillery, Gen. Cobb; 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 ____ day of ____ 1905. J. B. Eidson

____ Ordinary.

STATE OF GEORGIA,
Cobb County.

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

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

John Awtrey
Ordinary Cobb County.

Affix your seal here

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,
Cobb County.

Personally appears G B Eidson 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 82 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 3 yrs. in Company 9 Ga of Ga Regiment of Cavalry Artillery Gen Cobb; 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 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 2 day of January 1906. G B Eidson

John Awtrey Ordinary.

50

State of Georgia,
Cobb County.

I, John Awtrey Ordinary of said County, do certify that I am well acquainted with G B Eidson the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 1906.

John Awtrey
Ordinary Cobb County.

Affix your seal here

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, G B Eidson, hereby authorize John Hobrey of

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

at

by

WITNESS my hand and seal, this 12 day of June 1907.

G B Eidson [L. S.]

Executed in presence of

[illegible]

Eidson, G. B.,
Cobb Co.,

CODE SECTION 1254.
(FOR THOSE ALREADY ENROLLED)

No. [illegible]

INDIGENT
SOLDIER'S PENSION
1907.

Name G B Eidson
County Cobb
Co. A Ga Batt
Regiment
WARRANT ISSUED
JUN 21 1907.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

no info

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,

Cobb County.

Personally appears G B Eidson 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 A, of ~~Eq Regiment~~ of 9 Ga. Battn. Lafayette art Gov Vols; that his physical condition is as follows: Age & Infirmity & 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 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 12 day of June 1907.

+ G B Evadson

John Hotrey Ordinary.

State of Georgia,

Cobb County.

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

Given under my official signature and seal this 12 day of June 1907.

John Hotrey

Affix your seal here

Ordinary _____ County.

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

GEORGIA, Cobb County.

I, John Awtrey, Ordinary of said county, do certify that I personally know Roena Eidson, the applicant, and that she is the lawful widow of G B Eidson, and was on the Indigent Pension Roll of said Cobb county, and was paid a Pension from Cobb county for 1907, and at the time of his death on the 29th day of June 1908, there was due to him and unpaid his Pension of Twenty dollars from the State of Georgia, and I know J J Hamby, the within witness, and he is of a truthful and trustworthy character and entitled to full credit.

Given under my hand and seal this 7 day of July 1908.

John Awtrey Ordinary.

Cobb County.

Eidson, G. B.

Cobb County

No. 1908

Application for Pension Due Deceased Solder

UNDER ACT 1891.

By Mrs. Roena Eidson

Widow of G B Eidson

of Cobb County.

Co. —, Regt. — Vols.

Approved and Paid

190

J. W. LINDSEY,
Commissioner of Pensions.

GEORGIA, _____ County.

I hereby authorize and constitute _____ of said county, my lawful attorney to collect and receipt for me in my name the Pension due me for 190—, through my deceased husband _____, who was on _____ Pension Roll and paid from _____ for 190—.

Witness my hand this _____ day of _____ 190—.

Attested before me:

_____ _____

Application for Pension Due Deceased Soldier

UNDER ACT APPROVED OCTOBER 9, 1891.

STATE OF GEORGIA, Cobb County.

Personally before me comes Mrs. Roena Eidson, of said county, after being duly sworn, on oath says that she is the widow of G. B. Eidson who was duly enrolled as an Indigent Pensioner from the county of Cobb and was paid a Pension of Sixty Dollars from Cobb county for 1907, and that the said G. B. Eidson died in Cobb county on the 29th day of June 1908, and at the time of his death a Pension of Thirty was due him from Cobb county and unpaid for 2nd & third quarter of 1908. Applicant further swears that she married the said G. B. Eidson on the 15th day of September 1892, in Cobb county and State of Georgia and resided with him from the date of marriage to his death as his lawful wife, and is now his dependent widow, and she asks that the Pension so due and unpaid be paid to her.

Sworn to and subscribed before me this 6th day of July 1908.

John Awhey Ordinary, Cobb County. } Roena her X mark Eidson [L. S.]

AFFIDAVIT OF WITNESS.

GEORGIA, Cobb County.

Personally before me comes T. J. Hamby, who on oath says that he knew G. B. Eidson while in life and that he knows Mrs. Roena Eidson the above applicant; that he knows that the said G. B. Eidson and Roena Herring were in due form of law married in the county of Cobb in the State of Georgia on the 15th day of September 1892, and that they resided together as husband and wife from date of marriage to the day of his death on the 29 day of June 1908, and I now know that she is his dependent widow.

Sworn to and subscribed before me this 6 day of July 1908.

John Awhey Ordinary, Cobb County. } T. J. Hamby

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

GEORGIA,
COBB COUNTY. } Court of Ordinary of said County.

I, J. M. Gann, Clerk of the Court of Ordinary of said County, in said State, do hereby certify that the foregoing is a correct transcript of the record in the matter of

Copy of Marriage License and Certificate of Marriage of G. B. Gibson and Mrs. Rosa Kenny

and I further certify that I have compared said transcript with said record and that the same is a correct transcript therefrom. I further certify that under the laws of Georgia I am the keeper and custodian of said records and the proper party to make and certify transcript therefrom and that I am the duly appointed and qualified Clerk of said Court.

In witness whereof I have hereunto set my hand and seal of office in the City of Marietta, County of Cobb, State of Georgia. This 6th day of July 1908.

J. M. Gann
Clerk Court Ordinary, Cobb County, Ga.

STATE OF GEORGIA,
COBB COUNTY. } Court of Ordinary of said County.

I, John Awtrey, Ordinary and Judge of the Court of Ordinary of said County, in said State, hereby certify that J. M. Gann is the duly appointed and qualified Clerk of said Court of Ordinary, and as such Clerk is the custodian of the records and files of said Court. I further certify that the attestation made by him is genuine and in due form of law and by the proper officer, and that the seal thereto attached is the seal of said Court.

In witness whereof I have hereunto affixed my name.

This 6th day of July 1908.

John Awtrey
Ordinary of Cobb County, Ga.

MARRIAGE LICENSE.

STATE OF GEORGIA, COBB COUNTY.

TO ANY MINISTER OF THE GOSPEL, JUDGE OF THE SUPERIOR COURT, OR JUSTICE OF THE PEACE, TO CELEBRATE:

YOU ARE HEREBY AUTHORIZED TO JOIN IN THE HONORABLE STATE OF MATRIMONY

G B Eidson and Miss Roena Herring

According to the Rites of your Church, provided there be no lawful cause to obstruct the same, according to the Constitution and Laws of this State; and for so doing this shall be your sufficient License.

Given under my hand and seal 14 day of September 1892

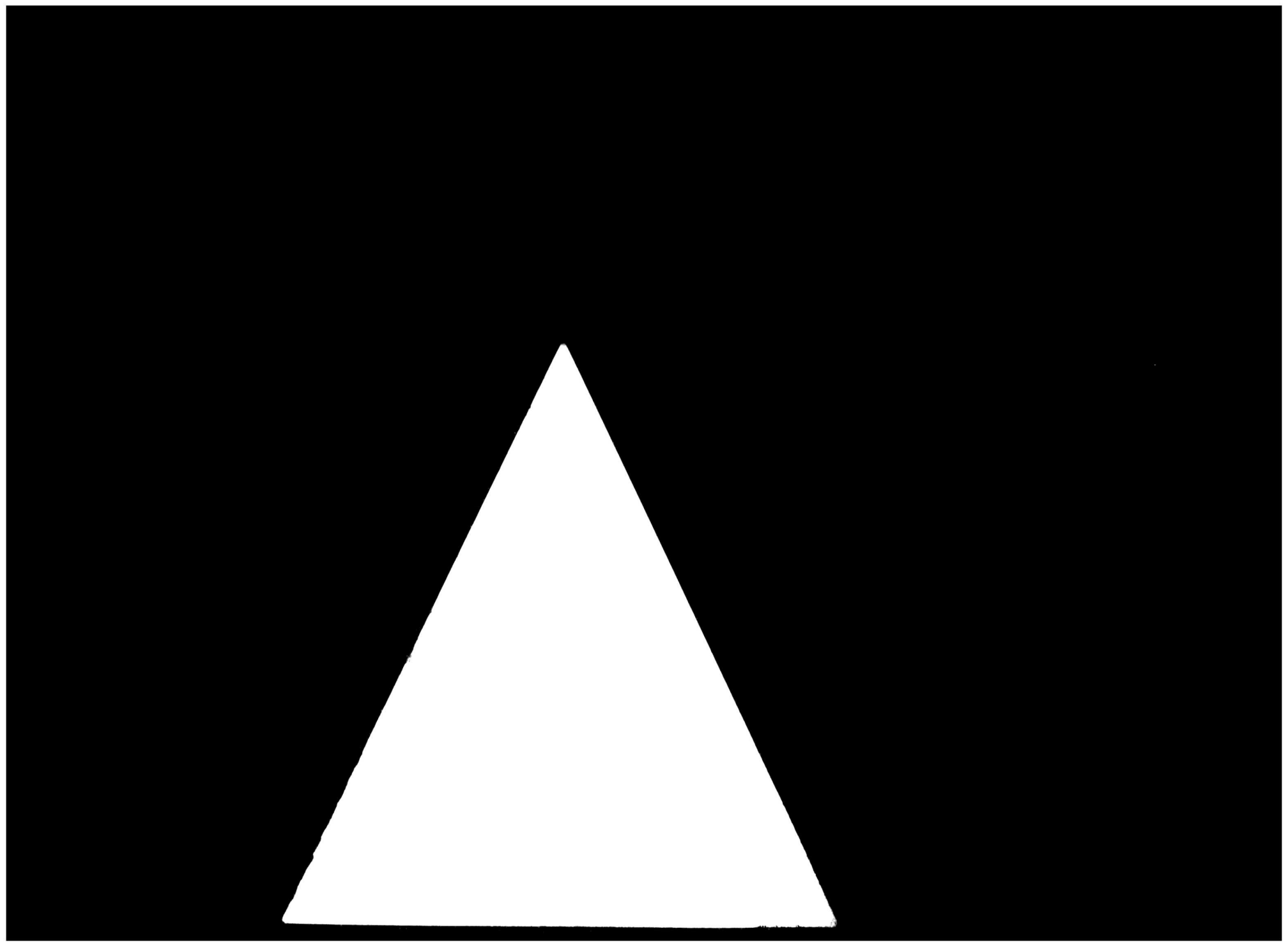
J. M. Stout (Seal)
ORDINARY.

I Hereby Certify that G.B. Eidson and Miss Roena Herring were joined together in

HOLY BANS OF MATRIMONY

on the 15th day of September 1892, by me.

W W West M G



Eidson, R. S.
429
Eidson, R. S.

No. 233 Cobb Co

APPLICATION FOR

Arm

FOR CONFEDERATE SOLDIER.

Applicant R S Eidson

County Cobb

Limb Arm below elbow

Amount $40

Date of Warrant Nov 14th/79

Page

Co. A, 38th Ry & Ga

Inf

1952

Eidson, R. S.
#429
Eidson, R. S.
No. 233 Cobb Co

APPLICATION FOR

Arm

For Confederate Soldier.

Applicant R. S. Eidson

County Cobb

Limb Arm below Elbow

Amount $40

Date of Warrant Nov 14th 79

Page

Co. A, 38th Ga Vol

STATE OF GEORGIA.

Cobb County.

Personally appeared before me R. J. Eidson 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 "A" 38 Regiment of Georgia Volunteers that while engaged in such military service, to-wit: at the battle or engagement of Wilderness in the State of Virginia on the 6 day of May 1864, he was wounded in the right arm, and that the same was amputated below the Elbow that he has not received the payment allowed him for such limb under an Act entitled an Act to carry into effect the last clause of Paragraph 1, Section 1, Article 7 of the Constitution of 1877, approved September 20th, 1879; that he has not supplied himself with an artificial arm; or that, not having done so, he prefers to supply himself with an artificial arm

Sworn to and subscribed before me this 10 day of November 1879

R. M. Hammett Ordy

R. S. Eidson

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

COMMISSIONED OFFICER'S AFFIDAVIT.

STATE OF GEORGIA,

Cobb County.

Personally came before me J. R. Humphries of the county of Cobb, State of Georgia, who, being duly sworn, deposes and says that he was Asst Surgeon in Company a 38th Ga Regiment and that R. J. Eidson, the above deponent, was a Private in said Company, and that this deponent knows that said R. J. Eidson lost a n arm in the military service as said in the above affidavit.

Sworn to and subscribed before me this 10 day of November 1879

R. M. Hammett Ordy

J. R. Humphries M.D.

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

AN ACT

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

SECTION I. Be it enacted by the General Assembly of the State of Georgia, That any person now a bona fide resident of this State, who enlisted in the military service of the Confederate States, or of this State, who, while engaged in said military service, lost a limb or limbs, may furnish to the Governor of this State proof that such applicant has supplied himself with such necessary artificial limb or limbs, and the Governor, on reception of such proof, is hereby authorized to draw his warrant on the Treasurer of this State in favor of such applicant for either amount hereinafter mentioned, to wit: For a leg extending above the knee, one hundred dollars; for a leg not extending above the knee, seventy five dollars; for an arm extending above the elbow, sixty dollars; for an arm not extending above the elbow, forty dollars. Provided the said amounts of money may be allowed to any one entitled to the benefits of this Act who may prefer to supply himself with the said artificial limb.

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

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

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

HENRY R. GOETCHIUS,
Secretary House Representatives.
WM. A. HARRIS,
Secretary Senate.
Approved, September 6th, 1879.

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

ALFRED H. COLQUITT, *Governor.*

STATE OF GEORGIA,
County.

Personally came.....

.....

who, being duly sworn, depose and say they are acquainted with.....

.....and know that he lost a .....in the military service during the late war; that said..... .....was amputated..... .....; 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..... ...
....day of.....18.....

.....

STATE OF GEORGIA,
Cobb County,

I, H. M. Hammett, Ordinary of Cobb county, do certify that I am well acquainted with R. S. Eichson 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 Dr. J. R. Humphries the Physician the citizens who make their affidavit, that they are respectable citizens of this county, and that the facts stated by them are true.

Given under my hand and official seal, this 10th day of November 1879

H. M. Hammett
Ord.

AN ACT

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

SECTION I. Be it enacted by the General Assembly of the State of Georgia, That any person now a bona fide resident of this State, who enlisted in the military service of the Confederate States, or of this State, who, while engaged in said military service, lost a limb or limbs, may furnish to the Governor of this State proof that such applicant has supplied himself with such needful artificial limb or limbs, and the Governor, on reception of such proof, is hereby authorized to draw his warrant on the Treasurer of this State in favor of such applicant for either amount hereinafter mentioned, to wit: For a leg extending above the knee, one hundred dollars; for a leg not extending above the knee, seventy five dollars; for an arm extending above the elbow, sixty dollars; for an arm not extending above the elbow, forty dollars. Provided the said amounts of money may be allowed to any one entitled to the benefits of this Act who may prefer to supply himself with the said artificial limb.

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

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

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

HENRY R. GOETCHIUS,
Secretary House Representatives
WM. A. HARRIS,
Secretary Senate

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

Approved, September 10th 1879

ALFRED H. COLQUITT, *Governor*

County.)

Personally came.....

.....

who, being duly sworn, depose and say they are acquainted with.....

.....and know that he lost a .....in the military service during the late war; that said.....was amputated.....; 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.....

.....day of.....18.....

.....

STATE OF GEORGIA,

Cobb County,

I, H. M. Hammett, Ordinary of Cobb county, do certify that I am well acquainted with R. S. Eichson 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 Dr J. R. Humphries the Physician the citizens who make their affidavit, that they are respectable citizens of this county, and that the facts stated by them are true.

Given under my hand and official seal, this 10th day of November 1879

H. M. Hammett
Ord

BAD COPY****OR**LIGHT PRINT

Eidson, R. S.
Cobb Co.

No. 326

APPLICATION FOR ALLOWANCE

FOR YEAR ENDING, OCT. 26, 1889.

FOR

Gross Disability

Applicant R. S. Eidson

County Cobb

Amount 100.

Date of Warrant Feby 9 1889

Entered on Record, Feby 9 1889

SECRETARY EXECUTIVE DEPARTMENT.

Applicant

STATE OF GEORGIA,
Cobb County.

PERSONALLY appears R. S. Eidson 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 continuously since the 11th day of Dec 1849; that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served as a private in Company "A", of 38th Regiment of Ga Volunteers Gordon's 's Brigade; that whilst engaged in such military service, at the battle of the Wilderness in the State of Virginia on the 6" day of May 1864, he was wounded as follows: The right arm was shot through the bone just below the elbow and was amputated from that point on account of the wound on 7" day of May following to 1864—

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

Sworn to and subscribed before me, this the 9" day of Feby 1889 } R. S. Eidson

J. M. Stone
Ordy

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 Jno M. Stone Ordinary of said county, Dr. ~~H. H. Gibson~~ and E. J. Setze, both known to me as reputable physicians of said county, who, being severally sworn, say on oath that they have carefully examined R. S. Eidson and after such examination say that the applicant has been injured as follows: He was shot through the right arm below the elbow and the arm was amputated at that point, apparently ~~when~~ soon after he was wounded

Sworn to and subscribed before me, this 9" day of Feby 1889. } E. J. Setze M.D. P.R. Costelyou M.D.

J. M. Stone
ORDINARY.

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

STATE OF GEORGIA,
Cobb County.

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

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

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

Given under my official signature and seal, this 6th day of Feb 1889.

J. W. Stone
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 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 188

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

STATE OF GEORGIA,

Cobb County.

I, J. M. Stone Ordinary of said county, do certify that I am well acquainted with R. S. Eidson 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. 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 10 day of Feby 1890

J. M. Stone

Ordinary Cobb County.

STATE OF GEORGIA,

Cobb County.

I, J. M. Stone Ordinary of said County, do certify that I am well acquainted with R. S. Eidson 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 10 day of Feby, 1891.

J. M. Stone

Ordinary Cobb County

Edison R. S.

1890.

No. 906

APPLICATION FOR ALLOWANCE.

FOR YEAR ENDING OCTOBER 26, 1890.

FOR

Loss of Arm

Applicant, R. S. Eidson

County, Cobb

Amount, 100

Date of warrant, Feby 11

Entered on record Feb 11 1890

W. H. H.

SECRETARY EXECUTIVE DEPARTMENT.

WARRANT HANDED TO

Applicant

Edison R. S.

1891.

Edison R. S.

Cobb Co

No. 530

Application for Allowance

FOR YEAR ENDING OCTOBER 26, 1891.

FOR

Loss of Arm

Applicant, R. S. Eidson

County, Cobb

Amount, $100

Date of Warrant, Feb 11 91

Entered on record Feb 11 1891

W. H. H.

SECRETARY EXECUTIVE DEPARTMENT.

WARRANT HANDED TO

Applicant

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

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

( ) County.

PERSONALLY appears [illegible] of [illegible] 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 [illegible] day of [illegible] 18[illegible]; that he enlisted in the military service of the Confederate States (or of the State of [illegible]) during the war between the States, and served as a [illegible] in Company [illegible], of [illegible] Regiment of [illegible] Volunteers [illegible]'s Brigade; that whilst engaged in such military service, at the battle of [illegible] in the State of [illegible], on the [illegible] day of [illegible] 1864, he was wounded as follows: [illegible]

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 [illegible] dollars.

Sworn to and subscribed before me, this the [illegible] day of [illegible] 1890.

R. S. Eidelson

[illegible]

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 haud and seal, this

day of 189

[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,

( ) County.

PERSONALLY appears R. S. Eidelson of [illegible] 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 [illegible] day of [illegible] 18[illegible]; that he enlisted in the military service of the Confederate States (or of the State of [illegible]) during the war between the States, and served as a Private in Company A, of 38th Regiment of [illegible] Volunteers Gordon's Brigade; that whilst engaged in such military service at the battle of [illegible] in the State of [illegible], on the [illegible] day of [illegible] 186[illegible] he was wounded as follows: [illegible]

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 [illegible].

Sworn to and subscribed before me, this the [illegible] day of [illegible], 1891.

R. S. Eidelson

[illegible]

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,

[illegible] County.

Know all Men by these Presents, That I,

of [illegible] 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 [illegible] 1891.

[L. S.]

Executed in the presence of us:

DIRECTION.

Send money to me as follows, by

to [illegible] P. O.

[illegible] **County, Georgia.**

STATE OF GEORGIA,

Cobb County.

I, John M. Stone Ordinary of said county, do certify that I am well acquainted with R. S. Eidson 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 repesents himself to be, and that he resides in this county.

Given under my official signature and seal, this 2d day of March 1892.

J. M. Stone

Ordinary Cobb County.

Cobb Co.
Eidson, R. S.

No.

SOLDIER'S PENSION.

1892.

FOR THE YEAR ENDING OCTOBER 26, 1892

Name R. S. Eidson

County Cobb

Disability Loss of Arm

Amount, $ 100

Entered on record March 2 1892.

W. H. HARRISON,
Secretary of Executive Department

AGENT.

Applicant

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

STATE OF GEORGIA,

Cobb County.

I, J. M. Stone Ordinary of said county, do certify that I am well acquainted with R. S. Eidson 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 repesents himself to be, and that he resides in this county.

Given under my official signature and seal, this 18 day of March 1893.

J. M. Stone

Ordinary Cobb County.

Cobb Co.
Eidson, R. S.

No.

SOLDIER'S PENSION.

1892

FOR THE YEAR ENDING OCTOBER 26, 1892

Name R. S. Eidson

County Cobb

Disability Loss of Arm

Amount, $ 100

Entered on record 3/18 1892.

W. H. HARRISON,
Secretary of Executive Department

AGENT.

Applicant

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

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

PERSONALLY appears R. S. Eidson

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 December 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 "A" of 38 th Regiment of Georgia Volunteers Gordons 's Brigade; that whilst engaged in such military service at the battle of The Wilderness in the State of Virginia, on the Sixth day of May 1864, he was wounded as follows: gun shot wound to Upper end of Humerus Carrying the loss of Left Hand Arm by Amputation

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 One Hundred Dollars for Loss of Left Arm

Sworn to and subscribed before me this the 2 day of March 1892

R. S. Eidson

J. M. Lane 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, 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 1892.

[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 R. S. Eidson

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 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 A, of 38 th Regiment of Georgia Volunteers Gordons 's Brigade; that whilst engaged in such military service at the battle of The Wilderness in the State of Virginia, on the 6 day of May 1864, he was wounded as follows: a minie ball struck back of right hand, ruined and split hand and the arm up to half way between wrist and Elbow of said arm and from the effect of said wound had to have said right arm amputated about midway between wrist & Elbow.

Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1892. I have heretofore been allowed a pension of One hundred Dollars for the year 1891

Sworn to and subscribed before me this the 18 day of March 1892.

R. S. Eidson

J. M. Lane 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, 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 1892.

[L. S.]

Executed in the presence of us:

DIRECTION.

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 1894.

[L. S.]

Executed in the presence of us

DIRECTIONS.

Send money to me as follows, by

to

P. O.

County, Georgia.

(For Those Already Enrolled.)

No.

Soldier's Pension.

1894.

Name

County

Disability

Amount, $

1894

W. H. HARRISON,

Secretary Executive Department.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

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 Warrrant 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.

(For Those Already Enrolled.)

No. 298

SOLDIER'S PENSION.

1895.

Name

County

Disability

Amount, $

1895.

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }
Cobb County. }

PERSONALLY appears R S Eidson 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 Dec 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 38th Regiment of Volunteers Gordon 's Brigade; that whilst engaged in such military service at the battle of Wilderness near in the State of Virginia, on the 6th day of May 1864, he was wounded as follows: By gun shot Shot Striking right Arm Above Elbow Carrying Said Ball to the Amputation of Arm above the Ball.

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 5th day of March 1894. } R. S. Eidson

J. M. Stone Ordy

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

Given under my official signature and seal, this 14 day of March 1894.

Affix your seal here

J. M. Stone
Ordinary Cobb County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }
Cobb County. }

Personally appears R. S. Eidson 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 11 day of Dec 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 38th Regiment of Ga. Volunteers, Gordon 's Brigade; that whilst engaged in such military service at the battle of Wilderness in the State of Va. on the 6th day of May 1864, he was wounded as follows: By Minnie Shot Striking right arm on A-cont of which wound said right Arm was Amputated just below elbow.

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 5th day of March 1895. } R. S. Eidson

J. M. Stone Ordy

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

Given under my official signature and seal, this 5th day of March 1895.

Affix your seal here

J. M. Stone
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

Eidson, R. L.
Cobb Co.
ACT OF 24 OCT., 1887.
(For These Already Enrolled.)
No. 1948

SOLDIER'S PENSION.
1896.

Name R. S. Eidson
County Cobb
Disability Loss right Arm
Amount, $ 100.
3/2 1896

RICHARD JOHNSON,
Secretary Executive Department.

WARRANT HANDED TO
Appel

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 1897.

[L. S.]

Executed in presence of

Eidson, R. S.
Cobb County
ACT OF 24 OCT., 1887.
(For These Already Enrolled.)
No. 2801

INVALID
SOLDIER'S PENSION.
1897.

Name R. S. Eidson
County Cobb
Disability Loss right Arm
Amount, $ 100.
3/1 1897.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO
Appel

GEO. W. HARRISON, STATE PRINTER, AT ANTA.

No data

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Cobb County.

Personally appears R. S. Eidson 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 A, of 38th Regiment of Ga. Volunteers, Gordon's Brigade; that whilst engaged in such military service in the State of Va., on the 6th day of May 1864, he was wounded, injured or diseased as follows:

~~the right~~ By Gunshot Striking the right Arm between the Elbow and Wrist thereby Causing Said Arm to be amputated Just below the Elbow —.

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 1895

Sworn to and subscribed before me, this, the 7th day of Mar 1896. } R. S. Eidson

J. M. 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, J. M. Stone Ordinary of said County, do certify that I am well acquainted with R. S. Eidson the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 Mar 1896.

Affix your seal here.

J. M. Stone

Ordinary Cobb County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Cobb County.

Personally appears R. S. Eidson 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 11th day of Dec 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 A, of 38th Regiment of Ga. Volunteers, Gordon's Brigade; that whilst engaged in such military service in the State of Va., on the 16 day of May 1864, he was wounded, injured or diseased as follows:

By Gunshot Striking the right Arm so fracturing it that it was amputated between the Wrist & Elbow.

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 26 day of Feby 1897. } R. S. Eidson POST OFFICE Kennesaw Ga

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

Given under my official signature and seal, this 26th day of Feby 1897.

Affix your seal here.

J. M. Stone

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

ACT OF 24 OCT., 1887
(For Those Already Enrolled.)

No. 3163

INVALID
SOLDIER'S PENSION.
1898.

Name R. S. Eidson
County Cobb
Disability Loss Arm
Amount, $ 100.
3/2 1898.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO
Appt

GEO. W. HARRISON, STATE PRINTER, ATLANTA

Eidson, R. S.
Cobb Co.

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

CODE SECTION 1228
(For Those Already Enrolled.)

No. 2191

INVALID
SOLDIER'S PENSION.
1899.

Name R. S. Eidson
County Cobb
Disability Loss arm
Amount, $ 100
2/15 1899.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO
Appt

GEO. W. HARRISON, STATE PRINTER, ATLANTA

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Cobb County.

Personally appeare R. S. Eidson 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 39, 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 38th Regiment of Ga. Volunteers, Gordon 's Brigade; that whilst engaged in such military service in the State of Va., on the 6 day of May 186 4, he was wounded injured or diseased as follows: That he was struck with gunshot in right arm causing the said arm to be amputated between elbow and wrist.

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 26th, 1898. I have heretofore under said law as a resident of Cobb county been allowed an invalid pension of $100. Dollars, for the year 1897.

Sworn to and subscribed before me, this the 1st day of Mch 1898. R. S. Eidson POST-OFFICE Kennesaw Ga.

J. M. Stone Ordy

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 R. S. Eidson the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 Mch 1898.

Affix your seal here

J. M. Stone
Ordinary Cobb County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Cobb County.

Personally appears R. S. Eidson 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 1st day of Sept, 18 39; 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 38th Regiment of Ga Volunteers, Gordon 's Brigade; that whilst engaged in such military service in the State of Va., on the 6 day of May 186 4, he was wounded, injured or diseased as follows: By gunshot striking the right arm and causing the said arm to be amputated about half way between the wrist and elbow

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 $100 Dollars, for the year 1898.

Sworn to and subscribed before me, this the 15th day of Feby 1899. R. S. Eidson POST OFFICE Kennesaw Ga

J. M. Stone Ordy.

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 R. S. Eidson the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 Feby 1899.

Affix your seal here

J. M. Stone
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

_____

Eidson, R. S.
Cobb G

CODE SECTION 1250.
(For Those Already Enrolled.)

No. 2570

INVALID
SOLDIER'S PENSION.
1900.

Name R. S. Eidson
County Cobb
Disability Arm
Amount, $ 100.
Warrant issued Mar 12 1900.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
[signature]
Geo. W. Harrison, State Printer, Atlanta.

No date

POWER OF ATTORNEY.

STATE OF GEORGIA, }
Cobb County. }

I, R. S. Eidson hereby authorize
John Awtney 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 10th
day of Jany. 1901.

R. S. Eidson [L. S.]

Executed in presence of

Jas M Gann

Eidson, R. S.
Cobb Co

CODE SECTION 1250.
(For Those Already Enrolled.)

No. 141

DISABLED
SOLDIER'S PENSION.
1901.

Name R. S. Eidson
County Cobb
Disability Lof of Arm
Amount, $ 100.00
Jan 13th 1901.

JOHN W. LINDSEY,
Commissioner of Pensions.

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

No date

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Cobb County.

Personally appears R. S. Eidson 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 Decr. 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 A, of 38 th Regiment of Georgia Volunteers, Gordon's Brigade; that whilst engaged in such military service in the State of Va., on the 6th day of May 1864, he was wounded, injured or diseased as follows:

By gunshot striking the right arm and causing the said arm to be amputated about half way between the wrist and elbow

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 $100 Dollars, for the year 1899.

Sworn to and subscribed before me, this the 10th day of March 1900. R. S. Eidson POST OFFICE

J. W. 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, J. W. Stone Ordinary of said County, do certify that I am well acquainted with R. S. Eidson the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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.

Affix your seal here.

J. W. Stone
Ordinary Cobb County.

The Paid

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
~~Cobb R. S. Eidson~~ County.

Personally appears R. S. Eidson 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 Decr. 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 A, of 38th Regiment of Ga. Volunteers, Gordon 's Brigade; that whilst engaged in such military service in the State of Va, on the 6th day of May 1864, he was wounded, injured or diseased as follows:

By Gun Shot Striking the right arm, Causing it to be amputated about half way between the wrist & elbow

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 100 Dollars, for the year 1900.

Sworn to and subscribed before me, this the 10th day of Jany. 1901. R. S. Eidson Postoffice

John Awtrey, ordy.

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 R. S. Eidson the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 Jany. 1901.

Affix your seal here

John Awtrey
Ordinary Cobb County.

POWER OF ATTORNEY.

STATE OF GEORGIA, Cobb County.

I, R. S. Eidson hereby authorize John Awtry 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 Jany. 1902.

R. S. Eidson [L. S.]

Executed in presence of

Eidson, R. S.
Cobb Co. Ct.

CODE SECTION 1290.
(FOR THOSE ALREADY ENROLLED.)

No. 309

DISABLED
SOLDIER'S PENSION
1902.

Name R S Eidson
County Cobb
Co. A Regiment 38th
Disability
Amount, $ 100
1/16 1902.

JOHN W. LINDSEY,
Commissioner of Pensions.

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

no date

POWER OF ATTORNEY.

STATE OF GEORGIA, Cobb County.

I, R. S. Eidson hereby authorize John Awtry 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 7th day of January 1903.

R. S. Eidson [L. S.]

Executed in presence of

Eidson, R. S.
Cobb County

CODE SECTION 1290.
(FOR THOSE ALREADY ENROLLED.)

No. 355

DISABLED
SOLDIER'S PENSION
1903.

Name R. S. Eidson
County Cobb
Co. A Regiment 38
Disability Right arm
Amount, $100.00
1/23 1903.

JOHN W. LINDSEY,
Commissioner of Pensions.

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
Cobb County.

Personally appears R S Eidson 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 Dec 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 A, of 38th Regiment of Georgia Volunteers, Gordon's Brigade; that whilst engaged in such military service in the State of Va, on the 6 day of May 1864, he was wounded, injured or diseased as follows: By gun shot striking the right arm and causing the same to be amputated about half way between the wrist and elbow

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 4 day of Jany 1902. R. S. Eidson
Post-office Emerson
John Awtry Ordinary

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

STATE OF GEORGIA,
Cobb County.

I, John Awtry Ordinary of said County, do certify that I am well acquainted with R S Eidson the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 January 1902.

Affix your seal here

John Awtry
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 R S Eidson 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 Private) during the war between the States, and served as a Sergeant in Company 4, of 38th Regiment of Ga Vol Volunteers, Gordons's Brigade; that whilst engaged in such military service in the State of Va, on the 6 day of May 1864, he was wounded, injured or diseased as follows: By gun shot striking the right arm and causing the same to be amputated between the wrist and elbow

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 4 day of Jan 1903. R. S. Eidson
Post-office ____
John Awtry

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 Awtry Ordinary of said County, do certify that I am well acquainted with R S Eidson the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 1903.

Affix your seal here

John Awtry
Ordinary Cobb County.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cobb County.

I, R. S. Eidson hereby authorize John Awtrey 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 9th day of Jan 1904.

R. S. Eidson [L. S.]

Executed in presence of
[illegible]

Eidson, R. S.
Cobb Co.
Code Section 1250.
(FOR THOSE ALREADY ENROLLED.)
No. 3021

DISABLED
SOLDIER'S PENSION
1904.

Name R. S. Eidson
County Cobb
Co. A Regiment 38
Disability Loss Arm
Amount, $100
JAN 25 1904.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
[illegible]

Geo. W. Harrison, State Printer, Atlanta.

no data

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cobb County.

I, R. S. Eidson hereby authorize John Awtrey of Marietta, 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 10th day of January 1905.

R. S. Eidson [L. S.]

Executed in the presence of

Eidson, R. S.
Cobb Co.
Code Section 1250.
(FOR THOSE ALREADY ENROLLED.)
No. 309

DISABLED
SOLDIER'S PENSION
1905.

Name R. S. Eidson
County Cobb
Co. A 38th Regiment Ga. Vols.
Disability Lost right arm
Amount, $100.00
JAN 23 1905.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
[illegible]

The Franklin Printing and Publishing Co., Atlanta
Geo. W. Harrison, Manager, for State Printer

no data

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
Cobb County.

Personally appears R S Eidson 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 Dec 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 A, of 38 th Regiment of Georgia Volunteers Gordons 's Brigade; that whilst engaged in such military service in the State of Va, on the 6 day of May 1864, he was wounded, injured or diseased as follows: By gun shot striking the right arm and causing the said Arm to be Amputated between the wrist and elbow

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1904. I have heretofore, under said law, as a resident of Cobb County, been allowed an invalid pension of $100.00 Dollars, for the year 1903.

Sworn to and subscribed before me, this the 9th day of Jan 1904.
John Awtry
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. } R. S. Eidson

I, John Awtry Ordinary of said County, do certify that I am well acquainted with R S Eidson the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 January 1904.

John Awtry
Ordinary Cobb County.

Affix your Seal here.

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 R S Eidson 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 Dec, 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 A, of 38th Regiment of Ga, Volunteers Gordon 's Brigade; that whilst engaged in such military service in the State of Va, on the 6 day of May 1864, he was wounded, injured or diseased as follows. Gun shot taking off right arm

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1905. I have heretofore, under said law, as a resident of Cobb County, been allowed an invalid pension of 100- Dollars, for the year 1904.

Sworn to and subscribed before me, this the 10th day of January 1905.
R. S. Eidson
John Awtry Ordinary
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 Awtry Ordinary of said County, do certify that I am well acquainted with R. S. Eidson the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 1905.

John Awtry
Ordinary Cobb County.

Affix your Seal here.

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, R. S. Eidson hereby authorize John Autrey 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 Jany 1906.

R. S. Eidson [L. S.]

Executed in the presence of
J. M. Gann

Eidson, R. S.
Fee paid

CODE SECTION 1250.
FOR THOSE ALREADY ENROLLED.)

No. 209

DISABLED
SOLDIER'S PENSION
1906.

Name R S Eidson
County Cobb
Co. A. 38th Regiment Ga. Vols
Disability Loss right arm
Amount, $100-
1906.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

THE PENSION PRINTER AND PUBLISHING CO., GEO. W. HARRISON, MGR.

no data

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cobb COUNTY.

I, R. S. Eidson, hereby authorize John Autrey 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 15 day of January 1907.

R. S. Eidson his mark [L. S.]

Executed in presence of
_____

Eidson, R. S.
Cobb Co.

CODE SECTION 1250.
(FOR THOSE ALREADY ENROLLED)

No. 209.

DISABLED
SOLDIER'S PENSION
1907.

Name R S Eidson
County Cobb
Co. A. 35 Regiment Ga. Vols.
Disability Loss arm
Amount, $100-
JAN 21 1907.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
O

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

no data

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,
Cobb County.

Personally appears R S Eidson 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 A, of 38th 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:

Lost Arm

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1906. I have heretofore, under said law, as a resident of Cobb County, been allowed an invalid pension of 100.00 Dollars, for the year 1905.

Sworn to and subscribed before me, this the 1 day of Jany 1906.
John Awtrey

R. S. Eidson
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 Awtrey Ordinary of said County do certify that I am well acquainted with R S Eidson the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 Jany 1906.
J W Gann
Ordinary Cobb County.

Affix your seal here

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 R S Eidson 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 A, of 38th 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:

Lost Arm

Deponent makes application for the pension to which he is entitled for the year ending October 26th 1907. I have heretofore, under said law, as a resident of Cobb County, been allowed an invalid pension of 100.00 Dollars, for the year 1906.

Sworn to and subscribed before me, this the 15 day of Jany 1907.
John Awtrey

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

Given under my official signature and seal this 15 day of January 1907.
John Awtrey
Ordinary Cobb County.

Affix your seal here

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

Cobb

Maimed Soldiers.

Voucher No. 306

Amount $ 100

Paid to R. S. Eidson

For Loss of Right Arm

Feby 9 1889

Included in Warrant No.

issued to Treasurer

1889

WARRANT CLERK

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

Applicant

Maimed Soldiers.

Voucher No. 906

Amount $ 100

Paid to R. S. Eidson

For Loss of arm

Feby 11 1898

Included in warrant No.

issued to Treasurer.

18

WARRANT CLERK.

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

Applicant

Eidson, R. S.

1891.

Maimed Soldiers.

Voucher No. 530

Amount $ 100

Paid to R. S. Eidson

For Loss of Arm

Feby 11 1891.

Included in warrant No.

issued to Treasurer.

1891.

WARRANT CLERK.

Geo. W. Harrison, State Printer, Atlanta.

Applicant

No. 306

STATE OF GEORGIA, EXECUTIVE DEPARTMENT. Atlanta, Ga. Feby, 188

Mr. R. S. Eidson 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 Right Arm

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

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

Governor

By the Governor

W. A. Harrison

Clerk Executive Department.

$100

Received of State Treasurer R. U. HARDEMAN,

One Hundred & 00/ Dollars,

per above voucher, this 7 of Feby 1889.

R. S. Eidson

No. 906

STATE OF GEORGIA, EXECUTIVE DEPARTMENT. Atlanta, Ga., Feby 11 1890

Mr. R. S. Eidson 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 arm

He is entitled to receive the sum of One Hundred Dollars for such disability, the same being the allowance due for the year ending October 24, 1890

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

Governor,

By the Governor,

W. A. Harrison

Clerk Executive Department.

$100

Received of State Treasurer, R. U. HARDEMAN,

One Hundred & 00/ Dollars,

per above voucher, this 11 of Feb. 1890

R. S. Eidson

1891.

No. 530

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.

Atlanta, Ga. Feb 11 1891.

Mr. R. S. Erdson 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 Loss of Arm

He is entitled to receive the sum of One Hundred Dollars for such disability, the same being the allowance due for the year ending October 24, 1891.

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

TREASURER'S OFFICE STATE OF GEORGIA

W. J. Northen
GOVERNOR.

By the Governor.

W. N. Harrison
SEC'Y EXECUTIVE DEPARTMENT.

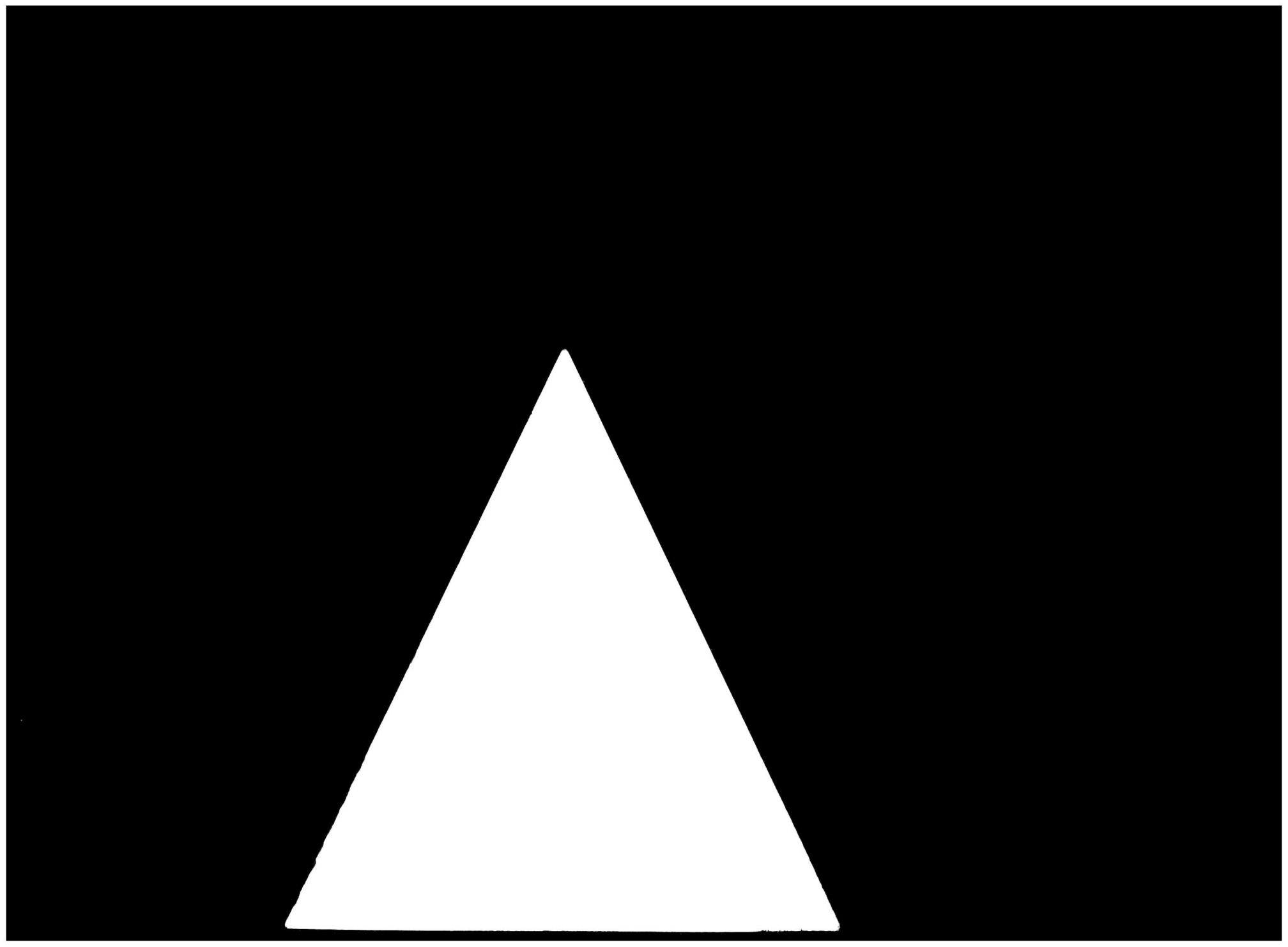
$100 00

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

One Hundred 00/ Dollars,

per above voucher, this 11 of Feby 1891.

R. S. Erdson



POWER OF ATTORNEY.

Form No. 5.

STATE OF GEORGIA.

Cobb County.

Know all Men by these Presents, That I, Serena C. Eidson of Cobb County, in said State, do hereby appoint J. L. Eidson of Cobb Co. La Grange P.C. 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 1 day of May 1891

Serena C. Eidson [L. S.]
mark

Executed in the presence of us

J. M. Stone Ordny.

DIRECTIONS.

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

Eidson Serena C.
Cobb County
63 1891.
No. 2136

Widows' Pension

—PAID TO—

Mrs. Serena C. Eidson

—OF—

Cobb County.

$100.00.

Warrant Issued

AND HANDED TO 1891

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, Serena C. Eidson of Cobb County, in said State, do hereby appoint Cobb County Mrs. Serena C. Eidson 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 1 day of May 1891.

Serena C. Eidson [L. S.]
mark

Executed in the presence of us

[illegible]
[illegible] County.

DIRECTIONS.

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

Eidson Serena C.
Cobb County
1891.
No. 21136
Widows' Pension
PAID TO
Mrs. Serena C. Eidson
OF
Cobb COUNTY.
$100.00.
Warrant Issued
1891
AND HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

Affidavit to be Made by the Widow.

Form No. 1.

STATE OF GEORGIA.
County of Cobb

In person came before me, the undersigned Ordinary in and for the County of Cobb

Mrs. Serena C. Eidson, who being sworn according to law, says under oath that she is the widow of James M Eidson, who was a soldier in the service of the Confederate States, and served as a member of Company "A" of the 63rd Regiment of Georgia Volunteers; that he enlisted in said service on or about the day of 1862, and was in the Tennessee Army up to about the 20 1864. That while in the Army, he was on the 20th day of June 1864, (See Note No. 1) [illegible] Kentucky [illegible] Tennessee [illegible] Georgia [illegible] Kentucky [illegible] Tennessee [illegible] Georgia [illegible] Kentucky [illegible] Tennessee [illegible] Georgia

Form No. 3.

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

STATE OF GEORGIA,
County of Cobb

I, J. McStone Ordinary in and for said County of Cobb State of Georgia, hereby certify that I am acquainted with Mrs. Serena C Endrow 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 1 day of May 1891.

SEAL

J. McStone
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 wounds.

Those widows (and widows *remarried*) *disease in the service*, and who after the war, died of the disease contracting the service. The disease *must be* causing the death.

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

Widows [illegible] getting pensions living out of the State of Georgia, or who did not live in the State [illegible] of the Act.

The [illegible] 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 [illegible] whose husbands died in the service of the State or who died in the army are not entitled.

[illegible] proof 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.

[illegible] in Cobb County [illegible] applies resides, they must go *before* the Ordinary. The affidavit of a Justice of the Peace or Notary will not answer.

[illegible] Ordinary [illegible] Treasurer's office in Atlanta and [illegible] for same.

[illegible] Justice of the Peace or Notary Public or Agent will know where and how [illegible]

By order of the Governor.

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

Form No. 2.

Affidavit for Three Witnesses.

STATE OF GEORGIA,
County of Cobb

In person came before me, the undersigned Ordinary in and for said County, witnesses J. M. Daniell 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. Serena C Endrow, of the County of Cobb State of Georgia, is the widow of James H Endrow, who was a soldier in Company C, of the 63 Regiment of Georgia Volunteers. That said soldier enlisted in the service of the Confederate States (or the Georgia State Troops) on or about the day of 1863 That while in said service, or by reason of said service in the Army, he lost his life as follows: — was Captured near Kenesaw Mountain on or about the 20th June 1864 where he was by order and [illegible] sent to Rock Island [illegible] and was kept there Captive [illegible] Deponents further say that the said James H Endrow served in the Army as above stated, and that he was never returned home since the war, nor have we ever [illegible] since the war.

J. M. Daniell, W. E. Price and Susan A. Hamby

We further swear that Mrs. Serena C Endrow 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 1st day of May 1891.

J. M. Daniell J P
W. E. Price
Susan A. Hamby

H. W. Goldsmith
Ordinary

H. Harrison Nook
County Clerk certify that J. M. Daniell

Sworn to and Subscribed before me by W. E. Price and Susan A. Hamby This May 1st 1891.

J. McStone ordny

Form No. 8.

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. S. C. Eidson 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 Jas. H. Eidson 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 30 day of Jany 1894.

SEAL

J. M. Stone Ordinary.

Form No. 8.

POWER OF ATTORNEY.

STATE OF GEORGIA, Cobb County.

KNOW ALL MEN BY THESE PRESENTS, That I, S. C. Eidson of Cobb County in said State, do hereby appoint J. M. Stone 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 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 30 day of Jany. 1894.

Mrs. S. C. her x mark Eidson [L. S.]

Executed in the presence of us:

J. D. Eidson
G. M. Fleming

DIRECTIONS.

Send amount by to me at , and oblige

Eidson, S. C. Mrs
Cobb County
FOR THOSE HERETOFORE PAID.

1894.

No. 781

WIDOWS' PENSION,

for year ending February 15th, 1894.

—PAID TO—
Mrs. S. C. Eidson
—OF—
Cobb COUNTY.

WARRANT ISSUED
7/13 1894,
AND HANDED TO
J. M. Stone

Geo. W. Harrison, State Printer, Atlanta.

Form No. 1

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA, Personally comes Mrs.
County of Cobb S. C. Eidson

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 Mch 18 30 That she is the Widow of Jas. H. Eidson who was a Soldier in Company C. of the 63rd Regiment of Ga Volunteers, that he enlisted in said Regiment on or about the month of July 186 3 and served in the Army up to 186 4 That he lost his life on the day of 18 (*State here full particulars of the husband's death, when, where and from what cause.*) (

That while in the Confederate Army at Kennesaw Mountain Ga. he was either killed or taken prisoner, and has never been heard of since.

)

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 49; 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 30th day of Jan 1894.
J. M. Crow Ordinary.

Mrs S. C. her X mk Eidson
Post-office Smyrna Ga

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. S. C. Eidson 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 Jas. H. Eidson 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 11th day of July 1893.

SEAL

J. M. Stone Ordinary.

POWER OF ATTORNEY.

Form No. 3.

STATE OF GEORGIA, Cobb County.

KNOW ALL MEN BY THESE PRESENTS, That I, Mrs S. C. Eidson of Cobb County, in said State, do hereby appoint J. M. Stone Ordny, 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 11th day of July 1893

Mrs S. C. Eidson [L. S.]

Executed in the presence of us:
G. M. Fleming
[illegible]

DIRECTIONS.

Send amount by _____ to me at _____, and oblige

Eidson, S. C.
Cobb County
FOR THOSE HERETOFORE PAID.
Fee Wpd
C 63 1893.
No. 753

Widows' Pension,

for year ending February 15th, 1893.

—PAID TO—
Mrs S. C. Eidson
—OF—
Cobb County.

Warrant Issued
7/13 1893
AND HANDED TO
J. M. Stone

Geo. W. Harrison, State Printer, Atlanta

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

Form No. 2.

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. S. C. Eidson 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 Jas. H. Eidson 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 11th day of Jany 1895.

SEAL

J. M. Stone Ordinary.

POWER OF ATTORNEY.

Form No. 3

STATE OF GEORGIA, Cobb County.

KNOW ALL MEN BY THESE PRESENTS, That I, Mrs. S. C. Eidson of Cobb County in said State, do hereby appoint J. M. Stone 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 11th day of Jany 1895. Mrs S. C. Eidson [L. S.]
X
mark

Executed in the presence of us:
G. M. Fleming

DIRECTIONS.

Send amount by _____ to me at _____, and oblige

Eidson, Mrs S. C.
Cobb Co
FOR THOSE HERETOFORE PAID.
1895.
No. 443

WIDOW'S PENSION,

for year ending February 15th, 1895.

—PAID TO—
Mrs S. C. Eidson
—OF—
Cobb County.
widow of Jas. H. Eidson

WARRANT ISSUED
24 Jny 1895.
AND HANDED TO
[illegible]

Geo. W. Harrison, State Printer.

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA, County of Cobb | Personally comes Mrs. S. C. Eidson

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 Mch 1830 That she is the Widow of Jas. H. Eidson who was a Soldier in Company C of the 63rd Regiment of Georgia Volunteers, that he enlisted in said Regiment on or about the month of July 1863 and served in the Army up to 1864 That he lost his life on the day of 18 (*State here full particulars of the husband's death, when, where and from what cause.*)

That said Confederate Soldier while in Service was Captured near Kennesaw Mountain Ga. June 1864 by the Federal troops, and has never been heard from since — Nor have I heard of him nor has he ever returned since the 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, that she became his wife in the year 1849; that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension for the year ending February 15th, 1892, and now apply for the allowance provided by law for the year ending February 15th, 1893

Sworn to and subscribed before me, this 11th day of Feby 1893. J. M. Eton Ordinary. | Mrs. S. C. her x mark Eidson Post-office Smyrna Ga.

Form 1.

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA, County of Cobb | Personally Comes Mrs. S. C. Eidson

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 March 1830 That she is the Widow of Jas. H. Eidson who was a Soldier in Company C of the 63rd Regiment of Ga. Volunteers, that he enlisted in said Regiment on or about the month of July 1863 and served in the Army up to 1864 That he lost his life on the day of 1864 (*State here full particulars of the husband's death, when, where and from what cause.*)

That while in the Confederate Army at the battle of Kennesaw Mountain in June or July 1864, he was Captured by the Fedials and was never heard of any more, nor did he ever return home after the 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, that she became his wife in the year 1849, that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension for the year ending February 15th, 1894, and now apply for the allowance provided by law for the year ending February 15th, 1895.

Sworn to and subscribed before me, this 11th day of Jany 1895. J. M. Eton Ordinary. | Mrs. S. C. her x mark Eidson Post-office Smyrna Ga.

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. S. C. Eidson 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 Jas. A. Eidson deceased, and as such has heretofore been allowed a pension for the year ending February 15th, 1895.

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this the 27 day of Jany 1896.

(SEAL) J. H. Stone Ordinary.

Form No. 3.

POWER OF ATTORNEY.

STATE OF GEORGIA Cobb County.

I, Mrs S. C. Eidson hereby authorize J. H. Stone of Marietta Ga to receive and receipt for the pension paid hereon and request that he remit same to Me by Check

In Witness Whereof, I have hereunto set my hand and seal, this 27 day of Jany 1896.

Mrs S. C. Eidson [L.S.]
her
X
mark

Executed in the presence of
C. M. Fleming

Eidson, S. C. (Mrs.)
Cobb, County
FOR THOSE HERETOFORE PAID.

1896.

No. 3 5 2 3

WIDOW'S PENSION,

for year ending February 15th, 1896.

PAID TO
Mrs S. C. Eidson

OF
Cobb County.

widow of Jas A. Eidson

WARRANT ISSUED
1896.

AND HANDED TO

GEO. W. HARRISON, State Printer.

Form No. 2.

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

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. S. C. Eidson 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 Jas. A. Eidson 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 4th day of July 1897.

(SEAL) J. H. Stone Ordinary.

Form No. 3

POWER OF ATTORNEY.

STATE OF GEORGIA, Cobb County.

I, Mrs S. C. Eidson hereby authorize J. H. Stone of Marietta Ga to receive and receipt for the pension paid hereon and request that he remit same to Me by Check

In Witness Whereof, I have hereunto set my hand and seal, this 4th day of July 1897.

Mrs S. C. Eidson [L.S.]
her
X
mark

Executed in the presence of
C. M. Fleming

Eidson, S. C. (Mrs.)
Cobb, County
FOR THOSE HERETOFORE PAID.

1897.

No. 36 46

WIDOW'S PENSION,

for year ending February 15th, 1897.

PAID TO
Mrs S. C. Eidson

OF
Cobb County.

widow of Jas A. Eidson

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT ISSUED
July 6
1897.

AND HANDED TO

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of Cobb | Personally Comes Mrs. S. C. Eidson

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 Mch. 18 30 That she is the Widow of Jas. H. Eidson who was a Soldier in Company C of the 63 Regiment of Ga. Volunteers, that he enlisted in said regiment on or about the month of July 186 3 and served in the Army up to 186 4 That he lost his life on the day of 18 64 (State here full particulars of the husband's death, when, where and from what cause.)

That I understood he was taken prisoner at the battle of Kennesaw Mt Ga. I never heard of him any more.

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 49 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 27 day of July 1896. J. H. Stone Ordinary.

Mrs. S. C. her x mark Eidson
Post-office Smyrna Ga.

Form No. 1.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of Cobb | Personally Comes Mrs. S. C. Eidson

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 Mch 18 30 That she is the Widow of Jas. H. Eidson who was a Soldier in Company C of the 63d Regiment of Ga Volunteers, that enlisted in said regiment on or about the month of July 186 3 and served in the Army up to 186 4 That he lost his life on the day of 18 64 (State here full particulars of the husband's death, when, where and from what cause.)

That while in the service as stated he was taken prisoner at Kennesaw Mt in Ga., and was never heard of any more — nor has he ever returned since the 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, that she became his wife in the year 18 49 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 4 day of Feby 1897. J. H. Stone Ordinary.

Mrs S. C. her x mark Eidson
Post-office Smyrna Ga.

POWER OF ATTORNEY.

State of Georgia, Cobb County.

I, Mrs S. C. Eidson hereby authorize J. M. Stone of Marietta Ga. to receive and receipt for the pension paid hereon and request that he remit same to Me by Firm 1st

In Witness Whereof, I have hereunto set my hand and seal, this 1st day of Feby 1898.

Mrs S. C. Eidson [L. S.]
her
X
mark

Executed in the presence of

For Those Heretofore Paid.

1898.

No. 3504

WIDOW'S PENSION,

For year ending February 15th, 1898.

PAID TO

Mrs S. C. Eidson

OF

Cobb County,

Widow of Jas. N. Eidson

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT ISSUED

July 8 1898

AND HANDED TO

[illegible]

GEO. W. HARRISON, STATE PRINTER, ATLANTA

POWER OF ATTORNEY.

State of Georgia, Cobb County.

I, Mrs S. C. Eidson hereby authorize J. M. Stone of Marietta Ga. to receive and receipt for the pension paid hereon and request that he remit same to Me by Firm 1st

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 1st day of Feby 1899.

Mrs S. C. Eidson [L. S.]
her
X
mark

Executed in presence of

Eidson, S. C. Mrs.
Cobb County

For Those Heretofore Paid.

1899.

No. 3578

WIDOW'S PENSION,

For year ending February 15th, 1899.

PAID TO

Mrs S. C. Eidson

Cobb County

Widow of Jas. N. Eidson

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT ISSUED

July 6 1899.

AND HANDED TO

July 8

GEO. W. HARRISON, STATE PRINTER, ATLANTA

Form No. 1.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of Cobb

Personally Comes Mrs. S. C. Eidson

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 Mch. 1830 That she is the Widow of Jas. H. Eidson who was a Soldier in Company C of the 63 Regiment of Ga Volunteers, that he enlisted in said regiment on or about the month of July 186 3 and served in the Army up to 1864 That he lost his life on the day of Dobbly 18 64 (State here fully particulars of the husband's death, when, where and from what cause.)

That he was Captured at Kennesaw Mountain Cobb Co. Ga. by the Yankees, and was never heard from any more.

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 49

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 7th day of Feby 1898.
J.M. Stone Ordinary.

Mrs. S C her X Eidson mark
Post-Office Smyrna Ga.

State of Georgia,
Cobb County.

I J.M. Stone Ordinary of said County, certify that I am well acquainted with Mrs. S.C. Eidson 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 Dec 1830

Given under my official signature and seal this the 7th day of Feby 1898.

J.M. Stone
Ordinary of Cobb County.

(Official Seal.)

Form No. 1.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of Cobb

Personally Comes Mrs. S. C. Eidson

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. March 1830 That she is the Widow of Jas. H. Eidson who was a soldier in Company C of the 63rd Regiment of Georgia Volunteers, that he enlisted in said regiment on or about the month of July 1863 and served in the Army up to 1864 That he lost his life on the day of 1864 (State here full particulars of the husband's death, when, where and from what cause.)

he was taken Prisoner at Kennesaw Mt. some time in June 1864, and was never heard of afterwards Nor did he ever return home after the 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 1849

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 1st day of Feby 1899.
J.M. Stone Ordinary.

Mrs. S C her X Eidson mark
Post-Office Smyrna P.O.

State of Georgia,
Cobb County.

I J.M. Stone Ordinary of said County, certify that I am well acquainted with Mrs. S. C. Eidson 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 March 1830

Given under my official signature and seal this the 1st day of Feby 1899.

J.M. Stone
Ordinary of Cobb County

(Official Seal.)

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cobb County.

I, S. C. Eidson hereby authorize J. M. Stone of Marietta, Ga. to receive and receipt for the pension paid hereon and request that he remit same to me ~~at~~

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 6th day of February 1900.

S. C. her X mark Eidson [L. S.]

Executed in presence of
G. J. Hamby

Eidson, S. C. (Mrs)
Cobb, County

To Those Heretofore Paid.

1900.

NO. 1484

WIDOW'S PENSION,

For year ending February 15th, 1900

PAID TO
Mrs. S. C. Eidson
OF
Cobb County,
Widow of Jas. H. Eidson

JNO. W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
Feby 16 1900,
AND HANDED TO
JMS

Geo. W. Harrison, State Printer, Atlanta.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cobb County.

I, Mrs. S. C. Eidson hereby authorize John Awtry of Marietta 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 25 day of Jany. 1901.

S. C. her X mark Eidson [L. S.]

Executed in presence of

Eidson, Serena C.
Cobb C.

To Those Heretofore Paid.

1901.

No. 1264

WIDOW'S PENSION,

For year ending February 15th, 1901.

PAID TO
Mrs. S. C. Eidson
OF
Cobb County.
Widow of Jas. H. Eidson

JOHN W. LINDSEY,
Commissioner of Pensions

WARRANT ISSUED
1/30 1901,
AND HANDED TO
Autry

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

Form No. 1.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of Cobb } Personally Comes Mrs. S. C. Eidson

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 March 1830. That she is the Widow of Jas. H. Eidson who was a soldier in Company C of the 63rd Regiment of Georgia Volunteers, that he enlisted in said regiment on or about the month of July 1863 and served in the Army up to 1864 That he lost his life on the day of 1864 (State here particulars of the husband's death, when, where and from what cause) He was taken prisoner at Kennesaw Mountain some time in June 1864 and was never heard of afterwards nor did he ever return home after the 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 1849.

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 Feby 1900. J M Stone Ordinary

S. C. her x mark Eidson Post Office Smyrna, Ga.

State of Georgia, Cobb County. } I J. M. Stone Ordinary of said County, certify that I am well acquainted with Mrs. S. C. Eidson, 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 Mch. 1830

Given under my official signature and seal, this the 6th day of Feby 1900.

J M Stone

Official Seal.

Ordinary of Cobb County.

Form No. 1.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of Cobb } Personally Comes Mrs. S C Eidson

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 March 1830. That she is the Widow of James H Eidson who was a soldier in Company C of the 63 Regiment of Georgia Volunteers, that he enlisted in said regiment on or about the month of July 1863 and served in the Army up to 1864 That he lost his life on the day of 1864 (State here particulars of the husband's death, when, where and from what cause) He was taken prisoner at Kinesaw Mt some time in June 1864 and was never heard of afterwards nor did he ever return home after the 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 1849

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 25th day of Jany. 1901. John Awtrey Ordinary.

S. C. her x mark Eidson Post Office

State of Georgia, Cobb County. } I John Awtrey Ordinary of said County, certify that I am well acquainted with Mrs. S C Eidson, 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 25th day of Jany 1901.

John Awtrey

Official Seal.

Ordinary of Cobb County.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cobb County.

I, S C Eidson, hereby authorize John Antrey 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 4th day of January 1902.

S C Eidson [L. S.]
Mark

Executed in presence of
J M Gaine

Eidson, Serena C
Cobb County

To Those Heretofore Paid.

1902.

No. 223

WIDOW'S PENSION,

For year ending Dec. 31, 1902.

PAID TO
Mrs S. C. Eidson
OF
Cobb County.

Widow of _____
Co. _____ Regiment _____

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
1/6 1902
AND HANDED TO
Ordy

GEO. W. HARRISON, STATE PRINTER, ATLANTA, GA.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cobb County.

I, S. C. Eidson, hereby authorize John Antrey 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 1903.

S. C. Eidson [L. S.]
Mark

Executed in presence of

Eidson, Serena C
Cobb County

To Those Heretofore Paid.

1903.

No. 200

WIDOW'S PENSION,

For year ending Dec. 31, 1903.

PAID TO
Mrs. S. C. Eidson
OF
Cobb County,

Widow of Jas H. Eidson
Co. C. 6th Regiment Ga. Vols.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
1/23 1903.
AND HANDED TO
Cody

GEO. W. HARRISON, STATE PRINTER, ATLANTA, GA.

FORM NO. 1.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of Cobb

PERSONALLY COMES MRS. S C Eidson

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 March 1830. That she is the Widow of Jas N Eidson who was a soldier in Company C of the 63rd Regiment of Georgia Volunteers, that he enlisted in said regiment on or about the month of July 1863, and served in the Army up to 1864. That he lost his life on the [illegible] day of 1864 (State here particulars of the husband's death, when, where and from what cause) He was taken prisner at Kenesaw Mountain some time in June, 1864 and was never heard of any more nor did he ever return home after the 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 1849

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 4 day of Jan 1902. John Awtrey Ordinary. S C Eidson Post Office

State of Georgia, Cobb County. I, John Awtrey Ordinary of said County, certify that I am well acquainted with Mrs. S C Eidson, 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 4 day of Jan 1902.

(Official Seal)

John Awtrey Ordinary of Cobb County.

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

FORM No. 1.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of Cobb } PERSONALLY COMES MRS. S C Eidson

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 March 1830. That she is the Widow of Jas N Eidson who was a soldier in Company C of the 63 Regiment of Georgia Volunteers, that he enlisted in said regiment on or about the month of July 1863, and served in the Army up to 1864. That he lost his life on the [illegible] day of 1864 (State here particulars of the husband's death, when, where and from what cause.) He was taken prisner at Kenesaw Mt some time in June 1864 and was never heard of afterward nor did he ever return home after the 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 1849

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 6th day of Jany 1903. John Awtrey Ordinary. S C Eidson Post-Office Emmaus

State of Georgia, Cobb County. I, John Awtrey Ordinary of said County, certify that I am well acquainted with Mrs. S C Eidson, 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 7th day of Jany 1903.

{Official Seal.}

John Awtrey 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, S. C. Eidson hereby authorize John Awtrey 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 6th day of January 1904.

S. C. Eidson [L. S.]

Executed in presence of

Eidson, Serena C.
Cobb County

TO THOSE HERETOFORE PAID.

1904.

No. [illegible]

WIDOW'S PENSION

FOR YEAR ENDING DECEMBER 31, 1904

PAID TO Mrs. S. C. Eidson

OF Cobb County,

Widow of Jas. H. Eidson

Co. C 63rd Regiment Ga. Vols.

JOHN W. LINDSEY, *Commissioner of Pensions*

WARRANT ISSUED 1/25 1904,

AND HANDED TO Only

Geo. W. Harrison, State Printer, Atlanta.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cobb COUNTY.

I, S. C. Eidson, hereby authorize John Awtrey 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 6 day of January 1905.

S. C. Eidson [L. S.]

Executed in presence of

J. M. Gann

Eidson, Serena C.
Cobb County

To Those Heretofore Paid.

1905.

No. 244

WIDOW'S PENSION,

For year ending Dec. 31, 1905.

PAID TO Mrs. S. C. Eidson

OF Cobb County,

Widow of

Co. Regiment

JOHN W. LINDSEY, *Commissioner of Pensions.*

WARRANT ISSUED 1/23 1905.

AND HANDED TO Only

The Franklin Printing and Publishing Co. Atlanta.
Geo. W. Harrison, Manager, for State Printer.

FOR WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA, County of Cobb } PERSONALLY COMES MRS. S C Eidson

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 1830. That she is the Widow of James H Eidson who was a soldier in Company C of the 63 Regiment of Georgia Volunteers, that he enlisted in said regiment on or about the month of July 186 , and served in the Army up to 186 4 That he lost his life on the day of 18 4 (State here particulars of the husband's death, when, where and from what cause.)

He was taken prisoner at Kenesaw Mt some time in June 1864 and was never heard of afterwards & he must Perished after the 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 4 7

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 6th day of Jany 1904 John Awtry Ordinary } S C Eidson Post Office

State of Georgia, Cobb County. } I, John Awtry Ordinary of said County, certify that I am well acquainted with Mrs. S C Eidson 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 Many Years

Given under my official signature and seal, this the 6th day of Jany 1904.

{ Official Seal. }

John Awtry 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. S C Eidson

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 Most 1880. That she is the Widow of James H Eidson who was a soldier in Company C of the 63 Regiment of Geo Volunteers, that he enlisted in said regiment on or about the month of July 186 3, and served in the Army up to 186 4 That he lost his life on the day of 18 64 (State here particulars of the husband's death, when, where and from what cause.)

Taken prisoner at Kenesaw and was never heard of any more

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 49

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 5 day of January 1905. John Awtry, Ordinary. } S. C. Eidson Post-Office

State of Georgia, Cobb County. } I, John Awtry Ordinary of said County, certify that I am well acquainted with Mrs. S C Eidson, 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 5 day of January 1905.

{ Official Seal. }

John Awtry 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, S C Eidson, hereby authorize John Awbrey 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 8 day of Jany 1906.

S. C. Eidson [L. S.]

Executed in presence of
J M Gann

Eidson, Serena C.
Cobb Co.

To Those Heretofore Paid.

1906.

No. 117

WIDOW'S PENSION

For year ending Dec. 31, 1906.

PAID TO
Mrs. S C Eidson
OF
Cobb County,
Widow of J H Eidson
Co. C Regiment 63

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
1/22 1906,
AND HANDED TO
Oxly

THE FRANKLIN PRINTING AND PUBLISHING CO., GEO. W. HARRISON, MGR.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cobb COUNTY.

I, S C Eidson hereby authorize John Awbrey 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 10th day of Jany 1907.

S. C. Eidson [L. S.]

Executed in presence of
J M Gann

Eidson, Serena C.
Cobb County

To Those Heretofore Paid.

1907.

No. 146

WIDOW'S PENSION

For Year ending Dec. 31, 1907.

PAID TO
Mrs. S C Eidson
OF
Cobb County,
Widow of J H Eidson
Co. _____ Regiment _____

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
1/31 1907,
AND HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

Form No. 1

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of Cobb } Personally comes Mrs. S C Eidson

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 ____. That she is the Widow of Jno H Eidson who was a soldier in Company C of the 63 Ga 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.*)

Capt June 1864 Never heard of Died in prison Supposed

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 I now apply for the pension provided by law for the year ending December 31, 1906.

Sworn to and subscribed before me this 8 day of Jany 1906. John A Whitey, Ordinary. } S C Eidson. Post Office ____

State of Georgia, Cobb County. } I, John A Whitey Ordinary of said County, certify that I am well acquainted with Mrs. S C Eidson, 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 Jany 1906.

Official Seal

John A Whitey
Ordinary of Cobb County.

NOTE.—All blank spaces must be filled.
Voucher and Affidavits must bear date after January 1st, 1906.

Form No. 1

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of Cobb } Personally comes Mrs. S C Eidson

who, being sworn says on oath, that she is a bona fide resident of said County of J H Eidson Cobb State of Georgia, and that she has RESIDED in said State continuously ever since ____. That she is the Widow of J H Eidson who was a soldier in Company ____ of the ____ Regiment of ____ Volounteers, that he enlisted in said regiment on or about the month of ____ 186__, and served in the Army up to June 20 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.*)

Never was heard of

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 11 day of Jany 1907. John A Whitey, Ordinary. } S C Eidson. Post Office ____

State of Georgia, Cobb County. } I, John A Whitey Ordinary of said County, certify that I am well acquainted with Mrs. S C Eidson, 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 11 day of Jany 1907.

Official Seal

John A Whitey
Ordinary of Cobb County.

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

State of Georgia } Personable
Fulton Co. } Appeared S. P. Marbut
Before me as Ordinary
of Fulton Co. Who on oath
says he was a Member of
Co. C. 63d Geo Regiment
of the Confederate Army.
And that he was personable
acquainted with Jas H Eidson
who was a Member of Same
Company. And he further
States that the Company was
engaged in a fight on or about
the 20 of June 64 - At Kenesaw
Mountain in this State And
the Deponent further swears that
he has never heard of Jas H Eidson
Since that Battle and that
he believes he was either Killed
in that Battle or was Captured

Sworn to and subscribed
before me April S. P. Marbut
21st 1891
W L Calhoun
Ordinary

State of Georgia } Personally came
Fulton Co. } before me the
undersigned ordinary
in and for said county Neal Pitt
a citizen of said county who under oath
says that he was a member of company
C of the 63 the Regiment Georgia
Volunteers Confederate Army and that he was personally
acquainted with James H Eidson who
was a member of the Same Company
and that he James H Eidson was lost near Kennesaw
Mountain while the company was engaged
in battle on or about the 20 of June 1864
in this state deponent further swears that
he has never heard any thing of James H
Eidson Since that days fight and
he believes he was either Killed in that
battle or was captured

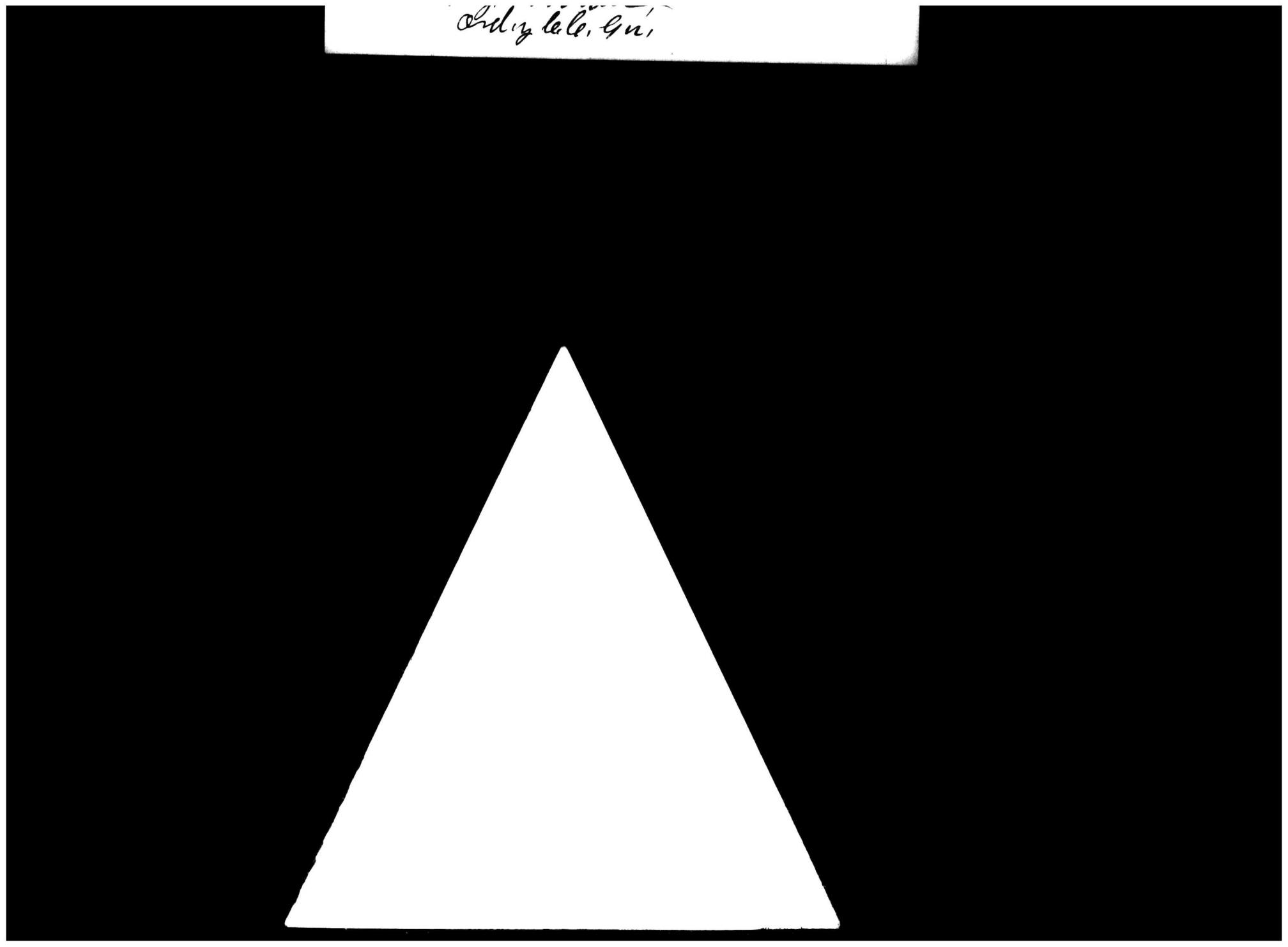
Sworn to and subscribed
before me April
22nd 1891
W L Calhoun
Ordinary

State of Georgia, Carroll County. } In person came before me, the undersigned Ordinary in and for said County, D. McDaniel, a citizen of said County, who says under oath, that he was a member of Company C of the 63rd Regiment Georgia Volunteers, and that he was personally acquainted with James H. Eidson, who was a member of the same Company, and that he was with said Company at Kennesaw Mountain and knows that said James H. Eidson was captured about the 20th day of June 1864 while in line of duty, and that the said James H. Eidson has not returned since, nor been heard from by deponent, who has lived in the county from which said James H. Eidson enlisted till March, 1891, when he moved to, this Carroll County, Ga.

his
D. McDaniel
mark

Sworn to and Subscribed before me, this 18th day of April 1891

S. J. Brown
Ordy C.C. Ga.



Elliott, F. A. (Mrs)
Cobb County

ACT DEC 16, 1895 396 Rawson St
Pr City

No. 3895

Widow's Pension,

1897

Mrs. F. A. Elliott

County of Cobb

Widow of Wm. H. Elliott

Warrant issued 8/11 1897

and handed to

J. A. Tiller

RICHARD JOHNSON,
Sec. Ex. Dept.

GEO W HARRISON STATE PRINTER

7/23/97

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cobb County.

I, F. A. Elliott of Cobb County hereby authorize James A. Tiller of Fulton County Ga to receive and receipt for the pension allowed and request that he remit same to me at Powder Springs Ga by mail

Witness my hand and seal this 17 day of June 1897

Executed in presence of
Uriah Mathews, Dr Eng. Mrs. F. A. Elliott [SEAL]

J. Pell.

STATE OF GEORGIA,
Cobb County.

I, F. A. Elliott of Cobb county hereby authorize James A. Tiller of Fulton county Ga to receive and receipt for the pension allowed and request that he remit same to me at Powder Springs Ga by mail

Witness my hand and seal this 17 day of June 1897

Executed in presence of

Uriah Mathews JP & Exoff Mrs F A Elliott [SEAL]

Elliott, F. A. (Mrs)
Cobb County
ACT DEC 16, 1895 34 Fulton St

No. 3895

Widow's Pension,

1897

Mrs. F. A. Elliott
County of Cobb
Widow of W. H. Elliott
Warrant issued 8/11 1897
and handed to J. A. Tiller

RICHARD JOHNSON,
Sec. Ex. Dept.

GEO. W. HARRISON, STATE PRINTER

7/23/97

WIDOW'S AFFIDAVIT.

STATE OF GEORGIA, } Personally came Mrs. F. A. Elliott
COUNTY OF Cobb } who says on oath she is the widow of W. H. Elliott to whom, in the County of Floyd State of Georgia, she was married on the 10th day of April 1859, that she remained his wife up to the 8th day of Nov 1895, 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 invalid pension roll of the State of Georgia, having been allowed a pension of $50.00 per annum on account of (here state the grounds of his disability)

Being disabled from doing regular work from a wound received during his servis in the confederate army

that the cause of his death was as follows (here set out fully the facts connected with and causing death):

Said wound was by being shot in the scrotum which produced dropsy of scrotum of which he died

Deponent further says that she is now a resident of Cobb County and has continuously resided in the State of Georgia since the 6th day of April 1834 all her life

She applies for the pension provided by Act of the General Assembly, approved December 16th, 1895.

Sworn to and subscribed before me this 17th day of June 1897

Uriah Mathews JP & Exoff Mrs F A Elliott
Ordinary of County.

NOTE—All blank spaces must be filled before signing.

AFFIDAVIT FOR THREE WITNESSES.

STATE OF GEORGIA, } Personally came H. L. Hipps
COUNTY OF Cobb } W. W. Scott and W. W. Hunt

known to me to be reputable and truthful persons who severally say on oath that from their own personal knowledge Mrs. F. A. Elliott, who made the foregoing affidavit is the widow of H. H. Elliott, who died in Cobb County and State of Georgia on the 5th day of June 1895, and that she has not since married, that she became his wife on the 17th day of April 1852, and so remained up to the time of his death, and that she has resided in this State continuously since the 6th day of June 1834. Deponents further say that the cause of his death was as follows (here set out fully the facts connected with and causing death, and the opportunities for knowing such facts)

Said H. H. Elliott was wounded while in the service of the Confederate army, by being shot in the scrotum said wound producing dropsy of scrotum of which he died.

H. L. Hipps
W. W. Scott
W. W. Hunt

We have no personal interest in the pension asked for

Sworn to and subscribed before me this 17th day of June 1897

Uriah Mathews, Sp. Ex. Off.
Ordinary. County, Georgia

PHYSICIANS' AFFIDAVIT.

STATE OF GEORGIA, } Personally came before me R. R. Murray
COUNTY OF Cobb } and J. S. Vaughan

both of whom are known to me to be reputable physicians, who say on oath that they personally knew H. H. Elliott mentioned in the foregoing affidavit, that he died on the 5th day of June 1895, and that the cause of his death was as follows (state disease, time of treatment, etc.)

He having been wounded while in the service of the confederate army, by being shot in the scrotum said wound producing dropsy of the scrotum which was the direct cause of his death

R. R. Murray M.D.
J. S. Vaughan M.D.

Sworn to and subscribed before me this 17th day of June 1897

Uriah Mathews, Sp. Ex. Off.
Ordinary of County.

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

STATE OF GEORGIA, } I, J. M. Stone Ordinary
COUNTY OF Cobb } in and for said County of Cobb,

State of Georgia, hereby certify that I am acquainted with Mrs. F. A. Elliott 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 continuously since the 6th day of June 1834 and has not lived out of the State since that date. I also certify that the witnesses, to wit: H. L. Hipps W. W. Scott and W. W. Hunt, whose testimony she presents to sustain her claim, are *known to me to be truthful witnesses*, entitled to full faith and credit as such, and that the full text of the affidavit was read to and understood by them before same was signed. I am fully satisfied that this claim is made in good faith, and I have caused the applicant and the witnesses to read or hear read the proofs they sign.

In Witness Whereof I have hereunto set my hand and affixed the seal of my office, this, the 30th day of July 1897

(SEAL)

J. M. Stone
Ordinary.

NOTES.

The pension is only payable to those widows whose husbands were on the Invalid Pension Roll (Act of 1887 and Amendments) at the time of death, and who died from the injuries or diseases for which they were pensioned. The marriage must have existed at the time the injury was received or disease contracted for which the pension was granted, and the widow must have remained unmarried since the death of such husband.

Proofs by less than three witnesses and two physicians will be accepted when it is shown that the same can not 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.

Georgia Cobb County:
I J. M. Stone ordinary of said County do hereby Certify that Uriah Mathews before whom these affidavits are made is a Notary Public and Ex. Officio J.P. of this County — and is duly Commissioned as such Officer. J. M. Stone
Ordy.

POWER OF ATTORNEY.

State of Georgia, Cobb County.

I, Elliott hereby authorize J M Stone of Marietta Ga to receive and receipt for the pension paid hereon and request that he remit same to me by him

In Witness Whereof, I have hereunto set my hand and seal, this 1st day of July 1898.

× miss F A Elliott [L. S.]

Executed in the presence of

Pay to R. C. Irwin for me. July 14/98
J M Stone

Elliott F. A. Mrs
Cobb County

For Those Heretofore Paid.

1898.

NO. 3812

WIDOW'S PENSION,

For year ending February 15th, 1898.

PAID TO Mrs F. A. Elliott

OF Cobb County,

Widow of W. H. Elliott

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT ISSUED 7/18 1898.

AND HANDED TO R C Irwin

GEO. W. HARRISON, STATE PRINTER, ATLANTA

POWER OF ATTORNEY.

State of Georgia, Cobb County.

I, F. A. Elliott hereby authorize J M Stone of Marietta Ga. to receive and receipt for the pension paid hereon and request that he remit same to me by him

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 1st day of Feby 1899.

× mrs F. A. Elliott [L. S.]

Executed in presence of

Uriah Mathews
N P Cobb County Ga

Elliott, F. A. Mrs.
Cobb County

For Those Heretofore Paid.

1899.

Check to Mathis

NO. 3579

WIDOW'S PENSION,

For year ending February 15th, 1899.

PAID TO Mrs F. A. Elliott

Cobb County

Widow of W. H. Elliott

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT ISSUED 7/16 1899.

AND HANDED TO Jne 8

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

POWER OF ATTORNEY.

State of Georgia, Cobb County.

I, Elliott hereby authorize J M Stone of Marietta Ga to receive and receipt for the pension paid hereon and request that he remit same to me by Irwin 1st

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

mrs f A Elliott [L. S.]

Executed in the presence of

Pay to R. C. Irwin for me. July 14/98
J M Stone

POWER OF ATTORNEY.

State of Georgia, Cobb County.

I, F. A. Elliott hereby authorize J M Stone of Marietta Ga. to receive and receipt for the pension paid hereon and request that he remit same to me by Irwin 1st

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 1st day of Feby. 1899.

mrs f. A. Elliott [L. S.]

Executed in presence of
Uriah McThews
N Cobb County Ga

For Those Heretofore Paid.

1898.

No. 3812

WIDOW'S PENSION,

For year ending February 15th, 1898.

PAID TO
Mrs F. A. Elliott
OF
Cobb County,
Widow of W. D. Elliott

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT ISSUED
7/18 1898.
AND HANDED TO
R C Irwin

GEO. W. HARRISON, STATE PRINTER, ATLANTA

Elliott, F. A. Mrs.
Cobb Co Ga

For Those Heretofore Paid.

1899.

Check to Mathis

No. 3579

WIDOW'S PENSION,

For year ending February 15th, 1899.

PAID TO
Mrs. F. A. Elliott
Cobb County
Widow of W. D. Elliott

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT ISSUED
2/16 1899.
AND HANDED TO
Dec 8

GEO. W. HARRISON, STATE PRINTER, ATLANTA

Form No. 1.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of Cobb } Personally Comes Mrs. F A Elliott

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 1837. That she is the Widow of W H Elliott who was a Soldier in Company C of the third (3rd) Regiment of Georgia Volunteers, that he enlisted in said regiment on or about the month of June 1861 and served in the Army up to about April 1864. That he lost his life on the day of 18 (State here full particulars of the husband's death, when, where and from what cause.)

The said W. H. Elliott was wounded in said war by heavy Shot in the Scrotum which was the direct cause of his death Said W H Elliott died on the 8th day of Nov 1895

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 1850.

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 1st day of July 1898. J M Stone Ordinary.

her × mark F A Elliott

Post-Office Powder Springs Ga

State of Georgia, Cobb County. I J M Stone Ordinary of said County, certify that I am well acquainted with Mrs. F A Elliott 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 1837.

Given under my official signature and seal this the 1st day of July 1898.

J M Stone Ordinary of Cobb County.

Official Seal.

Form No. 1.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of Cobb } Personally Comes Mrs. F A Elliott

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 1837. That she is the Widow of W H Elliott who was a soldier in Company C of the 3rd Regiment of Ga. Volunteers, that he enlisted in said regiment on or about the month of June 1861 and served in the Army up to About April 1864. That he lost his life on the 8th day of Nov. 1895 (State here full particulars of the husband's death, when, where and from what cause.)

The said W. H. Elliott was wounded during the war in the Scrotum — Receiving an Invalid Pension for said wound up to and for 1895 — he died from said wound Nov 8th/95

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 1850

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 1st day of July 1899. J M Stone Ordinary.

her × mark F A Elliott

Post-Office Powder Springs

State of Georgia, Cobb County. I J M Stone Ordinary of said County, certify that I am well acquainted with Mrs. F A Elliott 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 1837

Given under my official signature and seal this the 1st day of July 1899.

J M Stone Ordinary of Cobb County.

Official Seal.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cobb County.

I, F. A. Elliott hereby authorize J. M. Stone of Marietta, Ga.

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 3rd day of February 1900.

X F. A. Elliott X [L. S.]

Executed in presence of

[illegible]

Elliott, F. A. (mrs)
Cobb County

To Those Heretofore Paid.

1900.

NO. 3479

WIDOW'S PENSION,

For year ending February 15th, 1900.

PAID TO
Mrs. F. A. Elliott
OF
Cobb County,
Widow of W. H. Elliott

JNO. W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
Feb 23 1900,
AND HANDED TO
Stone

Geo. W. Harrison, State Printer, Atlanta.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cobb County.

I, Mrs F. A. Elliott hereby authorize John Awtry of Marietta

to receive and receipt for the pension paid hereon and request that he remit same to me at Powder Springs

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

F. A. Elliott [L. S.]

Executed in presence of

Jas M Gann

Elliott, F. A. Mrs.
Cobb Co.

To Those Heretofore Paid.

1901.

No. 127

WIDOW'S PENSION,

For year ending February 15th, 1901.

PAID TO
Mrs. F. A. Elliott
OF
Cobb County.
Widow of W. H. Elliott

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
Jan. 15 1901,
AND HANDED TO
Putney

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

Form No. 1.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of Cobb } Personally Comes Mrs. F. A. Elliott

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 1837. That she is the Widow of W. H. Elliott who was a soldier in Company C of the 3rd Regiment of Georgia Volunteers, that he enlisted in said regiment on or about the month of June 1861 and served in the Army up to About April 1864 That he lost his life on the 8th day of November 1895 (State here particulars of the husband's death, when, where and from what cause) The said W. H. Elliott was wounded during the war in the scrotum — received an Invalid pension for said wound up to and including for 1895. He died from said wound Nov. 8th 1895

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 1850.

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 3rd day of Feby. 1900. J. W. Stone Ordinary } X [illegible] Post Office [illegible]

State of Georgia, Cobb County. } I J. W. Stone Ordinary of said County, certify that I am well acquainted with Mrs. F. A. Elliott, 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 1837

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

Official Seal.

J. W. Stone
Ordinary of Cobb County.

Form No. 1.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of Cobb } Personally Comes Mrs. F. A. Elliott

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 1837. That she is the Widow of W H Elliott who was a soldier in Company C of the 3rd Regiment of Georgia Volunteers, that he enlisted in said regiment on or about the month of June 1861 and served in the Army up to. Apreal 1864. That he lost his life on the 8th day of November 1895. (State here particulars of the husband's death, when, where and from what cause) The said W H Elliott was wounded during the war in the Scrotum — received an Invalid Pension for said wound up to and including for 1895. He died from said wound Nov 8th 1895

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 1850

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 Jany 1901. John Awtry Ordinary } X F A Elliott Post Office

State of Georgia, Cobb County. } I John Awtry Ordinary of said County, certify that I am well acquainted with Mrs. F A Elliott, 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 14 day of Jany 1901.

Official Seal.

John Awtry
Ordinary of Cobb County.

POWER OF ATTORNEY.

STATE OF GEORGIA, Cobb County.

I, F. A. Elliott, hereby authorize John Autrey 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 Jan 1902.

F. A. Elliott [L. S.]

Executed in presence of

J M Gann

Elliott, Mrs F. A.
Cobb County

To Those Heretofore Paid.

1902.

No. 224

WIDOW'S PENSION,

For year ending Dec. 31, 1902.

PAID TO Mrs. F. A. Elliott

OF Cobb County.

Widow of _____

Co. _____ Regiment _____

JOHN W. LINDSEY, *Commissioner of Pensions.*

WARRANT ISSUED 7/16 1902

AND HANDED TO Ordy

GEO. W. HARRISON, STATE PRINTER, ATLANTA, GA.

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 _____ day of _____ 1903.

F. A. her Elliott [L. S.]
Mrs

Executed in presence of

Elliott, F. A. (mrs)
Cobb County

To Those Heretofore Paid.

1903.

No. 201

WIDOW'S PENSION,

For year ending Dec. 31, 1903.

PAID TO Mrs. F. A. Elliott

OF Cobb County,

Widow of _____

Co. _____ Regiment _____

JOHN W. LINDSEY, *Commissioner of Pensions.*

WARRANT ISSUED 1/23 1903.

AND HANDED TO Ordy

GEO. W. HARRISON, STATE PRINTER, ATLANTA, GA.

Form No. 1.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of Cobb

PERSONALLY COMES MRS. F A Elliott

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 1837. That she is the Widow of F A Elliott who was a soldier in Company C of the 3rd Regiment of Georgia Volunteers, that he enlisted in said regiment on or about the month of [illegible] 186[illegible], and served in the Army up to April 1864. That he lost his life on the 8th day of November 1895. (State here particulars of the husband's death, when, where and from what cause)

The said F A Elliott was wounded during the war in the Confederate service for which he received a Invalid Pension for said wound up to and for 1895. He died from said wound Nov 8th 1895

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 1850

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 13th day of Jan 1902. John Awtrey, Ordinary. (Post-Office Powder Springs

State of Georgia, Cobb County. I, John Awtrey Ordinary of said County, certify that I am well acquainted with Mrs. F A Elliott, 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 13th day of Jan 1902.

(Official Seal)

John Awtrey Ordinary of Cobb County.

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

Form No. 1.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of Cobb

PERSONALLY COMES MRS. F A Elliott

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 1837. That she is the Widow of F A Elliott who was a soldier in Company C of the 3rd Regiment of Georgia Volunteers, that he enlisted in said regiment on or about the month of June 186[illegible], and served in the Army up to about 1864. That he lost his life on the 8 day of Nov 1895 (State here particulars of the husband's death, when, where and from what cause)

The said F A Elliott was wounded during the war in the Confederate Service Received an Invalid pension for said wound up to and for 1895 - he died from said wound

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 1850

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 [illegible] day of [illegible] 1903. [illegible], Ordinary. (Post-Office Powder Springs

State of Georgia, Cobb County. I, John Awtrey Ordinary of said County, certify that I am well acquainted with Mrs. F A Elliott, 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 [illegible] day of [illegible] 18[illegible]

Given under my official signature and seal, this the [illegible] day of [illegible] 1903.

{ Official Seal. }

Ordinary of [illegible] 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, F. A. Elliott hereby authorize John Awtrey 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 Jany 1904.

F. A. her x mark Elliott [L. S.]

Executed in presence of
J. M. Cann

Elliott F. A. (Mrs.)
Cobb County

TO THOSE HERETOFORE PAID.

1904.

No. 2[illegible]3

WIDOW'S PENSION

FOR
YEAR ENDING DECEMBER 31, 1904

PAID TO
Mrs. F. A. Elliott
OF
Cobb County,
Widow of W. H. Elliott
Co. C Regiment 3rd

JOHN W. LINDSEY,
Commissioner of Pensions

WARRANT ISSUED
1/25 1904,
AND HANDED TO
Only

Geo. W. Harrison, State Printer Atlanta

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cobb COUNTY.

I, F. A. Elliott, hereby authorize John Awtrey 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.

x F. A. Elliott [L. S.]

Executed in presence of
A. W. Florence J.P.

Elliott, F. A. (Mrs.)
Cobb County

To Those Heretofore Paid.

1905.

No. 2[illegible]

WIDOW'S PENSION,

For year ending Dec. 31, 1905.

PAID TO
Mrs. F. A. Elliott
OF
Cobb County,
Widow of W. H. Elliott
Co. C 3rd Regiment Ga. Vols

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
1/23 1905.
AND HANDED TO
Only

The Franklin Printing and Publishing Co., Atlanta.
Geo. W. Harrison, Manager, for State Printer.

Form No. 1.

FOR WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA, County of Cobb } Personally comes Mrs. F A Elliott

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 1897. That she is the Widow of W H Elliott who was a soldier in Company C of the 3 Regiment of Georgia Volunteers, that he enlisted in said regiment on or about the month of June 186[illegible], and served in the Army up to April 1864. That he lost his life on the 8 day of Nov 1895. (State here particulars of the husband's death, when, where and from what cause.)

He said W H Elliott was wounded during the year 1863 in the Carolina [illegible] and invalided home on furlough for this wound and died from said wound

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 1850

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 [blank] day of [blank] 1904. [blank] Ordinary. } F A Elliott Post Office [blank]

State of Georgia, County. } I, [blank] Ordinary of said County, certify that I am well acquainted with Mrs. [blank], 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 [blank] day of [blank] 18[blank]

Given under my official signature and seal, this the [blank] day of [blank] 1904.

{ Official Seal }

Ordinary of [blank] 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. F A Elliott

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 1897. That she is the Widow of W H Elliott who was a soldier in Company C of the 3 Regiment of Ga Volunteers, that he enlisted in said regiment on or about the month of [blank] 186[1], and served in the Army up to [blank] 1864. That he lost his life on the [blank] day of Nov 1895. (State here particulars of the husband's death, when, where and from what cause.)

Wound in Service from which he never recovered and from 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, and that she became his wife in the year 1850

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 Jan 1905. ~~A. B. Wheeler Jr. J. C. Ordinary.~~ } her × mark F A Elliott Post-Office Powder Springs Ga.

State of Georgia, [blank] County. } I, [blank] Ordinary of said County, certify that I am well acquainted with Mrs. [blank], 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 [blank] day of [blank] 18[blank]

Given under my official signature and seal, this the [blank] day of [blank] 1905.

{ Official Seal }

[blank] Ordinary of [blank] 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, F. A. Elliott, hereby authorize John A. Irby 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 June 1906. F. A. Elliott [L. s.]

Executed in presence of

J. M. Garrison

Elliott, F. A. (Mrs.)
Cobb Co.

To Those Heretofore Paid

1906.

No. 114

WIDOW'S PENSION

For year ending Dec. 31, 1906.

PAID TO

Mrs. F. A. Elliott

OF

Cobb County,

Widow of Regiment

Co.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED 1/22 1906,

AND HANDED TO

Boy

The Franklin Printing and Publishing Co., Geo. W. Harrison, Mgr.

POWER OF ATTORNEY.

STATE OF GEORGIA, }
Cobb COUNTY. }

I, F. A. Elliott, hereby authorize John A. Irby

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 1907. F. A. Elliott [L. S.]

Executed in presence of

A. C. Florence

Elliott, F. A. (Mrs.)
Cobb County

To Those Heretofore Paid.

1907.

No. 145

WIDOW'S PENSION

For Year ending Dec. 31, 1907.

PAID TO

Mrs. F. A. Elliott

OF

Cobb County,

Widow of Regiment

Co.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED 1/31 1907,

AND HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

STATE OF GEORGIA

FOR WIDOWS HERETOFORE ALLOWED PENSIONS.

Form No. 1

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of Cobb } PERSONALLY COMES MRS. F A Elliott

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 before the war. That she is the Widow of W H Elliott 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.*)

Co & County

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 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 3 day of Jany 1906. John Awtry Ordinary.

F. A. Elliott

Post Office ____

State of Georgia, Cobb County. } I, John Awtry Ordinary of said County, certify that I am well acquainted with Mrs. F A Elliott, 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 Jany 1906.

Official Seal

John Awtry

Ordinary of Cobb County.

NOTE.—All blank spaces must be filled.
Vouchers and Affidavits must bear date after January 1st, 1906.

Form No. 1

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of Cobb } PERSONALLY COMES MRS. F A Elliott

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 W H Elliott who was a soldier in Company ____ of the ____ Regiment of ____ Volounteers, 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.*)

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 14 day of Jany 1907. John Awtry, Ordinary.

F. A Elliott

Post Office ____

State of Georgia, Cobb County. } I, John Awtry Ordinary of said County, certify that I am well acquainted with Mrs. F A Elliott, 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 14 day of Jany 1907.

Official Seal

John Awtry

Ordinary of Cobb County.

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

J. M. STONE,
Ordinary & Judge Probate.

OFFICE OF ORDINARY,

COBB COUNTY, GA.

what I have heard from various sources that this man died from and on account of the wound and disability for which he was drawing a pension.

If this proof is not sufficient please note the objections and send back to me and I will look after and see into the merits of the case and obtain the necessary proofs.

Yours truly
J. M. Stone
Ord.

It was quite a long trip for this old lady and these witnesses to come here — hence they went before Mr. Mathews N.P. & J.P. at Powder Springs.

J. M. S.

J. M. STONE,
Ordinary & Judge Probate

OFFICE OF ORDINARY,

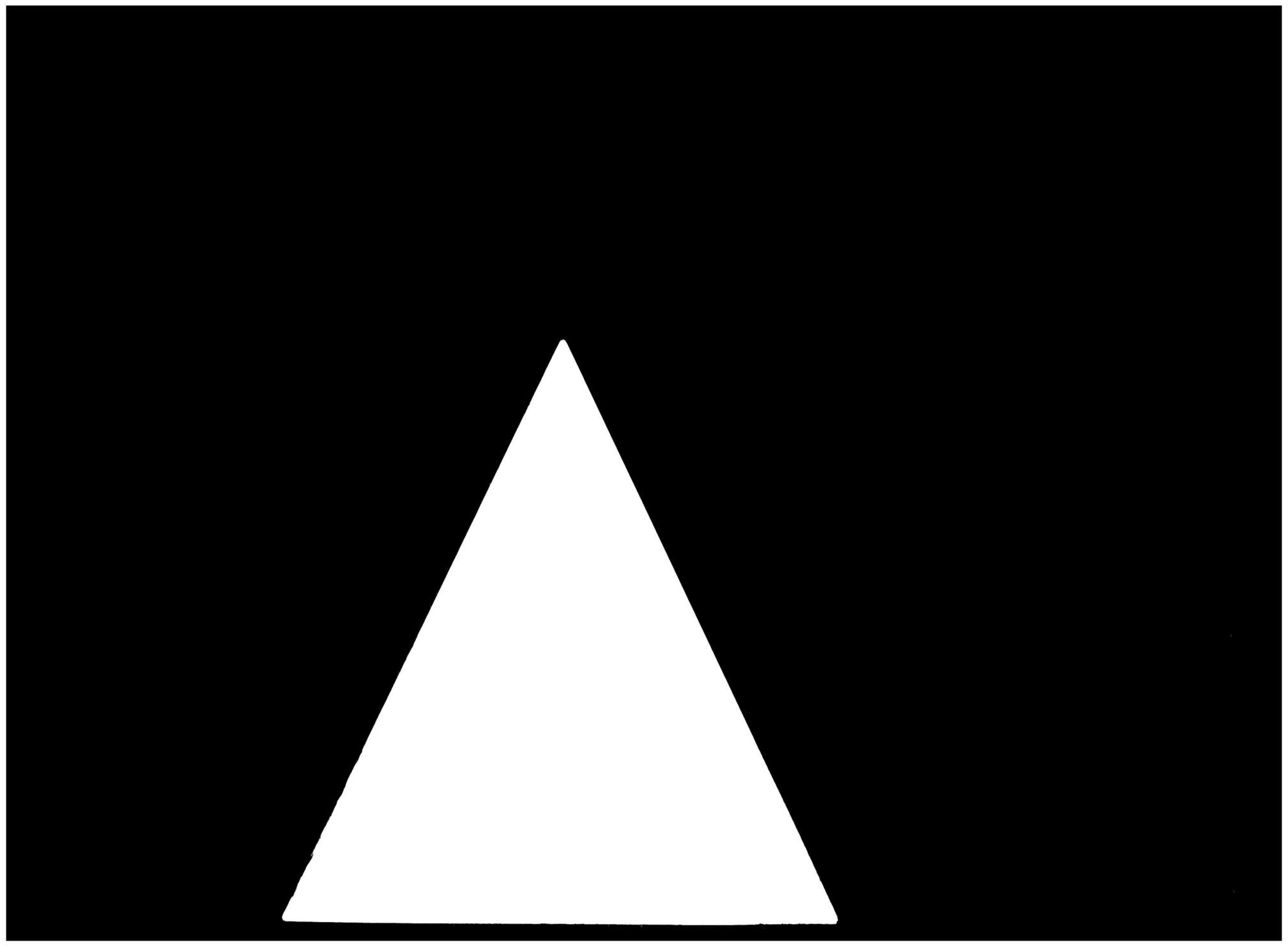
COBB COUNTY, GA.

July 20 1897

To Richard Johnson
Comm. of Pensions
Atlanta Ga.

I do not know any thing of my own knowledge as to the merits of Mrs. Elliotts right to a pension — these witnesses are all honorable citizens and I believe are testifying as they understand it — One of these physicians told me the facts as he states in his Certificate.

I know that the last time Mr. Elliott was here, which I think was in the Spring of 1895 that he appeared to be in a bad condition — he showed me through his pants how his scrotum was enlarged — it seemed to be larger than a hat crown. I believe from



NOTES.

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

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

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

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

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

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

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

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

Elliott, W. H.
Co. [illegible] Co

No. 2350

APPLICATION FOR ALLOWANCE

FOR

Applicant [illegible]

County [illegible]

Amount 50

Date of Warrant June 6

Entered on record June 6 1889

SECRETARY EXECUTIVE DEPARTMENT.

Application

NOTES.

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

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

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

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

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

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

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

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

Elliott, W. H.
Co. H 6th Ga

No. 2350

APPLICATION FOR ALLOWANCE

FOR

Applicant W. H. Elliott, Co. H 6th Ga

County Cobb

Amount $50

Date of Warrant June 6 1889

Entered on record June 6 1889

SECRETARY EXECUTIVE DEPARTMENT.

Applicant

For Use of Applicants Who Have not Heretofore Drawn.

STATE OF GEORGIA,
Cobb County.

PERSONALLY appears W. H. Elliott 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 since the ____ day of ____ 1825; 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 1st Regiment of Ga Volunteers Ramsey's Brigade; that whilst engaged in such military service, at the battle of Chickamauga in the State of Tennessee, on the 20 day of Sept 1862 he was wounded as follows: By bullet shattering and passing through thy right side and shattering one of thy ribs, thereby causing excitement of both testicles, causing pain and considerable suffering, & thereby rendering myself almost helpless & unable to perform the ordinary manual operations of life. Also by reason of my wound I am unable to ride almost at all, & can not ride on horseback in troops or even

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 thereunder ending October 26, 1889.

Sworn to and subscribed before me, this the 4th day of June 1889.

W. H. Elliott

Noah Mathews J.P. Cobb

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,
Cobb County.

PERSONALLY came before me J. T. Thompson of the county of Cobb State of Georgia, who, being duly sworn, says that he was a commissioned officer in Company D, of 1st Regiment of Ga. Volunteers, and that deponent knows W. H. Elliott, 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 W. H. Elliott as stated by him in said affidavit. Deponent further states that said W. H. Elliott is a *bona fide* citizen of this State and resides in Cobb county.

J. T. Thompson 2d Lieut

Jill. Stow Ordy

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

STATE OF GEORGIA,
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

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

STATE OF GEORGIA,
Cobb County.

PERSONALLY comes before me J. M. Stone Ordinary of said county, W. E. Butner and R. R. Murray, both known to me as reputable physicians of said county, who, being severally sworn, say on oath that they have carefully examined W. H. Elliott and after such examination say that the applicant has been injured as follows: From wound received in Scrotum testicles have become so enlarged until the Scrotum being six inches in diameter prevents his walking to any extent thus disabling him from the ordinary every day duties of life

Sworn to and subscribed before me, this 4th day of June 1889

R. R. Murray M.D.
W. E. Butner M.D.

J. M. Stone
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,
Cobb County.

I, J. M. Stone Ordinary of said county, do certify that I am well acquainted with W. H. Elliott the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in 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 Uriah Matthews N.P. before whom the foregoing affidavits were made and power of attorney was signed, is a Notary Public & Ex Officio P.P. said county, and the said affidavits and signatures thereto are genuine.

Given under my official signature and seal, this 5th day of June 1889

J. M. Stone
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 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 188

(L. S.)

Executed in the presence of us:

STATE OF GEORGIA,
Cobb County.

I, J. M. Stone Ordinary of said county, do certify that I am well acquainted with W H Elliott 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 Notary Public of said county, and the said affidavits and signatures thereto are genuine.

Given under my official signature and seal, this 11 day of Febry 1890

J. M. Stone
Ordinary Cobb County.

STATE OF GEORGIA,
Cobb County.

I, J. M. Stone Ordinary of said County, do certify that I am well acquainted with W. H. Elliott 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 Uriah Mathews 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 19th day of Feby 1891.

J. M. Stone
Ordinary Cobb County.

Elliott, W. H.
Cobb Co.
Elliott W. H.

1890.

No. 1209

APPLICATION FOR ALLOWANCE.

FOR YEAR ENDING OCTOBER 28, 1890.

—FOR—

Dis'ty Coryman

Applicant, W. H. Elliott

County, Cobb

Amount, 50.

Date of warrant, Feb 11

Entered on record Feb 11 1890

W H B

SECRETARY EXECUTIVE DEPARTMENT.

WARRANT HANDED TO

Applicant

Elliott, W. H.
Cobb

1891

Elliott W. H.
Cobb Co

PAID 1891, No

No. 1204

Application for Allowance

FOR YEAR ENDING OCTOBER 28, 1891.

FOR

Dis'ty Coryman

Applicant W. H. Elliott

County, Cobb

Amount, $50.

Date of Warrant, 2/19

Entered on record 189

W H B

SECRETARY EXECUTIVE DEPARTMENT.

WARRANT HANDED TO

J. M. Bullard

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

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }
Cobb County. }

PERSONALLY appears W. H. Elliott 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 11 day of August 1876; 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 1 th Regiment of Georgia Volunteers Johnson 's Brigade; that whilst engaged in such military service, at the battle of Murfreesboro in the State of Tenn on the day of 1863, he was wounded as follows: By minnie ball passing through the scrotum thereby causing enlargement of same to about 6 inches in diameter whereby he is rendered practically incompetent to perform the ordinary manual occations 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 Fifty dollars.

Sworn to and subscribed before me, this the 11 day of Feby 1890

W. H. Elliott
mark

Mich. Mathews J.P. & Ex-Off

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 189

[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 W. H. Elliott 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 11 day of August 1876; 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 37th Regiment of Ga Vol Volunteers Wofford 3rd Battn 's Brigade, that whilst engaged in such military service at the battle of Murfreesborough in the State of Tennessee, on the day of 186, he was wounded as follows: By Minnie Ball striking on the Scrotum thereby injuring said Scrotum and testicles; from which injury the Scrotum & testicles are enlarged, &c. that deponent is unable to do any work as formerly & deponent is practically incompetent to perform the ordinary manual occations 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, 1891. I have heretofore been allowed a pension of $50. dollars, for Disability

Sworn to and subscribed before me, this the 18th day of Feb 1891.

W. H. Elliott
mark

Mich. Mathews J.P. & Ex-Off

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, }
Cobb County. }

Know all Men by these Presents, That I, W. H. Elliott of Cobb County, State of Georgia, do hereby appoint J. W. Bullard of Acworth 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 18th day of Feb 1891.

W. H. Elliott
mark [L. S.]

Executed in the presence of us:

Mich. Mathews J.P. & Ex-Off

James A. Bullard

DIRECTION.

Send money to me as follows, by

to P. O.

County, Georgia.

STATE OF GEORGIA,
Cobb County.

I, J. M. Stone Ordinary of said county, do certify that I am well acquainted with W. H. Elliott 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 repesents himself to be, and that he resides in this county.

Given under my official signature and seal, this 7 day of Mch 1892

J. M. Stone
Ordinary Cobb County.

No. 1490
Elliott, W. H.

SOLDIER'S PENSION.

1892.

FOR THE YEAR ENDING OCTOBER 26, 1892.

Name W. H. Elliott
County Cobb
Disability Body wound
Amount, $ 50
Entered on record Mch 9 1892.

W. H. HARRISON,
Secretary of Executive Department.

AGENT.
J. M. Bullard

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

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cobb County.

Know all Men by these Presents, That I W. H. Elliott of Cobb County, State of Georgia, do hereby appoint James M. Bullard 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 11 nd day of March 1893.

W. H. his Elliott mark [L. S.]

Executed in the presence of us:
J. H. Hunter
Uriah Mathews N. D. Exp.

DIRECTION.

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

Cobb Co.
Elliott, W. H.

1893.

No. 582

Application for Allowance

For the Year Ending October 26, 1893.

FOR

Body Wound
Applicant, W. H. Elliott
County, Cobb
Amount, 50
Date of Warrant
Entered on record 3/23 1893.

W. H. H.
Secretary Executive Department.

WARRANT HANDED TO
J. M. Bullard

Geo. W. Harrison, State Printer, Atlanta.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Cobb County.

PERSONALLY appears W. H. Elliott 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 11th day of August 1824; 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 Privet in Company E of 3rd th Ball Regiment of Georgia Jr Volunteers Stephensons's Brigade; that whilst engaged in such military service at the battle of Merphises Burrough in the State of Tennessee, on the day of December 1862, he was wounded as follows:

By a ball passing through the Scrotum which so disabled him that he has not been able since said wound was inflicted to do regular work to support his family

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 fifty Dollars for said disability

Sworn to and subscribed before me this the 5th day of March 1892. W. H. his mark Elliott

Uriah Mathews NP & Exo JP

~~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,
County.

Know all Men by these Presents, That I, W. H. Elliott of Cobb County, in said State, do hereby appoint James M Bullard 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 5th day of March 1892

W. H. his mark Elliott [L. S.]

Executed in the presence of us:
C. A. Crump
Uriah Mathews NP & Exo JP

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. H. Elliott 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 Eleventh day of August 1824; 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 Corporal in Company E, of 3rd th Ball Regiment of Georgia Volunteers Stephensons's Brigade; that whilst engaged in such military service at the battle of Merphises Burrough in the State of Tennessee, on the day of 1863, he was wounded as follows: By a ball passing through the Scrotum which so disabled him that he has not been able since said wound was inflicted to do regular work to support his family

Deponent desires to praticipate 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 $50. dollars, for said disability

Sworn to and subscribed before me, this, the 22nd day of March 1893. W. H. his mark Elliott

Uriah Mathews NP & Exo JP

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, Jill Stone Ordinary of said County, do certify that I am well acquainted with W. H. Elliott 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 Uriah Mathews before whom the foregoing affidavits were made and power of attorney was signed, is a Notary Public & Ex Officio JP of said County, and the said affidavits and signatures thereto are genuine.

Given under my official signature and seal, this 23 day of Mch 1893.

Jill Stone
Ordinary Cobb County.

POWER OF ATTORNEY.

STATE OF GEORGIA, Cobb COUNTY.

Know all Men by these Presents, That I, W. H. Elliott of Cobb County, State of Georgia, do hereby appoint W. H. Scott of Powder Springs 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 15th day of March 1894.

W. H. his X mark Elliott [L. S.]

Executed in the presence of us

J. H. McMichen

Uriah Mathews

DIRECTIONS

Send money to me as follows, by

to

County, Georgia.

P. O.

(For Those Already Enrolled.)

No. 378

Soldier's Pension.

1894.

Name W. H. Elliott

County Cobb

Disability Body Bowers

Amount, $ 50

1894.

W. H. HARRISON,

Secretary Executive Department.

WARRANT HANDED TO

W. H. Scott

Geo. W. Harrison, State Printer, Atlanta.

POWER OF ATTORNEY.

STATE OF GEORGIA, Cobb County.

KNOW ALL MEN BY THESE PRESENTS, That I, W. H. Elliott of Cobb County, State of Georgia, do hereby appoint W. H. Scott 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 by reason of an injury received as aforesaid in the military service of the Confederate States (or of this State) as stated in the foregoing affidavit; hereby authorizing my said Attorney to receipt in my name for any Warrrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 8th day of March 1895.

W. H. his X mark Elliott [L. S.]

Executed in presence of us

Uriah Mathews

DIRECTIONS.

Send money to me as follows, by

to

County, Georgia.

P. O.

Elliott W. H.

Cobb Co

(For Those Already Enrolled.)

No. 214

SOLDIER'S PENSION.

1895.

Name W. H. Elliott

County Cobb

Disability Arrow Scratch

Amount, $ 50

1895.

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDED TO

W. H. Scott

Geo. W. Harrison, State Printer, Atlanta.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }
Cobb County. }

PERSONALLY appears W. H. Elliott 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 3/ 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 , of th Regiment of Ga. Volunteers, 's Brigade; that whilst engaged in such military service at the battle of Murfreesboro in the State of Tenn, on the day of 186 , he was wounded as follows: By Gunshot Shattering & Wounding Ligament in the Scrotum — By which an account of which Wound deponent is rendered permanently incapacited 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, 1894. I have heretofore been allowed a pension of $30. dollars, for the year 189 3

Sworn to and subscribed before me, this, the 15 day of Mch 1894. } W. H. Elliott Mark

Uriah Mathews N.P. & Ex. Off. J.P.

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. H. Elliott the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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.

Affix your seal here

J. M. Stone
Ordinary Cobb County.

Uriah Mathews is a duly Commissioned N.P. & Ex. Officio J.P. in Cobb County Ga. Mch 15th 1894 J. M. Stone Ordy

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }
Cobb County. }

Personally appears W. H. Elliott 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 11th day of Aug 18 61; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company E, of 3 th Regiment of Georgia Volunteers, Stevens 's Brigade; that whilst engaged in such military service at the battle of Murfreesboro in the State of Tenn, on the day of 186 3, he was wounded as follows: by being shot in the private parts so that he was rendered incapable to support himself and family

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 $30 dollars, for the year 1894

Sworn to and subscribed before me, this, the 5th day of March 1895. } W. H. Elliott Mark

Uriah Mathews N.P. & Ex. Off. J.P.

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

Given under my official signature and seal, this 11th day of March 1895.

Affix your seal here

J. M. Stone
Ordinary Cobb County.

[illegible] Mathews is a duly Commissioned
N.P. & Ex. Officio J.P. in Cobb County Ga.
Mch 15th 1894 J.M. Stone Ordy

3194

1896

Elliott, W.H.
Cobb County

APPLICATION FOR PENSION

DUE DECEASED SOLDIER

UNDER ACT 1891.

BY

Mrs. F. A. Elliott

Widow of W. H. Elliott

County Cobb

Approved and paid

3/20 1896

Rich Johnson
Sec. Executive Department.

J M Stone Atty

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

Cobb

Maimed Soldiers.

Voucher No. 2350

Amount, $ 50.

Paid to W. H. Elliott

For Disability from body injury

June 6 1889.

Included in Warrant No.

issued to Treasurer.

1889.

WARRANT CLERK.

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

Applicant

Maimed Soldiers.

Voucher No. 929

Amount $ 50

Paid to W H Elliott

For Disabled by body wound

Feby 11 1890

Included in warrant No.

issued to Treasurer

18

WARRANT CLERK.

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

Applicant

APPLICATIONS FOR PENSIONS DUE DECEASED SOLDIERS.

Under Act Approved October 9, 1891.

STATE OF GEORGIA, }
COUNTY OF Cobb }

Personally appears before me Mrs. F. A. Elliott of said County of Cobb State of Georgia, who, being duly sworn, says on oath that she is the widow of W. H. Elliott who was a disabled Confederate soldier and whose name had been duly enrolled as entitled to a pension of $50. Dollars annually from the State of Georgia. That said W. H. Elliott died on the 8th day of Novr. 1895, in Cobb County and that at his death, his right to said pension for the year ending October 26, 189 had accrued, but had not been paid to him for the said pension year. Applicant, as his widow, applies for the amount which would have been paid him had he lived to this time.

Sworn to and subscribed before me, this 14th day of Mch. 1896. F. A. Elliott

J. H. Stone, Ordinary.

If allowed, I authorize J. H. Stone to receive and receipt for the amount.

Witness: C. E. D. Parkins F. A. Elliott

NOTE.—All applications must be signed by the applicant or next of kin, if any; if a widow, as such; if children of the deceased, neither who can read or write, as well as by other of the above to attest the facts.

STATE OF GEORGIA, }
COUNTY. }

I, J. H. Stone, Ordinary of said County, do certify that I am personally acquainted with Mrs. F. A. Elliott and I know personally, or from sworn testimony of witnesses before me, that she is the widow of W. H. Elliott, a deceased Confederate Soldier, who has been allowed a pension under the law on account of disability proven, and that at the date of his death his right to a pension had accrued but had not been paid for the current pension year.

Given under my official signature and seal, this 14th day of Mch. 1896.

SEAL.

J. H. Stone
Ordinary.

NAME, **Elliott, W.H.**

WHEN AND WHERE BORN? **Resident of Ga., since Aug 11, 1836.**

ENLISTED WHEN AND WHERE? **Ga.**

COMPANY AND REGIMENT? **Corporal Co. H, 3rd Battn. Ga. Inf. and Co. I, 57th Regt., Ga. Inf. Stephenson's Brigade.**

NAME OF CAPTAIN AND COLONEL?

WOUNDED? **Murfreesboro, Tenn., 1863 - shot in the scrotum, disabling him for work.**

CAPTURED, WHEN AND WHERE?

RELEASED,

WHEN AND WHERE PAROLED?

IF NOT PRESENT AT SURRENDER, WHERE WAS HE?

DIED, WHEN AND WHERE?

BURIED,

WITNESSES,

P.O. **1895.** COUNTY. **Cobb.**

No. 2350

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT. } Atlanta, Ga. June 6 1889.

Mr. W. A. Elliott 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 Disability body injury

He is entitled to receive the sum of Fifty 00/ Dollars for such disability, the same being the allowance due for the year ending October 24, 1889.

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

STATE OF GEORGIA

John B. Gordon
GOVERNOR.

By the Governor
W. A. Harmon
CLERK EXECUTIVE DEPARTMENT.

50

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,
Fifty 00/ Dollars,
per above voucher, this 6 of June 1889.
W. A. Elliott

No. 929

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT. } Atlanta, Ga., Feby 11 1890

Mr. W. A. Elliott 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 body wound

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

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

STATE OF GEORGIA

John B. Gordon
GOVERNOR.

By the Governor,
W. A. Harmon
CLERK EXECUTIVE DEPARTMENT.

$ 50

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,
Fifty 00/ Dollars,
per above voucher, this 11 day of Feby 1890.
W. A. Elliott

Audited 1891.

COMPTROLLER GENERAL.

Elliott, W. H.

Colb

1891.

Maimed Soldiers.

Voucher No. 1204

Amount $ 50

Paid to W H. Elliott

For Dis'd by bod, mem

Feby 19 1891.

Included in warrant No.

issued to Treasurer.

1891.

WARRANT CLERK

Geo. W Harrison State Printer, Atlanta.

J M Bullard

1891.

No. 1204

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.

Atlanta, Ga. Feby 19 1891.

Mr. W H Elliott 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 Disability Compromise

He is entitled to receive the sum of [illegible] 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.

TREASURER'S OFFICE PAID STATE OF GEORGIA

W. J. Northen.
GOVERNOR.

By the Governor.

W. H. Harrison
SEC'Y EXECUTIVE DEPARTMENT.

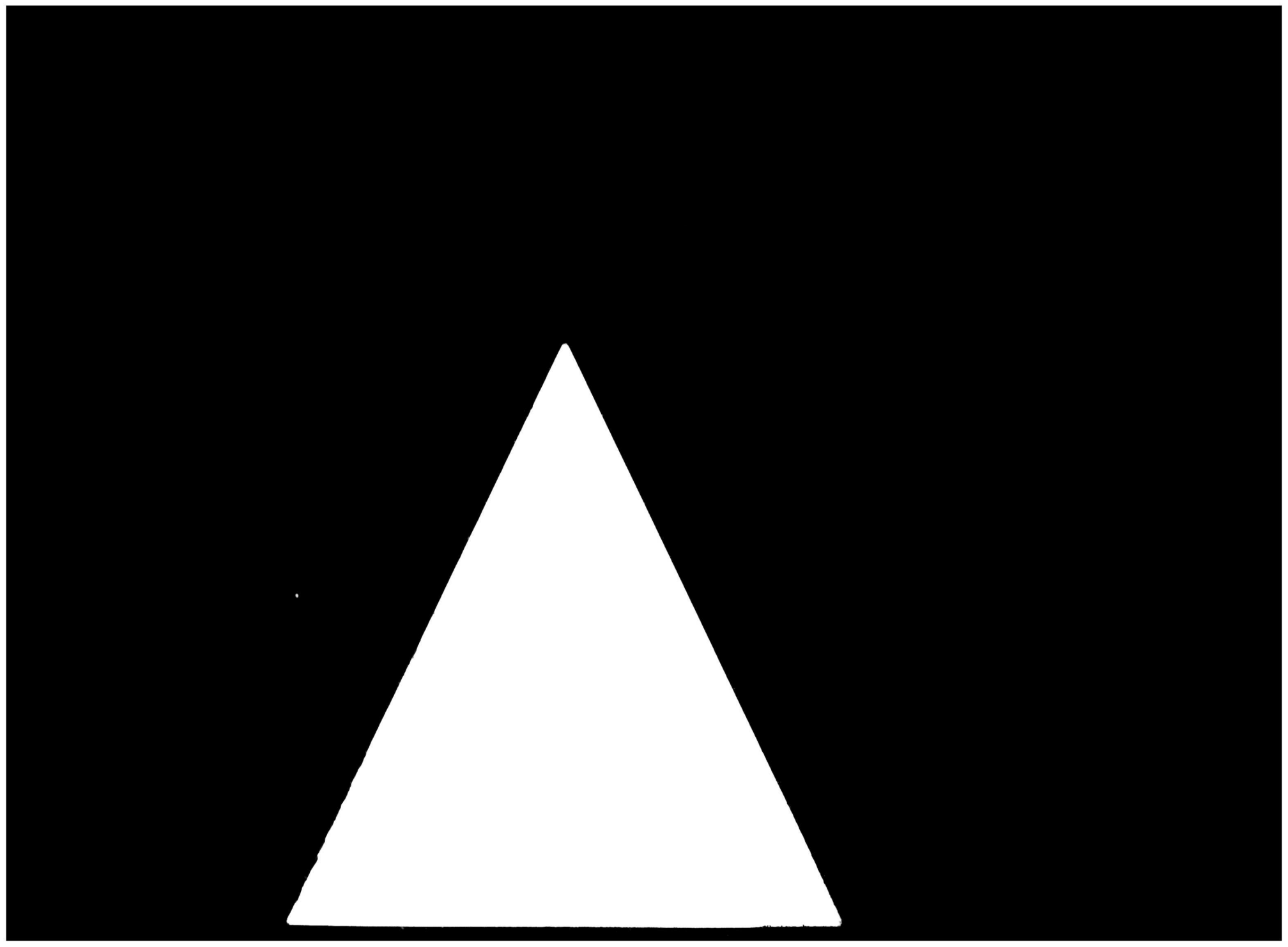
$ 50

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

Fifty [illegible] Dollars,

per above voucher, this 19 of Feby 1891.

W R Elliott
by James M Ballard Atty.



Ellis J. J. Cobb Co.

No. 1/14/1907

INDIGENT PENSION.

190

Name S J Ellis

County Cobb

Co. E 14 Ga Regt.

Approved 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, Ga.

9/4/07
1/31/08

Pension office
9/14-1907

It appears that this man - has resided out of the State since the war until 1906 - this being [illegible] not entitled to this Pension - Should have been in Ga August 28 - 1905 - not since

J W Lindsey
Commissioner of Pensions

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__

_____ [L. S.]

Executed in presence of _____

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_

_____ [L. S.]

Executed in presence of

_____

_____

_____

INDIGENT PENSION.

190

No. _____

Name S J Ellis

County Cobb

Co. 14 Ga Regt.

Approved _____ 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, Ga.

Every Question MUST be Answered

QUESTIONS FOR APPLICANT.

STATE OF GEORGIA,

Cobb County.

S J Ellis of said State and County, desiring to avail himself of the Pension Act (Section 1254, Code), hereby submits his proofs, and after being duly sworn true 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.) S J Ellis Kennesaw Cobb County Ga
2. How long and since when have you been a resident of this State? Muscogee 5th 1906
3. When and where were you born? June 26 1843 Murray Co Ga
4. When and where and in what company and regiment did you enlist or serve? June 1861 Forsyth County Co E, 14 Ga
5. How long did you remain in such company and regiment? Until Nov 1864
6. When and where was your company and regiment surrendered and discharged? I do not know
7. Were you present with your company and regiment when it was surrendered? No
8. If not present, state specifically and clearly where you were, when you left your command, for what cause and by whose authority? I left my Command in Virginia on furlough from Asst Adjt Genl Cooper's Bureau could not get back to them
9. How much can you earn (gross) per annum by your own exertions or labor? Nothing
10. What has been your occupation since 1865? Farming
11. Upon which of the following grounds do you base your application for pension, viz: first, "age and poverty," second, "infirmity and poverty," or third, "blindness and poverty?" Age Infirmity & 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 had a son with me who was afflicted mental 2 years ago he became of age & for just 10 years could not support myself by my own labor or opinions
13. What property, real and personal, or income, do you possess, and its gross value? Nothing
14. What property, real or personal, did you possess in 1901, 1902, 1903, 1904, 1905, 1906 and 1907, and what disposition, if any, by sale or gift, have you made of same? I had a house that cost me $75. that I lived on until I had to sell to pay Dr Bills & Debts then could not keep out
15. In what County did you reside during those years, and what property did you then return for taxation? Subomings to miss from 1901 to 1906
16. How were you supported during the years 1901, 1902, 1903, 1904, 1905, 1906 and 1907? By my Children 1906 by my Individual Son at Kennesaw Ga
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? $75 00 80 — none
18. What was your employment during 1901, 1902, 1903, 1904, 1905, 1906 and 1907? What pay did you receive in each year? Farming what little I could do until last 2 yrs nothing
19. Have you a family? If so, who composes such family? Give their means of support. Have they a homestead, or other property? Their ages and how employed? yes myself & wife my wife 63 I am 64 years old
20. Are you receiving any pension? If so, what amount and for what disability? No
21. Have you ever made an application for pension before? no
22. How many applications have you ever made and under what class? none

Sworn to and subscribed before me this the 4 day of Sept 1907

S J Ellis
Applicant.

John Mabry
Ordinary,
of Cobb County.

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,
Cobb County.

D.M. Gentry of said State and County, having been presented as a witness in support of the application of J. Ellis 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? D.M. Gentry Kennesaw Cobb County Ga
2. Are you acquainted with J. Ellis, the applicant; if so, how long have you known him? At least 47 years
3. Where does he reside, and how long and since when has he been a resident of this State? Kennesaw Cobb County Ga
4. When, where and in what company and regiment did he enlist, and how do you know? June 1861 Forsyth County Co E 14 Ga. I was with him
5. Were you a member of the same company and regiment? I was a member of Co E of same
6. How long did he perform regular military duty? Until Nov 1864 in the Confederate
7. When and where was his command surrendered? I do not know I was at home,
8. Were you present when it surrendered? No
9. Was applicant present? I do not know
10. If he was not present, where was he? I cant say
When did he leave his command? Nov 1864 For what cause? Was Given furlough
By what authority he left? Officers in Command How do you know all of this?
I was there when he [redacted] furloughed

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 1901, 1902, 1903, 1904, 1905, 1906 and 1907, and what disposition, if any, did he make of same?
Nothing to my Knowledge
13. Has he conveyed away any of his property in the last four years; if so, what was it, and to whom?
None that I Know of
14. What is the applicant's occupation and physical condition?
Farmer, Poor
15. Is the applicant unable to support himself by labor of any sort; if so, why? yes
16. How was he supported during the years 1901, 1902, 1903, 1904, 1905, 1906 and 1907? By his Children
17. What portion of his support for these four years was derived from his own labor or income?
For the last year nothing
18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code
19. Who composes family? What property have they? Children's ages and their earning capacity?
Himself & wife
20. What interest have you in the recovery of a pension by this applicant?

Sworn to and subscribed before me, this the 14 day of Sept 1907

D M Gentry
his mark Witness

John Awtrey Ordinary.

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,
Cobb County.

Personally came before me Chas N Hill M.D and C D Elder, both known to me as reputable physicians of said County, who, being severally sworn, say on oath that they have examined carefully J. Ellis, applicant for pension under Section 1254, Code, and after such personal examination say that his present physical condition is as follows:

He has Chronic Bronchitis and Catarrh Has no use of left side & is in a Very Much State Not able to do any kind of Manual labor, & is not Improving but will as he Grows older be more infirm & Permanent

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

Sworn to and subscribed before me, this the 14 day of Sept 1907

John Awtrey Ordinary.

Chas N Hill M.D
C D Elder M.D

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,
Cobb County.

I, John Awtrey Ordinary, in and for said County, hereby certify that the applicant J. Ellis resides in said County, and has been a bona fide resident of this State since the 5th day of March 1906 and that the witness, viz:

D M Gentry

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

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

I further certify that the tax digest of Cobb County shows that applicant returned for taxation in his name in 1901 No Dollars of property, and in 1902 No Dollars of property; in 1903 No Dollars of property; in 1904 No Dollars of property; in 1905 No Dollars of property; in 1906 No Dollars of property; in 1907 No Dollars of property.

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

Witness my hand and seal of office, this 14 day of Sept 1907

John Awtrey 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 answers make to each of the questions asked of you, and the evidence you shall give will be the whole truth, so help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. In every case the Ordinary must certify to the character of the witness, and as to the execution of the proof as above set out.

JOHN AWTRE
JUDGE PROBATE.

OFFICE OF ORDINARY,

COBB COUNTY, GA.

Marietta, Ga., Nov 1st 1907.

Personally comes S. J. Ellis and amends his application for pension heretofore filed, and for amendment says that he was born in Georgia, served through the war in a Georgia regiment, and lived in Georgia, mainly in Cherokee County, all his life up to about 1895. At that time he went west with his sons, and remained away until March 5th 1906, when having on account of bad health lost all his means, he returned to Georgia and has since resided with his son in Cobb County.

S. J. Ellis

Sworn to and subscribed before me this Nov 1st 1907.

John Awtrey,
Ordinary
Cobb County, Ga.

Marietta Ga
Nov 4th 1907

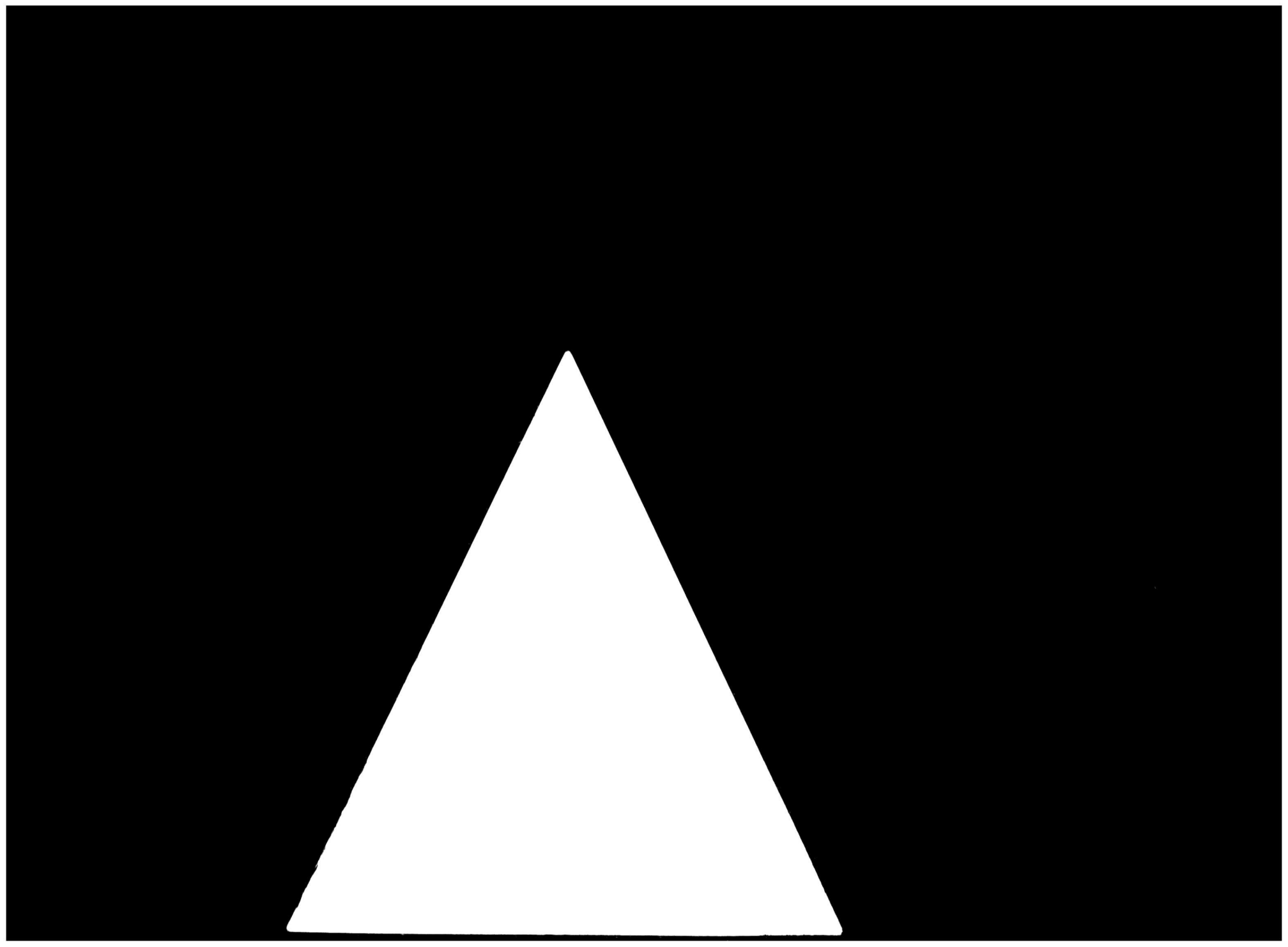
Personally came P L Conner
And after being duly sworn says
that he has been acquainted with J J
Elsis for the last past 25 years and that he
lived in Georgia mainly in Cherokee
County up to about 1895. when
at that time he went west with his
sons & remained away until
March 1906 when he returned
& is now a resident of Cobb
County near Kennesaw.

P L Conner

Sworn to & Subscribed
before me this Nov 4th 1907

John Huntley Ord

Cobb County Ga - I certify that
P L Conner is a citizen of Cobb
County, worthy of full faith &
Credit. John Huntley Ord.



Pension office 12-10-1910 The law requires that the company by letter and regt by number be stated and proven and not give the name of the officer commanding. Also state if command was of the C.S.A. or Ga Malitia, cavalry or infantry.

J.W.Lindsey Com Of Pens

Ellison, John
Cobb Co
O.K. Jan 1912

No

Confederate Soldier's Application.

UNDER ACT 1910.

County Cobb

Name John Ellison

Company C

Regiment ~~Young~~ 22 Bltn Infty Malitia

Approved

for pen 3.20.38

ENTERED ROSTER OFFICE

J. W. LINDSEY,
Commissioner of Pensions

CHAS. P. BYRD, State Printer, Atlanta.

11/30/10 5/16-1912

Name of the officer commanding. Also state if command was of the C.S.A. or Ga Militia, cavalry or infantry.

J.W. Lindsey Com of Pens

Confederate

Soldier's Application.

UNDER ACT 1910.

County Polk

Name John Ellison

Company K

Regiment Georgia Cav Ruffin's Dudleys

Approved

ENTERED RECORD OFFICE

J. W. LINDSEY.

Commissioner of Pensions

CHAS. P. BYRD, State Printer, Atlanta.

No

Co K 4th Ga Cav

Enlisted June 1862

APPLICATION FOR SOLDIER'S PENSION UNDER ACT 1910.

Questions for Applicants to Answer.

STATE OF GEORGIA, }
County. }

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

1. What is your name and where do you reside? (Give County and Post-office) John Ellison Marietta Ga

2. How long and since when have you been a continuous resident citizen of this State? 69 Years

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

4. When and where, and in what Company and Regiment did you enlist? (Give the arm and class of Service) Spring of 1863. Enrolled in Co. K. 4th Ga. Cav. Ruffins Battalion Dudleys

5. How long did you remain in the actual Military Service with said Company and Regiment? (Give date of discharge) May 1865.

6. When and where was your Company and Regiment surrendered or discharged from the Service? He was discharged at Lindsey May 1865 at Athens Ga. and ordered to Rengister for payroll

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 as stated above

a. Where was your Command when you left it?

b. When did you leave the Command?

c. For what cause did you leave?

d. By whose authority did you leave?

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

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

g. In what way were you prevented?

h. What effort did you make to return?

i. Were you captured during the war? No

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

9. What property of every discription 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 discription 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

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

Sworn to and subscribed before me, this the 10 day of Feb 1910. } John Ellison his mark

J. W. Brown Ordinary.

of Polk County.

QUESTIONS FOR WITNESS AS TO SERVICE.

STATE OF GEORGIA,
Gwinnett County.

P.H.Hester, of said State and County is hereby presented as a witness in support of the application of John Ellison 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? P.H.Hester, Norcross, Ga
2. How long and since when have you known John Ellison, the applicant? Since 1840
3. Where does he now reside, and since when has he been a bonafide, continuing resident in this State and how do you know? Marietta, Ga. He has been a citizen every since I knew him in 1840.
4. When, where and in what Company and Regiment did John Ellison enlist during war from 1861 to 1865? (Give date and place). Aug, 1862, Lumkin, Co, CO"C" 22 State ~~xxxx~~ Troops.
5. How did you obtain your information of this Service? Was with him.
6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (give date) From Aug, 1862 until May 1865.
7. When and where was his Command surrendered or discharged (give date and place) May 1865 at Kingston, 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 surrender? Yes,
11. If not where was he and how came him there? Was present.
12. When did he leave his Command? May 1865, Surender Where was his Command when he left it? Kingston, Ga for what cause did he leave? Surender By whose authority did he leave Surender and how long was he granted leave? ---------- How do you know all that you have stated to be true? If of your own knowledge (Tell clearly and specifically) I was present with him.
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 20th day of October 1910. P. H. Hester his wife

G G Robinson Ordinary.
of Gwinnett County.

AFFIDAVIT OF TWO FREEHOLDERS.

STATE OF GEORGIA.
Cobb County.

Personally before me comes W H Dewees & A D Kemp who on oath says that they are free holders residing in said County and we know John Ellison 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.) We know that John Ellison has no property of any kind

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.)
2. When and to whom was it sold or given to? —
3. What was the price paid or stated to be paid? —
4. What relation is the party to applicant? —
5. What disposition was made of the proceeds of the sale? —
6. Was the disposition of this property made in good faith and full values? or was it made to obtain a pension?

Sworn to and subscribed before me, this the 25 day of Oct 1910. W H Dewees

J M Gann Ordinary. A D Kemp
of Cobb County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,
Cobb County.

I J M Gann Ordinary of said County, certify that I know the applicant John Ellison 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 and W H Dewees & A D Kemp who are free holders, 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 Results of John Ellison shows that he and wife value for tax is in 1908 $0 for 1909 $0 for 1910 $0

Sworn under my hand and official seal of office this 26 day of Oct 1910

J M Gann Ordinary.
of Cobb County.

NOTES 1. Before any questions are answered the Ordinary shall swear applicant and all witnesses in the following words "You do solemnly swear that you will true answers make to each question asked you and the evidence you shall give shall be the whole truth, so help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
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 Free holders unnecessary.

Georgia Gwinnett County,

I. G.G.Robinson, Ordinary in and for said County, Certify that I knew P.H.Hester, that he is a bona fide citizen of Gwinnett county Georgia, that he is truthful and of trustworthy character and his statement is entitled to full faith and credit.

I further certify that the contents of the foregoing affidavit was read over to him, and was duly sworn by me, before signing the same.

Witness my hand and Seal of this Court.

G G Robinson Ordinary,

GEORGIA, COBB COUNTY.

Personally appeared John Ellison who being sworn on oath says that he is entirely uneducated, that he can neither read nor write; that while he was in the army he could neither read nor write. He further says that he had always been accustomed to say that he was in Young's Battalion, and that when the Ordinary made out his pension paper he gave it in to him just this way.

The truth is that affiant was in the same Company with his witness P.H.Hester. They went into the war together and came out together, and affiant was in the same company that Hester swore he was in. His company was called Company "C", but affiant forgot to tell the Ordinary this when he made his application.

As to affiant's name not appearing on the list of Young's Cavalry, Young's brigage was not made up entirely of Cavalry. There were three company's of infantry, and affiant was in one of these company's.

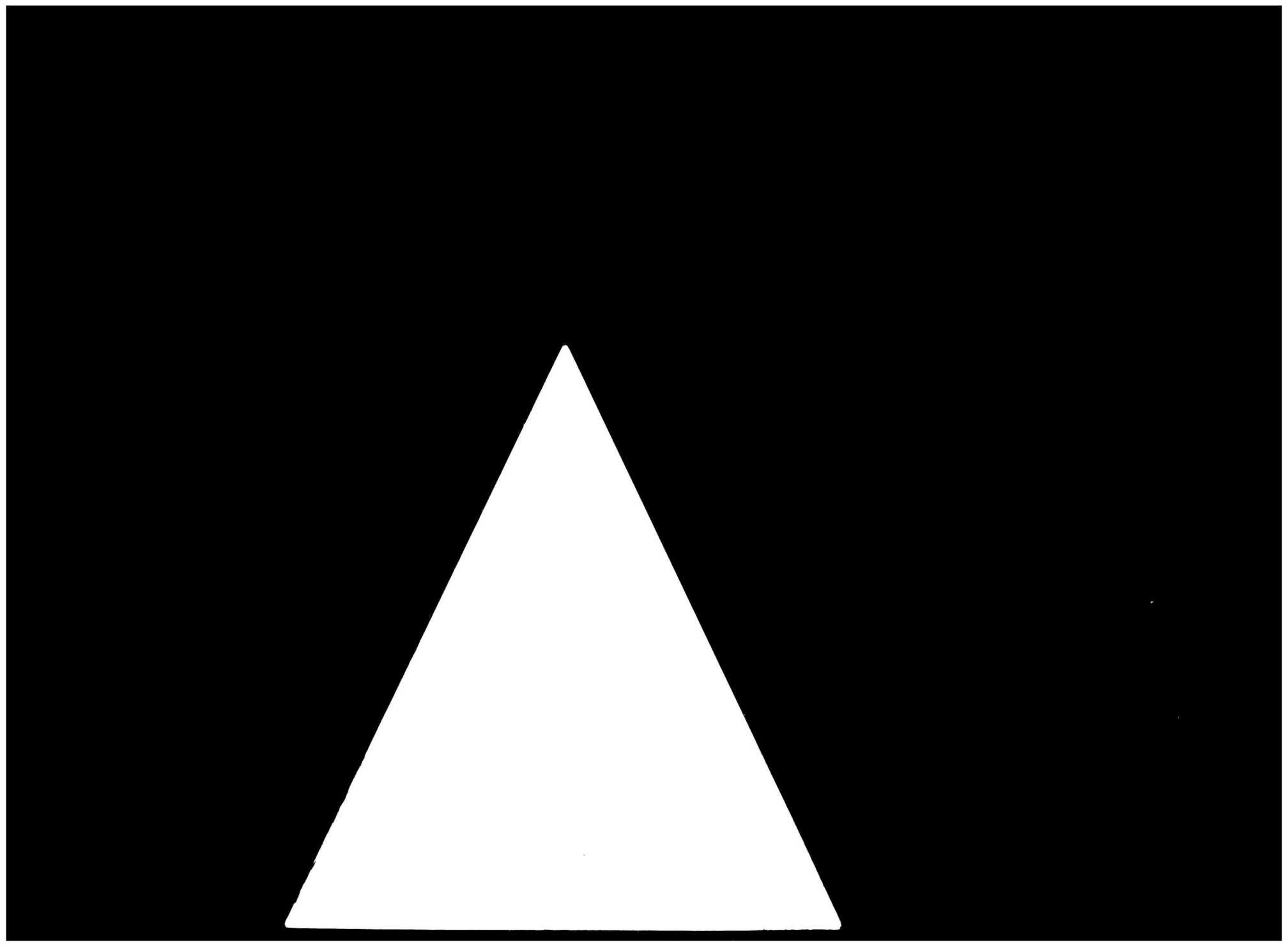
Affiant staid in this war two years; he is now old and poor, uneducated and unable to do any work of any consequence.

He makes this additional statement in order to clear up the apparent mistakes made in his application, and submits that he has fully explained.

John Ellison
his x mark

Sworn to and subscribed before me this the 6th day of May 1912.

J. M. Garner
Ordinary



Elrod, Co. [illegible]

Disapproved

No. 5/1-1907

INDIGENT PENSION.

1903.

Name L. G. Elrod

County Cobb

Co. Home Guards Regt.

Approved _____ 1903.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

_____

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

Geo. W. Harrison, State Printer, Atlanta.

10/16/06

Pension Office

This man performed no military in any Confederate Command or of organized Militia of Ga. Serum in these County Home guards was nothing but Patrol duties & not military duties are not entitled to the Pension

J. W. Lindsey
Comm. of Pensions

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.

_____ [L. S.]

Executed in the presence of _____

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.

[L. S.]

Executed in the presence of

Received this ____ day of ____ 1903.

Ordinary.

Every Question MUST be Answered.

QUESTIONS FOR APPLICANT.

STATE OF GEORGIA, }
Cobb COUNTY. }

I, Levi Garrison Elrod of said State and County, desiring to avail himself of the Pension Act (Section 1254, Code), hereby submit his proofs, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? (give State, County and post-office)
Levi G. Elrod Marietta, Cobb County, Ga.

2. How long and since when have you been a resident of this State?
All my life except first four years.

3. When and where were you born?
South Carolina, in 1840.

4. When and where and in what company and regiment did you enlist or serve?
Georgia, Spring of 1864, In Home Guards, Capt. Massingill's Company

5. How long did you remain in such company and regiment?
About one year.

6. When and where was your company and regiment surrendered and discharged?
We never surrendered We disbanded in Gordon County Ga. at Close of War, discharged by Capt Massingill

7. Were you present with your company and regiment when it was surrendered?
Present when discharged

8. If not present, state specifically and clearly where you were, when you left your command, for what cause and by whose authority?
I was present

9. How much can you earn (gross) per annum by your own exertions or labor?
Very little, possibly $20-

10. What has been your occupation since 1865?
Trying to farm

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"?
All three

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
Could not earn support the last two years- 66 years old- Have had rheumatism in legs for two years, disabling me from work- Nearly blind in both eyes for about two months

13. What property, real and personal, or income, do you possess, and its gross value?
One horse worth about fifty dollars- H.H.K. furniture about twenty dollars, $70 in all

14. What property, real or personal, did you possess in 1894, 1895, 1896, 1897, 1898, 1899, 1900, 1901 and 1902, and what disposition, if any, by sale or gift, have you made of same?
Nothing but that mentioned above.

15. In what County did you reside during those years, and what property did you then return for taxation?
Cobb- Returned above property for taxes 03-04-05.

16. How were you supported during the years 1899, 1900, 1901 and 1902?
By wife & child-

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?
Don't know I Contributed very little last two years

18. What was your employment during 1898, 1899, 1901 and 1902? What pay did you receive in each year?
Trying to farm- None-

19. Have you a family? If so, who composes such family? Give their means of support? Have they a homestead, or other property? Their ages and how employed?
Yes, Wife & two Children- One boy 13 years old- One girl 15 years old- Home nothing & no means of support- No employment except for--

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?
No

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

Sworn to and subscribed before me this the 7th day of Feb 1903.
John Duffey Ordinary, of Cobb County.

Levi G. Elrod Applicant.
Mark

Elrod, Lt. Garrison - Cobb Co.
Exempted 1-1-1907
No. ____

INDIGENT PENSION. 1903.

Name L. G. Elrod
County Cobb
Co. Home Guards Regt.
Approved ____ 1903.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

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

Col. T. Carlton, Ross Printing, Atlanta.
10/6/06

QUESTIONS FOR WITNESS.

STATE OF ~~GEORGIA~~,

[illegible] COUNTY.

[illegible] of said State and County, having been presented as a witness in support of the application of [illegible] 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? [illegible]

2. Are you acquainted with [illegible], the applicant; if so, how long have you known him? [illegible]

3. Where does he reside, and how long and since when has he been a resident of this State? [illegible]

4. When, where and in what company and regiment did he enlist, and how do you know? [illegible]

5. Were you a member of the same company and regiment? [illegible]

6. How long did he perform regular military duty? [illegible]

7. When and where was his command surrendered? [illegible]

8. Were you present when it surrendered? [illegible]

9. Was applicant present? [illegible]

10. If he was not present, where was he? [illegible]

When did he leave his command? [illegible] For what cause? [illegible]

By what authority he left? [illegible] How do you know all of this? [illegible]

11. What property, effects or income has the applicant? (Give your means of knowledge.) [illegible]

12. What property, effects or income did the applicant possess in 1896, 1897, 1898, 1899, 1900, 1901 and 1902, and what disposition, if any, did he make of same? [illegible]

13. Has he conveyed away any of his property in the last four years, if so, what was it, and to whom? [illegible]

14. What is the applicant's occupation and physical condition? [illegible]

15. Is the applicant unable to support himself by labor of any sort, if so, why? [illegible]

16. How was he supported during the years 1898, 1899, 1900, 1901 and 1902? [illegible]

17. What portion of his support for these four years was derived from his own labor or income? [illegible]

18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code? [illegible]

19. Who composes family? What property have they? Children's age and their earning capacity? [illegible]

20. What interest have you in the recovery of a pension by this applicant? [illegible]

Sworn to and subscribed before me, this the [illegible] day of [illegible] 1903.

[illegible] Witness.

[illegible] ~~Ordinary.~~

Witness to signature
John E. Wilkerson
Leo [illegible]

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,

Cobb COUNTY.

Personally came before me W M Kemp M.D. and Charles H Field, both known to me as reputable physicians of said County, who, being severally sworn, say on oath that they have examined carefully Levi G. Elrod, applicant for pension under Section 1254, Code, and after such personal examination say that his precise physical condition is as follows:

We find applicant suffering from Chronic Rheumatism which has rendered [illegible] practically useless at times. Also defective [illegible] of a muscular nature. Caused [illegible] the above troubles. Affiant is practically unable to do manual labor

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

Sworn to and subscribed before me, this the 7th day of July 1906

John Awtrey Ordinary.

W M Kemp M.D.
Chas H Field M.D.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Cobb COUNTY.

I, John Awtrey Ordinary, in and for said County, hereby certify that the applicant Levi G Elrod resides in said County, and has been a bona fide resident of this State since the 1st day of July 1899 and that the witnesses, viz.: [illegible]

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

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

I further certify that the tax digest of Cobb County show that applicant returned for taxation in his name in 1899 None Dollars of property, and in 1900 None Dollars of property, in 1901 NO Dollars of property, in 1902 NO Dollars of property.

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

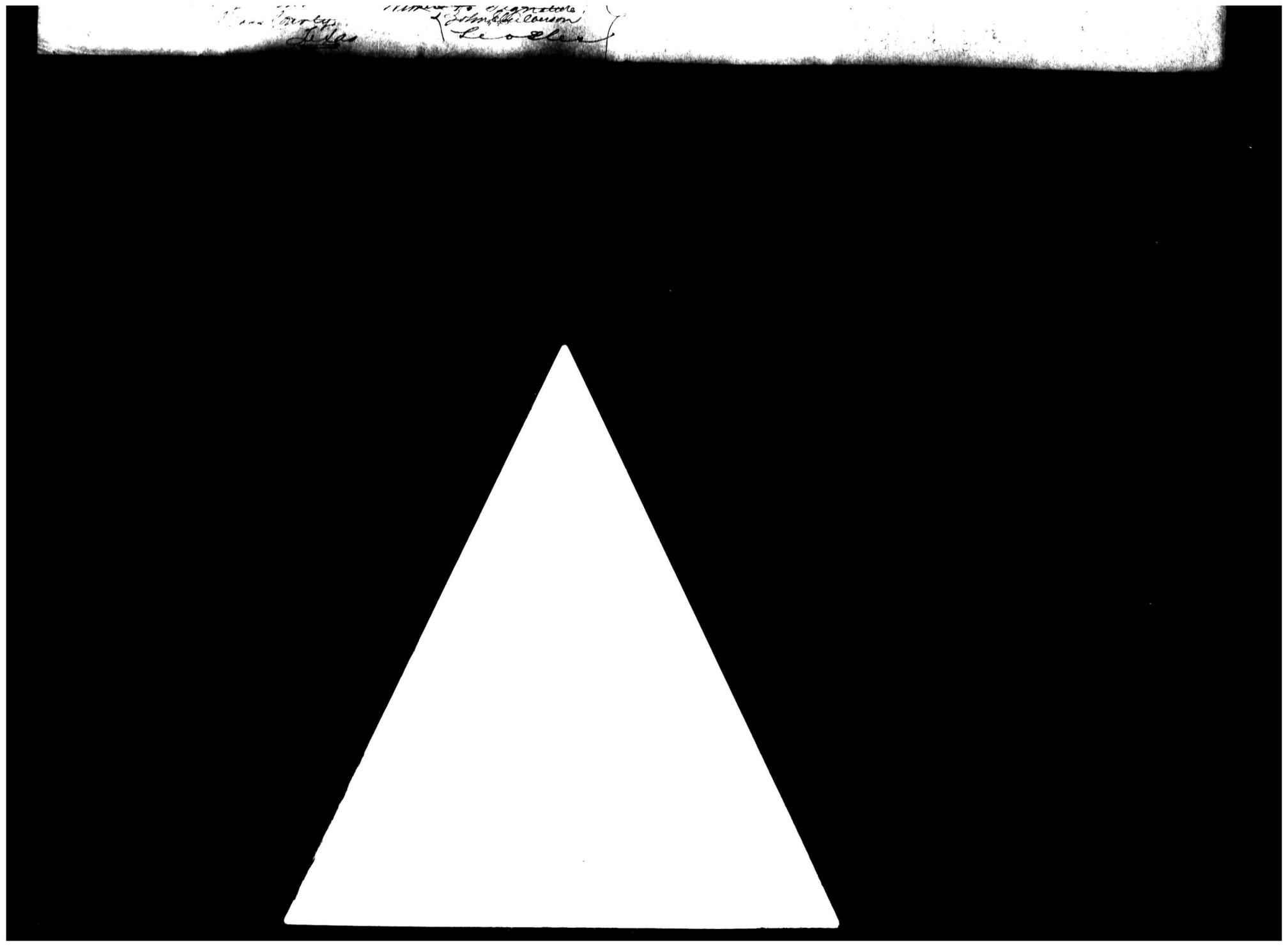
Witness my hand and seal of office, this 7th day of July 1906

John Awtrey 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 answers make to each of the questions asked of you, and the evidence you shall give will be the whole truth, so help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. In every case the Ordinary must certify to the character of the witness, and as to the execution of the proof as above set out.



Original
ENGLISH, F.A.
Amendment sent some time ago - Cobb County

No. [illegible]

INDIGENT PENSION,

1900.

Name F. A. English

County Cobb

Co E - 4 Ga State Troops

Approved 1900.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

1/15 1901

1/19/02

Pension Office —6—24—1901.

Applicant seems to be the owner of property of a salable value, sufficient for his present support. When absent from command at surrender and sick furlough is stated as the reason, must state and prove clearly when furlough was was given and for how long, and in what way he was prevented from returning to his command for duty.

J. W. Lindsey,
Com. Of Pensions.
L.

[illegible]

[illegible] of [illegible] salable value - [illegible] for the present support - when absent from command - at surrender and sick furlough is stated as the reason - must state & prove clearly - when furlough was given & for how long - & in what way he was prevented returning to his command for duty

Power of Attorney.

STATE OF GEORGIA,
Cobb County.

I, F. A. English of Marietta hereby authorize John Cushing to receive and receipt for the pension allowed, and request that he remit same to me at his office by hand

Witness my hand and seal, this 7th day of Jan 1901.

F. A. English [L. S.]

Executed in presence of
Jas. M. Garrett

Power of Attorney.

STATE OF GEORGIA,

Cobb County.

I, F A English, bereby authorize
John Awtry of Marietta
to receive and receipt for the pension allowed, and request that he remit same to
me at this Office by Land

Witness my hand and seal, this 7th day of Jany 1901.

F A English [L. S.]
his mark

Executed in presence of

Jas M Favor

Pension Office —6—24—1901.

Applicant seems to be the owner of property of a salable value, sufficient for his present support. When absent from command at surrender and sick furlough is stated as the reason, must state and prove clearly what furlough was given and for how long, and in what way he was prevented from returning to his command for duty.

J. W. Lindsey,
Com. of Pensions.

INDIGENT PENSION,

1900.

Name F A English

County, Ga. Cobb

Approved, 1901.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

1/15 1901

4/19/02

Original
Amendment Cobb Co
June 1900 Cobb County

ENGLISH F.A.

Questions for Applicant.

STATE OF GEORGIA,

County.

Every Question MUST be Answered.

I, _____ of said State and County, desiring to avail himself of the Pension Act (Section 1254, Code), hereby submits his proofs, and after being duly sworn true 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). F A English Cobb

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

3. When and where were you born? Franklin Co Ga 1838

4. When and where and in what company and regiment did you enlist or serve? In the Spring of 1862 in Hudlin Co Ga in Co E 1st Ga State Troops

5. How long did you remain in such company and regiment? Until April 1865

6. When and where was your company and regiment surrendered and discharged? Milledgeville Ga on April 1865

7. Were you present with your company and regiment when it was surrendered? No

8. If not present, state specifically and clearly where you were, when you left your command, for what cause and by whose authority? At home sick on furlough on account of sickness

9. How much can you earn (gross) per annum by your own exertions or labor? $75.00

10. What has been your occupation since 1865? farming

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

12. If upon the first ground, state how long you have been in such condition that you could not earn your support? If upon the second, give a full and complete history of the infirmity and its extent? If upon the third, state whether you are totally blind and when and where you lost your sight? About three years

13. What property, real or personal, or income, do you possess, and its gross value? One Cow & 3 Hogs one house one one horse wagon $90.00

14. What property, real or personal, did you possess in 1894, 1895, 1896, 1897, 1898 and 1899, and what disposition, if any, by sale or gift, have you made of same? 40 acres 2 Miles S2 Sosa and an average of 6 Hogs each the 2 last years when for which I had about the amount first named

15. In what County did you reside during those years, and what property did you then return for taxation?

16. How were you supported during the years 1898 and 1899? By what work that I did done by my family and What Little I could help

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? $75.00 about 1/2

18. What was your employment during 1898 and 1899? What pay did you receive in each year? farming what time I was able to work

19. Have you a family? If so, who composes such family? Give their means of support? Have they a homestead? Yes. Myself Wife and 2 daughters by working in farm. No

20. Are you receiving any pension? If so, what amount and for what disability? No

21. Have you ever made an application for pension before? Yes No

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

Sworn to and subscribed before me this the 7th day of Janu 1901.

his
F A English
mark
Applicant.

John Awtry Ordinary,
of Cobb County.

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,)
[illegible] COUNTY)

J V Stanback & J O Allen, of said State and County, having been presented as a witness in support of the application of F A English 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? J V Stanback & J O Allen reside in Cobb Co Ga
2. Are you acquainted with Yes, the applicant; if so, how long have you known him? 40 Years
3. Where does he reside, and how long and since when has he been a resident of this State? Resides in Cobb Co Ga been in Ga all his life
4. When, where and in what company and regiment did he enlist, and how do you know? In Spring 1862. In Fulton Co Ga. Co. H. E of 1st Reg of Ga State Troops. was present
5. Were you a member of the same company and regiment? Yes
6. How long did he perform regular military duty? A Bout 2 Years & 30 & 6 Months
7. When and where was his command surrendered? In the Spring of 1865 at Milledgeville
8. Were you present when it surrendered? Yes
9. Was applicant present? Yes
10. If he was not present, where was he? At home sick on furlough When did he leave his command? winter of 1864 For what cause? Sickness. with Brain fever By what authority he left? By furlough from the authority How do you know all of this? I was there
11. What property, effects or income has the applicant? (Give your means of knowledge.) One horse chair By being a Neighbor
12. What property, effects or income did the applicant possess in 1896, 1897, 1898 and 1899, and what disposition, if any, did he make of same? Very little as to my knowledge
13. Has he conveyed away any of his property in the last four years, if so, what was it, and to whom? Not that I know of
14. What is the applicant's occupation and physical condition? Farmer if able He is not a Stout man. and I believe his physical ability is poor
15. Is the applicant unable to support himself by labor of any sort, if so, why? In my judgment he is not
16. How was he supported during the years 1898 and 1899? By aid given him by his family and what little he could do himself
17. What portion of his support for these two years was derived from his own labor ~~or income~~? His family aided him
18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code? We dont believe from an intimate knowledge of the applicant that he is able to support himself by his own labor
19. What interest have you in the recovery of a pension by this applicant? None

Sworn to and subscribed before me, this the 7th day of Jan 1900.

J V Stanback
J O Allen
Witness.

John Awtry
Ordinary.

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA, }
COUNTY. }

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

Has Rheumatism & Neuralgia of the left side of head, Spoulder, and side extending to hip He also is affected generally from above diseases

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.

T. J. Moss M.D.
Gilbert Tennent M.D.

Sworn to and subscribed before me, this the 7th day of January 1900.

Ordinary.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA, }
Cobb COUNTY. }

I, John Awtry, Ordinary in and for said County, hereby certify that the applicant F. A. English resides in said County, and has been a bona fide resident of this State since the day of 1894 and that the witnesses, viz: T. J. Moss M.D., Gilbert Tennent M.D. and J V Stanback & J O Allen 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 County show that applicant returned for taxation in his name in 1899 150 Dollars of property, and in ~~1899~~ 1900 125 Dollars of property.

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

Witness my hand and seal of office, this 7th day of Jany 1900.

John Awtry 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, _____ 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 _____ 1900.

_____ [L. S.]

Executed in presence of

English, F. A.
Cobb County

No.

INDIGENT PENSION,

1900.

Name F. A. English

County Cobb

Co E - 1 Ga State Troops

Approved _____ 1900.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

2/26-1902
mortgage orig

Questions for Applicant.

STATE OF GEORGIA,

Cobb County.

F A English of said State and County, desiring to avail himself of the Pension Act (Section 1254, Code), hereby submits his proofs, and after being duly sworn true 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)
F A English. Gilmore Cobb County Ga

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

3. When and where were you born? 1838 Franklin Co Ga

4. When and where and in what company and regiment did you enlist or serve? Spring of 1864 Fulton Co Ga. Co E First Ga State Troops

5. How long did you remain in such company and regiment? I was in actual service with the Company until the last of January 1864 When I received a furlough on account of sickness I having the Brain fever

6. When and where was your company and regiment surrendered and discharged? I do not know having never recovered from the brain fever My furlough was renewed from time to time

7. Were you present with your company and regiment when it was surrendered? I was not

8. If not present, state specifically and clearly where you were, when you left your command, for what cause and by whose authority? I had been sent home with brain fever My furlough on that account was extended & never recovered

9. How much can you earn (gross) per annum by your own exertions or labor? Very little but more 25

10. What has been your occupation since 1865? Farming

11. Upon which of the following grounds do you base your application for pension, viz: first, "age and poverty," second, "infirmity and poverty," or third, "blindness and poverty"? Infirmity & 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? Seven Years ago I was down three months since that time I been failing & have not been able to do much work. The last 12 months I have been unable to do hardly any thing and am now unable to do any labor necessary to fulfilling

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 and 1899, and what disposition, if any, by sale or gift, have you made of same? None of my own made no disposition of any thing

15. In what County did you reside during those years, and what property did you then return for taxation?
Cobb

16. How were you supported during the years 1898 and 1899? By the aid of my two sons who are now their own men

17. How much did your support cost for each of these years, and what portion did you contribute thereto by your own labor or income? Not more than 25 if that and less than that

18. What was your employment during 1898 and 1899? What pay did you receive in each year? I did what little I could on farm My boys at that time were with me

19. Have you a family? If so, who composes such family? Give their means of support? Have they a homestead? Yes. Wife. two daughters who are of age and make their own living

20. Are you receiving any pension? If so, what amount and for what disability? No.

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

22. How many applications have you ever made and under what class? One Indigent Class

Sworn to and subscribed before me this the 16th day of December 1900.

F A his mort English Applicant.

John Awtrey Ordinary,
of Cobb County.

Every Question MUST be Answered

Write sufficient to be able for duty

this year

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,
Cobb COUNTY

J. V. Stanback, of said State and County, having been presented as a witness in support of the application of F. A. English 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? J. V. Stanback Cobb County Georgia
2. Are you acquainted with yes, the applicant; if so, how long have you known him? Forty years
3. Where does he reside, and how long and since when has he been a resident of this State? In Cobb County Ga been in Ga all his life
4. When, where and in what company and regiment did he enlist, and how do you know? In the spring of 1862 in Fulton Co. Ga Co. 1st reg of Ga State troops was present
5. Were you a member of the same company and regiment? yes
6. How long did he perform regular military duty? about 2 years 3 or six months
7. When and where was his command surrendered? In the spring of 1865 at Milledgeville
8. Were you present when it surrendered? yes
9. Was applicant present? No
10. If he was not present, where was he? At home sick on Furlough
When did he leave his command? Winter of 1864 For what cause? sickness brain fever
By what authority he left? Furlough By From the Authorities How do you know all of this? I was there
11. What property, effects or income has the applicant? (Give your means of knowledge.) None that I know of
12. What property, effects or income did the applicant possess in 1896, 1897, 1898 and 1899, and what disposition, if any, did he make of same? Very little if any as far as I know likely two cows & 2 or 3 hogs
13. Has he conveyed away any of his property in the last four years, if so, what was it, and to whom? One milk cow to pay Dr bill
14. What is the applicant's occupation and physical condition? Farmer if able He is not a stout man and I believe his physical ability is poor
15. Is the applicant unable to support himself by labor of any sort, if so, why? In my judgment he is not
16. How was he supported during the years 1898 and 1899? By aid given him by his family and when is not down with sickness what he could do himself
17. What portion of his support for these two years was derived from his own labor or income? His family aided him
18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code? I don't believe from my own knowledge of the applicant that he is able to support his own self by his own labor
19. What interest have you in the recovery of a pension by this applicant? None

Sworn to and subscribed before me, this the 14 day of Dec 1900.

J. V. Stanback Witness.

John Awtrey Ordinary.

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,
Cobb COUNTY.

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

Has neuralgia of the left side of head and face and rheumatism of shoulder joint and side extending to hip joint. He is also generally affected on account of diseases mentioned and is infirm

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 18th day of December 1900.

F. J. Moss M.D.
F. W. M. Kemp M.D.

John Awtrey Ordinary.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,
Cobb COUNTY.

I, John Awtrey, Ordinary in and for said County, hereby certify that the applicant F. A. English resides in said County, and has been a bona fide resident of this State since the day of 189 and that the witnesses, viz: J. V. Stanback and J. J. Boling 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 1898 Dollars of property, and in 1899 Nothing Dollars of property.

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

Witness my hand and seal of office, this 25 day of Feb 1900

John Awtrey 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 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

Georgia
Cobb County } Personally appeared before me J J Bolling who on oath says that F. A. English was sent home from the war in the Spring of 1864 with the Brain fever. that she saw him daily during the remainder of the Year 1864 and 65. that I lived within a few hundred yards of him where he ~~lived~~ was sent home. and that after the fever was broken it settled in his leggs and he was compelled to go on Crutches for 7 or 8 months, and that his tongue was paralyzed. and knowd that he was never able to return to the army. on account of his physical condition. and that his condition at this time is bad

Sworn to and subscribed before
John Thorry Ordinary
Cobb County

J J his Mark Bolling

Georgia
Fulton County } Personally appeared before me Annie E Landers of Fulton Co Ga who on oath says

1 That she has known F A English of Cobb County ever since before the war between the States

2 and That she lived within three hundred yards of said F A English during the Year 1864. and that he came home with the Brain fever in the Spring of 1864. and that he was not able to return to the army after the fever left him. the same having settled in his leggs. from which he had to go on Crutches 6 months after he was able to set up

3 That the fever also paralyzed his Tonge. and he was for a long time he could not talk well

4 I knowd that his condition was such that up to the time of the surrender after he was sent home from the war in the Spring of 1864 with Brain fever he was never able to return

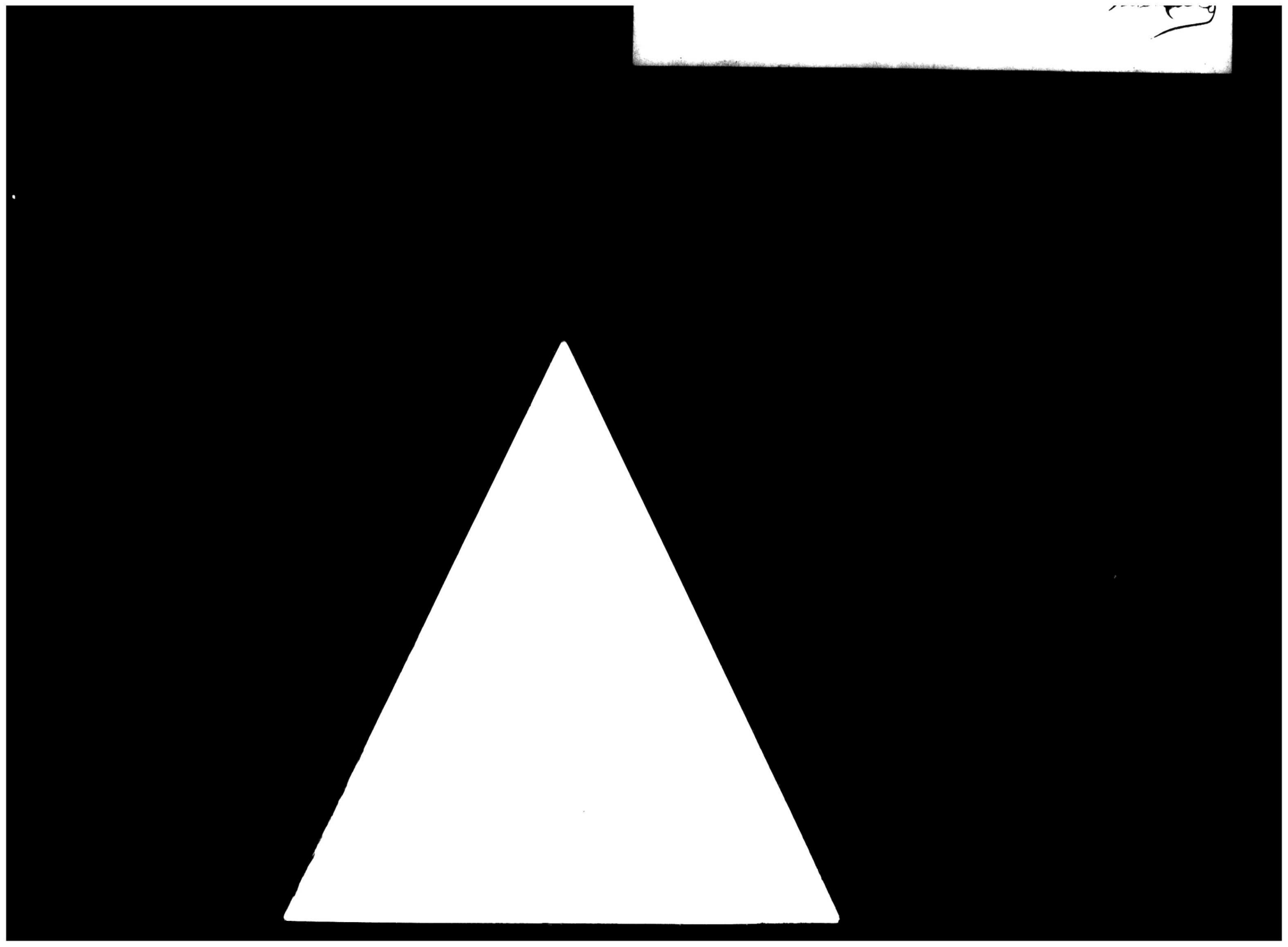
5 I have no interest in the recovery of a pension by the applicant whatever

6 I am acquainted with F A. English and knowd that he is very feeble

Annie Landers

Sworn to and subscribed before me
December 12th 1901.

John R. Wilkinson
Ordinary
Fulton Co



State Dept. Public Welfare,
Atlanta, Nov. 9, 1938.

George W. Erwin enlisted as a private in Co. K, 23d Regt. Ga. Inf. Aug. 31, 1861. Paroled, Charlotte, N. C., May 5, 1865.

Director Confederate Records Di

RECORD O. K.
Erwin, Anna
Cobb County
Widow of Geo. W. Erwin
Co. K, 23rd Ga. Inf.
Capt. Gunby's Co.
Widow's Application
Under Act of 1910—As Amended by Act of 1919, and Constitutional Amendments of 1920 and 1937.

County Cobb
Name Mrs. Anna Erwin
Widow of Geo. W. Erwin
Date of Marriage Sept. 18 1908
Date of Husband's Death June 4 1914
Company K 23rd Capt. Gunby's Co.
Regiment
Approved 193
DEC 27 1937
Director.

AUG 13 1937

Ordinary's Certificate

STATE OF GEORGIA,

Cobb COUNTY.

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

Given under my hand and seal of office this 28 day of July 193 7.

(SEAL OF ORDINARY) Jas. J. Daniell, Ordinary.

of Cobb County.

INSTRUCTIONS:

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

State Dept. Public Welfa
Atlanta, Nov. 9, 1937.

George W. Erwin enlisted
private in Co. K, 23d Re
Ga. Inf. Aug. 31, 1861.F
Charlotte, N. C., May 5,

Director Confederate Rec

RECORD O. K.

Erwin Anna

Widow's Application

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

County Cobb
Name Mrs. Anna Erwin
Widow of Geo. W. Erwin
Date of Marriage Dec. 18 1908
Date of Husband's Death June 4 1914
Company
Regiment 23d Regt. Ga. Inf.
Approved
DEC 27 1937 Director.

Ordinary's Certificate

STATE OF GEORGIA,

Cobb COUNTY.

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

Given under my hand and seal of office this 28 day of July 1937.

(SEAL OF ORDINARY) Jas. J. Daniell, Ordinary.

of Cobb County.

INSTRUCTIONS:

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

APPLICATION FOR PENSION BY A WIDOW OF A CONFEDERATE SOLDIER

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

QUESTIONS FOR APPLICANT TO ANSWER:

STATE OF GEORGIA,

Cobb COUNTY.

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

SECTION I.

1. What is your name, and where do you reside? (Give Post Office and County) Mrs. Anna Erwin, R.F.D.1 Kennesaw, Ga. (Cobb Co.)
2. How long and since when have you been, continuously, a bona fide resident citizen of the State of Georgia? Since 1908 - Nearly 29 years
Give date, or year, of your birth Apr. 27, 1875 Age? 62
3. (1) When, (2) where and (3) to whom were you married? (1) Dec. 18, 1908 (2) Murphy, N.C. (3) Geo. W. Erwin
a. Have you married since the death of first and soldier husband? No
b. When and where did your first husband die? June 4, 1919 in Union Co. Ga.
c. Were you residing together when he died? Yes
d. If not, how long had you resided apart?
e. Are you now a widow? Yes
f. Have you or your husband heretofore been paid a pension by the State? Husband was on Confederate soldier roll of Union Co. Ga.
g. If so, when and for what cause were you or your husband placed on the roll?

SECTION II.

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

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

2. When and where did the Commands of your husband surrender or discharge from the Service?

3. Was your husband personally present with his Command when it was surrendered or discharged?

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

Sworn to and subscribed before me, this the 27 day of July, 1937.

Jas. J. Daniell, Ordinary
of Cobb County.
(SEAL OF ORDINARY)

Mrs. Anna her + mark Erwin
Applicant.

An Affidavit

(Read carefully before making this affidavit.)

State of Georgia,

County of .....

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

1. That she is an applicant for the Georgia pension allowed to widows of Confederate soldiers;

2. That her deceased husband **was not** a pensioner of the State of Georgia at the time of his death, and, therefore, his Confederate military service has not heretofore been proven in connection with an application for pension;

3. That she is unable to obtain from any person or source evidence as to the Confederate military service of her deceased soldier husband;

4. That this affidavit is being made to authorize the use, as evidence, of any official record of said Confederate military service as may be preserved either at the Capitol in Atlanta, or in the office of the Adjutant-General, Washington, D. C.

Sworn to and subscribed before me, this the

..... day of ....., 193..

....., Ordinary,

..... County.

Questions for Witness as to Marriage and Service of Husband.

STATE OF GEORGIA, Cobb COUNTY.

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

1. What is your name and where do you reside? (Give Post Office and County) W. L. Hefner, R.F.D. 1 Kennesaw, Cobb Co., Ga.
2. How long and since when have you known Mrs Anna Erwin applicant All my life. I am 36 yrs old.
3. Where does she now reside and since when has she been, continuously, a bona fide, resident citizen of this State? Cobb Co. Ga. Been a resident of Ga. 29 yrs.
4. When and to whom was she married? Dec 15, 1908 How do you know? I was present.
5. How long and since when did you know George W. Erwin her husband? Eleven or twelve years prior to his death.
6. When and where did George W. Erwin the husband of applicant, die? June 4, 1919 in Union Co. 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? – Were they divorced? –

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

9. When, where and in what Company and regiment did ..... enlist? (Give date and place) .....
10. How did you obtain your information of this service? .....
11. How long within your personal knowledge did he perform actual military service with this Company and Regiment? (Give dates.) .....
12. When and where was his Command surrendered or discharged? (Give date and place.) .....
13. Were you personally present with this Command when it was surrendered? ..... If not, where were you ..... and how came you there? .....
14. Was the husband of applicant personally present with his Command at its surrender? ..... If not where was he? ..... and how came him there? ..... When, where and for what cause did he leave his Command? (Give date.) ..... By whose authority did he leave his Command? ..... and how long was he granted leave? ..... How do you know all that you have stated to be true? (If of your own knowledge, state clearly and specifically) .....
15. For what cause, if you know of your own knowledge, was he prevented from returning to his Command? .....
16. What effort did he make to return to his Command and how do you know this? .....
17. Was he captured as a prisoner? ..... If so, when and where? ..... In what prison was he held? ..... amd when released? .....

Sworn to and subscribed before me, this the 27 day of July, 1937, Ordinary of Cobb County. (SEAL OF ORDINARY)

W. L. Hefner (Witness)

STATE DEPARTMENT OF PUBLIC WELFARE

HURT BUILDING

ATLANTA

Honorable James J. Daniel, Ordinary,
Cobb County,
Marietta, Georgia.

WHEREAS:

MRS. ANNA ERWIN, WIDOW OF GEO. W. ERWIN,

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

ORDERED:

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

This, the 27th day of December 1937.

L. Thos. Gillen
Director, Confederate Division
State Department of Public
Welfare

Board of County Commissioners

CHEROKEE COUNTY

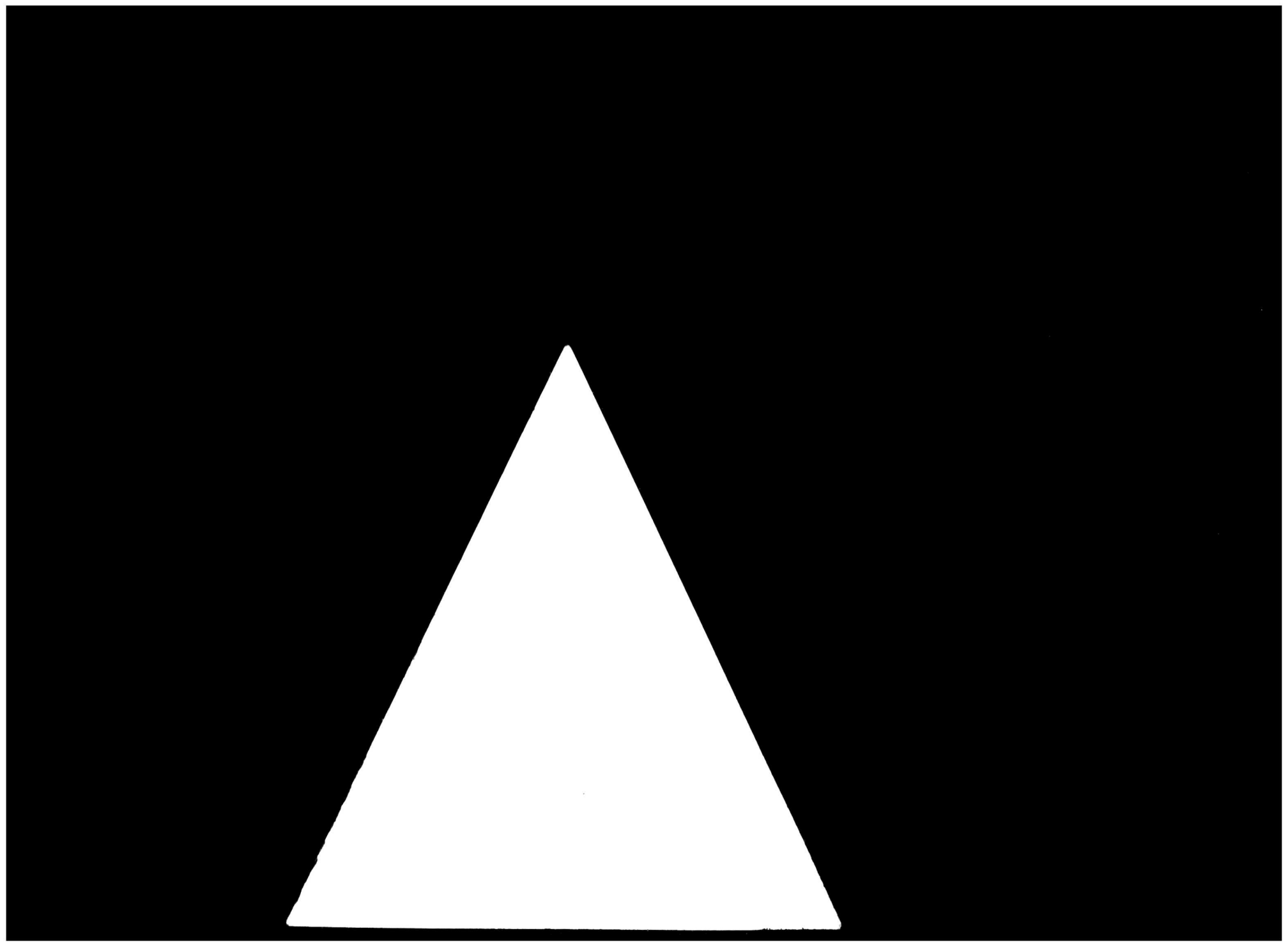
B. L. PADGETT, REGISTER OF DEEDS — L. B. NICHOLS, CHAIRMAN

Murphy, N. C. June 28, 1937

I, B.L. Padgett, Register of Deeds of Cherokee County, N.C. do hereby certify that the Marrigge License Book shows that Geogge W. Erwin was married in Cherokee County, on the 18th day of December, 1908, to Anna Cheek. _____ minister and _____ witnesses, The above license show that each of the parties were 27 years old. Born 1881 73

Given under my hand and seal of office this the 28th day of June, 1937.

B. L. Padgett
Register of Deeds.



CERTIFICATE OF ORDINARY

STATE OF GEORGIA, COBB County.

I, Jas. J. Daniell, Ordinary of said County, do certify that I personally know Mrs. Eliza R. Eskew, the applicant, and that she is the lawful widow of B. F. Eskew, who was on the Pension Roll of said Cobb County, and was paid a Pension from Cobb County for 1933, and at the time of his death on the 2nd day of May 1934, there was due to him and unpaid his Pension of Ninety Dollars from the State of Georgia, and I know T. L. Pittman, Ordinary, the within witness, and he is of a truthful and trustworthy character and entitled to full credit.

Given under my hand and seal this 15th of May, 1934.

(Seal of Ordinary)

Jas. J. Daniell, Ordinary
Cobb, County

Eskew, Eliza (Mrs.)
Cobb Co.

Cobb, County

1934.

Application for Pension Due Deceased Soldier

(UNDER ACT 1891)

(To be paid to his Widow)

BY

Mrs. Eliza Eskew

Widow of B. F. Eskew

Date of Marriage July 27, 1894

Date of Death May 2, 1934.

Approved and ordered paid.

193

R. de T. LAWRENCE,
Commissioner of Pensions.

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

FILED
MAY 16 1934
VITAL STATISTICS OFFICE
A. L. NEWSOM, Director

CERTIFICATE OF ORDINARY

STATE OF GEORGIA, C O B B County.

I, Jas. J. Daniell, Ordinary of said County, do certify that I personally know Mrs. Eliza R. Eskew, the applicant, and that she is the lawful widow of B. F. Eskew, who was on the Pension Roll of said Cobb County, and was paid a Pension from Cobb County for 1933, and at the time of his death on the 2nd day of May 1934, there was due to him and unpaid his Pension of Ninety Dollars from the State of Georgia, and I know T. L. Pittman, Ordinary, the within witness, and he is of a truthful and trustworthy character and entitled to full credit.

Given under my hand and seal this 15th of May, 1934.

(Seal of Ordinary)

Jas. J. Daniell, Ordinary

Cobb, County

Eskew, Eliza (Mrs.)
Cobb Co.

Cobb, County

1934

Application for Pension Due Deceased Soldier

(UNDER ACT 1891)

(To be paid to his Widow)

BY

Mrs. Eliza Eskew

Widow of B. F. Eskew

Date of Marriage July 27, 1894

Date of Death May 2 1934

Approved and ordered paid.

193

R. de T. LAWRENCE,
Commissioner of Pensions.

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

FILED
MAY 16 1934
VETERAN SERVICE OFFICE
A. L. HENSON, Director

Application for Pension Due Deceased Soldier

(To Be Paid to His Widow)
(UNDER ACT APPROVED OCTOBER 9, 1891)

STATE OF GEORGIA, Cobb County.

Personally before me, the Ordinary of said County, comes Mrs. Eliza R. Eskew of said County, who after being duly sworn, on oath says that she is the widow of B. F. Eskew and that said Pensioner was on the Pension Roll of Cobb County and was paid a Pension of Thirty ($30.00) Dollars from said County for the month of Feby 1934, and that said Pensioner died in Cobb County on the 2nd day of May, 1934, Applicant further swears that she married the said B. F. Eskew on the 27 day of July, 1894, in Douglas County and State of Georgia, and resided with him from the date of marriage to his death as his lawful wife, and is now his dependent widow, and she asks that the Pension for 1934, due and unpaid be paid to her.

Sworn to and subscribed before me this 3rd day of May, 1934.

Jas. J. Daniell, Ordinary
Cobb, County
(Seal of Ordinary)

Liver Rg. Eskew (L. S.)
her mark
Mortimer J. E. Wasler

AFFIDAVIT OF WITNESS

STATE OF GEORGIA County.

Personally before me comes See attached certificate., who on oath says that he knew while in life and that he knows Mrs. , the above applicant; and knows that the said and were in due form of law married in the County of in the State of on the day of , 18 , and that they were residing together as husband and wife at the time of his death on the day of , 19 , and that she is his dependent widow.

Sworn to and subscribed before me this day of , 193

, Ordinary
, County
(Seal of Ordinary)

INSTRUCTIONS:

1st. Proof of marriage must be made.

2nd. Do not use the enormously large form of marriage certificate in common vogue throughout the State, suitable only for framing. Such certificate is entirely too bulky for use in any pension application. A plain certificate written on the back of the copy of marriage license is the proper thing.

3rd. The Ordinary should examine the blank after it is filled in, and see that everything is fully and correctly completed, and the seals affixed, and that back of application, when folded, is filled in.

4th. Pay out no money on this application until approved in the Pension Department and returned to you as your authority to make payments.

5th. Return this application with your final settlement to the Pension Department.

6th. The widow or person holding her proper power-of-attorney receipts for this pension by signing name, as widow, opposite the name of husband on the soldier pay roll.

7th. Only the unpaid pension for the year is covered by this application. Take another application, on the white blank, to admit widow to rolls in her own right.

A. L. HENSON
DIRECTOR

C. ARTHUR CHEATHAM
ASST. DIRECTOR

MISS LILLIAN HENDERSON
ASST. DIRECTOR

THE VETERANS SERVICE OFFICE

STATE CAPITOL

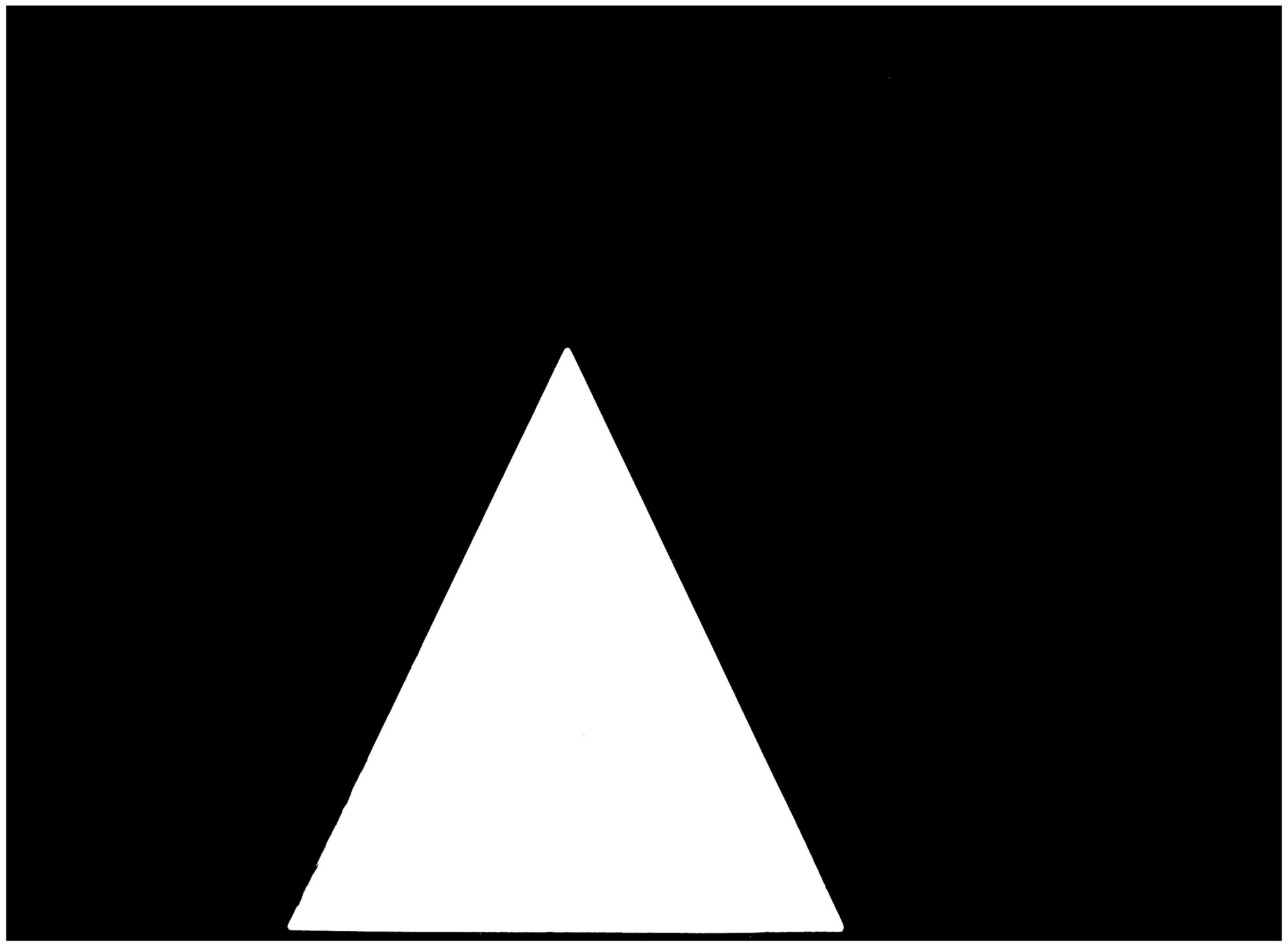
ATLANTA

IN RE: Application of Mrs. Eliza Eskew, widow of B. F. Eskew, for pension balances accrued and unpaid to husband, for years 1930, 1933 and 1934; Cobb County, Georgia:

It appearing that the late husband of this applicant established his right to a pension as a Confederate veteran and was such a pensioner at the time of his death; that applicant was married to said pensioner and that she lived with her said husband to the date of his death and has not since remarried, and that pension payments accrued to husband and unpaid at the time of his death: $127. for the year 1930; $120. for the year 1933, and remaining installments for the year 1934, are due this applicant under the Act of 1891, this application is approved, and it is ordered that said payments be made to her, by the Ordinary of Cobb County, Georgia, as and when they may become payable..

This the 17th day of May, 1934.

A. L. Henson
Director.



Eskew, Eliza
Cobb Co.
Sept 1938

Widow's Application

Under Act of 1910—As Amended by Act of 1912, and Constitutional Amendments of 1920 and 1937.

6 Fri Sept 1938

County Cobb
Name Mrs. Eliza Eskew
Widow of B. F. Eskew
Date of Marriage July 27 1894
Date of Husband's Death May 2 1934
Company C
Regiment 19th Ga.
Approved Sept 17-1938 193
L. Thos. Green
Director.

AUG 15 1938

Atlanta, Sept. 1, 1937.
403 State Capitol.

(COPY)

War Department,
Washington, Apr. 21, 1917

There are no rolls on file for Co. C, 19th Regiment Ga. Inf., C. S. A., No record found of capture or parole of B. F. Eskew.

(Signed) H. T. McCain,
The Adjutant General

B. F. Eskew drew pension in Douglas County, 1907.

Ordinary's Certificate

STATE OF GEORGIA,
Cobb COUNTY.

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

Given under my hand and seal of office this 28 day of July 1937

(SEAL OF ORDINARY)

Jas. J. Daniell Ordinary
of Cobb County

INSTRUCTIONS

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

Atlanta, Sept. 1, 1937
403 State Capitol.

(COPY)

War Department,
Washington, Apr.

There are no rolls on fi
Co. C, 19th Regiment Ga.
U. S. A., No record fou
Capture or parole of E.
him.

(Signed) H. T. McCa
The Adjutant

B. H. Eskew drew pensi
in Douglas County, Geo

Eskew, Eliza
Cobb Co. Ga.
Pension

Widow's Application

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

Oct 1937

County Cobb
Name Mrs. Eliza Eskew
Widow of B. H. Eskew
Date of Marriage July 27 1894
Date of Husband's Death May 2 1934
Company C Ga
Regiment 19th
Approved [illegible]
[illegible] Division

AUG 13 1937

Ordinary's Certificate

STATE OF GEORGIA,

Cobb COUNTY.

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

Given under my hand and seal of office this 28 day of July 193 7

(SEAL OF ORDINARY) Jas. L. Daniell Ordinary.

of Cobb County.

INSTRUCTIONS:

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

APPLICATION FOR PENSION BY A WIDOW OF A CONFEDERATE SOLDIER

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

QUESTIONS FOR APPLICANT TO ANSWER:

STATE OF GEORGIA,

Cobb COUNTY.

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

SECTION I.

1. What is your name, and where do you reside? (Give Post Office and County)
Mrs. Eliza Eskew, R F D 2, Austell, Cobb Co. Ga.
2. How long and since when have you been, continuously, a bona fide resident citizen of the State of Georgia? All life
Give date, or year, of your birth. Mar. 23, 1863 Age? 74
3. (1)**When,** (2)**where** and (3)**to whom** were you married?

a. Have you married since the death of first and soldier husband? No
b. When and where did your first husband die? May 2, 1934. Powder Spgs. Cobb Co. Ga.
c. Were you residing together when he died? Yes
d. If not, how long had you resided apart? —
e. Are you now a widow? Yes
f. Have you or your husband heretofore been paid a pension by the State? Yes
g. If so, when and for what cause were you or your husband placed on the roll? B. H. Eskew deceased husband was Confederate Soldier pensioned by Ga. prior to 1926 in Douglas Co. Ga. and about 1926 in Cobb Co. I draw for balance of 1934.

SECTION II.

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

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

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

Sworn to and subscribed before me, this the 24 day of July, 1937.

Jas. L. Daniell, Ordinary
of Cobb County.
(SEAL OF ORDINARY)

her
Mrs Eliza Eskew
mark
Applicant.

Witness Mrs R C Emerson

An Affidavit

(Read carefully before making this affidavit.)

State of Georgia,

County of Cobb

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

1. That she is an applicant for the Georgia pension allowed to widows of Confederate soldiers;

2. That her deceased husband **was not** a pensioner of the State of Georgia at the time of his death, and, therefore, his Confederate military service has not heretofore been proven in connection with an application for pension;

3. That she is unable to obtain from any person or source evidence as to the Confederate military service of her deceased soldier husband;

4. That this affidavit is being made to authorize the use, as evidence, of any official record of said Confederate military service as may be preserved either at the Capitol in Atlanta, or in the office of the Adjutant-General, Washington, D. C.

Sworn to and subscribed before me, this the

day of , 193

, Ordinary,

County.

Questions for Witness as to Marriage and Service of Husband.

STATE OF GEORGIA, Cobb COUNTY.

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

1. What is your name and where do you reside? (Give Post Office and County) J. E. Marler, Marietta, Cobb Co. Ga. (104 W. Dixie Ave)

2. How long and since when have you known Mrs. Eliza Eskew applicant Eighteen or twenty years

3. Where does she now reside, and since when has she been, continuously, a bona fide, resident citizen of this State? R. F. D. Austell, Cobb Co. Ga. All time I have known her

4. When and to whom was she married? B. F. Eskew How do you know? Were known as man & wife

5. How long and since when did you know B. F. Eskew her husband? About fifteen years prior to his death.

6. When and where did B. F. Eskew the husband of applicant, die? At Powder Spgs. Cobb Co. Ga. May 2, 1934.

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?

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

9. When, where and in what Company and regiment did enlist? (Give date and place)

10. How did you obtain your information of this service?

11. How long within your personal knowledge did he perform actual military service with this Company and Regiment? (Give dates.)

12. When and where was his Command surrendered or discharged? (Give date and place.)

13. Were you personally present with this Command when it was surrendered?

If not, where were you and how came you there?

14. Was the husband of applicant personally present with his Command at its surrender?

If not where was he? and how came him there?

When, where and for what cause did he leave his Command? (Give date.)

By whose authority did he leave his Command?

and how long was he granted leave?

How do you know all that you have stated to be true? (If of your own knowledge, state clearly and specifically)

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

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

17. Was he captured as a prisoner? If so, when and where?

In what prison was he held? amd when released?

Sworn to and subscribed before me, this the 24 day of July 1937

Jas. J. Rowell, Ordinary

of Cobb, County.

(SEAL OF ORDINARY)

J. E. Marler (Witness)

STATE DEPARTMENT OF PUBLIC WELFARE

HURT BUILDING

ATLANTA

Judge Jas. J. Daniell,
Ordinary, Cobb County,
Marietta, Georgia.

WHEREAS:

MRS. ELIZA ESKEW, WIDOW OF B. F. ESKEW,

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

ORDERED:

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

This, the 17th day of September 1938.

Director, Confederate Division
State Department of Public
Welfare

STATE OF GEORGIA :
COUNTY OF DOUGLAS :

This Certifies that Mr. B. F. Eskew and Miss Eliza Ann Roberson were united in the Holy Bonds of Matrimony by K. I. Keaton Justice of the Peace, on the 27th day of July in the year of our Lord Eighteen Hundred and Ninety four as appears of record in my Office in Marriage Record book "C on Page 2.

This the 28th day of July, 1937.

Ordinary, Douglas County, Georgia.

State of Georgia, Douglas County.

I, T. L. Pittman, Ordinary of said State and County, do hereby certify that the within and foregoing is a true and correct copy of Marriage license of B. F. Eskew and Eliza Ann Roberson, as the same appears of marriage record for Whites in Book "C" page 2, records in the Office of Ordinary, Douglas County, Georgia.

Witness my official signature and seal on this the 5th day of May, 1934 at Douglasville, Georgia.

Ordinary Douglas County, Ga.

Marriage License
OF
AND
Issued 19
and recorded on page
Book of Marriage Licenses.
Ordinary.

Marriage Li
OF
AND
Issued
and recorded on page
Book of Marri

No. 490

Marriage License

State of Georgia County

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

You are hereby authorized to join

B. F. Eskew--- and Eliza Ann Roberson-------

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

Given under my hand and seal this 27 day of July--1894. xxx H. T. Cooper (L.S.) Ordinary.

LICENSE OBTAINED UNDER OATH BY

STATE OF GEORGIA CERTIFICATE DOUGLAS COUNTY

I Certify that B. F. Eskew and Eliza Ann Roberson---

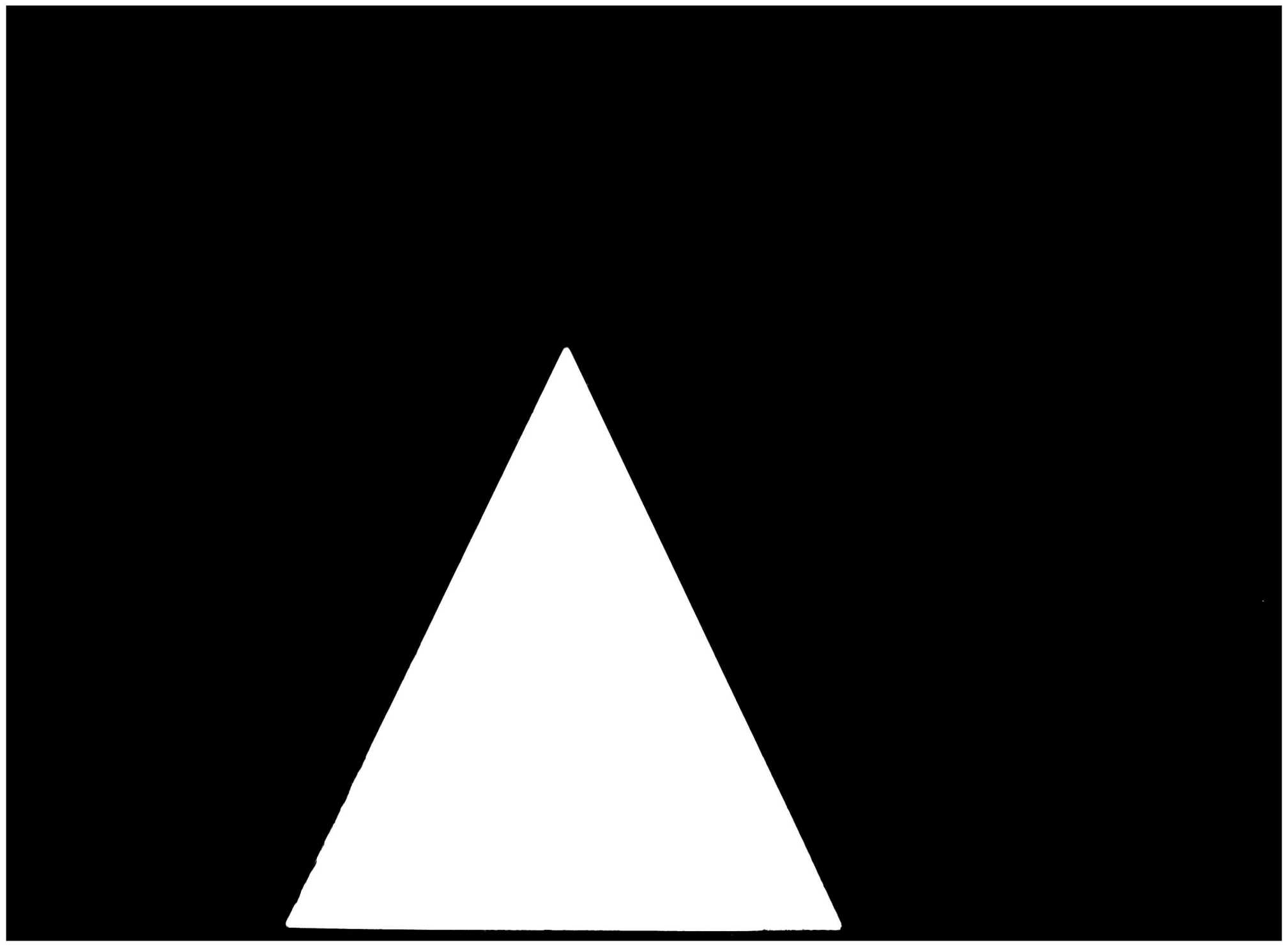
were joined in Matrimony by me this 27-- day of July, Eighteen xxxxxx Hundred and Ninety-four.

Recorded ---- 19

Ordinary

K. I. Keaton

PARTY PERFORMING CEREMONY MUST RETURN TO ORDINARY WITHIN 60 DAYS TO BE RECORDED



Eubanks, Francis M
#232
Eubanks, Francis M.
Cobb Co.

No. 79

APPLICATION FOR

Arm

For Confederate Soldier.

Applicant Francis M Eubanks

County Cobb

Limb Arm above elbow

Amount $60

Date of Warrant Oct 30 1879

Page

Co H 14th Regt Ga.

6452

Eubanks Francis M.
#232
Eubanks, Francis M.
Coby Co.

No. 79

APPLICATION FOR

Arm

For Confederate Soldier

Applicant Francis M. Eubanks

County Cobb

Limb Arm above elbow

Amount $60

Date of Warrant Oct 30th 1879

Page

C. H. Mitchell Jr.

STATE OF GEORGIA.

Cobb County.

Personally appeared before me Francis M. Eubanks 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 H 19 Regiment of Georgia Volunteers that while engaged in such military service, to-wit: at the battle or engagement of Mechanicsville in the State of Virginia on the 27 day of June 1862, he was wounded in the left arm, and that the same was amputated above the elbow that he has not received the payment allowed him for such limb under an Act entitled an Act to carry into effect the last clause of Paragraph 1, Section 1, Article 7 of the Constitution of 1877, approved September 20th, 1879; that he has not supplied himself with an artificial arm; ~~or that~~ and not having done so, he prefers to supply himself with an artificial arm.

Sworn to and subscribed before me this 29 day of October 1879

F. M. Eubanks

H. M. Hammett, Ordy.

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

COMMISSIONED OFFICER'S AFFIDAVIT.

STATE OF GEORGIA,

County.

Personally came before me John Kelly of the county of Hutton, State of Georgia, who, being duly sworn, deposes and says that he was Captain in Company B. 19th Regiment Ga Vols and that F. M. Eubanks, the above deponent, was a Private in said ~~Company~~ Regiment, and that this deponent knows that said F. M. Eubanks lost an arm in the military service as said in the above affidavit.

Sworn to and subscribed before me this 30 day of Oct 1879

John Kelly
Capt Co B 19th Ga Vols

4-N-16
U-B 84 Off-70

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

AN ACT

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

SECTION I. Be it enacted by the General Assembly of the State of Georgia, That any person now a bona fide resident of this State, who enlisted in the military service of the Confederate States, or of this State, who, while engaged in said military service, lost a limb or limbs, may furnish to the Governor of this State proof that such applicant has supplied himself with such needful artificial limb or limbs, and the Governor, on reception of such proof, is hereby authorized to draw his warrant on the Treasurer of this State in favor of such applicant for either amount hereinafter mentioned, to wit: For a leg extending above the knee, one hundred dollars; for a leg not extending above the knee, seventy-five dollars; for an arm extending above the elbow, sixty dollars; for an arm not extending above the elbow, forty dollars. Provided the said amounts of money may be allowed to any one entitled to the benefits of this Act who may prefer to supply himself with the said artificial limb.

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

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

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

HENRY R. GOETCHIUS,
Secretary House Representatives.
WM. A. HARRIS,
Secretary Senate.
Approved, September 9th, 1879.

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

ALFRED H. COLQUITT, *Governor.*

STATE OF GEORGIA,
Cobb County.

Personally came.....

.....

who, being duly sworn, depose and say they are acquainted with F. M. Eubanks

.....and know 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 2d ...

.....day of.....18.....

.....

STATE OF GEORGIA,
~~Cobb~~ Fulton County,

I, ~~H. M. Hammond~~, ~~Ordinary of~~ Cobb ~~county, do~~ certify that I am well acquainted with F. M. Eubanks 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~~.....

.....

~~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 30th

day of October 1879.

Alfred H. Colquitt

Eubanks Francis M.
#332
Eubanks Francis M.
Cobb Co.

No. 79

APPLICATION FOR

Arm

For Confederate Soldier

Applicant Francis M. Eubanks

County Cobb

Limb Arm above elbow

Amount $100

Date of Warrant Oct 30th 1879

Page

C. H. Watt Reg. Gen.

82

STATE OF GEORGIA.

Cobb County.

Personally appeared before me Francis M. Eubanks 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 H 19 Regiment of Georgia Volunteers that while engaged in such military service, to-wit: at the battle or engagement of Mechanicsville in the State of Virginia on the 27 day of June 1862 he was wounded in the left arm, and that the same was amputated above the elbow that he has not received the payment allowed him for such limb under an Act entitled an Act to carry into effect the last clause of Paragraph 1, Section 1, Article 7 of the Constitution of 1877, approved September 20th, 1879; that he has not supplied himself with an artificial arm; ~~or that~~ and not having done so, he prefers to supply himself with an artificial arm.

Sworn to and subscribed before me this 29 day of October 1879

F. M. Eubanks

H. M. Hammett, Ordy.

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

COMMISSIONED OFFICER'S AFFIDAVIT.

STATE OF GEORGIA,

County.

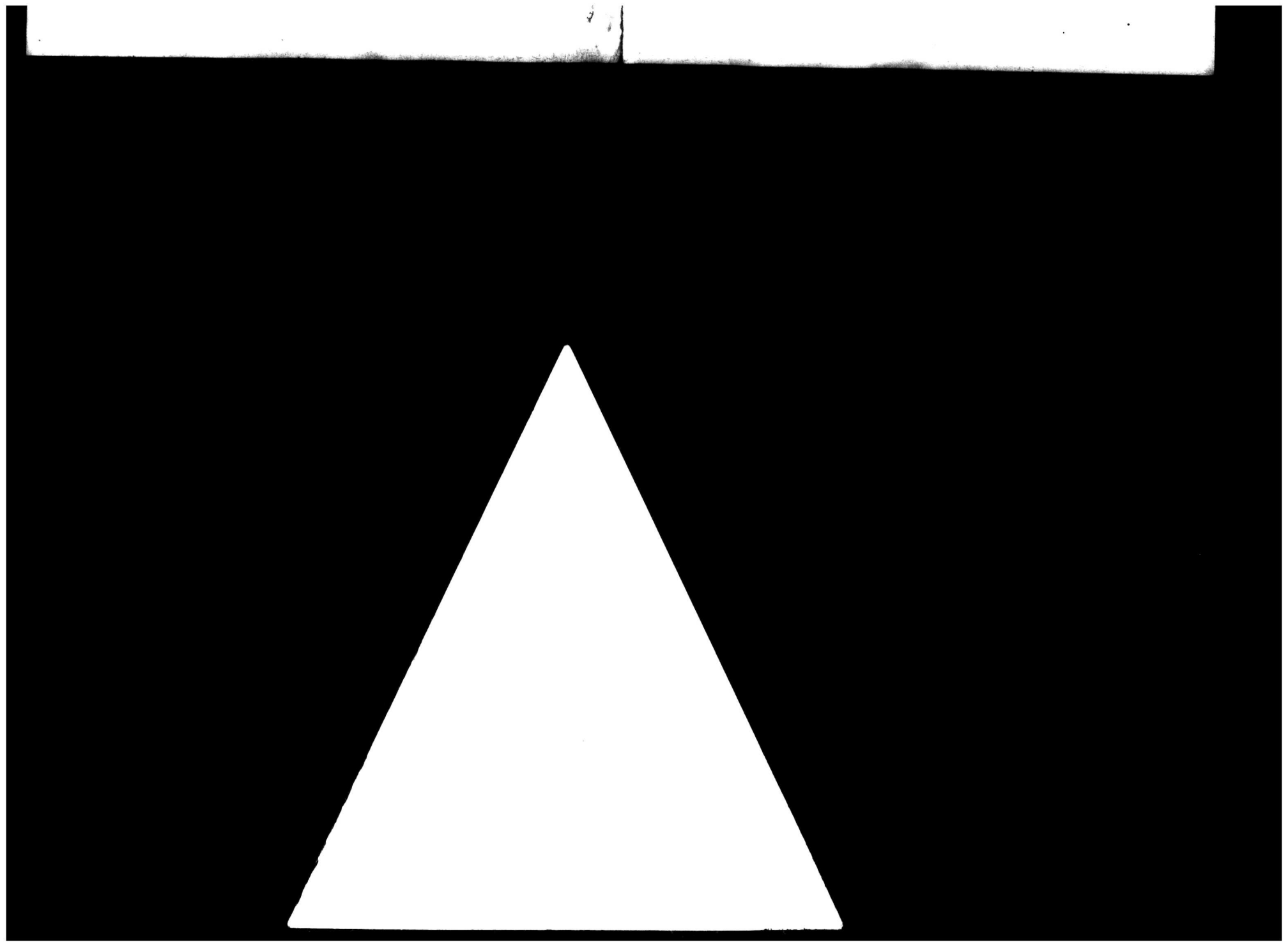
Personally came before me John Kelly of the county of Hutton, State of Georgia, who, being duly sworn, deposes and says that he was Captain in Company B. 19th Regiment Ga Vols and that H M Eubanks, the above deponent, was a Private in said ~~Company~~ Regiment, and that this deponent knows that said H M Eubanks lost an arm in the military service as said in the above affidavit.

Sworn to and subscribed before me this 30 day of Oct 1879

John Kelly
Capt Co B 19th Ga Vols

G. H. Watt
U. B. Ex Off. Gen.

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



CK
Eubanks, W. J.

No. 2120

Cobb County

INDIGENT PENSION

1897.

Name W. J. Eubanks

County Polk

Approved 7/1 1897.

WARRANT HANDED TO

J M Stone

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

1/16/97

POWER OF ATTORNEY.

STATE OF GEORGIA, Cobb County.

I, [illegible] hereby authorize [illegible] to receive and receipt for the pension allowed and request that he remit same to [illegible]

at [illegible]

by [illegible]

Witness my hand and seal this 25 day of [illegible] 1897.

Executed in presence of [illegible]

[illegible]

STATE OF GEORGIA,
Cobb County.

I, Jno W. J. Eubanks hereby authorize J. M. Stone of Marietta Ga. to receive and receipt for the pension allowed and request that he remit same to me at by

Witness my hand and seal this 7 day of Jany 1897.

Executed in presence of
T. M. Fleming
W. J. Eubanks

Questions for Applicant.

STATE OF GEORGIA,
Cobb County.

Mr W. J. Eubanks 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) W. J. Eubanks
2. Where did you reside on January 1st, 1894, and how long have you been a resident of this State? About 6 miles west of Marietta in Cobb Co by a
3. When and where were you born? Humphrie Co Ga May 30th 1834
4. When and where and in what company and regiment did you enlist or serve I enlisted with state troops in 1861 & served six months. In May 1862 I enlisted in Co "O" Phillips' Legion
5. How long did you remain in such company and regiment? until close of war in 1865
6. For how long a period did you discharge regular military duty? Four years nearly
7. When, where and under what circumstances where you discharged from service? April 1865 at Kingston Ga. when Lee Surrendered
8. What is your present occupation? Doing such little errands as I am able about home
9. How much can you earn (gross) per annum by your own exertions or labor? about Twenty five dollars
10. What has been your occupation since 1865? Farming.
11. Upon which of the following grounds do you base your application for pension, viz.: first "age and poverty," second "infirmity and poverty" or third "blindness and poverty"? 1st & 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? I have not been able to earn my support for more than ten years. 2nd I have suffered with Rheumatism or partial Paralysis ever since the war & have been in such condition for ten years that I can hardly walk. It is with great difficulty that I can walk at all now
13. What property, effects or income do you possess and its gross value? Nothing
14. What property, effects or income did you possess in 1894, 1895 and 1896 and what disposition, if any, did you make of same? In 1894 & 1895 I possessed 30 acres of land & 1 old mule & 1 cow & one horse wagon, all (including land) worth about $150.00 to $175.00. I sold them to pay [redacted] for taking care of me for the past [illegible]
15. In what County did you reside during those years and what property did you then return for taxation? In Cobb County & returned above mentioned property
16. How were you supported during the years 1895 and 1896? By my daughter at home & little by & some help from others
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 seventy five to eighty five Dollars I contributed about $25.00 per year
18. What was your employment during 1895 and 1896? What pay did you receive in each year? Doing errands & little jobs
19. Have you a family? If so, who composes such family? Give their means of support? Have they a homestead? No minors except one little boy about fourteen years old & he is so dwarfed that he is not able to but very little work & has no homestead
20. Are you receiving any pension, if so what amount and for what disability? None

Sworn to and subscribed before me this the 7 day of Jany 1897.

W. J. Eubanks Applicant.

J. M. Stone Ordinary.
of Cobb County.

Every Question MUST be Answered.

Ck
Eubanks, W.
No. 2120
Cobb County

INDIGENT PENSION
1897.

Name W. J. Eubanks
County Cobb
Approved 7/1 1897.

WARRANT HANDED TO
J M Stone
GEO. W. HARRISON, STATE PRINTER, ATLANTA.
1/16/97

Cobb County.

D. [illegible] and M. L. Green of said State and County, having been presented as a witness in support of the application of W. J. Eubanks for pension under the Act approved December 15th, 1894, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? D. C. Green - Cobb Co Ga
2. Are you acquainted with W. J. Eubanks, the applicant, is of how long have you known him?
3. Where does he reside, and how long has he been a resident of this State? Cobb Co Ga. & has resided in this place since I have known him
4. Do you know of his having served in the Confederate army or the Georgia militia? How do you know this? Yes - I served with him in Phillips Legion about three years
5. When, where and in what company and regiment did he enlist? In Phillips Legion Co "D" in May 1862
6. Were you a member of the same company and regiment? Yes
7. How long did he perform regular military duty, and what do you know of his service as a Confederate soldier, and the time and circumstances of his discharge from the service? More than three years he was a faithful & good soldier
8. What property, effects or income has the applicant? (Give your means of knowledge.) None so he says & I know that he has had since last Nov by personal knowledge that he has been steadily
9. What property, effects or income did the applicant possess in 1895 and 1896, and what disposition, if any did he make of same? A small tract of land & little meals & corn all of his value there being the first dollar the applicant says he has disposed of since payday
10. What is the applicant's occupation and physical condition? His regular occupation His physical condition is very feeble from age & rather disabled & scarcely able to walk
11. Is the applicant unable to support himself by labor of any sort, if so, why? Yes, because of his age & infirmities he is not able to do any practical labor that requires physical strength or endurance
12. How was he supported during the years 1895 and 1896? By his children & friends & some by his own efforts
13. What portion of his support for these two years was derived from his own labor or income? very little if any
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? On account of his age & disease he very feeble & infirm with age & he has Rheumatism or something that has so weakened him & crippled his legs that he has a great difficulty in walking & is also by reason of a stroke of Paralysis

Sworn to and subscribed before me, this the 7 day of Jany 1897.

J. M. Stone Ordinary

D. C. Green Witness.
M. L. Green

STATE OF GEORGIA,

Cobb County.

Personally came before me D. D. Malone M. D. and Gilbert Tennent, both known to me as reputable physicians of said county, who being severally sworn, say on oath that they have examined carefully W. J. Eubanks, applicant for pension under the Act of 1894, and after such personal examination say that his precise physical condition is as follows: He suffers from Chronic Rheumatism and also from the effects of an attack of paralysis some seven years last. His general health is so impaired from disease and old age that he is unable to do much labor. [illegible]

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 7 day of Jany 1897.

J. M. Stone Ordinary.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Cobb County.

I, J. M. Stone, Ordinary in and for said County, hereby certify that the applicant W. J. Eubanks resides in said County, and was a bona fide resident of this State on the first day of January, 1894, and that the witnesses, viz: D. C. Green, M. L. Green, D. D. Malone and Gilbert Tennent are of trustworthy character and that their statements are entitled to full faith and credit.

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

I further certify that the tax digests of Cobb County show that applicant returned for taxation in his name in 1895, Nothing dollars of property, and in 1896, Nothing dollars of property.

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

Witness my hand and seal of office, this 7th day of Jany 1897.

J. M. Stone Ordinary

of Cobb County.

NOTE.

Before any questions are answered, the Ordinary shall swear applicant and the witnesses in the following words: "You shall true answers make to each of the questions asked of you, and the evidence you shall give will be the whole truth, so help you God." Additional affidavits may be attached if blank spaces are insufficient.

POWER OF ATTORNEY.

State of Georgia,
Cobb County.

I, W. J. Eubanks hereby authorize J. M. Stone of Marietta Ga.
to receive and receipt for the pension paid hereon and request that he remit same to
me by Express
at

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 13
day of [illegible] 1898.

W. J. Eubanks [L. S.]

Executed in presence of
[illegible]

(For Those Already Enrolled.)
No. 2161

INDIGENT
SOLDIER'S PENSION,
1898.

Name W. J. Eubanks
County Cobb

WARRANT ISSUED
Feb 17 1898.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO
[illegible]

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

Eubanks, W. J.
Cobb Co.

CODE SEC. 1254.

(For Those Already Enrolled.)
No. 1138

INDIGENT
SOLDIER'S PENSION,
1899.

Name W. J. Eubanks
County Cobb

WARRANT ISSUED
Jan 4 1899

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO
[illegible]

Geo. W. Harrison, State Printer, Atlanta.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cobb County.

I, W. J. Eubanks, hereby authorize
J. M. Stone of Marietta
to receive and receipt for the pension allowed, and request that he remit same to
me at
by Express

Witness my hand and seal this 4th day of Jany. 1899.

Executed in presence of
[illegible]

W. J. Eubanks (L. S.)

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Cobb County.

Personally appears W. J. Eubanks 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 May 1834; 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 4 Years in Company O, of Phillips Legion 4th Regiment of Ga. Vols.; that his physical condition is as follows: On account of age, disease and infirmity he is unable to support himself by labor of any sort 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 189 7

Sworn to and subscribed before me, this, the 3rd day of May 1898. W J Eubanks

J M Stone Ordinary.

State of Georgia,
Cobb County.

I, J M Stone Ordinary of said County, do certify that I am well acquainted with W. J. Eubanks the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 May 1898.

Affix your seal here.

J M Stone
Ordinary Cobb County.

NOTE—The blank spaces must be filled.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Cobb County.

Personally appears W. J. Eubanks 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 30 day of May 1834, that he is 64 years old and by occupation a farmer; that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served for the term of 4 Years in Company O, of Phillips Legion 4th Regiment of Ga Vols.; that his physical condition is as follows: Disease, Infirmity and Poverty

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 189 8

Sworn to and subscribed before me, this, the 4th day of January 1899. W J Eubanks

J M Stone Ordinary.

State of Georgia,
Cobb County.

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

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

Affix your seal here.

J M 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, W. J. Eubanks hereby authorize
Dr. Stone of Marietta Ga.
to receive and receipt for the pension allowed, and request that he remit same to
me
by Self

Witness my hand and seal, this 15 day of Jany. 1900.
W J Eubanks [L. S.]

Executed in presence of
T. J. Mauldy

CODE SEC. 1284.
(For Those Already Enrolled.)
NO. 797

INDIGENT
SOLDIER'S PENSION,
1900.

Name W. J. Eubanks
County Cobb

WARRANT ISSUED
January 18 1900.

JOHN. W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
J. E. Stone

Geo. W. Harrison, State Printer, Atlanta.

W J Eubanks
Cobb Co.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cobb 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 1901.
W J Eubanks [L. S.]

Executed in presence of
Jas M Green

CODE SECTION 1284
(For Those Already Enrolled.)
No 24

INDIGENT
SOLDIER'S PENSION.
1901.

Name W J Eubanks
County Cobb

WARRANT ISSUED
1901.

JOHN W. LINDSEY,
Commissioner of Pensions

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta

W J Eubanks
Cobb Co. Ga

Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Cobb County.

Personally appears W. J. Eubanks 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 30th day of May 1834; that he is 65 years old and by occupation a farmer; that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served for the term of 3½ years in Company O, of Pickens Legion Ga. Vols.; that his physical condition is as follows: On account of Disease, 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 1900. 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 1900. W. J. Eubanks

M. Gore Ordinary.

State of Georgia,
Cobb County.

I, J. M. St Clair Ordinary of said County, do certify that I am well acquainted with W. J. Eubanks the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 1900.

Affix your seal here.

M. Gore
Ordinary Cobb County.

NOTE.—The blank spaces must be filled.
NOTE.—Affidavit should not be attested before January 1st, 1900.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Cobb County.

Personally appears W. J. Eubanks 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 30th day of May 1834; that he is 67 years old and by occupation a farmer that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served for the term of 3½ Years in Company O, of Pickens Regiment of Legion Ga Vols; that his physical condition is as follows: Disease infirmity and poverty

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 7th day of January 1901. W. J. Eubanks

John Awtry Ordinary.

STATE OF GEORGIA,
Cobb County.

I, John Awtry Ordinary of said County, do certify that I am well acquainted with W. J. Eubanks the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 1901.

Affix your seal here.

John Awtry
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,
Cobb County.

I, W J Eubanks hereby authorize John Autrey of

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

by

Witness my hand and seal, this 4th day of Jan 1902.

W J Eubanks [L. S.]

Executed in presence of

J M Game

Eubanks, W. J.
Cobb County

(FOR THOSE ALREADY ENROLLED.)

No. 499

INDIGENT
SOLDIER'S PENSION
1902.

Name W J Eubanks
County Cobb
Co. D Regiment Phillips Legion

WARRANT ISSUED

#6 1902.

JOHN W. LINDSEY,
Commissioner of Pensions

WARRANT HANDED TO

Cody

Geo. W. Harrison, State Printer, Atlanta.

no data

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cobb County.

I, W J Eubanks hereby authorize John Autrey of

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

by

Witness my hand and seal, this 5th day of Jany 1903.

W J Eubanks [L. S.]
Mark

Executed in presence of

Eubanks, W. J.
Cobb County

CODE SECTION 1254.
(FOR THOSE ALREADY ENROLLED.)

No. 458.

INDIGENT
SOLDIER'S PENSION
1903.

Name W J Eubanks
County Cobb
Co. D Phillips Legion

WARRANT ISSUED

1/23 1903.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Cody

Geo. Harrison, State Printer, Atlanta.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
Cobb County.

Personally appears W J Embanks of Cobb County, State of Geoogia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the 30th day of May 1865; that he is 67 years old and by occupation a farmer that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served for the term of 4 yrs in Company C, of Phillips Legion of Ga. Vols ; that his physical condition is as follows: On account of infirmity and poverty he is unable 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 1901

Sworn to and subscribed before me, this the 1st day of Jan 1902. W J Embanks

John Awtry Ordinary.

STATE OF GEORGIA,
Cobb County.

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

Given under my official signature and seal, this 11th day of Jan 1902.

Affix your seal here

John Awtry
Ordinary Cobb 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 Embanks 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 30th day of May 1865; that he is 68 years old and by occupation a farmer, that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served for the term of 3 1/2 yrs in Company C, of Phillips Legion of Ga. Vols ; that his physical condition is as follows: On acct of infirmity & poverty he is unable to support

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 Cobb county been allowed a pension for the year 1902

Sworn to and subscribed before me, this the 5th day of January 1903. his W J Embanks mark

John Awtry Ordinary.

STATE OF GEORGIA,
Cobb County.

I, John Awtry Ordinary of said County, do certify that I am well acquainted with W J Embanks the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 1903.

Affix your Seal here

John Awtry
Ordinary Cobb County.

NOTE.—The blank spaces must be filled.
NOTE.—Affidavit should not be attested before January 1st, 1903.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cobb COUNTY.

I, W J Eubanks hereby authorize John Awtrey of

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

by

Witness my hand and seal, this 5th day of Jany 1904.

W J Eubanks [L. S.]
Mark

Executed in presence of

Eubanks, W. J.
Cobb Co.

CODE SECTION 1254.
(FOR THOSE ALREADY ENROLLED.)

No. 688

INDIGENT
SOLDIER'S PENSION
1904.

Name W. J. Eubanks
County Cobb
Co. A Philadelphia Regiment

WARRANT ISSUED
1/25 1904.

JOHN W. LINDSEY,
Commissioner of Pensions

WARRANT HANDED TO
[illegible]

Geo. W. Harrison State Printer Atlanta.

no data

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cobb COUNTY.

I, W J Eubanks hereby authorize John Awtrey of

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

by

WITNESS my hand and seal, this 5th day of Jany 1905.

W J Eubanks [L. S.]
Mark

Executed in the presence of
J M Gann

Eubanks, W. J.
Cobb Co.

CODE SECTION 1254.
(FOR THOSE ALREADY ENROLLED.)

No. 708

INDIGENT
SOLDIER'S PENSION
1905.

Name W J Eubanks
County Cobb
Co. A Regiment
Philadelphia

WARRANT ISSUED
Jan 23 1905.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
[illegible]

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

no data

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
Cobb County.

Personally appears W J Cu banks 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 30 day of May 1834; 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) during the war between the States, and served for the term of 3 Years in Company A, of ~~Confederate~~ 1st Regiment Georgia Cav Militia; that his physical condition is as follows: Afflicted Inguinal Rupture Severely Unable to support himself

that his property consists of the following items:

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

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1904. I have heretofore as a resident of County been allowed a pension for the year 1

Sworn to and subscribed before me, this the 5th day of January 1904. W J Cu banks mark

John Awtrey Ordinary.

STATE OF GEORGIA,
Cobb County.

I, John Awtrey Ordinary of said County, do certify that I am well acquainted with W J Cu banks the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 1904.

John Awtrey

Affix your Seal here

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 W J Cu banks 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 30 day of May 1834; 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 Ga) during the war between the States, and served for the term of 3 Years in Company A, of ~~Confederate~~ 1st Regiment Georgia of Ga. Vols; that his physical condition is as follows: Afflicted Inguinal Rupture Severely Unable to support himself

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 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 5th day of January 1905. W J his Cu banks mark

John Awtrey Ordinary.

STATE OF GEORGIA,
Cobb County.

I, John Awtrey Ordinary of said County, do certify that I am well acquainted with W J Cu banks the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 1905.

John Awtrey

Affix your Seal here

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, W. J. Eubanks hereby authorize John Hedrey 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 July 1906.

W. J. Eubanks his mark [L. S.]

Executed in the presence of

J. H. Hamm

Eubanks, W. J.

CODE SECTION 1254.
(FOR THOSE ALREADY ENROLLED.)

No. 663.

INDIGENT
SOLDIER'S PENSION
1906.

Name W. J. Eubanks
County Cobb
Co. O. Phillips Legion

WARRANT ISSUED
1.22 1906.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
Today

THE FRANKLIN PRINTING AND PUBLISHING CO. GEO. W. HARRISON, MGR.

no data

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cobb COUNTY.

I, W. J. Eubanks hereby authorize John Hedrey of Marietta Ga. to receive and receipt for the pension allowed, and request that he remit same to me at his office by _____

WITNESS my hand and seal, this 15 day of July 1907.

W. J. Eubanks his mark [L. S.]

Executed in presence of

_____

Eubanks, W. J.

Cobb Co.

CODE SECTION 1254.
(FOR THOSE ALREADY ENROLLED)

No. 595

INDIGENT
SOLDIER'S PENSION
1907.

Name W. J. Eubanks
County Cobb
Co. G. Regiment
Phillips Legion

WARRANT ISSUED
JAN 21 1907.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

no data

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,
Cobb County.

Personally appears W J Eubanks 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 A, of Phillip Legion of Gov Volt; that his physical condition is as follows: Infirmity & 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 Jany 1906.
John Awtrey Ordinary.

his W. J. x Eubanks mark

State of Georgia,
Cobb County.

I, W J Eubanks John Awtrey Ordinary of said County, do certify that I am well acquainted with W J Eubanks the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 Jany 1906.

John Awtrey
Ordinary Cobb County.

Affix your seal here

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 Eubanks 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 74 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 A, of Phillip Legion of Gov Volt; that his physical condition is as follows: Age & poverty

that his property consists of the following items: Nothing

of the value of _____ Dollars. I am now earning by my labor, Nothing Dollars per month. That by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1907. I have heretofore, as a resident of Cobb County, been allowed a pension for the year 1906.

Sworn to and subscribed before me, this the 15 day of Jany 1907.
John Awtrey Ordinary.

his W J x Eubanks mark

State of Georgia,
Cobb County.

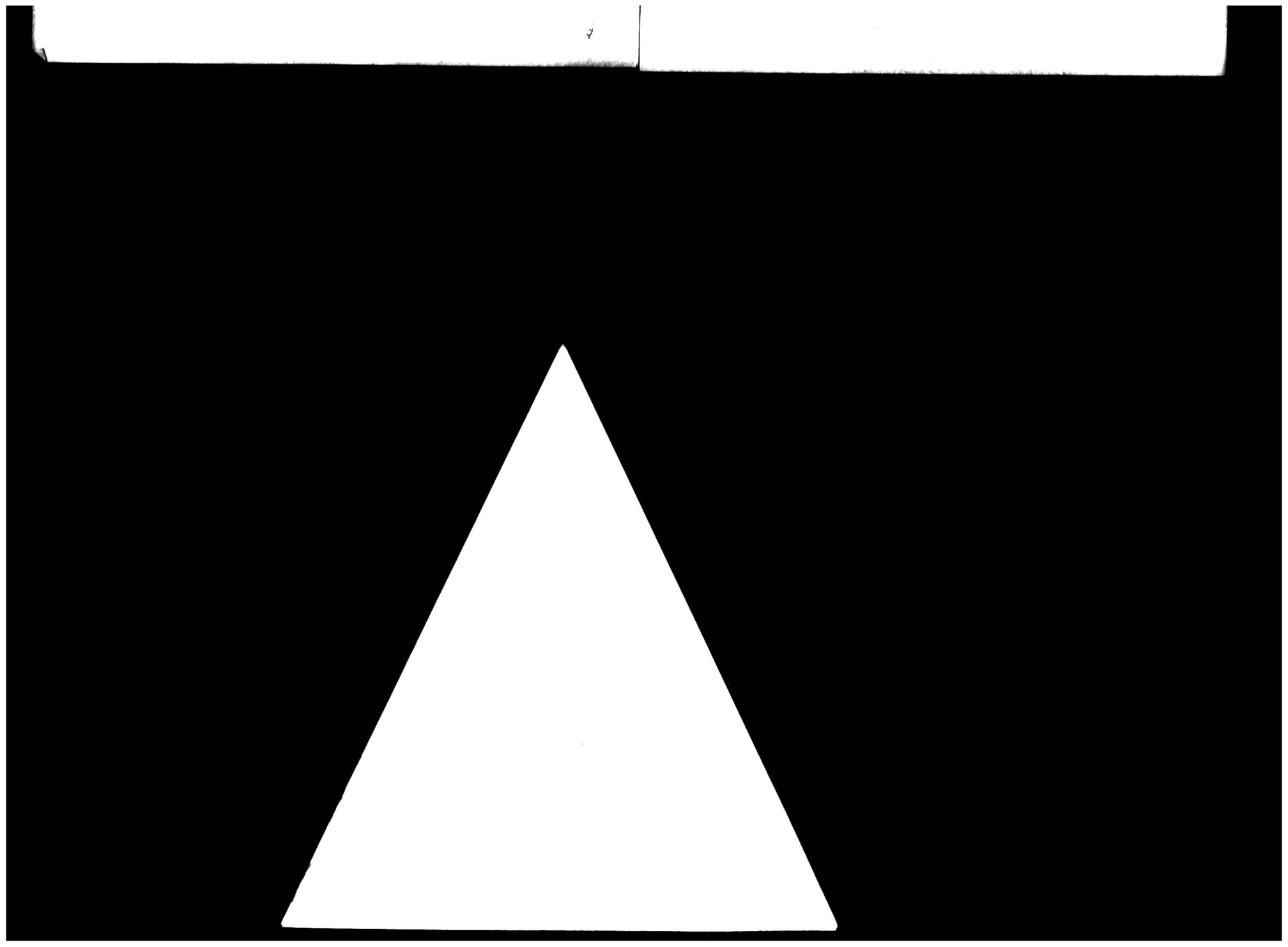
I, John Awtrey Ordinary of said County, do certify that I am well acquainted with W J Eubanks the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be, and that he resides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

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

John Awtrey
Ordinary Cobb County.

Affix your seal here

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



Evans Mary Jane

No. 23

Cobb County

WIDOW'S INDIGENT PENSION.

1904.

Name Mary Jane Evans

County Cobb

Widow of Elijah Evans

Cobb - 44 Ga State Troops - 56 Ga

Approved ..... 1904.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

..... 1904.

Geo. W. Harrison, State Printer, Atlanta.

9/5/06

11/20-04

[illegible] 9/16/[illegible]

[illegible] and prove the service stated in application [illegible] this [illegible] and [illegible] this. It must be done, [illegible] and they [illegible] [illegible] [illegible] died in another State.

[illegible], Com. of Pens.

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, ... L. S.

..... County.

SEAL.

Evans Mary Jane

Cobb County

No. 23

WIDOW'S INDIGENT PENSION 1904.

Name Mary Jane Evans

County Cobb

Widow of Elijah Evans

Cobb 44 Ga State Troops

56 Ga

Approved ..... 1904.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

..... 1904.

Geo. W. Harrison, State Printer, Atlanta.

9/5/56

11/20-04

[illegible] and prove the service stated in application [illegible] It must be done, [illegible] they [illegible] [illegible] died in another State.

J. W. Lindsey, Com. of Pens.

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, _____ L. S.
_____ County

SEAL.

BAD COPY OR LIGHT PRINT

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. L. S.

_____ County

SEAL

Pension office 9/15/06.
Submit testimony and prove the service stated in application
That submitted does not do this. It must be done. How long had they lived
apart when husband died in another State?
J.W.Lindsey, Com. of Pens.

Evans Mary

Cobb No 23

WIDOW'S

INDIGENT PENSION.

1904.

Name Mary Jane Evans

County Cobb

Witness [illegible]

Approved 1904

JOHN W. LINDSEY, Commissioner of Pensions.

WARRANT HANDED TO

1904.

Geo. W. Harrison, State Printer, Atlanta.

9/5/06

11/20-06

QUESTIONS FOR APPLICANT.

STATE OF GEORGIA,

Cobb County.

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

1. What is your name and where do you reside? (Give State, County and Post Office.)
Mary Jane Evans - Powder Springs Cobb County Ga

2. How long and since when have you been a resident of this State? Fifty eight years Since 1848

3. When and where were you born? July 31st 1837 Union Dist S C.

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.) In Butts Co Ga July 1835.
Married Dec 1855 in Paulding Co- Elijah Evans

5. When and where and in what Company and Regiment did your husband enlist or serve during the war between the States? At Dallas Paulding Co October 1862 Co I 61st Ga Regt

6. How long did your husband serve in said Company and Regiment? Six months & was transferred to Co G 57th Ga & Served under Forrest in 1865

7. When and where did your husband's Company and Regiment surrender and was discharged?

8. Was your husband present at the time and place when his Company and Regiment surrendered?
He was

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?

10. When and where did your husband die? Died in June 1885 in Elm Bluff Arkansas- He had been home on furlough & was taken sick & died in a few days

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? Poverty and Infirmity

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? My own infirmity and my husbands Blindness Came on me five years ago- in Cobb County

13. What has been your occupation since your husband's death? I have not been able from infirmity and Blindness to do any work- I am an object of Charity

14. How much can you earn gross, by your own exertion or labor? Nothing- I Can not See

15. What property, real or personal, or income do you have or possess, and its gross value?
None

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

17. In what counties did you reside in 1899, 1900, 1901, 1902, 1903 and 1904, and what property did you return for taxation? In Cobb County

18. How have you been supported since death of husband, and especially for 1899, 1900, 1901, 1902, 1903 and 1904? By Charity

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

20. What was your employment during 1899, 1900, 1901, 1902 and 1903—how much did you receive for each year? I have not been able to work for many Years nothing the latter- I was nursing except from Charity

21. Have you a family? If so, who composes such family? Give their means of support? Have they any lands or other property? None - except myself

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 23rd day of August 1906

Mary Jane Her Evans mrk

John Mabry Ordinary,

of Cobb County.

Application Presented in Ga

Witness my hand this _____ day of _____ 190 _____

Executed in presence of

_____ Ordinary.

_____ County.

L. S.

SEAL

Pension office 9/15/06.
Submit testimony and prove the service stated in application
That submitted does not do this. It must be done. How long had they lived
apart when husband died in another State.
J.W. Lindsey, Com. of Pens.

Evans Mary Jane

Cobb County

WIDOW'S

INDIGENT PENSION.

1904.

Name Mary Jane Evans

County Cobb

Witness of Signature

Approved. 1904

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

1904.

Geo. W. Harrison, State Printer, Atlanta.

9-15-06

11-20-06

2. How long and since when have you been a resident of this State? Fifty Eight Years Since 1848

3. When and where were you born? July 31st 1837 Union Dist S.C.

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.) In Butts Co. Geo. Feb 1835. Married Dec 1855 in Spalding Co. Elijah Evans

5. When and where and in what Company and Regiment did your husband enlist or serve during the war between the States? At Dallas Paulding Co. October 1862. Co. I 61st Ga. Regt

6. How long did your husband serve in said Company and Regiment? Six months & Was Transferred to Co. C 55th Ga & Served until Surrender in 1865

7. When and where did your husband's Company and Regiment surrender and was discharged?

8. Was your husband present at the time and place when his Company and Regiment surrendered? He Was

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?

10. When and where did your husband die? Died in June 1885 in Linn Bluff Ark Name as: He had been insane a number of years Ark

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? Second—Infirmity Poverty and Blindness

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? My own infirmity and My Husbands Made us Many Years. My Blindness Came on me Four Years ago in Cobb County

13. What has been your occupation since your husband's death? I have not been able from infirmity and Blindness to do any work I am an object of Charity

14. How much can you earn gross, by your own exertion or labor? Nothing I could not do

15. What property, real or personal, or income do you have or possess, and its gross value? None

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

17. In what counties did you reside in 1899, 1900, 1901, 1902, 1903 and 1904, and what property did you return for taxation? In Cobb County

18. How have you been supported since death of husband, and especially for 1899, 1900, 1901, 1902, 1903 and 1904? By Charity

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

20. What was your employment during 1899, 1900, 1901, 1902 and 1903—how much did you receive for each year? I was not able to work for many Years including the above. I was nothing except from Charity

21. Have you a family? If so, who composes such family? Give their means of support? Have they any lands or other property? None except myself

22. Have you ever made application for pension before? Yes

23. How many applications have you made for a pension, and under what class? None

Sworn to and subscribed before me, this the 23rd day of August 1906.

John Storey Ordinary

of Cobb County.

Mary Jane Evans
her
mark

applicant Married in Ga

BAD COPY OR LIGHT PRINT

STATE OF GEORGIA.

Paulding County.

W. A. Raysdale, of said State and County, having been presented as a witness in support of the application of Mrs. Mary Jane Evans 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? W. A. Raysdale Paulding Co Ga.
2. Are you acquainted with the applicant, Mrs. Mary Jane Evans If so, how long have you known her? Since 1866
3. Where does she reside, and how long and since when has she been a resident of this State? in Cobb County Ga since 1861
4. When and where was she born? I dont know
5. Were you ever acquainted with her husband? I was
6. Where did she reside in 1861? in Paulding County Ga.
7. When and to whom was he married? I dont know of any one
8. When and where was he born? I dont know
9. How long have you known him? Since 1861.
10. When and where did Elijah Evans enlist in the war between the States, and in what Company and Regiment did he enlist, and how do you know this? 1861. 24 Oct. at Dallas, Paulding Co. Ga. Co B. 4th Regt Ga State troops re-enlisted under me as Capt
11. Were you a member of the same Company and Regiment? I was. Capt. of said Co & Regiment.
12. How long did he perform regular military duty? 6 months in said Co and Regiment
13. When and where was his Company and Regiment surrendered and discharged from service? Savannah Ga May 1862
14. Were you with the Command when it surrendered? I was present when this Charge. Elijah Evans the husband of applicant present? he was. and was discharged
15. If not present, where was he? was free. May 1862. at Savannah Ga.
16. When and where did he leave his command? Discharged.
For what cause? Discharged from this Co. and Regiment
By whose authority he left? in 4 other Branch of service
How do you know all this? (State fully and clearly). I was Captain and Raised this Co. and Stayed with it until it was discharged and his Company & Regt. ?
17. When and where did Elijah Evans die? At Dont Know. of my own Knowledge
18. Where did he reside at his death and how long had he been a resident of Georgia at his death? he was a citizen of Georgia
19. Do you of your own knowledge know that applicant is the lawful widow of Dont Know that they were living together as man and wife all this
20. Has she remained unmarried since her soldier husband's death, and is now his widow? Yes.
21. What property, effects or income has the applicant, if any, and how do you know this of your own knowledge? I have Been to their home. they had nothing but house hold Goods. and not Property
22. What property, effects or income did applicant possess in 1899, 1900, 1901, 1902 and 1903, and what disposition did she make of it? None.
23. Has applicant conveyed any property in last two years or given any away, if so, what was it, and to whom? None.
24. What is applicant's physical condition and her chances and ability to earn a support? She is totally Blind cannot Earn any thing

Because she is Blind and otherwise Disabled from age.

27. How was she supported for 1899, 1900, 1901, 1902 and 1903? I dont Know
28. How much did applicant contribute to her support for last two years? I dont Know
29. Give a full and complete statement of applicant's physical condition? Blind and old
30. What interest have you in the recovery of this pension by the applicant? None whatever

Sworn to and subscribed before me this 15 day of Aug 1906. B. F. Crowder, Ordinary, Paulding County. W A Raysdale

Witnesses

AFFIDAVITS OF PHYSICIANS.

STATE OF GEORGIA, Cobb County.

Personally before me comes Chas. N. Field and C D Elder 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 Jane Evans applicant for a Pension under act of 1900, and after such personal examination say that her physical condition is this. She is totally blind & otherwise Physically weak. Not able to earn any thing

and we have no interest in said pension if allowed.

Sworn to and subscribed before me this 31st day of August 1906. B. F. Crowder Ordinary Cobb County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA, Cobb County.

I, B. F. Crowder, Ordinary, in and for said County, hereby certify that the applicant, Mrs. Mary Jane Evans resides in said County, and has been a bona fide resident of this State since the 1st day of January 1894, and that the witnesses, Mr W. A. Raysdale 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 1899 No dollars worth of property, and in 1900 No dollars worth of property, in 1901 No dollars worth of property, in 1902 No dollars worth of property, and in 1903 No dollars worth of property.

Witness my hand and official seal this 31st day of August 1906.

{SEAL.} B. F. Crowder, Ordinary, Cobb 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 of you, and the evidence you shall give will be the whole truth; So help you God."
2. Additional affidavits may be attached, if blank spaces are insufficient.
3. All affidavits must be made before Ordinary.
4. Only widows who were the wives of the dead husbands while they were soldiers need apply—and are now widows. Those married since the 9th April, 1865, not entitled.
5. Witnesses and two Physicians are necessary to make out claims.
6. Attach certified copy marriage license in every case, or show why it cannot be obtained.

Georgia
Cobb County.

Personally appeared before me the undersigned, Thos. B. Irwin, who being duly sworn says, that he made out the application of Mrs Mary Jane Evans for pension and at the same time made like applications for several others, that her answers to Question 5 in said petition were erroneously written "October 1862, Co I 61st Ga Regiment" whereas in point of fact she stated, Co B. 4th Ga State Troops Oct 1861 and afterward served in 56th Ga Regiment.

Deponent states that the error occurred from the fact that he deponent made out several applications at the same time and in haste confused the fact with the facts appertaining to another application.

Sworn to & subscribed before me this Nov 19th 1906.

John Ashtray
Ordinary

Thos B. Irwin.

I certify that Thos B. Irwin deponent in the foregoing affidavit is of good character and his statements are worthy of full faith and credit.
Nov 19th 1906.

John Ashtray
Ordinary

B. E. Croker,
Ordinary Paulding County.

Dallas, Ga. 190

Georgia Paulding County.
License to Join Elijah Evans To Mary J. Harris in the Holy Bonds of Matrimony were issued December 29" 1858 and by the return of Thomas Moody J.P. they were duly executed December 30" 1858
Recorded Feby 19" 1859.
Miles Edwards. Ordy.

J. B. E. Croker Ordinary of Paulding County hereby certify the the above is a true copy of the Marriage of Elijah Evans to Mary J. Harris as appears of Record on Page 205 of the Book of Marriage Records from 1833 to 1865 in this office Witness my hand and official seal of Office this 15" day of Aug 1906.
B. E. Croker. Ordy.

Georgia
Cobb County

Personally appeared before me the undersigned, Geo. F. Keith who being duly sworn says on oath that he has known Elijah Evans and his wife Mary Jane Evans for Eight Years - That they lived together as man and wife until 1902 when said Evans wandered off and abandoned his said wife and they have lived apart ever since. Deponent says said Mary Jane Evans is totally blind and is penniless and an object of charity.

Sworn to & subscribed before me this Nov 14th 1906

John Awtrey
Ordy

Geo. F. Keith

I certify that Geo. F. Keith is of trustworthy character and his statements are worthy of full faith and credit.
Nov 14th 1906.

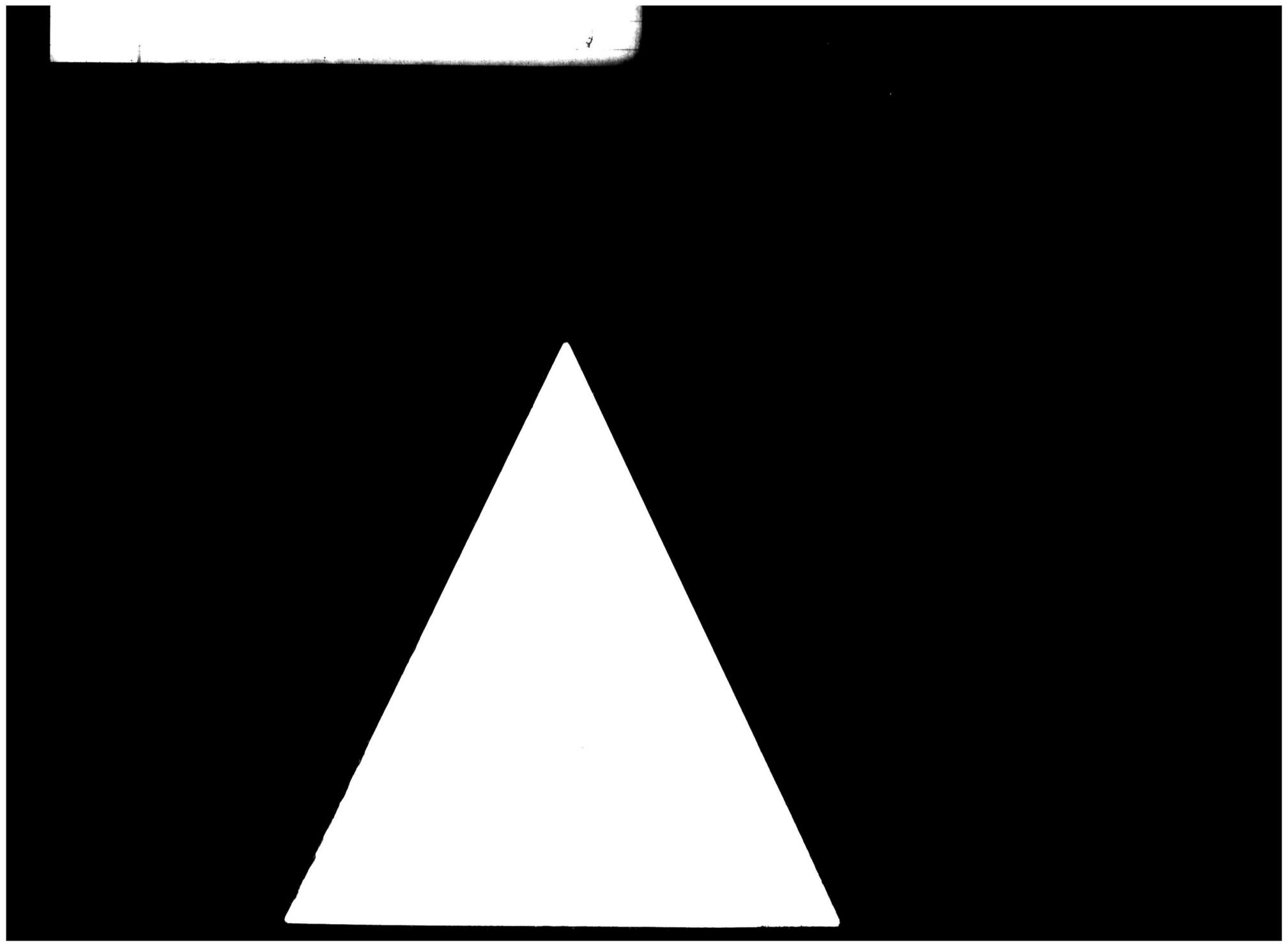
John Awtrey
Ordinary

B. E. Croker,
Ordinary Paulding County.

Dallas, Ga., Aug 15 1906

I B.E. Croker Ordy of Paulding County hereby certify that W.A. Ragsdale is a Bonafide Resident of this county and is of Trustworthy character and that his statements are entitled to full faith and credit. I do further certify that before answering the foregoing questions, said citizen took the oath herein prescribed.

B.E. Croker Ordy -
of said county.



Evatt, T. M.,
Cobb Co.

OK No. for 1911

Confederate Soldier's Application.

UNDER ACT 1910.

County Cobb

Name T M Evatt

Company K

Regiment 39 Ga

Approved

J. W. LINDSEY,
Commissioner of Pensions

CHAS. P. BYRD, State Printer, Atlanta.

11/30/10

Evatt, D. M.,
Cobb Co.

No. 20474

Confederate Soldier's Application.

UNDER ACT 1910.

County Cobb

Name D M Evatt

Company K

Regiment 39 Ga.

Approved

J. W. LINDSEY,
Commissioner of Pensions

CHAS. P. BYRD, State Printer, Atlanta.

11/24/10

APPLICATION FOR SOLDIER'S PENSION UNDER ACT 1910.

Questions for Applicants to Answer.

STATE OF GEORGIA,
Cobb County.

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

1. What is your name and where do you reside? (Give County and Post-office) D M Evatt Canon R 6 Cobb County Ga.

2. How long and since when have you been a continuous resident citizen of this State? All my life 68 years

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

4. When and where, and in what Company and Regiment did you enlist? (Give the arm and class of Service) May 1862 Enlisted in Walker Co Ga Co K 39 Ga Infantry

5. How long did you remain in the actual Military Service with said Company and Regiment? (Give date of discharge) Three years April 26 1865

6. When and where was your Company and Regiment surrendered or discharged from the Service? April 26 1865 Greensborough 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

a. Where was your Command when you left it? Greensborough N C.

b. When did you leave the Command? April 26 1865

c. For what cause did you leave? Terms on Surrender, war was over

d. By whose authority did you leave? —

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

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

g. In what way were you prevented? —

h. What effort did you make to return? —

i. Were you captured during the war? I was paroled at Vicksburg

j. If so, when, and where? In what prison were you held and when were you released? July 1863. Vicksburg but was paroled at Vicksburg and sent to Division

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.) My Interest in Homestead for one acre with Dwelling & Out Houses 1000.00 My Cash value 500.00 One half Interest in a Saw Mill 750.00 Interest in Acre with Dwelling thereon 250.00 My Cash 200.00 No other property 250.00

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

11. What property of any description of any kind, and of any value now owned and in the use, possession and control of yourself and wife and its cash value? (Make itemized list) My Interest as Homestead for one acre with Dwelling thereon 1000.00 My Cash 500.00 My Interest in a Saw Mill Business 750.00 My Cash 200.00 Interest in 1/2 Acre with Dwelling thereon 250.00 No other property 250.00

12. What annual or monthly income or earnings of yourself and wife and the source derived have you? Nothing except from my own Labor

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

Sworn to and subscribed before me, this the 22nd day of September 1910

D M Evatt

J M Brumbelow Ordinary,
of Cobb County.

QUESTIONS FOR WITNESS AS TO SERVICE.

STATE OF GEORGIA,
Walker County.

W A Weaver of said State and County is hereby presented as a witness in support of the application of J M Ewatt for the pension provided by the Act of 1910, in said State, and after being sworn true answers to make to the questions propounded, answers as follows:

1. What is your name and where do you reside? W. A Weaver Rock Spring Walker County Ga.

2. How long and since when have you known J M Ewatt the applicant? 48 years since May 1862

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? Acworth Cobb County Ga Lien Ship since May 1862 by living Near

4. When, where and in what Company and Regiment did J M Ewatt enlist during war from 1861 to 1865? (Give date and place). Enlisted May 1862 Walker County Ga

5. How did you obtain your information of this Service? By being Present and by Remember of Same As I Right

6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (give date). About 3 Years. April 26 1865

7. When and where was his Command surrendered or discharged (give date and place). At Greensboro N. C. April 26th 1865

8. Were you personally present at the Surrender? I was.

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

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

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

12. When did he leave his Command? Where was his Command when he left it? for what cause did he leave? By whose authority did he leave and how long was he granted leave? How do you know all that you have stated to be true? If of your own knowledge (Tell clearly and specifically) I was Present with the Command & Surrendered

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

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

15. Was applicant captured as a prisoner. Yes If so, when and where? July 4th 1863 Vicksburg Miss on what prison was he held? Ill Paroled from Prison 30 days and when released? Surrendered at Greensboro N. C. April 26th 1865 Command at Date

Sworn to and subscribed before me, this the 28 day of Sept 1912

W A Weaver Sergt Co E 61st Ga Regt

E A Carter Ordinary.

of Walker County. To the Trustworthy Character of the Witness

AFFIDAVIT OF TWO FREEHOLDERS.

STATE OF GEORGIA,
Cobb County.

Personally before me came J A Kelly and J M Ewatt who on oath says that they are freeholders residing in said County and we know J M Ewatt the applicant for pension and we know the property that is now in the use, possession and control of himself and wife and place such value to wit. (Make List by Items and Value.)

1/2 Interest in House & Lot in Acworth Cobb Co $ 750.00
1/2 Interest in Sundry 250.00

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?

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

4. What relation is the party to applicant?

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

6. Was the disposition of this property made in good faith and full values? or was it made to obtain a pension?

Sworn to and subscribed before me, this the 9th day of Oct 1912

J M Ewatt
J A Kelly
R. E. Butler

J M Carnes Ordinary,
of Cobb County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,
Cobb County.

I J M Carnes Ordinary of said County, certify that I know the applicant J M Ewatt 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 and 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 J M Ewatt shows that he and wife value for tax in 1908 $ 1,000 for 1909 $ 830.21 for 1910 $ 2,335.

Sworn and signed by official seal of office this 12 day of Oct 1912

J M Carnes Ordinary,
of Cobb County.

NOTE 1. Before any questions are put to the Ordinary's clerk, same are required and all witnesses to the following words [illegible]

GEORGIA, COBB COUNTY.

Received of J.M.GANN, Ordinary, Cobb County, check for One Hundred Dollars, being payment for Burial outfit for T.M.EVATT, Deceased.

This July 9, 1930.

J. F. Collins' Sons
By D.H. Collins

Evatt, T.M.

For Cobb County

192

Application for Pension Due Deceased Pensioner
(UNDER ACT 1919)
(To pay expenses of last illness and funeral)

J. M. Gann Ordinary
For J. M. Evatt
Date of Death January 14 1930
Amount $100

Approved and ordered paid ok.
March 13, 1930
R. de L. Lawrence
Commissioner of Pensions

1 Jan. ref.
2

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

STATEMENT

ACWORTH, GA., 1/17/30 19

Estate (?) of Mr. Thompson M. Evatt,

Acworth, Ga.

In Account With

J. F. Collins' Sons

D. H. Collins E. L. Collins L. R. Collins

Furniture, House Furnishings, Stoves, Etc
Funeral Directors and Embalmers
Day Phone 36. Night Phones 45 and 30

1/14/30	Burial outfit -------	$100.00

GEORGIA, COBB COUNTY.

The above and foregoing account is rendered for funeral expenses of THOS.M.EVATT, who died without owning sufficient property to pay this bill.

J. F. Collins' Sons
By D.H. Collins

Sworn to and subscribed before me, this 17 day of January 1930.

J. M. Gann
Ordinary

Application for Pension Due to a Deceased Pensioner

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

(Under Act Approved August 15, 1904)

GEORGIA, Coffee County.

Personally before me, the Ordinary of said County, comes Ruby Ewatt

of said County, who, after being sworn, on oath says that he knew J M Ewatt of said County, and that said Pensioner was on the Pension Roll of said County at the time of death, which occurred in Coffee County, in this State, on the 11 day of January 1930, and that pensioner left no widow surviving, and no estate of any value sufficient to pay these funeral expenses, which amounted to the sum of $ 100.00, per sworn statements fully and completely ITEMIZED hereto attached.

Sworn to and subscribed before me,

J. M. Dame, Ordinary

Coffee County

(Seal of Ordinary)

Ruby Ewatt

CERTIFICATE OF ORDINARY

GEORGIA, Coffee County.

I, J. M. Dame, Ordinary of said County, do certify that I personally know Ruby Ewatt, who is a resident citizen of said County, and that said person is of truthful and trustworthy character, entitled to full faith and credit; that I also knew J. M. Ewatt while in life and that this was the same person whose name appears on the Pension Roll of Coffee County, and was paid a Pension of One Hundred Fifty ($150.00) Dollars in said County for 1929, and I now believe said pensioner to be dead, and that the instructions at the foot of this voucher have been carefully observed in making up this voucher and the bills which are attached hereto.

Given under my hand and official seal, this 17 day of January, 1930.

(Seal of Ordinary)

J. M. Dame, Ordinary

Coffee County

INSTRUCTIONS:

1st. Require those claiming expenses of last illness and funeral, to make out their accounts in fully itemized form, giving each item and the value of it, and each date.

2nd. Each account must be sworn to before the Ordinary, and in the following form. (Do not use the terms: "just, true, due, unpaid," etc.)

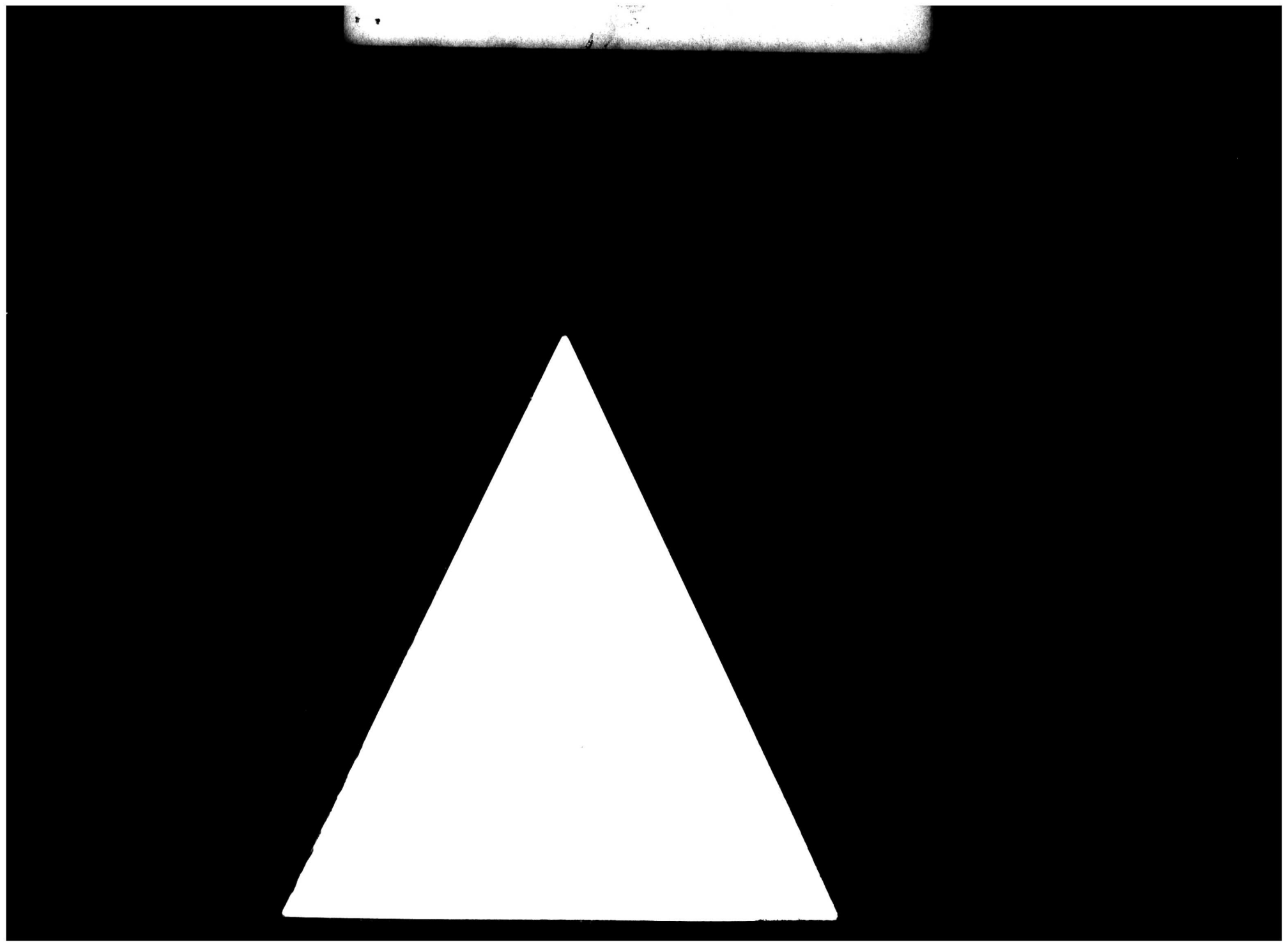
"The above and foregoing account is rendered for services in the last illness (or for funeral expenses, as the case may be) of....., who died without owning sufficient property to pay this bill.

3rd. The Ordinary must see to it that each bill is perfectly legitimate in every respect, and properly sworn to, and all attached neatly to this blank, after this blank has been properly completed as indicated.

4th. The completed voucher—this blank and the bills—must be sent to the Pension Department for approval and no money must be paid out until it is returned to you as your authority to make the payment.

5th. Return this application, and attached bills, with your final settlement, to the Pension Department.

6th. Ordinary should see that the back of this blank, when folded, is filled out.



Fagan, J. D.
Cobb Co.

[illegible]

[illegible] 6/6/1911

No.

Confederate Soldier's Application.

UNDER ACT 1910.

County Cobb

Name J. D. Fagan

Company "A"

Regiment 9th Ga Battalion Artillery

Approved

J. W. LINDSEY,
Commissioner of Pensions

CHAS. P. BYRD, State Printer, Atlanta.

9/30/10

ENTERED ROSTER OFFICE

10/29/1912

Confederate

Soldier's Application.

UNDER ACT 1910.

County Cobb

Name J. D. Fagan

Company "A"

Regiment 9th Ga Battalion Artillery

Approved

J. W. LINDSEY,
Commissioner of Pensions

CHAS. P. BYRD, State Printer, Atlanta.

9/30/10 ENTERED ROSTER OFFICE

10/29/1912

Pension Office, 22/14/10.

This Department cannot accept the valuation [illegible] of property based on tax valuation [illegible]

County Cobb

Name J. D. Fagan

Company "A"

Regiment 9th Ga Battalion Artillery

Approved

J. W. LINDSEY,
Commissioner of Pensions

CHAS. P. BYRD, State Printer, Atlanta.

9/30/10 ENTERED ROSTER OFFICE
10/29/1902

Pension Office, 22/14/10.

This Department cannot accept the valuation [illegible] of property based on tax valuation, or approximately thereto. As a rule the actual, salable, cash value will exceed the tax valuation from one half to one third in value. Apply this rule to applicant's tax valuation, and you will be close on to the actual cash value of the property.

J.W.Lindsey, Com. of Pensions.

Pension Office, 28/14/10.

This Department cannot accept the valuation [illegible] of property based on tax valuation, or approximately thereto. As a rule the actual, salable, cash value will exceed the tax valuation from one half to one third in value. Apply this rule to applicant's tax valuation, and you will be close on to the actual cash value of the property.

J. V. Lindsey, Com. of Pensions.

Georgia } We the undersigned citizens
Cobb County } of said County do swear
that we are acquainted with
the property of J. D. Fagan as listed in said
J. D. Fagan's application for pension
and that the value put on said property
by Geo. D. Cochran and J. B. Wade
Sept 16 1910 is fair full and ample
that said property is not now worth more
than twelve hundred & fifty Dollars
if that.
Oct. 22/4 v

C. P. Wade
Gordon B Gann

Fagan, J. D.
Cobb Co.

Aug 1913

No

Confederate Soldier's Application.

UNDER ACT 1910.

County Cobb

Name J. D. Fagan

Company F

Regiment 9th Ga Battalion Artillery

Approved

J. W. LINDSEY,
Commissioner of Pensions

CHAS. J. BYRD, State Printer, Atlanta.

ENTERED ROSTER OFFICE

UNDER ACT 1910.

Questions for Applicants to Answer.

STATE OF GEORGIA,
Cobb County.

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

1. What is your name and where do you reside? (Give County and Post-office). J. D. Fagan. Austell Cobb Co. Ga

2. How long and since when have you been a continuous resident citizen of this State? 62 years. ever since 1848

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) April 1862. Co A 9th Ga Battalion of Artillery

5. How long did you remain in the actual Military Service with said Company and Regiment? (Give date of discharge) Until April 9 1865 & 3 years & 5 days

6. When and where was your Company and Regiment surrendered or discharged from the Service? April 9 1865. Appomattox 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 at Surrender

b. When did you leave the Command? April 9 1865

c. For what cause did you leave? Lee Surrendered

d. By whose authority did you leave?

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

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

g. In what way were you prevented? —

h. What effort did you make to return? —

i. Were you captured during the war? No

j. If so, when, and where? In what prison were you held and when were you released? Was Not Captured

9. What property of every discription 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.)

120 acres of land $1200.00 Wagons & buggy 25.00
1 Mule 100.00 St & K Furniture 25
2 Cows 50.00

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

11. What property of any discription 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).

120 acres of land $1200.00 Wagon & buggy 25.00
1 Mule 100.00 St & K Furniture 25.00
2 Cows 50.00 Total $1400.00

12. What annual or monthly income or earnings of yourself and wife and the source derived have you? None except Return for my own labor = home — $100.00 not more

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

Sworn to and subscribed before me, this the 20th day of August 1910

J. D. Fagan

J. M. Fagan Ordinary,
of Cobb County.

QUESTIONS FOR WITNESS AS TO SERVICE.

STATE OF GEORGIA,
Fulton County.

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

1. What is your name and where do you reside? J. J. McCarty Atlanta Ga

2. How long and since when have you known J. D. Fagan the applicant? about 50 years since Apr 4th 1862

3. Where does he now reside, and since when has he been a bonafide, continuing resident in this State and how do you know? Cobb Co Ga. Since 1862 I have been close enough to him to know

4. When, where and in what Company and Regiment did J. D. Fagan enlist during war from 1861 to 1865? (Give date and place) Apr 4th 1862 Atlanta Ga. A. 9th Ga Bat

5. How did you obtain your information of this Service? I was a member of same Company

6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (give date) from April 1862 to Surrender about 3 years

7. When and where was his Command surrendered or discharged (give date and place) April 1865 Appomattox Co Va

8. Were you personally present at the Surrender? I was

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

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

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

12. When did he leave his Command? Where was his Command when he left it? for what cause did he leave? By whose authority did he leave and how long was he granted leave? How do you know all that you have stated to be true? If of your own knowledge (Tell clearly and specifically)

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

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

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

Sworn to and subscribed before me, this the 19th day of Sept 1910
Marcellus M. Anderson C.C.O. Ordinary
of Fulton

Thos J. McCarty
I hereby certify that J. J. McCarty is a bonafide citizen of Fulton Co. & is a trustworthy character & his statement entitled to full faith & credit
Marcellus M. Anderson C.C.O.

AFFIDAVIT OF TWO FREEHOLDERS.

STATE OF GEORGIA.
Cobb County.

Personally before me comes George D. Cochran & James B. Wade who on oath says that they are free holders residing in said County and we know J. D. Fagan 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.)

120 acres Land Value $1250.00 Wagon & Buggy 25.00
1 Mule " 100.00
2 Cows " 40.00

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.) No

2. When and to whom was it sold or given to? —
3. What was the price paid or stated to be paid? —
4. What relation is the party to applicant? —
5. What disposition was made of the proceeds of the sale? —
6. Was the disposition of this property made in good faith and full values? or was it made to obtain a pension? —

Sworn to and subscribed before me, this the September 16th day of 1910
J. M. Gann Ordinary
of Cobb County.

Geo D. Cochran
J. B. Wade

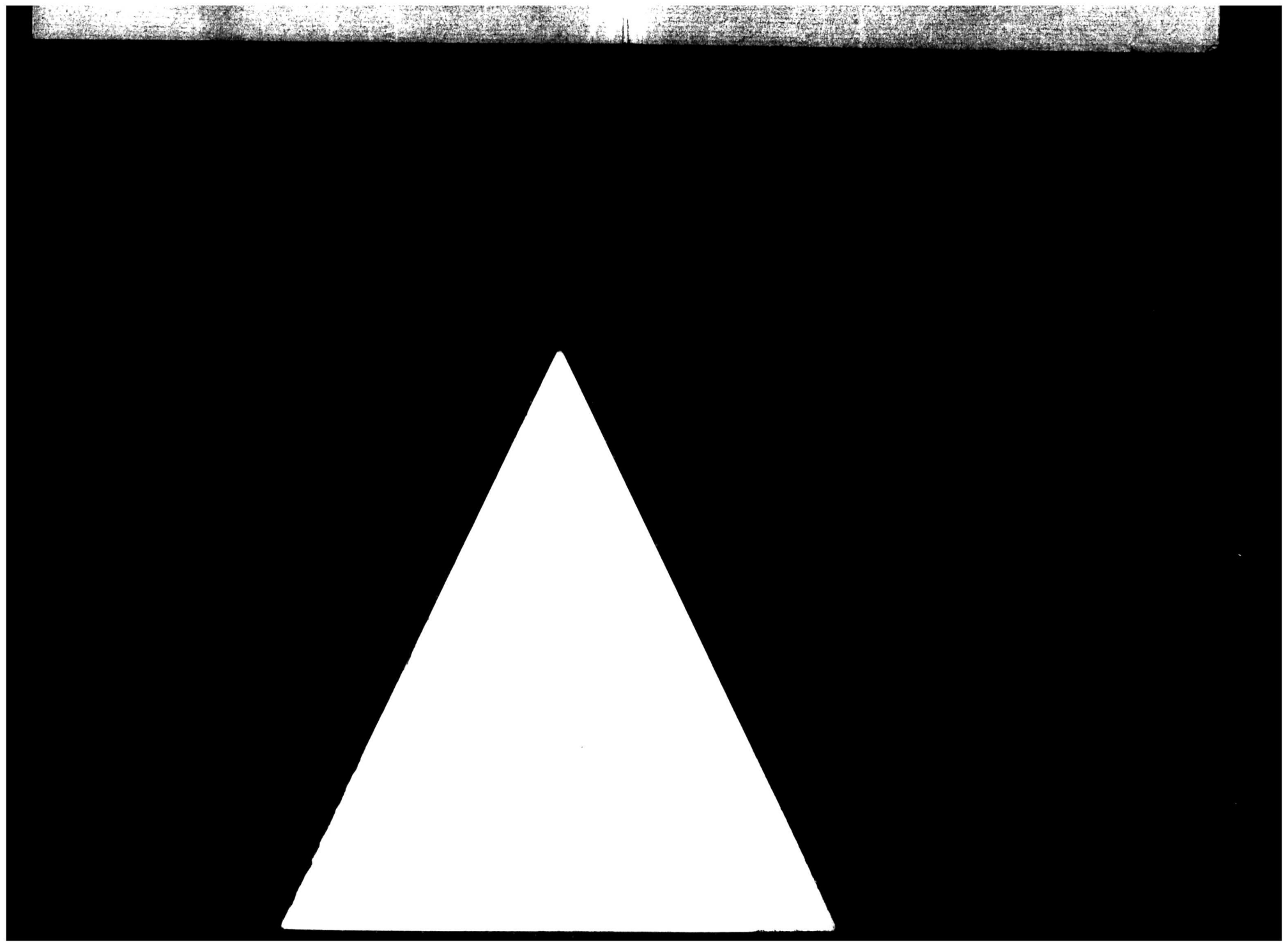
ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,
Cobb County.

I, J. M. Gann Ordinary of said County, certify that I know the applicant J. D. Fagan 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 and Geo D. Cochran & J. B. Wade C. P. Wade who are free holders, 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 Results of J. D. Fagan shows that he and wife value for tax is in 1908 $1160.00 for 1909 $1260.00 for 1910 $1405.00

Sworn under my hand and official seal of office this 14 day of Sept 1910
J. M. Gann Ordinary.
of Cobb County.

NOTES 1. Before any questions are answered the Ordinary shall swear applicant and all witnesses in the following words "You do solemnly swear that you will true answers make to each question asked you and the evidence you shall give shall be the whole truth; so help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
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 Free holders unnecessary.



No.

C C B B County

INDIGENT PENSION.

190 8

Name J. L. Hambrough

County Cobb

Co. A [illegible] *Regt.*

Approved _____ *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, Ga.

9/21/06.

[illegible]

J. W. Lindsey
Com. of Pensions

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__

_____ [L. S.]

Executed in presence of

_____

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,
Cobb COUNTY.

J W Fuller of said State and County, having been presented as a witness in support of the application of A J Fambrough 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? J W Fuller
Smyrna Cobb County Ga

2. Are you acquainted with A J Fambrough, the applicant; if so, how long have you known him? Yes, Five Years

3. Where does he reside, and how long and since when has he been a resident of this State?
Smyrna. ever since I knew him

4. When, where and in what company and regiment did he enlist, and how do you know?

5. Were you a member of the same company and regiment? No

6. How long did he perform regular military duty? do not know

7. When and where was his command surrendered? Do not know

8. Were you present when it surrendered? I was not

9. Was applicant present? I do not know

10. If he was not present, where was he? Do not know

When did he leave his command? For what cause?

By what authority he left? How do you know all of this?

11. What property, effects or income has the applicant? (Give your means of knowledge.)
None, I live near him

12. What property, effects or income did the applicant possess in 1896, 1897, 1898, 1899, 1900, 1901 and 1902, and what disposition, if any, did he make of same? He had some property until over three years ago when he sold the same to pay Dr's bills & other debts

13. Has he conveyed away any of his property in the last four years; if so, what was it, and to whom?
None except what he sold to pay his debts as stated above

14. What is the applicant's occupation and physical condition? Was farmer until his health giving away several years ago, for past 3 years nothing. His physical condition is bad

15. Is the applicant unable to support himself by labor of any sort; if so, why?
He is, on act of disease

16. How was he supported during the years 1898, 1899, 1900, 1901 and 1902? He had some property several years ago, which he sold & lived and pay Dr bills and his brother has helped him

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

18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code? He is dropsical and has heart trouble, which renders him unable to perform any labor

19. Who composes family? What property have they? Children's age and their earning capacity?
Himself & an afflicted daughter who is unable to do anything

20. What interest have you in the recovery of a pension by this applicant? None

Sworn to and subscribed before me, this the 16 day of Sept 1906
John Awtrey Ordinary.

J W Fuller Witness.

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,
Cobb County COUNTY.

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

That he has dropsy in the legs which renders him entirely unable to perform any labor of any kind and the same is permanent. besides he suffers Asthma

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

Sworn to and subscribed before me, this the 16 day of September 1906
John Awtrey Ordinary.

W. T. Pace M.D.
W M Kemp M.D.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,
Cobb COUNTY.

I, John Awtrey Ordinary, in and for said County, hereby certify that the applicant A J Fambrough resides in said County, and has been a bona fide resident of this State since the Have known him here for past 20 years and that the witnesses, viz.: J W Fuller are of trustworthy character, and that their statements are entitled to full faith and credit.

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

I further certify that the tax digest of Cobb County shows that applicant returned for taxation in his name in 1896 $[illegible] Dollars of property, and in 1900 $[illegible] Dollars of property; in 1902 $25 Dollars of property; in 1904 $30 Dollars of property.

1904 nothing 1905-1906 nothing

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

Witness my hand and seal of office, this 16 day of Sept 1906

John Awtrey 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 answers make to each of the questions asked of you, and the evidence you shall give will be the whole truth, so help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. In every case the Ordinary must certify to the character of the witness, and as to the execution of the proof as above set out.

POWER OF ATTORNEY.

STATE OF GEORGIA, }
.....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.....

[L. S.]

Executed in presence of

No.....

INDIGENT PENSION.

190

Name.....

County.....

Co......*Regt.*

Approved.....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, Ga.

QUESTIONS FOR APPLICANT.

STATE OF GEORGIA, }
Cobb COUNTY. }

A J Fambrough of said State and County, desiring to avail himself of the Pension Act (Section 1254, Code), hereby submits his proofs, and after being duly sworn true 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).
A J Fambrough. Smyrna Cobb County Ga
2. How long and since when have you been a resident of this State? All my life
3. When and where were you born? Mch 2. Oglethorpe Co Ga
4. When and where and in what company and regiment did you enlist or serve? Mch 2nd 1862, in Atlanta Ga. A A 9th Ga Artillery Battalion. Leydens,
5. How long did you remain in such company and regiment? Up in 9th 1865.
6. When and where was your company and regiment surrendered and discharged? Appomattox Va April 9th 1865
7. Were you present with your company and regiment when it was surrendered? Yes
8. If not present, state specifically and clearly where you were, when you left your command, for what cause and by whose authority? I was present
9. How much can you earn (gross) per annum by your own exertions or labor? Nothing
10. What has been your occupation since 1865? Farming
11. Upon which of the following grounds do you base your application for pension, viz: first, "age and poverty," second, "infirmity and poverty," or third, "blindness and poverty"? Infirmity & 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? Weak Chest. Rheumatism Stomach Trouble & Loss of the use of my Left Hand. My health has been rapidly failing for 12 Years & 4 years ago I could not & never attend to Self and have Since been unable to perform Labor of any Kind
13. What property, real and personal, or income, do you possess, and its gross value? About 1 acre of land & household & kitchen furniture
14. What property, real or personal, did you possess in 1894, 1895, 1896, 1897, 1898, 1899, 1900, 1901 and 1902, and what disposition, if any, by sale or gift, have you made of same? I owned 28 acres of land until 2 years ago, when I had to sell same to pay my Dr Bills and other debts which had accumulated on me
15. In what County did you reside during those years, and what property did you then return for taxation?
Cobb
16. How were you supported during the years 1899, 1900, 1901 and 1902? By what I sold & raised and out from what land I had up to 2 years ago, used also money debts which I owed
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?
18. What was your employment during 1898, 1899, 1901 and 1902? What pay did you receive in each year? Farming what I sold & raised as up to 2 years ago I was on farm up to & 60 dollars
19. Have you a family? If so, who composes such family? Give their means of support? Have they a homestead, or other property? Their ages and how employed? For myself & One invalid daughter I have No property of any kind except household goods. Which is not worth more than $15.00 I owe debts & all I get is pay debts
20. Are you receiving any pension? If so, what amount and for what disability? No
21. Have you ever made an application for pension before? No
22. How many applications have you ever made and under what class? None

Every Question MUST Be Answered.

I must pay my Debts and to see you nothing

Sworn to and subscribed before me this the 12th day of April 1903.

A J Fambrough
Applicant.

John Gentry
Ordinary,
of Cobb County.

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,
Fulton COUNTY.

E D L Mobley of said State and County, having been presented as a witness in support of the application of A J Farnbrough for pension under section 1254, Code, and after being duly sworn, the answers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? E D L Mobley Atlanta Fulton County Ga
2. Are you acquainted with A J Farnbrough, the applicant; if so, how long have you known him? Yes. 44 Years
3. Where does he reside, and how long and since when has he been a resident of this State? Since a Ga Cobb County. Ever Since I Knew him
4. When, where and in what company and regiment did he enlist, and how do you know?
5. Were you a member of the same company and regiment? Battalion October 1863 to April 9. 1865
6. How long did he perform regular military duty? To my knowledge from October 1863 to April 9th/65
7. When and where was his command surrendered? Appomattox Va. April 9th 1865.
8. Were you present when it surrendered? Yes
9. Was applicant present? Yes
10. If he was not present, where was he? He was present
When did he leave his command? He did not leave For what cause? until Surrender
By what authority he left? the Army Surrendered How do you know all of this? I was there
11. What property, effects or income has the applicant? (Give your means of knowledge.)
12. What property, effects or income did the applicant possess in 1896, 1897, 1898, 1899, 1900, 1901 and 1902, and what disposition, if any, did he make of same?
13. Has he conveyed away any of his property in the last four years; if so, what was it, and to whom?
14. What is the applicant's occupation and physical condition?
15. Is the applicant unable to support himself by labor of any sort; if so, why?
16. How was he supported during the years 1898, 1899, 1900, 1901 and 1902?
17. What portion of his support for these four years was derived from his own labor or income?
18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code?
19. Who composes family? What property have they? Children's age and their earning capacity?
20. What interest have you in the recovery of a pension by this applicant?

Sworn to and subscribed before me, this the 11th day of April 1902
John D Erwin Ordinary.

E D L Mobley Witness.

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,
_____ COUNTY.

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

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

Sworn to and subscribed before me, this, the ____ day of ____ 190____

_____ Ordinary.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,
Fulton COUNTY.

I, John D Erwin Ordinary, in and for said County, hereby certify that the applicant ~~resides in said County, and has~~ been a bona fide resident of this State since the ____ day of ____ 189__ ~~and~~ that the witnesses, viz.: E D L Mobley

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

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

I further certify that the tax digest of ____ County shows that applicant returned for taxation in his name in 1899 ____ Dollars of property, and in 1900 ____ Dollars of property; in 1901 ____ Dollars of property, in 1902 ____ Dollars of property.

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

Witness my hand and seal of office, this 11th day of April 1902
John D Erwin Ordinary,
of Fulton County.

NOTE.

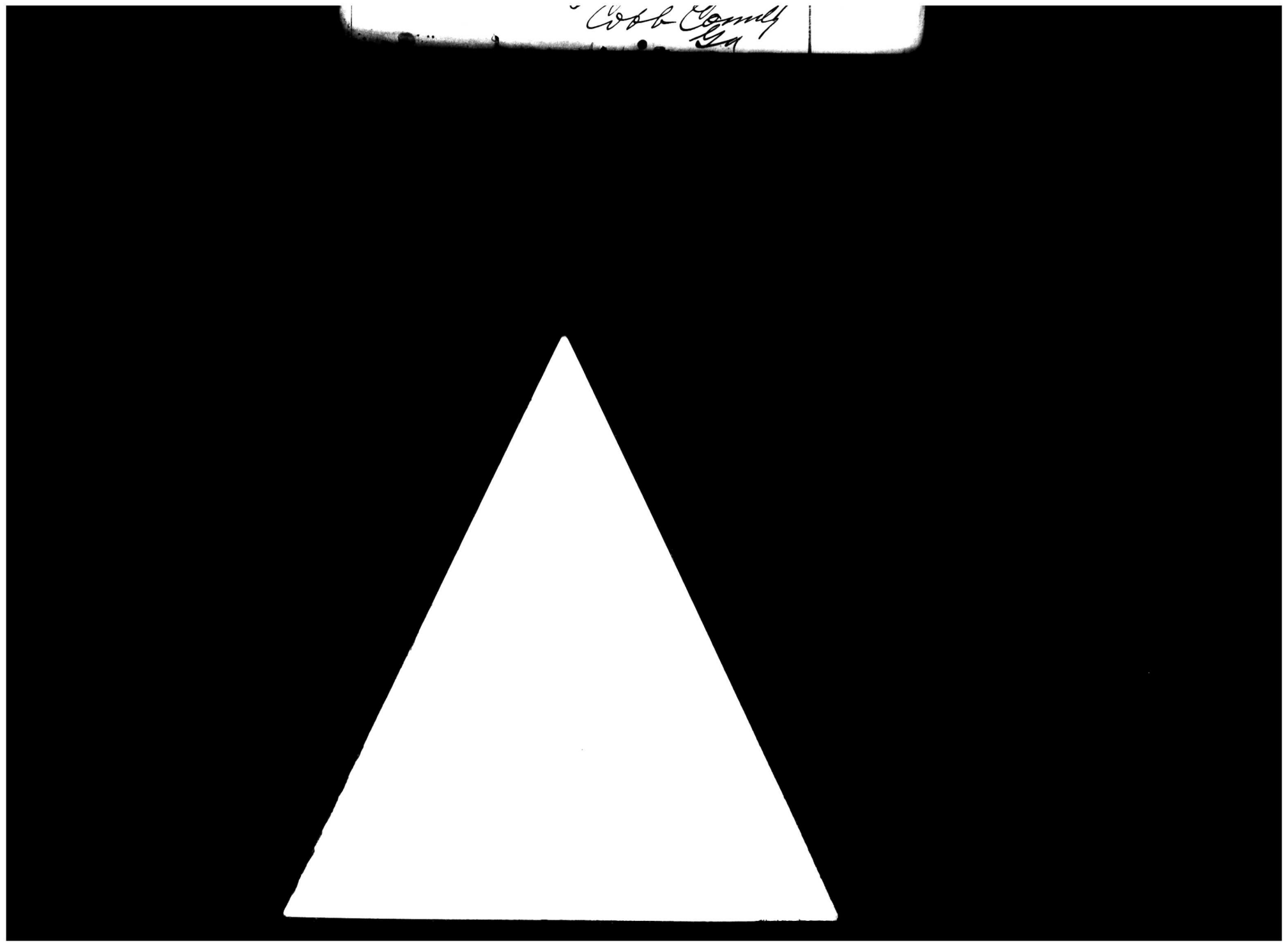
1. Before any questions are answered, the Ordinary shall swear applicant and the witnesses in the following words: "You shall true answers make to each of the questions asked of you, and the evidence you shall give will be the whole truth, so help you God."
2. Additional affidavits may be attached if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

Cobb County } Application for Pension

Personally appeared before me A J Tambrough
Who being duly Sworn deposeth and Saith That he
was a Member of 9 Ga Batt of Artillery. That Said Batt.
was an independent organization. Gotten up by
A Togden of Atlanta Ga. that Said Command
was Tendered to, and accepted by the Confederate
States. that he belonged to Co. A. that the Longer
portion of Said Company was Captured at
Cumberlin Gap Tenn. that affiant with others
were detailed to Carry out the horses of Said Gap
to prevent Capture, that after the Surrender of
Said Gap the remaining portion of Said Command
which affiant was one, was Transfered to Heavy Artillery in Gen
Lees Army where affiant remained until the
9th day of April 1865. affiant never at any Time
belonged to Evans Brigade but was in the Artillery
Service during the whole time affiant is
unable to give the names of different Batteries to
which he was attached as he was changed
several times A J Tambrough

Subscribed and Sworn to before me
this November 16th 1916

John Awtrey
Ordinary
Cobb County
Ga


Cobb County
Ga

Form No. 5.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cobb County.

Know all Men by these Presents, That I, Julia Fambrough of Cobb County, in said State, do hereby appoint G. L. Fambrough of Smyrna 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 27th day of January 1892

[L. S.]

Executed in the presence of us:

A. J. Irelan
M. S. Gilbert

DIRECTIONS.

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

Fambrough Julia
Cobb County
1891.
Ag Bal
No. ~~4008~~
4008

Widows' Pension

PAID TO—
Mrs. Julia Fambrough
—OF—
Cobb COUNTY.

$100.00.

Warrant Issued
1891
AND HANDED TO

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, Julia Hambrough of G. Cobb County, in said State, do hereby appoint G. L. Hambrough of Smyrna 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 27th day of January 1892

[L. S.]

Executed in the presence of us:

[illegible]

DIRECTIONS.

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

Hambrough Julia
Cobb County
1891.
9 Bat.
No. ~~4008~~ 4008

Widows' Pension

PAID TO—
Mrs. Julia Hambrough
OF
Cobb COUNTY.

$100.00.

Warrant Issued
1891
AND HANDED TO

Geo. W. Harrison, State Printer Atlanta

Affidavit to be Made by the Widow.

Form No. 1.

STATE OF GEORGIA, County of Cobb

In person came before me, the undersigned Ordinary in and for the County of Cobb Mrs. Julia Hambrough, who being sworn according to law, says under oath that she is the widow of John S. Hambrough, who was a soldier in the service of the Confederate States, and served as a member of Company "A", of the 9 Battalion ~~Regiment~~ of Georgia Volunteers; that he enlisted in said service on or about the day of April 1863, and was in the Confederate Army up to October 1863 That while in the Army, he was on the first day of October 1863, (See Note No. 1) while in said service at Cumberland Gap State of Tennessee he was taken prisoner by the Federal Army, and taken to Camp Douglass Prison in the State of Illinois — that on or about October 15th 1863 he died while in said Prison from some disease caused by Cold and Exposure.

I further assert and swear that my said husband served as above stated and that from News paper information and from information given by his comrades I learned that he died. I know that he never returned home nor has been heard of since 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 6th day of May 1841, and that she has resided in Georgia continuously since the 15th day of August 1823; 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 26th day of January 1892

J. M. Stone
Ordinary.

Julia Hambrough

Post Office Smyrna 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.

Form No. 2.

Affidavit for Three Witnesses.

State of Georgia,
County of Cobb

In person came before me, the undersigned Ordinary in and for said County, witnesses E. Gann and (Joshua H. Segars, T. E. Legg), (each known to said Attesting Officer as truthful, reliable and reputable citizens), who severally say under oath, that, from their own personal knowledge, Mrs. Julia Fambrough of the County of Cobb, State of Georgia, is the widow of John S. Fambrough, who was a soldier in Company A, of the 4th Battalion Georgia Volunteers. That said soldier enlisted in the service of the Confederate States (or the Georgia State Troops) on or about the day of April 186 3 That while in said service, or by reason of said service in the Army, he lost his life as follows:

That on or about the 1st day of October 1863, he was taken Prisoner at Cumberland Gap State of Tennessee, by the Federal Army, and was taken to Camp Douglass Prison, in the State of Illinois — That on or about the 15th of October 1863, while in said Prison, he died from disease caused by severe Cold and Exposure, Contracted while in the Army and in said Prison.

Our opportunity for knowing the facts stated in reference to death of applicant's husband were as follows:— We were Members and Comrades in the same Company with said John S. Fambrough and were Captured at the same time and were in Prison with said deceased when he died.

We further swear that Mrs. Julia Fambrough 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 27th day of January 1892

J. M. Stone
Ordinary.

E. Gann
J. H. Segars
T. E. Legg

Note. Witnesses must not testify about things they may believe, but confine their statements to such facts as they personally know.

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. Julia Fambrough 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 27th day of January 1892

SEAL

J. M. 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 lawer or other agent to attend to these claims. The Department will furnish *full* and specific instructions, and give ample opportunity to every claimant.

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

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

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

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

By order of the Governor.

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

Form No. 2.

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. Julia Hambrough 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 John S. Hambrough 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 31st day of January 1893.

SEAL

J. M. Stone Ordinary.

Form No. 3.

POWER OF ATTORNEY.

STATE OF GEORGIA, Cobb County.

KNOW ALL MEN BY THESE PRESENTS, That I, Julia Hambrough of Cobb County, in said State, do hereby appoint J. M. Stone Ordinary 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 the 31st day of February 1893.

Julia Hambrough [L. S.]

Executed in the presence of us:

J. L. Hambrough

[illegible]

DIRECTIONS.

Send amount by ..... to me at ..... and oblige

Hambrough, Julia
Cobb County
FOR THOSE HERETOFORE PAID
Fee unpd

1893.

No. 751

Widows' Pension,

for year ending February 15th, 1893.

PAID TO—

Mrs. Julia Hambrough

—OF—

Cobb County.

Warrant Issued

1893

AND HANDED TO

J. M. Stone

Geo. W. Harrison, State Printer, Atlanta.

Form No. 2.

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. Julia Hambrough 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. S. Hambrough 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 1st day of Feby 1894.

SEAL

J. M. Stone Ordinary.

Form No. 3.

POWER OF ATTORNEY.

STATE OF GEORGIA, Cobb County.

KNOW ALL MEN BY THESE PRESENTS, That I, Julia Hambrough of Cobb County in said State, do hereby appoint J. M. Stone 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 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 1st day of Feby 1894.

Julia Hambrough [L. S.]

Executed in the presence of us:

J. L. Hambrough

G. M. Fleming

DIRECTIONS.

Send amount by ..... to me at ....., and oblige

Hambrough, Julia
Cobb County
FOR THOSE HERETOFORE PAID.

1894.

No. 782

WIDOWS' PENSION,

for year ending February 15th, 1894.

PAID TO—

Mrs. Julia Hambrough

—OF—

Cobb County.

WARRANT ISSUED

1894,

AND HANDED TO

J. M. Stone

Geo. W. Harrison, State Printer, Atlanta.

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA, County of Cobb

Personally comes Mrs. Julia Hambrough

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 15 August 1823 That she is the Widow of Wm S. Hambrough who was a Soldier in Company "A" of the 9th Battalion Regiment of Georgia Volunteers, that he enlisted in said Regiment on or about the month of April 1863 and served in the Army up to 15 October 1863 That he lost his life on the day of 18 (*State here full particulars of the husband's death, when, where and from what cause*)

That the said deceased soldier Served in the (Confederate) Army as above stated — that he was taken Prisoner at Cumberland Gap Tenn. And was taken to Camp Douglass Illinois, and while there he died on 15th October 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 18 4[illegible] 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 31st day of May, 1893. Julia [illegible]

Ordinary. Post-office [illegible]

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA, County of Cobb

Personally comes Mrs. Julia Hambrough

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 August 1823 That she is the Widow of J. S. Hambrough who was a Soldier in Company "A" of the 9th (Battalion) Regiment of Georgia Volunteers, that he enlisted in said Regiment on or about the month of April 1863 and served in the Army up to Oct. 1863 That he lost his life on the 15th day of October 1863 (*State here full particulars of the husband's death, when, where and from what cause.*)

That while in the Confederate Army at or about Cumberland Gap Tenn he was Captured and taken Prisoner to Camp Douglass, Ills. And there died, from Cold And Exposure on 15th October 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 1841; 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 1st day of July. 1894. Julia A. Hambrough

Ordinary. Post-office Smyrna Ga.

Form No 2.

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

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. Julia Fambrough 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. S. Fambrough 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 16 day of Jany. 1895.

{SEAL} J. H. Stone Ordinary.

Form No. 3

POWER OF ATTORNEY.

STATE OF GEORGIA, Cobb County.

KNOW ALL MEN BY THESE PRESENTS, That I, Julia Fambrough of Cobb County in said State, do hereby appoint J. H. Stone 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 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 26 day of Jany. 1895. Julia Fambrough [L. S.]

Executed in the presence of us:

DIRECTIONS.

Send amount by to me at , and oblige

Fambrough, Julia
Cobb, County
FOR THOSE HERETOFORE PAID.

1895.

No. 444

WIDOW'S PENSION,

for year ending February 15th, 1895.

PAID TO Mrs. Julia Fambrough

OF Cobb County.

widow of J. S. Fambrough

WARRANT ISSUED 24 Jan 1895.

AND HANDED TO Atty.

Geo. W. Harrison, State Printer.

Form No. 2.

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

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. Julia Fambrough 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. S. Fambrough deceased, and as such has heretofore been allowed a pension for the year ending February 15th, 1895.

In Witness Whereof I have hereunto set my hand and affixed the seal of my office, this the 3rd day of Feby 1896.

{SEAL} J. H. Stone Ordinary.

Form No. 3.

POWER OF ATTORNEY.

STATE OF GEORGIA, Cobb County.

I, Julia Fambrough hereby authorize J. H. Stone of Marietta Ga. to receive and receipt for the pension paid hereon and request that he remit same to me by Express

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 3rd day of Feby 1896.

X Julia Fambrough X[L.S.]

Executed in the presence of

Gd Fambrough

Fambrough, Julia
Cobb, County
FOR THOSE HERETOFORE PAID.

1896.

No. 35

WIDOW'S PENSION,

for year ending February 15th, 1896.

PAID TO Mrs. Julia Fambrough

OF Cobb County.

widow of J. S. Fambrough

WARRANT ISSUED 2/1 1896.

AND HANDED TO Atty.

Geo. W. Harrison, State Printer.

Form 1.

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA, County of Cobb | Personally Comes Mrs. Julia Hambrough

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 August 1823 That she is the Widow of J. S. Hambrough who was a Soldier in Company A of the 9th Battalion Ga Regiment of Volunteers, that he enlisted in said Regiment on or about the month of April 1863 and served in the Army up to October 1863 That he lost his life on the 15th day of October 1863 (*State here full particulars of the husband's death, when, where and from what cause.*) (

That while in the Confederate Army in the Year 1863 he was Captured by the Federals at or near Cumberland Gap Tenn. and was taken to a Federal prison at Camp Douglass Ills where he died from Cold and exposure on the 15th day of October 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 1841, 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 7th day of Jany 1895. J. M. Stone Ordinary. | Julia Hambrough Post-office Smyrna Ga.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of Cobb | Personally Comes Mrs. Julia Hambrough

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 August 1823 That she is the Widow of J. S. Hambrough who was a Soldier in Company A of the 9th Ga Battalion Ga Regiment of Volunteers, that he enlisted in said regiment on or about the month of April 1863 and served in the Army up to October 1863 That he lost his life on the 15th day of October 1863 (*State here full particulars of the husband's death, when, where and from what cause.*) (

Was taken prisoner at Cumberland Gap Tenn, and taken to Camp Douglass Ills. where he died from disease and exposure contracted on the trip

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 1841, 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 3rd day of Feby 1896. J. M. Stone Ordinary. | Julia Hambrough Post-office Smyrna Ga.

Form No. 2.

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. Julia Fambrough 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. S. Fambrough 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 9th day of Feby 1897.

SEAL

J. M. Stone Ordinary.

Form No. 3.

POWER OF ATTORNEY.

STATE OF GEORGIA, Cobb County.

I, Mrs. Julia Fambrough hereby authorize J. M. Stone of Marietta Ga. to receive and receipt for the pension paid hereon and request that he remit same to me by him

In Witness Whereof, I have hereunto set my hand and seal, this 9th day of Feby 1897.

Julia Fambrough [L. S.]

Executed in the presence of

G. L. Fambrough

POWER OF ATTORNEY.

State of Georgia, Cobb County.

I, Julia Fambrough hereby authorize J. M. Stone of Marietta Ga. to receive and receipt for the pension paid hereon and request that he remit same to me by him

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

Julia Fambrough [L. S.]

Executed in the presence of

Fambrough Julia
Cobb County

For Those Heretofore Paid.

1898.

No. 7664

WIDOW'S PENSION,

For year ending February 15th, 1898.

PAID TO

Mrs. Julia Fambrough

OF

Cobb County,

Widow of J. S. Fambrough

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT ISSUED

2/18 1898.

AND HANDED TO

[illegible]

GEO. W. HARRISON, STATE PRINTER, ATLANTA

Fambrough Julia
Cobb County

FOR THOSE HERETOFORE PAID.

1897.

No. 7647

WIDOW'S PENSION,

for year ending February 15th, 1897.

PAID TO

Mrs. Julia Fambrough

OF

Cobb County,

widow of J. S. Fambrough

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT ISSUED

2/16 1897,

AND HANDED TO

[illegible]

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of Cobb } Personally Comes Mrs. Julia Hambrough

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 August 1873 That she is the Widow of J. S. Hambrough who was a Soldier in Company A of the 9th Battn Regiment of Ga. Volunteers, that enlisted in said regiment on or about the month of April 186 3 and served in the Army up to October 186 3 That he lost his life on the 15th day of October 1863 (State here full particulars of the husband's death, when, where and from what cause.)

That while in the Federal Prison at Camp Douglass Ills. he was attacked with Cold and exposure and died in Prison at said Prison on the 15th October 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 1841 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 9th day of Feby 1897. J. H. Stone Ordinary. × Julia Hambrough × Post-office

Form No. 1.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of Cobb } Personally Comes Mrs. Julia Hambrough

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 August 1873 That she is the Widow of J. S. Hambrough who was a Soldier in Company A of the 9th Batt. Regiment of Ga. Volunteers, that he enlisted in said regiment on or about the month of April 186 3 and served in the Army up to October 186 3 That he lost his life on the 15th day of Oct. 1863 (State here full particulars of the husband's death, when, where and from what cause.)

That while in the said Service he was Captured at Cumberland Gap Tenn. And taken to Camp Douglass Ills, where he died from Cold and exposure on Oct. 15th 1863.

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1841

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 18th day of Feby 1898. J. H. Stone Ordinary. } Julia Hambrough Post-Office

State of Georgia, Cobb County. } I J. H. Stone Ordinary of said County, certify that I am well acquainted with Mrs. Julia Hambrough 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 1873

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

{ Official Seal. }

J. H. Stone
Ordinary of Cobb County.

POWER OF ATTORNEY.

State of Georgia,
Cobb County.

I, Julia Fambrough hereby authorize J M Stone of Marietta Ga to receive and receipt for the pension paid hereon and request that he remit same to me by him

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 1st day of Feby. 1899.

Julia Fambrough [L. S.]

Executed in presence of

Fambrough, Julia
Cobb County
For Those Heretofore Paid.

1899.

NO. 3261

WIDOW'S PENSION,

For year ending February 15th, 1899.

PAID TO Mrs. Julia Fambrough

OF Cobb County

Widow of J. S. Fambrough

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT ISSUED 2/8 1899.

AND HANDED TO J M S

GEO. W. HARRISON, STATE PRINTER, ATLANTA

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cobb County.

I, Julia Fambrough hereby authorize J M Stone of Marietta Ga to receive and receipt for the pension paid hereon and request that he remit same to me by him

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 14 day of Feby 1900.

Julia Fambrough [L. S.]

Executed in presence of
T. J. Hamby

Fambrough, Julia
Cobb County
To Those Heretofore Paid.

1900.

NO. 1985

WIDOW'S PENSION,

For year ending February 15th, 1900.

PAID TO Mrs. Julia Fambrough

OF Cobb County,

Widow of J. S. Fambrough

JNO. W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED Feb 16 1900,

AND HANDED TO Stone

co. W. Harrison, State Printer, Atlanta.

Form No. 1.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of Cobb

Personally Comes Mrs. Julia Trambrough

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 August 1863 That she is the Widow of J. S. Trambrough who was a soldier in Company A. of the 9th Batt. Regiment of Georgia Volunteers, that he enlisted in said regiment on or about the month of April 1863 and served in the Army up to October 1863 That he lost his life on the 15th day of October 1863 (*State here full particulars of the husband's death, when, where and from what cause.*)

That while in the Confederate Army at Cumberland Gap Tenn. the deceased Husband Contracted Cold and became Sick – he was then Taken Prisoner and died at Camp Douglass Ills. Oct. 15th 1863

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1841.

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 1st day of Feby. 1899. J. W. Stone Ordinary.

Julia Trambrough
Post-Office Smyrna Ga.

State of Georgia,
Cobb County.

I J. W. Stone Ordinary of said County, certify that I am well acquainted with Mrs. Julia Trambrough 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 Aug. 1863

Given under my official signature and seal this the 1st day of Feby 1899.

J. W. Stone
Ordinary of Cobb County.

{Official Seal.}

Form No. 1.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of Cobb

Personally Comes Mrs. Julia Trambrough

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 August 1863. That she is the Widow of J. S. Trambrough who was a soldier in Company A. of the 9th Batt. Regiment of Georgia Volunteers, that he enlisted in said regiment on or about the month of April 1863 and served in the Army up to October 1863 That he lost his life on the 15th day of October 1863 (*State here particulars of the husband's death, when, where and from what cause*)

That while in the Confederate Army at Cumberland Gap Tenn. the deceased husband contracted cold and became sick – he was then taken prisoner and died at Camp Douglass Ills. Oct. 15th 1863.

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1841.

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 14th day of Feby 1900. J. W. Stone Ordinary.

Julia Trambrough
Post Office

State of Georgia,
Cobb County.

I J. W. Stone Ordinary of said County, certify that I am well acquainted with Mrs. Julia Trambrough, 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 August 1863

Given under my official signature and seal, this the 14th day of Feby 1900.

J. W. Stone
Ordinary of Cobb County.

{Official Seal.}

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cobb County.

I, Julia Hambrough hereby authorize John Awtrey of Marietta 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 7th day of Jany 1901.

Julia Hambrough [L. S.]

Executed in presence of

Jas M Gann

Hambrough, Julia
Cobb Co

To Those Heretofore Paid.

1901.

No. 129

WIDOW'S PENSION,

For year ending February 15th, 1901.

PAID TO

Mrs. Julia Hambrough

OF

J. J. Hambrough County.

Widow of

JOHN W. LINDSEY,
Commissioner of Pensions

WARRANT ISSUED

Jan. 18 1901,

AND HANDED TO

Awtrey

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

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cobb County.

I, Julia Hambrough, hereby authorize John Awtrey 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 Jan 1902.

Julia Hambrough [L. S.]

Executed in presence of

J M Gann

Hambrough, Julia
Cobb County

To Those Heretofore Paid.

1902.

No. 220

WIDOW'S PENSION,

For year ending Dec. 31, 1902.

PAID TO

Mrs. Julia Hambrough

OF

Cobb County,

Widow of

Co. Regiment

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED

1/16 1902

AND HANDED TO

Ordy

GEO. W. HARRISON, STATE PRINTER, ATLANTA, GA.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of Cobb } Personally Comes Mrs. Julia Fambrough

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 August 1823. That she is the Widow of J. N. Fambrough who was a soldier in Company A of the 9th Batt Regiment of Georgia Volunteers, that he enlisted in said regiment on or about the month of April 1863 and served in the Army up to October 1863. That he lost his life on the 15th day of October 1863. (State here particulars of the husband's death, when, where and from what cause) While in the Confederate Army at Cumberland Gap Tenn the deceased husband Contracted Cold and became Sick - he was then taken Prisoner and died at Camp Douglas Ills Oct 15th 1863

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1841

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 7th day of Jany 1901. John Awtry, Ordinary. | Julia Fambrough, Post Office

State of Georgia, Cobb County. } I John Awtry Ordinary of said County, certify that I am well acquainted with Mrs. Julia Fambrough 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 all her life day of 18

Given under my official signature and seal, this the 7th day of Jany 1901.

{ Official Seal. }

John Awtry
Ordinary of Cobb County.

For Widows Heretofore Allowed Pensions.

FORM No. 1.

STATE OF GEORGIA,
County of } PERSONALLY COMES MRS. Julia Fambrough

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 August 1823. That she is the Widow of J A Fambrough who was a soldier in Company D of the 9th Battalion Regiment of Georgia Volunteers, that he enlisted in said regiment on or about the month of April 1863, and served in the Army up to October 1863. That he lost his life on the 15th day of October 18 63 (State here particulars of the husband's death, when, where and from what cause) That while in the Confederate Army at Cumberland Gap Tenn the deceased husband Contracted Cold and became Sick he was then taken prisoner and died at Camp Douglas Ill. Oct 15, 1863

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 18 41

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 4th day of Jan 1902. John Awtry, Ordinary. | Julia Fambrough, Post-Office Smyrna Ga

State of Georgia, Cobb County. } I John Awtry Ordinary of said County, certify that I am well acquainted with Mrs. Julia Fambrough, who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents hereself to be, and that she has continuously resided in this State since the day of 18

Given under my official signature and seal, this the 4th day of Jan 1902.

{ Official Seal. }

John Awtry
Ordinary of Cobb 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, Julia Fambrough, hereby authorize John Awtrey 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 3rd day of January 1903.

Julia Fambrough [L. S.]

Executed in presence of

Fambrough Julia
Cobb County

To Those Heretofore Paid.

1903.

No. 202

WIDOW'S PENSION,

For year ending Dec. 31, 1903.

PAID TO
Mrs. Julia Fambrough
OF
J S Fambrough County,
Widow of
Co. A 9th Batt. Ga. vols.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
1/23 1903.

AND HANDED TO
Cody

GEO. W. HARRISON, STATE PRINTER, ATLANTA, GA.

Fambrough Julia
Cobb County

TO THOSE HERETOFORE PAID.

1904.

No. 254

WIDOW'S PENSION

FOR
YEAR ENDING DECEMBER 31, 1904.

PAID TO
Mrs Julia Fambrough
OF
Cobb County,
Widow of J S Fambrough
Co. A 9th Batt Regiment

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
1/25 1904,

AND HANDED TO
Cody

Geo. W. Harrison, State Printer, Atlanta.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cobb County.

I, Julia Fambrough hereby authorize John Awtrey 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 1904.

Julia Fambrough [L. S.]

Executed in presence of
John Awtrey

FORM No. 1.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of Cobb } PERSONALLY COMES MRS. Julia Fambrough

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 August 1823. That she is the Widow of L S Fambrough who was a soldier in Company A of the 9th Batt Regiment of Georgia Volunteers, that he enlisted in said regiment on or about the month of April 1863, and served in the Army up to October 1863. That he lost his life on the 15th day of October 1863 (State here particulars of the husband's death, when, where and from what cause.) the Confederate Army that while in Camp Cumberland Gap Tenn, the deceased husband contracted Cold and became sick he was then taken Prisoner and died at Camp Douglas Ills Oct 15-1863

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1844.

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 3 day of Jany 1903. John Awtry, Ordinary. } Julia Fambrough Post-Office Smyrna

State of Georgia, Cobb County. } I, John Awtry Ordinary of said County, certify that I am well acquainted with Mrs. Julia Fambrough, 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 Jany 1900

Given under my official signature and seal, this the 3 day of Jany 1903.

{ Official Seal. }

John Awtry
Ordinary of Cobb County.

NOTE.—All blank Spaces must be filled.
Voucher and Affidavit must bear date after January 1st, 1903.

FORM No. 1.

FOR WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA, County of Cobb } PERSONALLY COMES MRS. Julia Fambrough

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 August 1823. That she is the Widow of L S Fambrough who was a soldier in Company A of the 9th Batt Regiment of Ga Volunteers, that he enlisted in said regiment on or about the month of April 1863, and served in the Army up to October 1863. That he lost his life on the 15th day of October 1863 (State here particulars of the husband's death, when, where and from what cause.) while in the Confederate Army at Camp Cumberland Gap Tenn deceased Husband contracted Cold and Became sick he was taken Prisoner and died at Camp Douglas

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 1844.

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 1 day of Jan 1904. John Awtry Ordinary. } Julia Fambrough Post Office

State of Georgia, Cobb County. } I, John Awtry Ordinary of said County, certify that I am well acquainted with Mrs. Julia Fambrough, 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 1 day of Jan 1904.

{ Official Seal }

John Awtry
Ordinary of Cobb County

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

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cobb COUNTY.

I, Julia Fambrough, hereby authorize John Autrey 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 4th day of Jany 1905.

Julia Fambrough [L. S.]

Executed in presence of
J M Gann

Fambrough Julia
Cobb County

To Those Heretofore Paid.

1905.

No. 248

WIDOW'S PENSION,

For year ending Dec. 31, 1905.

PAID TO
Mrs Julia Fambrough
OF
Cobb County,

Widow of

Co. Regiment

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
1/23 1905.

AND HANDED TO
Only

The Franklin Printing and Publishing Co., Atlanta,
Geo. W. Herndon, Manager, for State Printers.

FORM No. 1

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of Cobb } PERSONALLY COMES MRS. Julia Fambrough

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 1839. That she is the Widow of J S Fambrough who was a soldier in Company A of the 9th Batt Regiment of Ky Volunteers, that he enlisted in said regiment on or about the month of April 1862, and served in the Army up to October 1863. That he lost his life on the ____ day of October 1863. (State here particulars of the husband's death, when, where and from what cause.) Died in Camp Chase, While a prisoner

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 41

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 4 day of Jany 1905. John Awtrey, Ordinary. } Julia Fambrough Post-Office

State of Georgia, Cobb County. } I, John Awtrey Ordinary of said County, certify that I am well acquainted with Mrs. Julia Fambrough 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 4 day of Jany 1905.

{ Official Seal. }

John Awtrey
Ordinary of Cobb County.

NOTE.—All blank spaces must be filled.
Vouched and Affidavit must bear date after January 1st, 1905.

POWER OF ATTORNEY.

Form No. 5.

STATE OF GEORGIA,

County.

Know all Men by these Presents, That I,

of

County, in said State, do hereby appoint

of my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia 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 189

Executed in the presence of us: [L. S.]

DIRECTIONS.

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

Penn Elizabeth, Georgia A.

Coll. County

1891

No.

Widows' Pension

PAID TO

Mrs E. Elizabeth

OF

Coll. County.

$100.00.

Warrant Issued

1891

AND HANDED TO

Geo. W. Harrison, State Printer Atlanta.

P.O.

Vining Station

POWER OF ATTORNEY.

Form No. 5.

STATE OF GEORGIA. }

County. }

Know all Men by these Presents, That I,

of

County, in said State, do hereby appoint

of my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia 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 189

Executed in the presence of us [L. S.]

DIRECTIONS.

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

Penn Elizabeth Georgia A.
Coffee County
1891

No.

Widows' Pension

PAID TO

Mrs. Elizabeth Georgia A. Penn

OF

Coffee COUNTY.

$100.00

Warrant Issued

1891

AND HANDED TO

P.O. Hazlehurst Ga.

Geo. W. Harrison, State Printer, Atlanta.

Affidavit to be Made by the Widow.

Form No. 1.

STATE OF GEORGIA.

County of Coffee } in person came before me, the undersigned Ordinary in and for the County of Coffee

Mrs. Elizabeth Georgia A. Penn, who being sworn according to law, says under oath that she is the widow of Thomas J Penn, who was a soldier in ~~the service of the Confederate States, and served as a member of Company~~ A, of the 1st Regiment of State Troops Volunteers; that he enlisted in said service on or about the 1st day of August 1862, and was in the Army up to 1st September 1864 That while in the Army, he was on the day of August 1864, (See Note No. 1)

Thos J Penn died 1st September 1864 at Rock Hospital in Upson County Ga of Pneumonia Caused from Exposure in the Army,

He was a native citizen of the State of Georgia having resided therein all of his life time and at the time of his enlistment in August 1864, at Camp Stevens and attacked with Pneumonia Fever, was taken to the Hospital where finally died to wit Hospital at Upson County Ga. where he died 1st September 1864.

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 24th day of September 1854, and that she has resided in Georgia continuously since the 15 day of May 1867; 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 8th day of April 1891.

J.H. Stone

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.

Form No. 2.

Affidavit for Three Witnesses.

STATE OF GEORGIA,

County of Fulton

In person came before me, the undersigned Ordinary in and for said County, witnesses J W Hall J T Hall Sarah J Hall and Albert Howell (each known to said Attesting Officer as truthful, reliable and reputable citizens), who severally say under oath, that, from their own personal knowledge, Mrs. Elizabeth Georgia A Fenn, of the County of Cobb, State of Georgia, is the widow of Thomas J Fenn, who was a soldier in Company A of the first Regiment of State Troops Volunteers. That said soldier enlisted in the service of the Confederate States (or the Georgia State Troops) on or about the first day of August 1862. That while in said service, or by reason of said service in the Army, he lost his life as follows:

Died of Pneumonia at Rock Hospital Upson County, Georgia in the year 1864 — said disease contracted by him in August while on Hoods retreat from Atlanta to Jonesboro having been taken from the trenches and carried to the Hospital at that place

Said witness Albert Howell swears, to all herein except the marriage, that she is his widow & not re-married

We further swear that Mrs. Elizabeth Georgia A Fenn 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 8th day of April 1891.

W L Calhoun
Ordinary.

J W Hall
J T Hall
J T Hall,
Albert Howell

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. Elizabeth G A Fenn 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 April 1891.

SEAL

J. M. Stone
Ordinary.

I do not certify as to witnesses

I hereby certify that the statement made in the foregoing Certificate as to the witnesses are true. Given under my hand and official seal this April 1891

W L Calhoun
Ordinary
Fulton Co Ga

Form No. 4.

The pension is only payable to certain classes of widows.

Those whose husbands were killed in service.

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

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

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

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

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

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

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

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

There is no need [redacted] ploying 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.

Affidavit for Three Witnesses.

Form No. 2.

STATE OF GEORGIA,

County of Fulton

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

J M Hall J J Hall Sarah J Hall and Nelms Howell (each known to said Attesting Officer as truthful, reliable and reputable citizens), who severally say under oath, that, from their own personal knowledge, Mrs. Elizabeth Georgia A Fenn, of the County of Cobb, State of Georgia, is the widow of Thomas J Fenn, who was a soldier in Company A of the first Regiment of State Troops Volunteers. That said soldier enlisted in the service of the Confederate States (or the Georgia State Troops) on or about the first day of August 186 2. That while in said service, or by reason of said service in the Army, he lost his life as follows:

Died of Pneumonia at Rock Hospital Upson County, Georgia in the year 1864 — Said disease contracted by him in August while on Hoods retreat from Atlanta to Jonesboro having been taken from the ranks and carried to the Hospital at that place

Said witness Nelms Howell swears, to all things except the marriage, that she is his Widow & not Re-Married

We further swear that Mrs. Elizabeth Georgia A Fenn 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 8th day of April 1891.

J M Hall

J J Hall

Sarah J Hall

W H Leathem
Ordinary.

Allen Howell

Form No. 3.

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

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. Elizabeth G A Fenn 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 April 1891.

SEAL

J. H. Stone
Ordinary.

I do not certify as to witnesses

I truly enter Here the Statement Made in the Foregoing Certificate as to the Witnesses and Date Thereof Under my Hand and Official Seal this 8th day of April 1891

W H Leathem
Ordinary

Form No. 4.

The pension is only payable to certain classes of widows.

Those whose husbands were killed in service.

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

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

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

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

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

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

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

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

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

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

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

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

By order of the Governor.

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

Form No. 2.

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. E. G. A. Fenn 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 Thos. J. Fenn 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 8th day of Feby. 1893.

SEAL

J. M. Stone Ordinary.

Form No. 3.

POWER OF ATTORNEY.

STATE OF GEORGIA, Cobb County.

KNOW ALL MEN BY THESE PRESENTS, That I, Mrs. E. G. A. Fenn of Cobb County, in said State, do hereby appoint J. M. Stone Ordy. 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 8th day of Feby. 1893

E. G. A. Fenn [L. S.]

Executed in the presence of us:

Geo. M. Fleming

[illegible]

DIRECTIONS.

Send amount by _____ to me at _____, and oblige

Fenn, E. G. A.

Cobb County

FOR THOSE HERETOFORE PAID

Fee Unpd

1893.

No. 756

Widows' Pension,

for year ending February 15th, 1893.

—PAID TO—

Mrs. E. G. A. Fenn

—OF—

Cobb County.

Warrant Issued

3/10 1893

AND HANDED TO

J. M. Stone

Geo. W. Harrison, State Printer, Atlanta.

Form No. 2.

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. E. G. A. Fenn 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 Thos. J. Fenn 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 1st day of Feby. 1894.

SEAL

J. M. Stone Ordinary.

Form No. 3.

POWER OF ATTORNEY.

STATE OF GEORGIA, Cobb County.

KNOW ALL MEN BY THESE PRESENTS, That I, Mrs. E. G. A. Fenn of Cobb County in said State, do hereby appoint J. M. Stone 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 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 1st day of Feby. 1894.

E. G. A. Fenn [L. S.]

Executed in the presence of us:

G. M. Fleming

DIRECTIONS.

Send amount by _____ to me at _____, and oblige

Fenn, E. G. A. Mrs.

Cobb County

FOR THOSE HERETOFORE PAID.

1894.

No. 783

WIDOWS' PENSION,

for year ending February 15th, 1894.

—PAID TO—

Mrs. E. G. A. Fenn

—OF—

Cobb County.

WARRANT ISSUED

2/13 1894,

AND HANDED TO

J. M. Stone

Geo. W. Harrison, State Printer, Atlanta.

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of Cobb

Personally comes Mrs. E. G. A. Fenn

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 Feby. 1846 That she is the Widow of Thos. J. Fenn who was a Soldier in Company A of the 1st Regiment of Georgia State Volunteers, that he enlisted in said Regiment on or about the month of August 1862 and served in the Army up to August 1864 That he lost his life on the day of August or Sept 1864 (*State here full particulars of the husband's death, when, where and from what cause*) (

That while in the service of the Confederate States as above stated, at or near Atlanta Ga. in August 1864 he was attacked with Chronic Dysentery and Cold, was sent to the hospital in Upson Co. Ga. where he died with said disease about last of August or Sept. 1864, she was informed by the nurse at hospital

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.. ; 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 5th day of Feby 1893.
J. M. Stone Ordinary.

E. G. A. Fenn
Post-office Smyrna Ga.

Form No. 1

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of Cobb

Personally comes Mrs. E. G. A. Fenn

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 Feby. 1846 That she is the Widow of Thos. J. Fenn who was a Soldier in Company A of the 1st Regiment of Georgia Volunteers, that he enlisted in said Regiment on or about the month of August 1862 and served in the Army up to August 1864 That he lost his life on the day of Sept 1864 (*State here full particulars of the husband's death, when, where and from what cause.*) (

That while in the Confederate Army at Atlanta Ga. he was attacked with fever and sent to the hospital at The Rock in Upson County Ga. and there he died of said disease in September 1864

)

Deponent swears that she was the wife of said deceased soldier during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 1854, 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 1st day of Feby 1894.
J. M. Stone Ordinary.

E. G. A. Fenn
Post-office Smyrna Ga.

Form No 8.

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

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. E. G. A. Fenn 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 Thos J. Fenn 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 1st day of Feby, 1895.

(SEAL) J. H. Stone Ordinary.

Form No 3

POWER OF ATTORNEY.

STATE OF GEORGIA, Cobb County.

KNOW ALL MEN BY THESE PRESENTS, That I, Mrs E. G. A. Fenn of Cobb County in said State, do hereby appoint J. H. Stone 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 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 1st day of Feby 1895. E. G. A. Fenn [L. S.]

Executed in the presence of us:
G M Flemming

DIRECTIONS.

Send amount by to me at , and oblige

Fenn, E. G. A.
Cobb Co.
FOR THOSE HERETOFORE PAID.

1895.

No. 4457

WIDOW'S PENSION,
for year ending February 15th, 1895.

PAID TO
Mrs. E. G. A. Fenn

OF
Cobb County,
widow of Thos J. Fenn

WARRANT ISSUED
24 Apr
1895.

AND HANDED TO

Geo. W. Harrison, State Printer.

Form No. 8.

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

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. E. G. A. Fenn 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 Thos J. Fenn deceased, and as such has heretofore been allowed a pension for the year ending February 15th, 1895.

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this the 10 day of July 1896.

(SEAL) J. H. Stone Ordinary.

Form No. 3.

POWER OF ATTORNEY.

STATE OF GEORGIA, Cobb County.

I Mrs E. G. A. Fenn hereby authorize J. H. Stone of Marietta Ga. to receive and receipt for the pension paid hereon and request that he remit same to me at 10

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this day of July 1896. E G A Fenn [L.S.]

Executed in the presence of
G M Flemming

Fenn, E. G. A. (Mrs)
Cobb County
FOR THOSE HERETOFORE PAID.

1896.

No. 3525

WIDOW'S PENSION,
for year ending February 15th, 1896.

PAID TO
Mrs. E. G. A. Fenn

OF
Cobb County,
widow of Thos J. Fenn

WARRANT ISSUED
31
1896.

AND HANDED TO

Geo. W. Harrison, State Printer.

Form 1.

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA, County of Cobb | Personally Comes Mrs. E. G. A. Fenn

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 Feby 1846 That she is the Widow of Thos. J. Fenn who was a Soldier in Company "A" of the 1st Regiment of Ga. Volunteers, that he enlisted in said Regiment on or about the month of August 1862 and served in the Army up to August 1864 That he lost his life on the day of Sept. 1864 (*State here full particulars of the husband's death, when, where and from what cause.*)

That while in the Confederate Army in the Year 1864, he contracted a chronic disease of the bowels and also Pneumonia fever, was sent to the hospital at "The Rock" Upson County Ga. where he died with said disease in Sept. 1864.

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 1854 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 1st day of Feby 1895. J. M. Stone Ordinary. | E. G. A. Fenn Post-office Smyrna Ga

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of Cobb | Personally Comes Mrs. E. G. A. Fenn

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 Feby 1846 That she is the Widow of Thos. J. Fenn who was a Soldier in Company A of the 1st Regiment of Ga. Volunteers, that he enlisted in said regiment on or about the month of August 1862 and served in the Army up to August 1864 That he lost his life on the day of Sept. 1864 (*State here full particulars of the husband's death, when, where and from what cause.*)

That while in the Confederate Army near Atlanta Ga. he contracted the Pneumonia fever was sent to the hospital at "The Rock" Upson County Ga. and died there with said disease Sept. 1864

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 1854 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 10 day of Feby 1896. J. M. Stone Ordinary. | E. G. A. Fenn Post-office Smyrna P.O. Ga.

Form No. 2.

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. E. E. A. Fenn 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 moved out of the State since that date. That she is the widow of Thos. J. Fenn 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 [illegible] day of February 1897.

(SEAL)

J. M. Stone Ordinary.

Form No. 3.

POWER OF ATTORNEY.

STATE OF GEORGIA, Cobb County.

I, E. E. A. Fenn hereby authorize J. M. Stone of Marietta Ga to receive and receipt for the pension paid hereon and request that he remit same to me by Fenn

In Witness Whereof, I have hereunto set my hand and seal, this [illegible] day of July 1897. E. E. A. Fenn [L. S.]

Executed in the presence of

[illegible]

[illegible]

Fenn Elizabeth E. A. Cobb County

FOR THOSE HERETOFORE PAID.

1897.

No. 36745

WIDOW'S PENSION,

For year ending February 15th, 1897.

PAID TO Mrs. E. E. A. Fenn

OF Cobb County,

Widow of Thos. J. Fenn

RICHARD JOHNSON, Commissioner of Pensions.

WARRANT ISSUED Aug 16 1897,

AND HANDED TO [illegible]

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

POWER OF ATTORNEY.

State of Georgia, Cobb County.

I, Mrs. E. E. A. Fenn hereby authorize J. M. Stone of Marietta Ga to receive and receipt for the pension paid hereon and request that he remit same to me by Fenn

In Witness Whereof, I have hereunto set my hand and seal, this [illegible] day of July 1898. Elizabeth E. A. Fenn [L. S.]

Executed in the presence of

[illegible]

[illegible]

Fenn Elizabeth E. A. Cobb County

For Those Heretofore Paid

1898.

No. 37405

WIDOW'S PENSION,

For year ending February 15th, 1898.

PAID TO Mrs. E. E. A. Fenn

OF Cobb County,

Widow of Thos. J. Fenn

RICHARD JOHNSON, Commissioner of Pensions.

WARRANT ISSUED Aug 8 1898,

AND HANDED TO [illegible]

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of Cobb } Personally Comes Mrs. E. G. A. Fenn

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 July 1846 That she is the Widow of Thos. J. Fenn who was a Soldier in Company A of the 1st Regiment of Ga. Volunteers, that enlisted in said regiment on or about the month of August 186 7 and served in the Army up to August 1864 That he lost his life on the 28th day of Sept 1864 (State here full particulars of the husband's death, when, where and from what cause.)

That while in the Army in 1864 he took Pneumonia fever was taken to "The Rock" Hospital Upson Co Ga. and died of said disease Sept 1864

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 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 4th day of July 1897. J. M. Stone Ordinary. E. G. A. Fenn Post-office Smyrna Ga.

For Widows Heretofore Allowed Pensions.

Form No. 1.

STATE OF GEORGIA,
County of Cobb } Personally Comes Mrs. E. G. A. Fenn

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 over since July 1846 That she is the Widow of Thos. J. Fenn who was a Soldier in Company A of the 1st Regiment of Ga. Volunteers, that he enlisted in said regiment on or about the month of August 186 7 and served in the Army up to August 1864 That he lost his life on the 28th day of Sept. 1864 (State here full particulars of the husband's death, when, where and from what cause.)

That while in the Army in Fall of 1864 he Contracted Pneumonia Fever from which he died in Sept. 1864 at The Rock Upson County Ga.

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 18 54

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 4th day of July 1898. J. M. Stone Ordinary. Elizabeth G. A. Fenn Post-Office Smyrna Ga.

State of Georgia, Cobb County. I J. M. Stone Ordinary of said County, certify that I am well acquainted with Mrs. E. G. A. Fenn 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 I understand day 18 46

Given under my official signature and seal this the 4th day of July 1898.

Official Seal.

J. M. Stone
Ordinary of Cobb County.

POWER OF ATTORNEY.

State of Georgia,
Cobb County.

I Mrs. E. G. A. Fenn hereby authorize J. M. Stone of Marietta Ga.
to receive and receipt for the pension paid hereon and request that he remit same to
me by him

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 1st day of Feby 1899. E G A Fenn [L. S.]

Executed in presence of

Fenn, E. G. A. Mrs.
Cobb County, Ga.

For Those Heretofore Paid.

1899.

No. 37647

WIDOW'S PENSION,

For year ending February 15th, 1899.

Mrs. E. G. A. Fenn

Cobb County,

Widow of Thos. J. Fenn

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT ISSUED 2/8 1899.

AND HANDED TO

GEO. HARRISON, STATE PRINTER, ATLANTA

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cobb County.

I E. G. A. Fenn hereby authorize J. M. Stone of Marietta Ga.
to receive and receipt for the pension paid hereon and request that he remit same to
me by him

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 3rd day of Feby 1900. E G A Fenn [L. S.]

Executed in presence of
W. J. Hamby

Fenn, E. G. A. (Mrs.)
Cobb County

For Those Heretofore Paid.

1900.

No. 1986

WIDOW'S PENSION,

For year ending February 15th, 1900.

PAID TO Mrs. E. G. A. Fenn

OF Cobb County,

Widow of Thos. J. Fenn

JNO. W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED Feb 16 1900,

AND HANDED TO

Jno. W. Lindsey, State Printer, Atlanta.

Form No. 1.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of Cobb } Personally Comes Mrs. E. G. A. Fenn

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 Feby. 1846 That she is the Widow of Thomas J. Fenn who was a soldier in Company A of the 1st Regiment of Georgia Volunteers, that he enlisted in said regiment on or about the month of August 1862 and served in the Army up to August 1864 That he lost his life on the ___ day of Sept. 1864 (State here full particulars of the husband's death, when, where and from what cause)

That the said deceased Soldier died at the Rock Hospital in Upson Co. Ga with Pneumonia Fever in Sept. 1864.

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1854.

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 1st day of Feby 1899. J. W. Stone Ordinary. } E. G. A. Fenn Post-Office Smyrna Ga

State of Georgia, Cobb County. } I J. W. Stone Ordinary of said County, certify that I am well acquainted with Mrs. E. G. A. Fenn 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 Feby 1846

Given under my official signature and seal this the 1st day of Feby 1899.

{ Official Seal. } J. W. Stone Ordinary of Cobb County.

Form No. 1.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of Cobb } Personally Comes Mrs. E. G. A. Fenn

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 February 1846. That she is the Widow of Thos. J. Fenn who was a soldier in Company A of the 1st Regiment of Georgia Volunteers, that he enlisted in said regiment on or about the month of August 1862 and served in the Army up to August 1864 That he lost his life on the ___ day of Sept. 1864 (State here particulars of the husband's death, when, where and from what cause)

That the said deceased Soldier died at the Rock Hospital in Upson Co. Ga with pneumonia fever in Sept. 1864

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1854.

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 3rd day of Feby 1900. J. W. Stone Ordinary. } E. G. A. Fenn Post Office

State of Georgia, Cobb County. } I J. W. Stone Ordinary of said County, certify that I am well acquainted with Mrs. E. G. A. Fenn, who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the 3rd day of Feby. 1864

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

{ Official Seal. } J. W. Stone Ordinary of Cobb County.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cobb County.

I E G A Fenn hereby authorize John Awtry of Marietta 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 8 day of Jany. 1901. E G A Fenn [L. S.]

Executed in presence of
Jas M Glenn

Fenn, Elijah Lt. G.A.
Cobb Co. Ga.

To Those Heretofore Paid
1901.

No. 126.

WIDOW'S PENSION,

For year ending February 15th, 1901.
PAID TO
Mrs. E G A Fenn
OF
Cobb County.
Widow of
JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED Feb 15 1901.
AND HANDED TO
Author

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

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cobb County.

I E G A Fenn hereby authorize John Awtry 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 10 day of Jan 1902. E G A Fenn [L. S.]
mark

Executed in presence of
J M Glenn

Fenn, Elijah Lt. G.A.
Cobb County Ga.

To Those Heretofore Paid.
1902.

No. 126

WIDOW'S PENSION,

For year ending Dec. 31, 1902.
PAID TO
Mrs. E G A Fenn
OF
Cobb County,
Widow of
Co. Regiment
JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED 1902
AND HANDED TO
Author

GEO. W. HARRISON, STATE PRINTER ATLANTA, GA.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of Cobb } Personally Comes Mrs. E J A Fenn

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 Feby 1846. That she is the Widow of Thos J Fenn who was a soldier in Company A of the 1st Regiment of Georgia Volunteers, that he enlisted in said regiment on or about the month of August 1862 and served in the Army up to August 1864. That he lost his life on the day of Sept 1864. (State here particulars of the husband's death, when, where and from what cause) That the said deceased Soldier died at the Cook Hospital in Atkinson County Ga with Pneumonia fever in Sept 1864

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1854

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 8th day of Jany 1901. } E J A Fenn
John Awtrey Ordinary. } Post Office

State of Georgia, Cobb County. } I John Awtrey Ordinary of said County, certify that I am well acquainted with Mrs. E J A Fenn, 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 1846

Given under my official signature and seal, this the 8th day of Jany 1901.

Official Seal.

John Awtrey
Ordinary of Cobb County.

Form No. 1.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of Cobb } Personally Comes Mrs. E J A Fenn

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 Feb 1846. That she is the Widow of Thos J Fenn who was a soldier in Company A of the 1st Regiment of Georgia Volunteers, that he enlisted in said regiment on or about the month of August 1862, and served in the Army up to August 1864. That he lost his life on the day of Sept 1864 (State here particulars of the husband's death, when, where and from what cause) That said deceased Soldier died at the Cook Hospital in Atkinson Co Ga with Pneumonia fever in Sept 1864

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1854

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 9th day of Jan 1902. } E G A Fenn Mrs
John Awtrey, Ordinary. } Post-Office Smyrna Ga

State of Georgia, Cobb County. } I John Awtrey Ordinary of said County, certify that I am well acquainted with Mrs. E J A Fenn, who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents hereself to be, and that she has continuously resided in this State since the day of 18

Given under my official signature and seal, this the 9th day of Jan 1902.

Official Seal.

John Awtrey
Ordinary of Cobb 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, E. G. A. Fenn, hereby authorize John Awbrey 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 6th day of January 1903.

E. G. A. Fenn [L. S.]
Mark

Executed in presence of

Fenn, Elizabeth G. H.
Cobb County

To Those Heretofore Paid

1903.

No. 203

WIDOW'S PENSION,

For year ending Dec. 31, 1903.

PAID TO
Mrs. E. G. A. Fenn
Cobb OF County,
Widow of Thos. J. Fenn
Co. A 13th Regiment Ga. Vols.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
1/23 1903.
AND HANDED TO
Only

GEO. W. HARRISON, STATE PRINTER, ATLANTA, GA.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cobb County.

I, E. G. A. Fenn hereby authorize John Awbrey 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 8th day of Jan. 1904.

E. G. A. Fenn, [L. S.]

Executed in presence of

Fenn, E. G. A. (Mrs)
Cobb County

TO THOSE HERETOFORE PAID.

1904.

No. 255

WIDOW'S PENSION

FOR
YEAR ENDING DECEMBER 31, 1904.

PAID TO
Mrs. E. G. A. Fenn
Cobb OF County,
Widow of Thos. J. Fenn
Co. A 1st Regiment Ga. Vols.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
1/25 1904,
AND HANDED TO
Only

Geo. W. Harrison, State Printer, Atlanta

Form No. 1.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of Cobb } Personally comes Mrs. E G A Fenn

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 February 1840. That she is the Widow of Lewis J Fenn who was a soldier in Company A of the 1st Regiment of Georgia Volunteers, that he enlisted in said regiment on or about the month of August 1862 and served in the Army up to August 1864. That he lost his life on the day of Sept 1864 (*State here particulars of the husband's death, when, where and from what cause.*) That the said deceased Soldier died at the Rock Hospital in Upson Co Ga with Pneumonia Fever in Sept 1864

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1857

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 6 day of Jany 1903. John Awtry Ordinary. } E G A Fenn Post-Office Smyrna

State of Georgia, Cobb County. } I, John Awtry Ordinary of said County, certify that I am well acquainted with Mrs. E G A Fenn, 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 6th day of Jany 1903.

{ Official Seal. }

John Awtry Ordinary of Cobb County.

NOTE.—All blank Spaces must be filled.
Voucher and Affidavit must bear date after January 1st, 1903.

Form No. 1.

FOR WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA, County of Cobb } Personally comes Mrs. E G A Fenn

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 Thos J Fenn 1846. That she is the Widow of Thos J Fenn who was a soldier in Company A of the 1st Regiment of Geo Volunteers, that he enlisted in said regiment on or about the month of August 1862, and served in the Army up to August 1864. That he lost his life on the day of Sept 1864 (*State here particulars of the husband's death, when, where and from what cause.*) Said deceased Soldier died at the Hospital at the Rock in Upson Co Ga with Pneumonia Fever

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1857

I have been paid a pension as a resident of 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 7th day of Jan 1904. Wm McAfee Ordinary. } E G A Fenn Post Office ___

State of Georgia, Cobb County. } I, Wm McAfee Ordinary of said County, certify that I am well acquainted with Mrs. E G A Fenn, 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 7th day of Jan 1904.

{ Official Seal }

Wm McAfee Ordinary of Cobb County

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

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cobb COUNTY.

I, E. G. A. Fenn, hereby authorize John A. Wrey 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 12 day of Jany 1905.

E. G. A. Fenn [L. S.]

Executed in presence of
J. M. Gann

Fenn, Elizabeth G. A.
Cobb Co

To Those Heretofore Paid.

1905.

No. 246

WIDOW'S PENSION,

For year ending Dec. 31, 1905.

PAID TO
Mrs. E. G. A. Fenn
OF
Cobb County,
Widow of
Co. Regiment

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
1/23 1905.

AND HANDED TO
Only

THE FRANKLIN PRINTING AND PUBLISHING CO. ATLANTA.
GEO. W. HARRISON, MANAGER, FOR STATE PRINTER.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cobb COUNTY.

I, E. J. A. Fenn, hereby authorize John A. Wrey 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 17 day of Jany 1906.

E. J. A. Fenn [L. S.]

Executed in presence of
J. M. Gann

Fenn, Elizabeth G. A.
Cobb Co

To Those Heretofore Paid.

1906.

No. ~~246~~ 212
(See 1901)

WIDOW'S PENSION

For year ending Dec. 31, 1906.

PAID TO
Mrs. E. J. A. Fenn
OF
Cobb County,
Widow of Thos. W. Fenn
Co. A 46 Regiment

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
1/22 1906.

AND HANDED TO
Only

THE FRANKLIN PRINTING AND PUBLISHING CO., GEO. W. HARRISON, MAN.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of Cobb } PERSONALLY COMES MRS. E G A Fenn

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 1846. That she is the Widow of Thos J Fenn who was a soldier in Company A of the 1st Regiment of Ga Volunteers, that he enlisted in said regiment on or about the month of August 1862 and served in the Army up to August 1864. That he lost his life on the day of Sept 1864. (State here particulars of the husband's death, when, where and from what cause.)

That the said deceased soldier died at the Rock Hospital

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 1854.

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 12 day of Jany 1905. John A Wrey, Ordinary. } E G A Fenn. Post-Office

State of Georgia, Cobb County. } I, John A Wrey Ordinary of said County, certify that I am well acquainted with Mrs. E G A Fenn, 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 12 day of Jany 1905.

{ Official Seal. } John A Wrey Ordinary of County.

NOTE.—All blank spaces must be filled.
Voucher and Affidavit must bear date after January 1st, 1905.

FORM No. 1

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of Cobb } PERSONALLY COMES MRS. E J A Fenn

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 Thos M Fenn who was a soldier in Company A of the 46 Ga 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 in Hospital

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 17 day of Jany 1906. John A Wrey, Ordinary. } E J A her X mark Fenn Post Office

State of Georgia, Cobb County. } I, John A Wrey Ordinary of said County, certify that I am well acquainted with Mrs. E J A Fenn, 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 Jany 1906.

{ Official Seal } John A Wrey Ordinary of Cobb County.

NOTE.—All blank spaces must be filled.
Voucher and Affidavits must bear date after January 1st, 1906.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cobb COUNTY.

I, E G A Fenn hereby authorize John Awtry 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 5 day of January 1907.

E G A Fenn [L. S.]
Mark

Executed in presence of

Fenn, Elizabeth G.A.
Cobb County
To Those Heretofore Paid.

1907.

No. 147

WIDOW'S PENSION

For Year ending Dec. 31, 1907.

PAID TO
Mrs. E G A Fenn
OF
Cobb County,
Widow of J. J. Fenn
Co. Regiment In State Troops

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
1/21 1907,
AND HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

Form No. 1

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of _____ } Personally comes Mrs. Elizabeth A. Fenn

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 J J Fenn who was a soldier in Company A of the State Troops Regiment of _____ Volounteers, 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 at The Rock Hospital

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 5 day of Jany 1907.
John Austin Ordinary.

Mrs E G A Fenn
Post Office _____

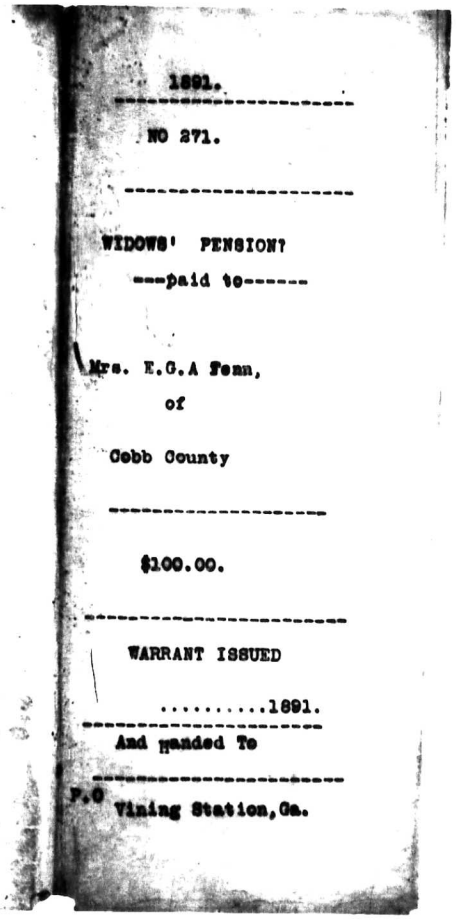
State of Georgia,
Cobb County. } John Austin Ordinary of said County, certify that I am well acquainted with Mrs. E G A Fenn, who made the above affidavit, and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be and that she has continuously resided in this State since the 1 day of Jany 18 94

Given under my official signature and seal, this the 5 day of Jany 1907.

{ Official Seal }

John Austin
Ordinary of Cobb County.

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



1891.

NO 271.

WIDOWS' PENSION?

---paid to------

Mrs. E.C.A Fenn,

of

Cobb County

$100.00.

WARRANT ISSUED

.....1891.

And handed To

P.O Vining Station, Ga.

AFFIDAVIT TO ME MADE BY THE WIDOW.

STATE OF GEORGIA, COUNTY OF COBB. In person came before me, the under signed, Ordinary in and for the County of Cobb, Mrs. Elizabeth Georgia A. Fenn who, being sworn according to law, says under oath that she is the widow of Thomas J. Fe nn, who was a soldier in the service of the Confederate States, and served as a member of Company "A" of the 1st Regiment of State Troops Volunteers; that he enlisted in said service on or about the 1st day of August 1862., and was in the army up to the 1st of September 1864. That while in the Army, he was on the ---day of August 1864 .(See note No.1)-- Thomas J. Fenn died September 1st 1864 at Rock Hospital in Upson County Ga., of pneumonia caused from exposure in the army. He was in active service in the trenches near Atlanta during the months of July and August 1864, and while there was attacked with pneumonia fever, was taken to the Hospital and finally moved to a Hospital, Rock Hospital, Upson County Ga., where he died 1st of september 1864.

Deponent further swears that she was the wife of the 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 24th day of september 1854, and that she has resided in Georgia continuously since the 15th day of May 1847, that Georgia is her home, and was such on the 23rd day of pecember 1890, and since that 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 pecember 23rd.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 8th day of April 1891. Signed, J.M Stone, Ordinary

Signed, Elizabeth C.A Fenn.

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 it KNOWN postively 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 Fulton } In person came before me, the undersigned Ordinary in and for said County, witnesses J.W Hall, J.T Hall, Sarah J. Hall , and Albert Howell(each known to said Attesting Officer as truthful, reliable and reputable citizens), who severally say under oath, that from their own personal knowledge, Mrs. Elizabeth Georgia A Fenn, of the County of Cobb, State of Georgia, is the widow of Thomas J. Fenn, who was a soldier in Company "A" of the 1st Regiment of State Troops Volunteers. That said soldier enlisted in the service of the Confederate States (or the Georgia State Troops) on or about the 1st day of August 1862. That while in said service, or by reason of said service in the Army, he lost his life as follows-- Died of pneumonia at Rock Hospital Upson County Georgia, in the year 1864. Said disease contracted by him in August while on Hood's retreat from Atlanta to Jonesboro having been taken from the weather and carried to the Hospital at that place.

Said witness Albert Howell swears to all herein, except the marriage: that she is his widow and not re-married.

We further swear that Mrs. Elizabeth Georgia Ann FeNn 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 8th day of April 1891.
(Signed) W.L Calhoun, Ordinary.

Signed, J.W Hall
" J. T Hall
" S.J Hall
" Albert Howell

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. Elizabeth G.A Fenn 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 23rd. 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 April 1891.

Signed, J.M Stone, Ordinary.

(Seal)

I do not certify as to witnesses
J.M Stone, Ordinary

I hereby certify that the statements made in the foregoing certificate as to the witnesses are true.
Given under my hand and Official seal this, April 10th 1891.

signed, W.L Calhoun, (Seal)
Ordinary of Fulton County.

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 the 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

Jno. W. Lindsey,
Commissioner of Pensions.
Atlanta, Ga.

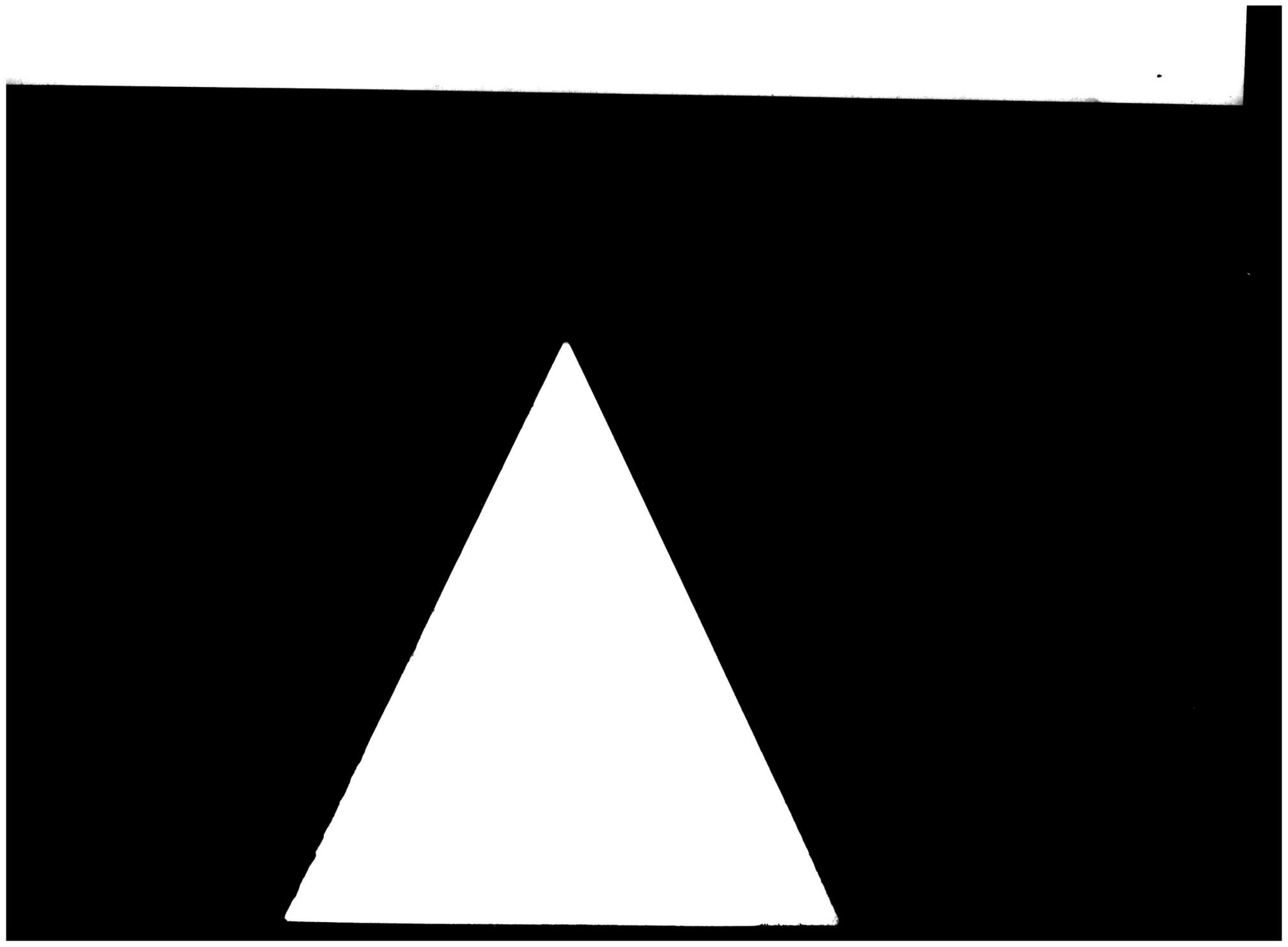
Pension Office,
Feb., 25th 1914.

Georgia Fulton County.

I, J. W Lindsey, Commissioner of Pension of the State of Georgia, do certify that there is no Official seal, and no way to authenticate the records and files of this Office, except by his Official Signature, and that the seven fogegoing pages, with the backing thereon, contain a true and exact copy of the original pension application made by Mrs. E.C.A Femmof the County of Cobb, together with the testimony attached thereto, upon which she was allowed the Widows' Pension as provided by law to be paid by the State of Georgia for the year 1891 up to the year 1910 when she went to the State of Alabama to rreside.

Witness my hand and Official signature this, the 25th day of Feb. 1914.

J W Lindsey
Commissioner Of pensions.



R. P. Fisher
Cobb County
No.

INDIGENT PENSION
1897.

Name R. P. Fisher

County Cobb

Approved _____ 1897.

WARRANT HANDED TO

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

3/16/97

10/8.97

Pension Office 3/11 1897
Infirmity as stated by the physicians does not indicate that applicant is unable to support himself —
Rich'd Johnson
Comm'r of Pensions

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 _____ 1897.

Executed in presence of

_____

_____

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 1897.

Executed in presence of

Pension Ofc Aug 11 1897
Application duly made by the
Applicant and sworn to before me
this 4th day of August 1897
Rich Hoffman
Comp Pension

INDIGENT PENSION
1897.

No.

Name R. P. Fisher
County Cobb
Approved 1897.

WARRANT HANDED TO

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

3/16/97
10/5/97

STATE OF GEORGIA,
Cobb County.

Artillery.

R. P. Fisher 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)
R. P. Fisher Marietta Cobb Co Ga
2. Where did you reside on January 1st, 1894, and how long have you been a resident of this State?
Marietta Ga Cobb Co [illegible]
3. When and where were you born?
[illegible] 1835
4. When and where and in what company and regiment did you enlist or serve?
Artillery Clarke Co Ga
[illegible]
5. How long did you remain in such company and regiment?
[illegible] close of the War
6. For how long a period did you discharge regular military duty?
[illegible]
7. When, where and under what circumstances were you discharged from service?
[illegible]
1865
8. What is your present occupation? Farmer
9. How much can you earn (gross) per annum by your own exertions or labor? [illegible]
10. What has been your occupation since 1865? Farming
11. Upon which of the following grounds do you base your application for pension, viz.: first "age and poverty," second "infirmity and poverty" or third "blindness and poverty"? Age, Infirmity & 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?
Age and Infirmity for the past year
[illegible]
13. What property, effects or income do you possess and its gross value? [illegible]
14. What property, effects or income did you possess in 1894, 1895 and 1896 and what disposition, if any, did you make of same? None
15. In what County did you reside during those years and what property did you then return for taxation?
Cobb County [illegible]
16. How were you supported during the years 1895 and 1896? [illegible]
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? [illegible]
18. What was your employment during 1895 and 1896? What pay did you receive in each year?
[illegible]
19. Have you a family? If so, who composes such family? Give their means of support? Have they a homestead? [illegible]
[illegible]
20. Are you receiving any pension, if so, what amount and for what disability? [illegible]

Every Question MUST be Answered

Sworn to and subscribed before me this the 2 day of Aug 1897.
J. H. Stone Ordinary.
of Cobb County.

R. P. Fisher Applicant.
Powder Springs

STATE OF GEORGIA,

Green County.

J. C. Tarkin, of said State and County, having been presented as a witness in support of the application of R. F. Fisher for pension under the Act approved December 15th, 1894, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? W. C. Fisher in Greensboro Green Co Ga

2. Are you acquainted with R. F. Fisher, the applicant, if so how long have you known him? fifty three years I have known him

3. Where does he reside, and how long has he been a resident of this State? In Cobb Co. Ga for his life

4. Do you know of his having served in the Confederate army or the Georgia militia? How do you know this? I do I was in the same Company and regiment with him

5. When, where and in what company and regiment did he enlist? In February 1863 in Atlas Co Georgia Infantry.

6. Were you a member of the same company and regiment? I was

7. How long did he perform regular military duty, and what do you know of his service as a Confederate soldier, and the time and circumstances of his discharge from the service? Something over two years and until the war close He was paroled with myself At Augusta Ga in 1865

8. What property, effects or income has the applicant? (Give your means of knowledge.) 17 acres I know my personally he owns land Thos Bloom J. S. C.

9. What property, effects or income did the applicant possess in 1895 and 1896, and what disposition, if any did he make of same? None

10. What is the applicant's occupation and physical condition? Farmer He has a Chronic Rheumatism

11. Is the applicant unable to support himself by labor of any sort, if so, why? He is (illegible) he is unable to do manual labor

12. How was he supported during the years 1895 and 1896? By his children

13. What portion of his support for these two years was derived from his own labor or income? Very little

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 old & infirm & is suffering from Rheumatism & his muscles so he cannot labor

15. What interest have you in the recovery of a pension by this applicant? None by W. C. Fisher

Sworn to and subscribed before me, this 17th day of February 1897. W. C. Fisher as to former with J. C. Tarkin

Witness as to W. C. Fisher

James H. McCurdy Ordinary

Jill Stone Ordy — as to J. C. Tarkin of Cobb Co

Questions 8 to 15

STATE OF GEORGIA,

Cobb County.

Personally came before me F. W. Runyan and J. B. Medlock, both known to me as reputable physicians of said county, who being severally sworn, say on oath that they have examined carefully R. F. Fisher, applicant for pension under the Act of 1894, and after such personal examination say that his precise physical condition is as follows:

He is effected with Chronic Rheumatism to such an extent that he is unable to work. has very labor, he suffers severe pain in all the joints He is also much debilitated from age and former hard labor.

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 15 day of March 1897. F. W. Runyan M.D. J. B. Medlock M.D.

Jill Stone Ordinary.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Cobb County.

I, Jill Stone, Ordinary in and for said County, hereby certify that the applicant R. F. Fisher resides in said County, and was a bona fide resident of this State on the first day of January, 1894, and that the witnesses, viz: F. W. Runyan & J. B. Medlock M.D. & W. Causey are of trustworthy character and that their statements are entitled to full faith and credit.

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

I further certify that the tax digests of Cobb County show that applicant returned for taxation in his name in 1895, $35. dollars of property, and in 1896, $35.00 dollars of property.

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

Witness my hand and seal of office, this 15 day of March 1897.

Jill Stone Ordinary

of Cobb County.

NOTE.

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

State of Georgia

Greene Co. I James H. McWhorter ordinary in and for said County hereby certify that the witness V. L. Fisher is of trustworthy character and that his statements are entitled to full faith and credit I further certify that before answering the foregoing questions the witness took the oath herein prescribed and that the full text of the affidavits was read to the witness before same was signed

Witness my hand and seal of office this the 17th day of February 1897

James H. McWhorter ordinary of Greene County

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cobb County.

I, R. P. Fisher hereby authorize
J. M. Stone of Marietta Ga.
to receive and receipt for the pension allowed, and request that he remit same to
me by him

by

Witness my hand and seal this 17th day of Feby 1899.

Executed in presence of
R. P. Fisher (L. S.)

CODE SEC. 1254.
(For Those Already Enrolled.)

No. 3047

INDIGENT
SOLDIER'S PENSION,
1899.

Name R. P. Fisher
County Cobb

WARRANT ISSUED
Mch 4 1899

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO
J. M. Stone

Geo. W. Harrison, State Printer, Atlanta.

for Fisher R. P.
Cobb Co.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cobb County.

I, R. P. Fisher hereby authorize
J. M. Stone of Marietta Ga.
to receive and receipt for the pension allowed, and request that he remit same to
me

by him

Witness my hand and seal, this 29 day of Jany 1900.
R. P. Fisher [L. S.]

Executed in presence of

CODE SEC. 1254.
(For Those Already Enrolled.)

NO. 4327

INDIGENT
SOLDIER'S PENSION,
1900.

Name R. P. Fisher
County Cobb

WARRANT ISSUED
Feb 7th 1900.

JOHN. W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
Stone

Geo. W. Harrison, State Printer, Atlanta.

For Applicants Heretofore Allowed Pensions.

Light Artillery

STATE OF GEORGIA,
Cobb County.

Personally appears R. P. Fisher 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 5th day of Nov. 1834 that he is 64 years old and by occupation a Farmer ; that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served for the term of 2 Yrs. in Company 4th Battery regiment of Lumpkin's Artillery ; that his physical condition is as follows: On account of disease 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~~ been enrolled as a resident of Cobb county been allowed a pension for the year 189

Sworn to and subscribed before me, this, the 17 day of July 1899. R P Fisher

J M Stone Ordinary Powder Springs

State of Georgia,
Cobb County.

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

Given under my official signature and seal, this 17 day of July 1899.

Affix your seal here.

J M 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 R. P. Fisher 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 5th day of Nov. 1834; that he is 65 years old and by occupation a farmer ; that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served for the term of 2 years in Company 4th Battery regiment of Lumpkin's Artillery ; that his physical condition is as follows: On account of disease 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 1900 I have heretofore as a resident of Cobb county been allowed a pension for the year 189 9

Sworn to and subscribed before me, this, the 15th day of January 1900. R. P. Fisher

J M Stone Ordinary.

State of Georgia,
Cobb County.

I, J. M. Stone Ordinary of said County, do certify that I am well acquainted with R. P. Fisher the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 1900.

Affix your seal here.

J M Stone
Ordinary Cobb County.

NOTE.—The blank spaces must be filled.
NOTE.—Affidavit should not be attested before January 1st, 1900.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cobb County.

I, R P Fisher hereby authorize John Autry of Marietta to receive and receipt for the pension allowed and request that he remit same to me at Powder Springs by R.F.D.

Witness my hand and seal, this 14th day of January 1901.

R.P. Fisher [L. S.]

Executed in presence of
Jas M Gann

Fisher R.F.D. Cobb Co

CODE SECTION 154
(For Those Already Enrolled.)
No. 212
To Fulton 1902
INDIGENT
SOLDIER'S PENSION.
1901.
Name R. P. Fisher
County Cobb

WARRANT ISSUED
Jan 15 1901.
JOHN W. LINDSEY,
Commissioner of Pensions.
WARRANT HANDED TO
[illegible]

Geo. W. Harrison, State Printer, Atlanta

No data

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Cobb County.

Personally appears R P Fisher 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 5th day of Nov 1834; that he is 66 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 2 years in Company 6th, of Battery th Regiment of Gen Chins Battery Artillery; that his physical condition is as follows: On account of disease 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 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 14 day of January 1901.

R P Fisher

John Awtrey Ordinary.

STATE OF GEORGIA,
Cobb County.

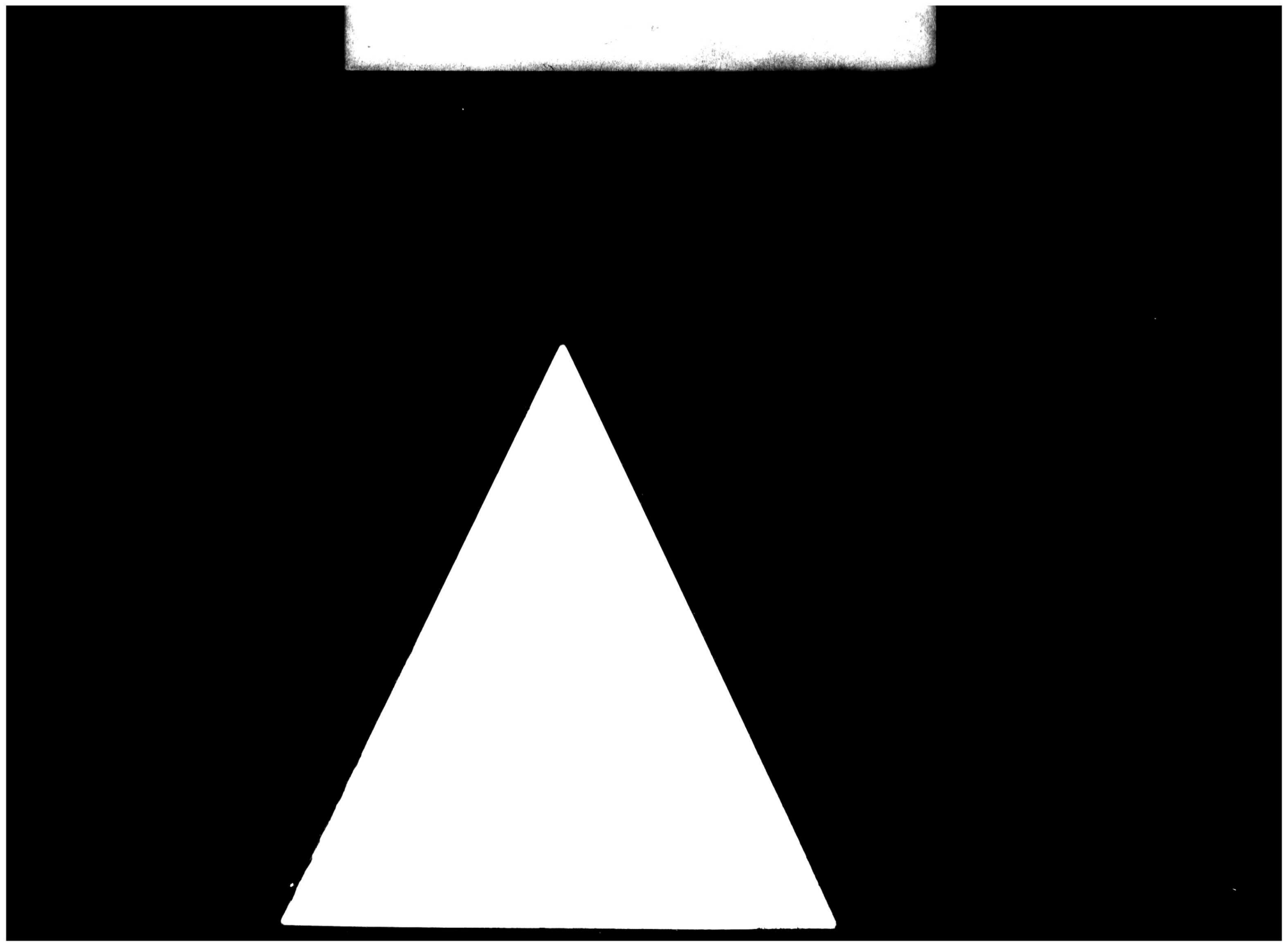
I, John Awtrey Ordinary of said County, do certify that I am well acquainted with R P Fisher the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides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

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

Affix your seal here

John Awtrey
Ordinary County.

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



Form No. 5.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cobb County.

Know all Men by these Presents, That I, Sarah Flin of Cobb County, in said State, do hereby appoint William Flin 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 9th day of April 1891

Sarah X Flin [L. S.]
mark

Executed in the presence of us:

W. C. Power
J. C. Stone Ordny

DIRECTIONS.

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

Flin Sarah
Cobb County
1891.
446
No. 1768

Widows' Pension

PAID TO
Mrs. Sarah Flin
OF
Cobb COUNTY.

$100.00.

Warrant Issued
1891

AND HANDED TO

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, Sarah Flin of Cobb County, in said State, do hereby appoint William Flin 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 7th day of April 1891.

Sarah x Flin [L. S.]
mark

Executed in the presence of us:

Jno Brown
M C Stone Ordy

DIRECTIONS.

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

Flin Sarah
Cobb County
Aug 6 1891.

Widows' Pension

No. 1891

PAID TO—
Mrs. Sarah Flin
OF
Cobb COUNTY.

$100.00.

Warrant Issued 1891

AND HANDED TO

Geo. W. Harper, State Printer, Atlanta.

Affidavit to be Made by the Widow.

Form No. 1.

STATE OF GEORGIA,
County of Cobb

In person came before me, the undersigned Ordinary in and for the County of Cobb

Mrs. Sarah Flin, who being sworn according to law, says under oath that she is the widow of Thos M Flin, who was a soldier in the service of the Confederate States, and served as a member of Company A, of the 44th Regiment of Volunteers; that he enlisted in said service on or about the 10 day of Sept 1863, and was in the Army up to 30 July 1864 That while in the Army, ~~he was on the~~ day of 186 , (See Note No. 1)

Died on or about the first of June 1864 he taken Measles and was sent to the Hospital at Madison Ga the Same Died in the Hospital at Madison Ga July 30 1864 Said Deceased at the time he died was in the Service of the Confederate States and was Drafted in the Army

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 th day of March, 1864, and that she has resided in Georgia continuously since the day of July, 1877; 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 7th day of April 1891.

M C Stone
Ordinary.

Sarah x Flin
her
mark

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.

Form No. 2.

Affidavit for Three Witnesses.

STATE OF GEORGIA,

County of Cobb

In person came before me, the undersigned Ordinary in and for said County, witnesses John A Arrington and Mary E Arrington (each known to said Attesting Officer as truthful, reliable and reputable citizens), who severally say under oath, that, from their own personal knowledge, Mrs. Sarah Flint, of the County of Cobb, State of Georgia, is the widow of Lewis M Flint, who was a soldier in Company [illegible] of the [illegible] Regiment of [illegible] Volunteers. That said soldier enlisted in the service of the Confederate States (or the Georgia State Troops) on or about the 10 day of Sept 1861. That while in said service, or by reason of said service in the Army, he lost his life as follows: Died at Gen Lee's Grand Division Hospital near Fredericksburg Va of Typhoid Fever on or about the 10th day of December 1862 as we have been informed by Dr Eugene Pierce Surgeon in charge of said Hospital which Dr died from wounds received in battle

We further swear that Mrs. Sarah Flint 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 9th day of April 1891.

J. M. Stone
Ordinary.

John A Arrington
Jesse Arrington
Mary E Arrington
her mark

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. Sarah Flint 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 9th day of April 1891.

SEAL

J. M. 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.

Form No. 2.

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. Sarah Flin 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 Thos. M. Flin 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 3rd day of Feby 1893.

[SEAL] J. M. Stone Ordinary.

Form No. 3.

POWER OF ATTORNEY.

STATE OF GEORGIA, Cobb County.

KNOW ALL MEN BY THESE PRESENTS, That I, Sarah Flin of Cobb County, in said State, do hereby appoint J. M. Stone Ordy. 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 3d day of Feby 1893

Sarah X Flin [L. S.]
mark

Executed in the presence of us:
J. M. Hallmark
Mrs. Sarah Flin

DIRECTIONS.

Send amount by Mrs. Sarah Flin to me at Marietta and oblige Sarah X Flin

Flin, Sarah, Cobb County. FOR THOSE HERETOFORE PAID.

1893.

No. 786

Widows' Pension,

for year ending February 15th, 1893.

PAID TO Mrs. Sarah Flin

OF Cobb COUNTY.

Warrant Issued

1893

AND HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

Form No. 2.

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. Sarah Flin 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 Thos. M. Flin 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 10th day of Feby 1894.

[SEAL] J. M. Stone Ordinary.

Form No. 3.

POWER OF ATTORNEY.

STATE OF GEORGIA, Cobb County.

KNOW ALL MEN BY THESE PRESENTS, That I, Mrs. Sarah Flin of Cobb County, in said State, do hereby appoint J. M. Stone 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 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 10th day of Feby 1894.

Sarah X Flin [L. S.]
mark

Executed in the presence of us:
G M Fleming
Wm Hamilton

DIRECTIONS.

Send amount by to me at and oblige

Flin, Sarah, Cobb County. FOR THOSE HERETOFORE PAID.

1894.

No. 784

WIDOWS' PENSION,

for year ending February 15th, 1894.

PAID TO Mrs. Sarah Flin

OF Cobb COUNTY.

WARRANT ISSUED 2/12 1894, AND HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

Form No. 1.

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of Cobb

Personally comes Mrs. Sarah Flin

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 1864 That she is the Widow of Thos. M. Flin who was a Soldier in Company A of the 42d Regiment of Georgia Volunteers, that he enlisted in said Regiment on or about the month of September 1862 and served in the Army up to July 3d 1864 That he lost his life on the 3d day of July 1864 (*State here full particulars of the husband's death, when, where and from what cause*) (

That the said deceased Soldier served in the Army as above stated and while in said service at Madison [illegible] was attacked with Chron[illegible] [illegible] died on July 3d 1864 [illegible]

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 1852 that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension for the year ending February 15th, 1892, and now apply for the allowance provided by law for the year ending February 15th, 1893

Sworn to and subscribed before me, this 18th day of Feby 1893.
M. Hollinshed Ordinary.

Sarah her + mark Flin
Post-office Acworth Ga

Notary Public and ex officio Justice Peace of the 851st dist [illegible] Said County of Cobb
Sworn to and Subscribed before me 3rd July 1893. J. M. Stone Ordy.

Form No. 1

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of Cobb

Personally comes Mrs. Sarah Flin

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 October 1864 That she is the Widow of Thos. M. Flin who was a Soldier in Company A of the 42nd Regiment of Georgia Volunteers, that he enlisted in said Regiment on or about the month of Sept. 1862 and served in the Army up to July 1864 That he lost his life on the 3rd day of July 1864 (*State here full particulars of the husband's death, when, where and from what cause*) (

That while in the Confederate Army in the State of Georgia he contracted Measles and Chronic Diarrhoea in June 1864 and was sent to Black's Hospital at Madison Ga. at which place he died with said disease on 3rd day of July 1864

Deponent swears that she was the wife of said deceased soldier during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 1854, 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 10th day of Feby, 1894.
J. M. Stone Ordinary.

Sarah her + mark Flin
Post-office Acworth Ga

Form No 2.

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

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. Sarah Flein 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 Thos. M Flein 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 23 day of January 1895.

{SEAL} J. H. Stone Ordinary.

Form No. 3

POWER OF ATTORNEY.

STATE OF GEORGIA, Cobb County.

KNOW ALL MEN BY THESE PRESENTS, That I, Sarah Flein of Cobb County in said State, do hereby appoint J. H. Stone 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 as a widow of a Confederate Soldier, as stated in the foregoing affidavit; hereby authorizing my said Attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 23rd day of January 1895. Sarah her X Flein [L. S.]
mark

Executed in the presence of us:
Wilson Flein

DIRECTIONS.

Send amount by ..... to me at ....., and oblige

.....

Form No. 2.

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

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. Sarah Flein 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 Thos. M Flein deceased, and as such has heretofore been allowed a pension for the year ending February 15th, 1895.

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this the 29th day of Jan 1896.

{SEAL} J. H. Stone Ordinary.

Form No. 3.

POWER OF ATTORNEY.

STATE OF GEORGIA, Cobb County.

I, Sarah Flein hereby authorize J. H. Stone of Marietta Ga to receive and receipt for the pension paid thereon and request that he remit same to me at by Express

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 29th day of January, 1896. her
Sarah X Flein [L.S.]
mark

Executed in the presence of
G M Flemming

FOR THOSE HERETOFORE PAID.

Flein, Sarah
Cobb Co

WIDOW'S PENSION

for year ending February 15th, 1895.

No. 446

1895.

PAID TO

Mrs. Sarah Flein

Widow of Thos. M. Flein

Co. Cobb

WARRANT ISSUED 24 day of Jany 1895.

AND HANDED TO Ans

Geo. Hartman, State Printer.

No. 3576

WIDOW'S PENSION

for year ending February 15th, 1896.

PAID TO

Mrs. Sarah Flein

Widow of Thos. M. Flein

Co. Cobb

WARRANT ISSUED 29 day of Jany 1896.

AND HANDED TO Ans

Form 1.

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA, County of Cobb } Personally Comes Mrs. Sarah Flin

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 October 1864 That she is the Widow of Thos. M Flin who was a Soldier in Company A of the 42nd Regiment of Ga. Volunteers, that he enlisted in said Regiment on or about the month of Sept 1862 and served in the Army up to July 1864 That he lost his life on the 3rd day of July 1864 (*State here full particulars of the husband's death, when, where and from what cause.*) (

That while in the Confederate Army in 1864 he Contracted Measles — was sent to hospital at Madison Ga and died there of said disease on the 3rd day of July 1864

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 1854 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 23rd day of Jan 1895. J. M. Stone Ordinary. } Sarah her x mark Flin Post-office Kennesaw Ga

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of Cobb } Personally Comes Mrs. Sarah Flin

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 Oct 1864 That she is the Widow of Thos. M. Flin who was a Soldier in Company A of the 42nd Regiment of Ga. Volunteers, that he enlisted in said regiment on or about the month of Sept 1862 and served in the Army up to July 1864 That he lost his life on the 3rd day of July 1864 (*State here full particulars of the husband's death, when, where and from what cause.*) (

That while in the Confederate Army he Contracted the Measles with which disease he died on the 3rd day of July 1864.

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 1854 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 23rd day of Jany 1896. J. M. Stone Ordinary. } + by Sarah her x Flin Post-office Mark

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. Sarah Flin 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 Thos M. Flin 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 10th day of Feby 1897.

J M Stone Ordinary.

Form No 3.

POWER OF ATTORNEY.

STATE OF GEORGIA, Cobb County.

I, Sarah Flin hereby authorize J M Stone of Marietta Ga to receive and receipt for the pension paid hereon and request that he remit same to me by him

In Witness Whereof, I have hereunto set my hand and seal, this 14th day of Feby 1897

Sarah her x mark Flin [L. S.]

Executed in the presence of

G M Kenney

POWER OF ATTORNEY.

State of Georgia, Cobb County.

I, Sarah Flin hereby authorize J M Stone of Marietta Ga to receive and receipt for the pension paid hereon and request that he remit same to me by him

In Witness Whereof, I have hereunto set my hand and seal, this 7th day of Feby 1898.

Sarah her x mark Flin [L. S.]

Executed in the presence of

Flin Sarah
Cobb County

For Those Heretofore Paid.

1898.

NO. 34006

WIDOW'S PENSION,

For year ending February 15th, 1898.

PAID TO Mrs Sarah Flin

OF Cobb County,

Widow of Thos M Flin

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT ISSUED Feby 8 1898.

AND HANDED TO J M S

GEO. W. HARRISON, STATE PRINTER, ATLANTA

Flin Sarah
Cobb County

FOR THOSE HERETOFORE PAID.

1897.

No. 3649

WIDOW'S PENSION,

for year ending February 15th, 1897.

PAID TO Mrs Sarah Flin

OF Cobb County,

Widow of Thos M Flin

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT ISSUED 7/16 1897,

AND HANDED TO J M S

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of Cobb } Personally Comes Mrs. Sarah Flin

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 October 1864 That she is the Widow of Thos. M Flin who was a Soldier in Company A of the 42nd Regiment of Ga. Volunteers, that enlisted in said regiment on or about the month of Sept. 1862 and served in the Army up to July 1864 That he lost his life on the 3rd day of July 1864 (State here full particulars of the husband's death, when, where and from what cause.)

That by relapse of Measles he was sent to Madison Hospital Madison Ga. from which disease he died on July 3rd 1864.

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 1854 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 10th day of Feby 1897. J.M. Stone Ordinary.

Sarah her x mark Flin
Post-office Octavia P.O.

Form No. 1.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of Cobb } Personally Comes Mrs. Sarah Flynn

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 Oct 1864 That she is the Widow of Thos. M Flin who was a Soldier in Company A of the 42nd Regiment of Ga. Volunteers, that he enlisted in said regiment on or about the month of Sept 1862 and served in the Army up to July 1864 That he lost his life on the 3rd day of July 1864 (State here full particulars of the husband's death, when, where and from what cause.)

That he contracted the Measles in Summer 1864 which resulted in Chronic diarrhoea from which he died on July 3/64

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 1854

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 7th day of Feby 1898. J.M. Stone Ordinary.

Sarah her x mark Flin
Post-Office Acworth Ga

State of Georgia, Cobb County. } I J.M. Stone Ordinary of said County, certify that I am well acquainted with Mrs. Sarah Flin 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 Oct 1864

Given under my official signature and seal this the 7th day of Feby 1898.

J.M. Stone
Ordinary of Cobb County.

Official Seal.

POWER OF ATTORNEY.

State of Georgia,
Cobb County.

I, Sarah Flin hereby authorize J. H. Stone of Marietta Ga. to receive and receipt for the pension paid hereon and request that he remit same to me by him

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 1st day of Feby 1899.

Executed in presence of

Sarah her X Flin [L. S.]
mark

Flin, Sarah
Cobb County

For Those Heretofore Paid

1899.

No. 3263

WIDOW'S PENSION,

For year ending February 15th, 1899.

PAID TO Mrs. Sarah Flin

OF Cobb County,

Widow of Thos. M. Flin

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT ISSUED Mch 8 1899.

AND HANDED TO

GEO. W. HARRISON, STATE PRINTER, ATLANTA

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cobb County.

I, Sarah Flin hereby authorize J. H. Stone of Marietta Ga. to receive and receipt for the pension paid hereon and request that he remit same to me by him

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 6th day of Feby 1900.

Executed in presence of
T. J. Stanley

Flin Sarah (Mrs)
Cobb County

To Those Heretofore Paid.

1900.

No. 187

WIDOW'S PENSION,

For year ending February 15th, 1900.

PAID TO Mrs. Sarah Flin

OF Cobb County,

Widow of Thos. M. Flin

JNO. W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED Feb 16 1900,

AND HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

Form No. 1.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of Cobb } Personally Comes Mrs. Sarah Flin

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 October 1864 That she is the Widow of Thomas Jw. Flin who was a soldier in Company A of the 42 nd Regiment of Georgia Volunteers, that he enlisted in said regiment on or about the month of September 1862 and served in the Army up to July 1864 That he lost his life on the 23rd day of July 1864 (*State here full particulars of the husband's death, when, where and from what cause.*)

That the deceased Husband died on the 23rd day of July 1864 in the hospital at Madison Ga. of Chronic Diarrhoea

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier and that she has never married since his death aforesaid, and that she became his wife in the year 1854

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 1st day of Feby 1899. J M Stone Ordinary.

Sarah her X Flin mark

Post-Office Kennesaw Ga

State of Georgia, Cobb County. } I J. M. Stone Ordinary of said County, certify that I am well acquainted with Mrs. Sarah Flin 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 October 1864

Given under my official signature and seal this the 1st day of Feby 1899.

{ Official Seal }

J M Stone

Ordinary of Cobb County.

Form No. 1.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of Cobb } Personally Comes Mrs. Sarah Flin

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 October 1864. That she is the Widow of Thomas Jw. Flin who was a soldier in Company A of the 42 nd Regiment of Georgia Volunteers, that he enlisted in said regiment on or about the month of September 1862 and served in the Army up to July 1864 That he lost his life on the 23rd day of July 1864 (*State here particulars of the husband's death, when, where and from what cause*)

That the deceased husband died on the 23rd day of July 1864 in the hospital at Madison Ga. of chronic diarrhoea

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1854.

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 6 day of Feby 1900. J M Stone Ordinary.

Sarah her X Flin mark

Post Office

State of Georgia, Cobb County. } I J. M. Stone Ordinary of said County, certify that I am well acquainted with Mrs. Sarah Flin, 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 Oct. 1864

Given under my official signature and seal, this the 6 day of Feby 1900.

{ Official Seal }

J M Stone

Ordinary of Cobb County.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cobb County.

I, Sarah Flin hereby authorize John Autry of Marietta Cobb Co to receive and receipt for the pension paid hereon and request that he remit same to hand at Marietta

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this day of 3rd 1901.

Sarah Flin [L. S.]

Executed in presence of
James M Gann

Flin, Sarah
or
Flinn Cobb Co

To Those Heretofore Paid.

1901.

No. 128

WIDOW'S PENSION,

For year ending February 15th, 1901.

PAID TO
Mrs. Sarah Flin
OF
Cobb County.

Widow of

JOHN W. LINDSEY,
Commissioner of Pensions

WARRANT ISSUED
Jan. 15 1901,
AND HANDED TO
Autry

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

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cobb County.

I, Sarah Flin, hereby authorize John Autry of Marietta, Ga. to receive and receipt for the pension paid hereon, and request that he remit same to me by hand at Marietta, Ga.

In Witness Whereof, I have hereunto set my hand and seal, this 1st day of Jany 1902.

Mrs Sarah Flin [L. S.]

Executed in presence of
J M Gann

Flinn, Sarah
Cobb County

To Those Heretofore Paid.

1902.

No. 237

WIDOW'S PENSION,

For year ending Dec. 31, 1902.

PAID TO
Mrs. Sarah Flinn
OF
Cobb County,

Widow of

Co. Regiment

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
1/16 1902
AND HANDED TO
Ordy

GEO. W. HARRISON, STATE PRINTER, ATLANTA, GA.

FORM NO. 1.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of Cobb } Personally Comes Mrs. Sarah Flinn

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 October 1864. That she is the Widow of Thomas M. Flinn who was a soldier in Company A of the 42 nd Regiment of Georgia Volunteers, that he enlisted in said regiment on or about the month of September 1862 and served in the Army up to July 1864. That he lost his life on the 23rd day of July 1864. (State here particulars of the husband's death, when, where and from what cause) That the deceased husband died on the 23 day of July 1864 in the hospital at Madison Ga of Chronic Diarrhea

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1864

I have been allowed a pension as a resident of Cobb County for the year ending February 15th, 1902, and now apply for the pension provided by law for the year ending February 15th, 1901.

Sworn to and subscribed before me, this 3rd day of January 1901. John Awtry Ordinary. } Mrs. Sarah Flinn Post Office Kennesaw

State of Georgia, Cobb County. } I, John Awtry Ordinary of said County, certify that I am well acquainted with Mrs. Sarah Flinn, who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the 3rd day of January 1901

Given under my official signature and seal, this the ____ day of ____ 1901.

{ Official Seal. }

John Awtry
Ordinary of Cobb County.

FORM NO. 1.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of Cobb } PERSONALLY COMES MRS. Sarah Flinn

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 October, 1864. That she is the Widow of Thomas M. Flinn who was a soldier in Company A of the 42nd Regiment of Georgia Volunteers, that he enlisted in said regiment on or about the month of September 1862, and served in the Army up to July 1864. That he lost his life on the 23rd day of July 1864. (State here particulars of the husband's death, when, where and from what cause) That the deceased husband died on the 23rd day of July 1864 in the hospital at Madison Ga. of Chronic diarrhea

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 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 1st day of Jany 1902. John Awtry, Ordinary. } Mrs. Sarah Flinn Post-Office Kennesaw, Ga.

State of Georgia, Cobb County. } I, John Awtry Ordinary of said County, certify that I am well acquainted with Mrs. Sarah Flinn, who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents hereself to be, and that she has continuously resided in this State since the ____ day of ____ 18__

Given under my official signature and seal, this the 1st day of Jan 1902.

{ Official Seal. }

John Awtry
Ordinary of Cobb County.

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

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 _____

day of _____ 1903.

sarah Flinn [L. S.]

Executed in presence of

Flinn Sarah
Cobb County

To Those Heretofore Paid.

1903.

No. 204

WIDOW'S PENSION,

For year ending Dec. 31, 1903.

PAID TO

Mrs Sarah Flinn

OF

Cobb County,

Widow of _____ Regiment _____ Co. _____

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
1/23 1903.

AND HANDED TO
Cody

GEO. W. HARRISON, STATE PRINTER, ATLANTA, GA.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb COUNTY.

I, Sarah Flinn

the Widow of _____ 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 18th

day of January 1904.

Sarah Flinn [L. S.]

Executed in presence of

Flinn Sarah
Cobb County

TO THOSE HERETOFORE PAID.

1904.

No. 256

WIDOW'S PENSION

FOR

YEAR ENDING DECEMBER 31, 1904.

PAID TO

Mrs Sarah Flinn

OF

Cobb County.

Widow of Thos M Flinn

Co. A Regiment 42

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
1/25 1904.

AND HANDED TO
Ray

Geo. W. Harrison, State Printer, Atlanta.

Form No. 1.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of Cobb } Personally comes Mrs. Sarah Flinn

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 over since 1864. That she is the Widow of Thomas M Flinn who was a soldier in Company A of the 42 Regiment of Georgia Volunteers, that he enlisted in said regiment on or about the month of September 1862, and served in the Army up to July 1864. That he lost his life on the 23 day of July 1864 (*State here particulars of the husband's death, when, where and from what cause.*) That the deceased husband died on the 23 day of July, 1864 in the Hospital at Madison Ga of Chronic Diarrhea

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1854

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 ____ day of ____ 1903. } Sarah Flinn

____, Ordinary. } Post-Office Kennesaw

State of Georgia, Cobb County. } I, John Awtry Ordinary of said County, certify that I am well acquainted with Mrs. ____, 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 ____ 1903.

{Official Seal.}

____

Ordinary of ____ County.

NOTE.—All blank spaces must be filled.
Voucher and Affidavit must bear date after January 1st, 1903.

Form No. 1.

FOR WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA, County of Cobb } Personally comes Mrs. Sarah Flinn

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 over since Oct 1864. That she is the Widow of Thomas M Flinn who was a soldier in Company A of the 42 Regiment of Georgia Volunteers, that he enlisted in said regiment on or about the month of September 1862, and served in the Army up to 23 July 1864. That he lost his life on the 23 day of July 1864 (*State here particulars of the husband's death, when, where and from what cause.*) That the deceased husband died on the 23 day of July 1864 in the Hospital at Madison Ga of Chronic Diarrhea

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1854

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 18th day of Jany 1904. } Sarah Flinn

John Awtry Ordinary. } Post Office ____

State of Georgia, Cobb County. } I, John Awtry Ordinary of said County, certify that I am well acquainted with Mrs. ____, 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 1865.

Given under my official signature and seal, this the 18th day of Jany 1904.

{Official Seal.}

John Awtry

Ordinary of Cobb County

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

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cobb COUNTY.

I, Jdy Sarah Flinn, hereby authorize John Awtray 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 5
day of January 1905.

Sarah Mrs Flinn [L. S.]
mark

Executed in presence of
J M Gann

Flinn, Sarah
Cobb County
To Those Heretofore Paid.

1905.

No. 347

WIDOW'S PENSION,

For year ending Dec. 31, 1905.

PAID TO
Mrs. Sarah Flinn
OF
Cobb County,

Widow of
Co. Regiment

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
1/23 1905.

AND HANDED TO
[illegible]

The Printers of Pensions and Publishers Co., Atlanta, Geo. W. Harrison, Editor, 100 State Street.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of Cobb

PERSONALLY COMES MRS. Sarah Flinn

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 October 1864. That she is the Widow of Thos M Flinn who was a soldier in Company A of the 42 Regiment of Ga Volunteers, that he enlisted in said regiment on or about the month of 186 2, and served in the Army up to July 1864. That he lost his life on the day of July 1864. *(State here particulars of the husband's death, when, where and from what cause.)*

Died in Hospital at Madison Ga

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1854

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 15 day of Jany 1905.
John Awtrey, Ordinary.

Sarah her X mark Flinn
Post-Office

State of Georgia,
Cobb County,

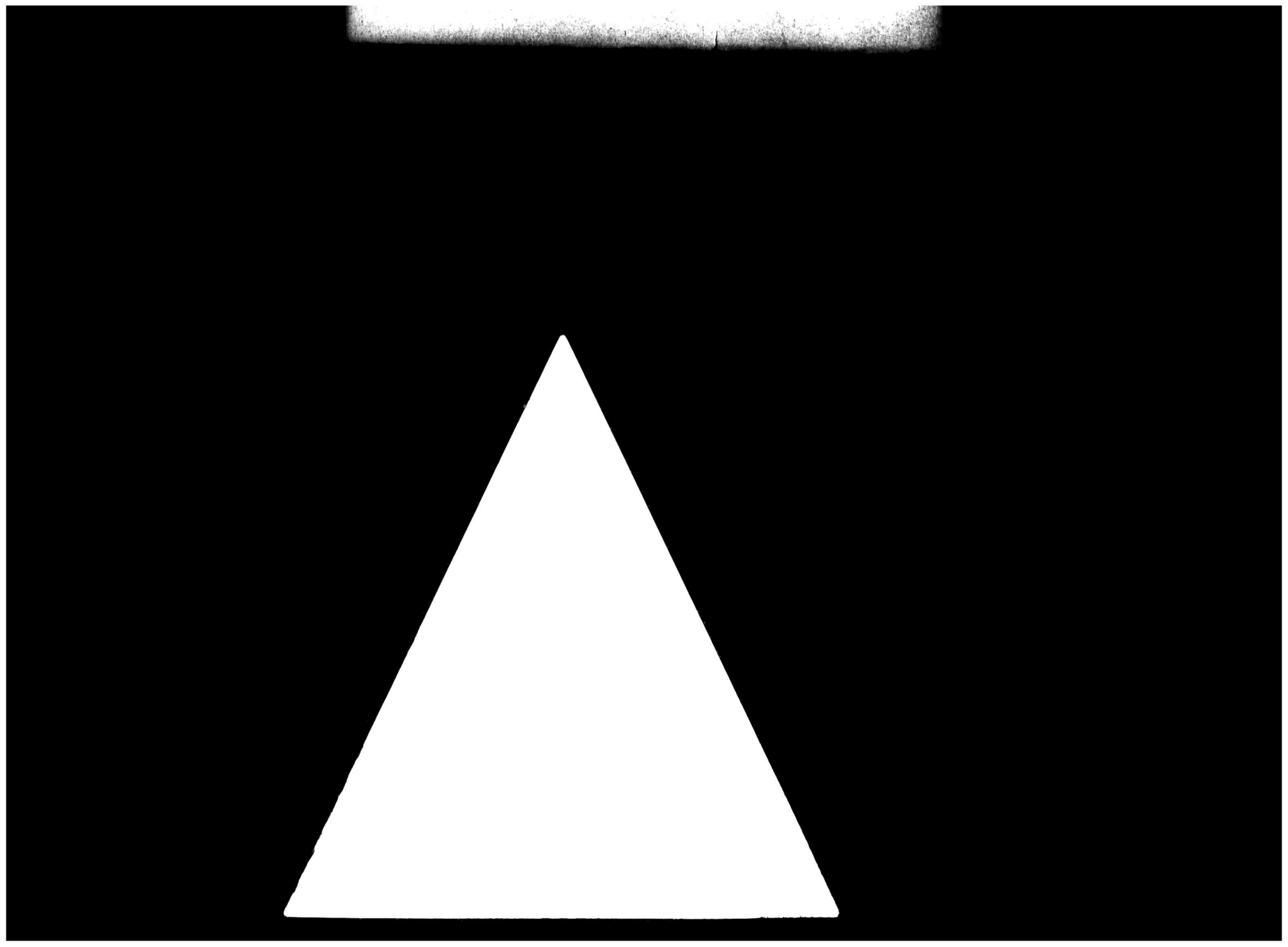
I, John Awtrey Ordinary of said County, certify that I am well acquainted with Mrs. Sarah Flinn, Who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the day of 18

Given under my official signature and seal, this the 15 day of Jany 1905.

Official Seal.

John Awtrey
Ordinary of Cobb County.

NOTE.—All blank spaces must be filled.
Voucher and Affidavit must bear date after January 1st, 1905.



NOTES.

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

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

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

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

4. If the 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.

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

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

7. No payments can be made for any past year.

W. H. HARRISON,
Clerk Ex. Dept.

Florence, C. H.
Coffee Co.
Florence, W. B.
1890.

No. 2709

APPLICATION FOR ALLOWANCE

FOR

Disabled Arm

Applicant, J. W. Morrison

County, Colb

Amount, 50

Date of Warrant, Apl 7

Entered on record Apl 7 1890

W. H. Harrison
SECRETARY EXECUTIVE DEPARTMENT.

WARRANT HANDED TO

R. C. Irvin

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

NOTES.

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

1. If an applicant has been wounded, the description of the wound should be carefully and fully set forth by applicant and physician, and followed by a plain statement of facts showing the *extent of the disability*. If applicant claims disability from disease contracted in the service, a full and carefully stated history of the disease should be given, tracing the disability by positive proofs to the service.
2. The law makes no allowance for an arm or leg, unless the arm or leg has been rendered *substantially and essentially useless*.
3. It will not answer to say that an arm is "substantially useless for ordinary pursuits of life, etc." There is no qualification to the clause of the Act in reference to the arm or leg, but the limb must for all purposes be "substantially and essentially useless.
4. If the 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.
5. Every application must be certified by the Ordinary of the county of the residence of the applicant. The certificate of any other will not be received in any case.
6. The Ordinaries of the several counties are specially requested to call the attention of the physicians and applicants to these points.
7. No payments can be made for any past year.

W. H. HARRISON,
Clerk Ex. Dept.

Florence, B. W.
Cobb Co
Florence W. B.
1890.

No. 2709

APPLICATION FOR ALLOWANCE

FOR

Disabled Arm

Applicant, B. W. Florence

County, Cobb

Amount, 50

Date of Warrant, April 7

Entered on record April 7 1890

W. H. Harrison
SECRETARY EXECUTIVE DEPARTMENT.

WARRANT HANDED TO

R. C. Irwin

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

For Use of Applicants Who Have not Heretofore Drawn.

STATE OF GEORGIA,
Cobb County.

PERSONALLY appears W. B. Florence 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 continuously since the 17" day of April 1837; that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served as a private in Company F, of 1st th Regiment of Ga Volunteers Steven's Brigade; that whilst engaged in such military service at the battle of Kennesaw in the State of Ga, on the 24 day of June 1864, he was wounded as follows: He was shot through the left arm just above the elbow, the muscles were torn off, the bones were broken and piece of the bone came out, the arm has perished away the muscles are entirely gone and the skin has grown hard to the bone, the arm is stiff and crooked and is and has been substantially and essentially useless since the injury — deponent cannot even put on his clothes — deponent of the act allowing him to draw till Jany 1890 —

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

Sworn to and subscribed before me this the 12 day of Mch 1890. } W. B. Florence

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

J. W. Florence
Ordny

COMMISSIONED OFFICER'S AFFIDAVIT.

STATE OF GEORGIA,
Cobb County.

PERSONALLY came before me M. J. Maybee of the county of Fulton State of Georgia, who, being duly sworn, says that he was a commissioned officer in Company "F", of First Regiment of Confederate Georgia Volunteers, and that deponent knows B. W. Florence, 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 B. W. Florence as stated by him in said affidavit. Deponent further states that said B. W. Florence is a *bona fide* citizen of this State and resides in Cobb county.

Sworn to and subscribed before me this 12th day of Mch 1890. } M. J. Maybee

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

J. W. Florence
Ordny.

STATE OF GEORGIA,
County.

PERSONALLY came

citizens of county, in said State, who being duly sworn, say that they are well acquainted with and *know, from having been with him in the army*, that he received the wounds (or contracted the disease) in the military service, as stated by him in the foregoing affidavit; that said wounds (or disease) permanently disabled applicant, as stated by him; the 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 1890.

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

STATE OF GEORGIA,
Cobb County.

PERSONALLY comes before me John M Stone Ordinary of said county, Dr. F. A. Geber and E. J. Seltze, both known to me as reputable physicians of said county, who, being severally sworn, say on oath that they have carefully examined B. W. Florence and after such examination say that the applicant has been injured as follows. He was shot through left arm just above the elbow, the bones were crushed, the entire muscles were torn away and destroyed, parts of the bones came out, the arm was drawn crooked and rendered stiff, the skin has grown to the bone, the arm has largely perished away, the muscles are entirely destroyed. This is practically of no use and is substantially and essentially useless—

Sworn to and subscribed before me, this 12th day of Mch 1890.
J. M. Stone
E. J. Seltze M.D.
Nr. A. Geber. M.D.

ORDINARY.

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

STATE OF GEORGIA,
Cobb County.

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

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

Given under my official signature and seal, this 26th day of Mch 1890.

J. M. Stone
Ordinary Cobb County.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cobb County.

Know all Men by these Presents, That I, W. B. Florence of Cobb county, in said State, do hereby appoint ~~A. S. Clay~~ R. C. Irwin of Cobb Co Ga my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 14th day of Mch 1890.

W. B. Florence [L. S.]

Executed in the presence of us:
J. M. Stone
T. D. Power

DIRECTION.

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

STATE OF GEORGIA,

~~Cobb~~ County.

I, J. M. Stone Ordinary of said County, do certify that I am well acquainted with B. W. Florence 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 ~~A. S. Clay~~ 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 14th day of Feby, 1891.

J. M. Stone

Ordinary Cobb County.

Florence, B. W.
Cobb

1891.

Florence, B. W.
Cobb Co

No. 849

Application for Allowance

FOR THE YEAR ENDING OCTOBER 26, 1892.

FOR

Army div

Applicant, B. W. Florence

County, Cobb

Amount, $50

Date of Warrant, Feby 14

Entered on record 9/14 1891

W. H. H.

Pen. Div.

SECRETARY EXECUTIVE DEPARTMENT.

WARRANT HANDED TO

A. S. Clay

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

STATE OF GEORGIA,

Cobb County.

I, J. M. Stone Ordinary of said county, do certify that I am well acquainted with B. W. Florence 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 repesents himself to be, and that he resides in this county.

Given under my official signature and seal, this 1st day of Mch 1894

J. M. Stone

Ordinary Cobb County.

Cobb Co.
Florence, B. W.

No. 437

SOLDIER'S PENSION.

1892.

FOR THE YEAR ENDING OCTOBER 26, 1892.

Name B. W. Florence

County Cobb

Disability Dis'am

Amount, $50

Entered on record Mch 3 1892.

W. H. HARRISON,

Secretary of Executive Department.

No. 2

AGENT.

A. S. Clay

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

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Cobb County.

PERSONALLY appears B. W. Florence 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 17th day of April 1837; that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served as a private in Company "F," of 1st Confederate ~~th Regiment~~ of Ga Volunteers Stephens's Brigade; that whilst engaged in such military service at the battle of Kennesaw in the State of Ga, on the 7th day of June 1863, he was wounded as follows: He was shot through the left arm just above the elbow, the bone was broken large pieces of bone came out, the arm is stiff, muscles destroyed, the arm is abs. crooked; it is essentially & substantially useless & has been since the injury —

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 fifty dollars, for 1890

Sworn to and subscribed before me, this, the 14 day of Feby 1891. B W Florence

J M Stone Ordny.

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,
Cobb County.

Know all Men by these Presents, That I, B. W. Florence of Cobb County, State of Georgia, do hereby appoint A. S. Clay of Cobb Co my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia 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 14 day of Feby 1891.

B W Florence [L. S.]

Executed in the presence of us:

J M Stone Ordny

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 B W Florence 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 17th day of April 1837 that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served as a Private in Company F of 1st th Regiment of Confederate Ga. Volunteers Stephens's Brigade; that whilst engaged in such military service at the battle of Kennesaw Mt. in the State of Georgia, on the 27th day of June 1864, he was wounded as follows: By Gunshot striking left arm above elbow, tearing the muscles and bones of said arm — deponent is rendered thereby 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, 1892. I have heretofore been allowed a pension of $50. Dollars for Said Disability

Sworn to and subscribed before me this the 1st day of Mch 1892. B W Florence

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,
Cobb County.

Know all Men by these Presents, That I, B W Florence of Cobb County, in said State, do hereby appoint A. S. Clay 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 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 Mch 1892.

B W Florence [L. S.]

Executed in the presence of us:

J M Stone Ordny

DIRECTION.

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

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

B W Florence [L. S.]

Executed in the presence of us:
Geo W Fleming
T. E. Powers

DIRECTION.

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, B W Florence
of Cobb County, State of Georgia, do hereby appoint
of Marietta Ga G. S. Clay my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of 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 13 day of Mch 1894.

B W Florence [L. S.]

Executed in the presence of us
J M Stone
Ory

DIRECTIONS.

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

Co B 2-Va
Florence B. W.
1893.

No. 5765
Application for Allowance
For the Year Ending October 31, 1893.
FOR
Disability Gun shot wound
Applicant, B W Florence
County, Cobb
Amount, $ 50
Date of Warrant, Jan 3rd 1893.
Entered on record, Jan 3rd 1893.
W. H. HARRISON,
Secretary Executive Department.
WARRANT MAILED TO
G. S. Clay
Geo. W. Harrison, State Printer, Atlanta.

Florence B. W.
Co. B 2 Va.

(For Those Already Enrolled.)
No. 5765
Soldier's Pension.
1894.
Name B W Florence
County Cobb
Disability Gun shot wound
Amount, $ 50
1894.
W. H. HARRISON,
Secretary Executive Department.
WARRANT MAILED TO
G. S. Clay
Geo. W. Harrison, State Printer, Atlanta.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }
Cobb County. }

PERSONALLY appears B.W. Florence 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 ..... 1837; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a private in Company F, of 1st th Regiment of Georgia Volunteers Stephens's Brigade; that whilst engaged in such military service at the battle of Kennesaw in the State of Georgia, on the 7th day of June 1864, he was wounded as follows: was shot by name through left arm just above elbow, breaking said arm, whereby said arm has been rendered substantially and essentially useless.

Deponent desires to praticipate 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 fifty dollars, for a year

Sworn to and subscribed before me, this, the 18 day of March 1893. } B.W. Florence

J.M. Stone Ony

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 B.W. Florence 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 18 day of March 1893.

J.M. Stone

Ordinary Cobb County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }
Cobb County. }

PERSONALLY appears B.W. Florence 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 17 day of April 1837; that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served as a private in Company F, of 1st Confederate Regiment of Ga. Volunteers Stephens's Brigade; that whilst engaged in such military service at the battle of Kennesaw in the State of Ga., on the 27 day of June 1864 he was wounded as follows: By gunshot ~~striking~~ left arm just above the elbow breaking the bones & muscles thereby causing said deponent to be 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 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 13th day of Mch 1894. } B.W. Florence

J.M. Stone Ony

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 B.W. Florence the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 Mch 1894.

Affix your seal here

J.M. Stone

Ordinary Cobb County.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cobb County.

KNOW ALL MEN BY THESE PRESENTS, That I, B. W. Florence of Cobb County, State of Georgia, do hereby appoint A. S. Clay 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 Warrrant 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 Mch 1895. B. W. Florence

Executed in presence of us
J. M. Stone
Eng

DIRECTIONS.

Send money to me as follows, by

to

County, Georgia.

P. O.

Florence, B. W.
Cobb Co

(For Those Already Enrolled.)

No. 300

SOLDIER'S PENSION.

1895.

Name B. W. Florence
County Cobb
Disability Arm
Amount, $ 50.00
3/4

1895.

RICHARD JOHNSON,
Secretary Executive Department.

WARRANT HANDED TO
A. S. Clay

Geo. W. Harrison, State Printing Authority.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Cobb County,

Personally appears B. W. Florence 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 1837, that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served as a Private in Company F, of 1st th Regiment of Ga. Volunteers, Jackson's Brigade; that whilst engaged in such military service at the battle of Kennesaw in the State of Ga., on the 27 day of June 1864, he was wounded as follows: By bullet striking the left arm between Elbow and Shoulder bursting the bones, tearing the muscles &c. whereby 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 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 Mch 1895. B. W. Florence

J. M. Stone Ordy

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 B. W. Florence the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 Mch 1895.

Affix your seal here

J. M. Stone

Ordinary Cobb County.

Audited Apl 7 1890

COMPTROLLER-GENERAL

1890

Maimed Soldiers.

Voucher No. 2709

Amount $ 50

Paid to B. H. Howard

For Arm disabled

Apl 7 1890

Included in warrant No.

issued to Treasurer

18

WARRANT-CLERK.

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

Audited ..... 1891.

COMPTROLLER-GENERAL.

Duplicate

1891.

Maimed Soldiers.

Voucher No. 599

Amount $ 50

Paid to B. H. Howard

For Arm dis'd

July 14 1891.

Included in warrant No.

issued to Treasurer.

1891.

WARRANT-CLERK.

Geo. W. Harrison, State Printer, Atlanta.

No. 2709

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT. } Atlanta, Ga. April 7 1890

Mr. B W. Florence 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 Fifty ~~00~~ 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.

TREASURER'S OFFICE PAID STATE OF GEORGIA

GOVERNOR.

By the Governor,
W. N. Harrison
CLERK EXECUTIVE DEPARTMENT.

$50.

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,
Fifty ~~00~~ Dollars,
per above voucher, this 7 of April 1890.
R. C. Irwin

1891.

No. 899

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT. } Atlanta, Ga. July 14 1891.

Mr. B W Florence 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'd
He is entitled to receive the sum of Fifty 00/ Dollars
for such disability, the same being the allowance due for the year ending October 24, 1891.

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

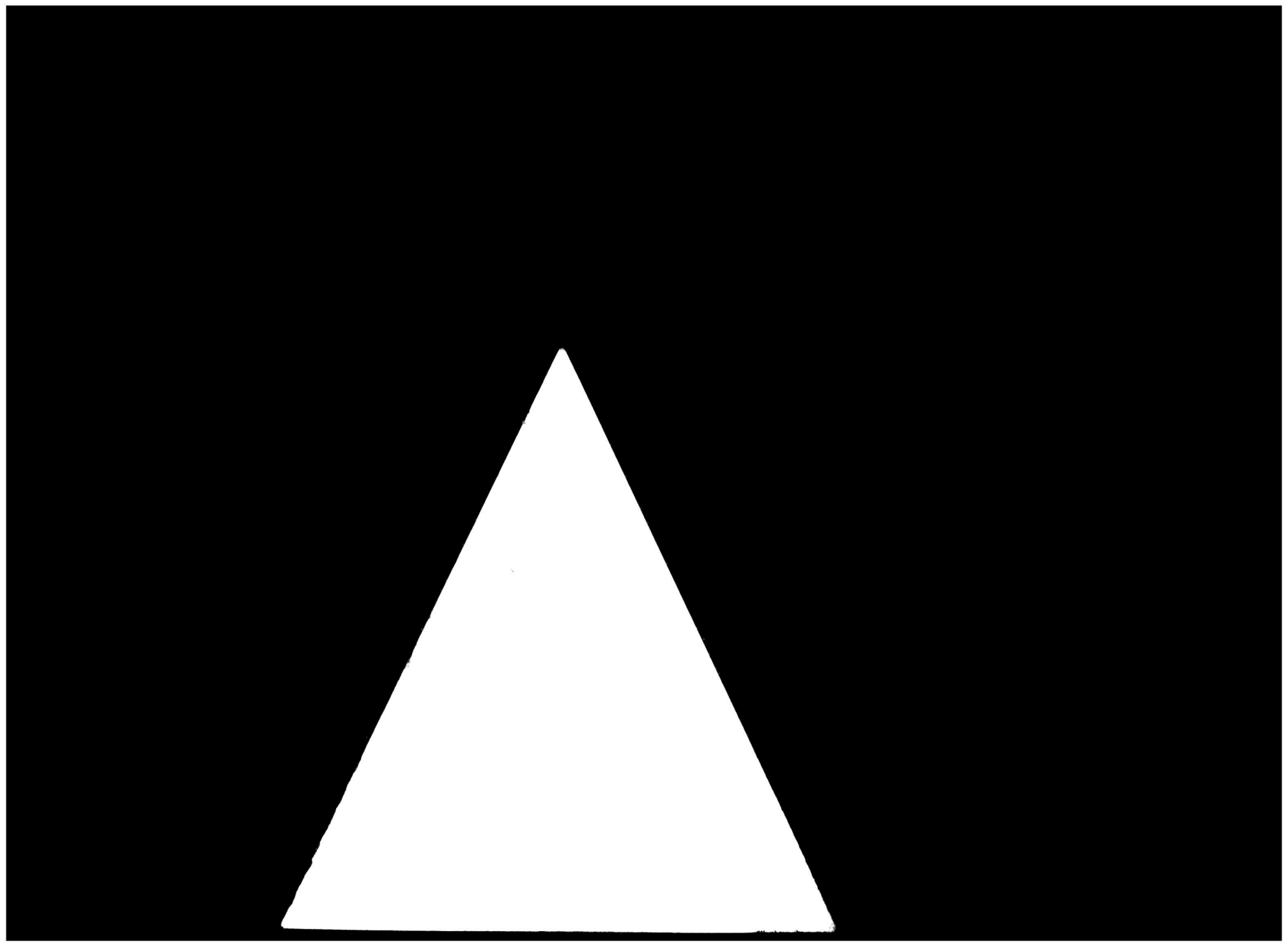
TREASURER'S OFFICE PAID STATE OF GEORGIA

GOVERNOR.

By the Governor,
W N Harrison
SEC'Y EXECUTIVE DEPARTMENT.

$50

RECEIVED OF R. U. HARDEMAN, Treasurer of the State of Georgia.
Fifty 00/ Dollars,
per above voucher, this 11 of July 1891.
B. W. Florence per
A. S. Clay his
atty in fact



POWER OF ATTORNEY.

Form No. 5.

STATE OF GEORGIA.

Cobb County.

Know all Men by these Presents, That I, Elizabeth Florence of Powder Springs Ga. Uriah Mathews County, in said State, do hereby appoint of Powder Springs 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 5th day of June 1891

Elizabeth Florence [L. S.]

Executed in the presence of us:

Geo M Fleming

J. M. Stone Ordinary

DIRECTIONS.

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

Florence Elizabeth
Cobb County
1891.
Alabama

No. 3177

Widows' Pension

PAID TO

Mrs Elizabeth Florence

OF

Cobb COUNTY.

$100.00.

Warrant Issued

1891

AND HANDED TO

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, Elizabeth Florence of Powder Springs Ga. County in said State, do hereby appoint Uriah Mathews of Powder Springs 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 5th day of June 1891.

Elizabeth, Florence, [L. S.]

Executed in the presence of us:

Geo. M. Fleming
W. H. Floyd Esqr.

DIRECTIONS.

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

Florence Elizabeth
Cobb County
Georgia
1891.
No. 5177

Widows' Pension
PAID TO
Mrs. Elizabeth Florence
OF
Cobb County.
$100.00.
Warrant Issued
1891
AND HANDED TO

Chas. W. Harrison, State Printer, Atlanta.

Affidavit to be Made by the Widow.

Form No. 1.

STATE OF GEORGIA,
County of Cobb

In person came before me, the undersigned Ordinary in and for the County of Cobb Mrs. Elizabeth Florence, who being sworn according to law, says under oath that she is the widow of Ezekiel Florence who was a soldier in the service of the Confederate States, and served as a member of Company "C", of the 33rd Regiment of Alabama Volunteers; that he enlisted in said service on or about the 18th day of March 1862, and was in the Army up to July 22nd 1864 That while in the Army, he was on the 22nd day of July 1864, (See Note No. 1) the was shot in the head and killed instantly on the battle field, at the battle near Atlanta Ga. on said date.

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 11 th day of December 1859, and that she has resided in Georgia continuously since the 29th day of March 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 5th day of June 1891.

Elizabeth, Florence.

J. W. Stone
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.

Form No. 2.

Affidavit for Three Witnesses.

STATE OF ~~GEORGIA~~ Ala,

County of Butler

In person came before me, the undersigned ~~Ordinary~~ Probate Judge in and for said County, witnesses D. S. Jernigan, W. Jernigan & H. R. Shine & Uriah Matthews ~~D. C. Camp & J. D. Frazer~~ each known to said Attesting Officer as truthful, reliable and reputable citizens, who severally say under oath, that, from their own personal knowledge, Mrs. Elizabeth Florance of the County of Cobb State of Georgia, is the widow of ~~Estelle Florance~~ ....., who was a soldier in Company C of the 33rd Regiment of Ala Volunteers. That said soldier enlisted in the service of the Confederate States (or the Georgia State Troops) on or about the 1st day of Mch 1862 That while in said service, or by reason of said service in the Army, he lost his life as follows:

On the 22nd day of July 1864 on the right line at Atlanta Ga he was shot in the head and killed instantly, on the fighting around Atlanta.

The said Uriah Matthews, D. C. Camp and J. D. Frazier swear only that the said Elizabeth Florance has not intermarried since the death of her said husband Ezekiel Florance

We further swear that Mrs. Elizabeth Florance 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 20th day of May 1891.

L. F. Jernigan
W. Jernigan
H. R. Shine
Uriah Matthews
D. C. Camp
J. D. Frazier

L McLaney
Probate Judge ~~Ordinary~~

Sworn to and subscribed before me by Uriah Matthews, D. C. Camp and J. D. Frazier who have all subscribed to the above affidavit and each of them this June 16 1891 [illegible]

Form No. 3.

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

STATE OF GEORGIA,

County of Cobb

I, J. M. Stowe Ordinary in and for said County of Cobb State of Georgia, hereby certify that I am acquainted with Mrs. Elizabeth Florance 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 5th day of June 1891.

SEAL

J. M. Stowe
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.

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

Form No. 2.

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. Elizabeth Florence 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 Florence 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.

SEAL

J. M. Stone Ordinary.

POWER OF ATTORNEY.

Form No. 3.

STATE OF GEORGIA, Cobb County.

KNOW ALL MEN BY THESE PRESENTS, That I, Elizabeth Florence of Cobb County, in said State, do hereby appoint J. M. Stone Ordy. 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 6th day of Feby. 1893.

Elizabeth Florence [L. S.]

Executed in the presence of us:
F. A. Hargrove
Geo M Fleming

DIRECTIONS.

Send amount by _____ to me at _____, and oblige

Florence, Elizabeth
Cobb County
FOR THOSE HERETOFORE PAID.
Fee Unpd
1893.
No. 757
Widows' Pension,
for year ending February 15th, 1893.
—PAID TO—
Mrs. Elizabeth Florence
—OF—
Cobb County.
Warrant Issued
No 1893
AND HANDED TO
J. M. Stone
Geo. W. Harrison, State Printer, Atlanta.

Form No. 2.

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. Elizabeth Florence 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 E. Florence 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 27th day of Jany 1894.

SEAL

J. M. Stone Ordinary.

POWER OF ATTORNEY.

Form No. 3.

STATE OF GEORGIA, Cobb County.

KNOW ALL MEN BY THESE PRESENTS, That I, Elizabeth Florence of Cobb County in said State, do hereby appoint J. M. Stone 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 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 27th day of January 1894.

Elizabeth Florence [L. S.]

Executed in the presence of us:
William Kakostraw
Uriah Mathews NDE Exp

DIRECTIONS.

Send amount by _____ to me at _____, and oblige

Florence, Elizabeth
Cobb County
FOR THOSE HERETOFORE PAID.
1894.
No. 785
WIDOWS' PENSION,
for year ending February 15th, 1894.
—PAID TO—
Mrs. Elizabeth Florence
—OF—
Cobb County.
WARRANT ISSUED
No 713 1894
AND HANDED TO
J. M. Stone
Geo. W. Harrison, State Printer, Atlanta.

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of Cobb

Personally comes Mrs. Elizabeth Florence

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 27th Mch. 1862 That she is the Widow of Ezekiel Florence who was a Soldier in Company "C" of the 33rd Regiment of Alabama Volunteers, that he enlisted in said Regiment on or about the month of March 1862 and served in the Army up to July 22nd 1864 That he lost his life on the 22nd day of July 1864 (*State here full particulars of the husband's death, when, where and from what cause*) (

That the said Soldier husband while in the Confederate Army as above stated was killed at Atlanta Ga. on July 22nd 1864.

That the said applicant was born and raised in Ga. - that she and her husband moved to Alabama January 1861 - in Mch. 1862 her husband enlisted in the Army and then applicant came back to Ga. and has lived here ever since continuously.

Deponent swears that she was the wife of said deceased soldier during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 1857; that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension 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.

Elizabeth Florence
Post-office Powder Springs Ga.

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of Cobb

Personally comes Mrs. Elizabeth Florence

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 March 1862 That she is the Widow of E. Florence who was a Soldier in Company "C" of the 33rd Regiment of Alabama Volunteers, that he enlisted in said Regiment on or about the month of March 1862 and served in the Army up to July 1864 That he lost his life on the 22nd day of July 1864 (*State here full particulars of the husband's death, when, where and from what cause.*) X

Said E. Florence was killed in battle at the Peach tree battle near Atlanta on 22nd day of July 1864 was shot dead on the field of battle

Deponent swears that she was the wife of said deceased soldier during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 1857; that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension 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 27th day of Jany 1894.
J. M. Stone Ordinary.

Elizabeth Florence
Post-office Powder Springs Ga.

Form No 2.

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

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. Elizabeth Florence 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 E. Florence 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 30th day of January 1895.

(SEAL) J. H. Stone Ordinary.

Form No. 1

POWER OF ATTORNEY.

STATE OF GEORGIA, Cobb County.

KNOW ALL MEN BY THESE PRESENTS, That I, Mrs. Elizabeth Florence of Cobb County in said State, do hereby appoint J. H. Stone 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 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 30th day of January 1895. Elizabeth Florence [L. S.]

Executed in the presence of us:

Uriah Mathews NP&EXOJP

DIRECTIONS.

Send amount by ..... to me at ....., and oblige

.....

Florence, Elizabeth
Cobb County
FOR THOSE HERETOFORE PAID.

1895.

No. 447

WIDOW'S PENSION,

for year ending February 15th, 1895.

PAID TO
Mrs. Elizabeth Florence

OF
Cobb County.
widow of E. Florence

WARRANT ISSUED
24 Jan 1895.

AND HANDED TO
Jno

Geo. W. Harrison, State Printer.

Form No. 2.

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

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. Elizabeth Florence 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 E. Florence deceased, and as such has heretofore been allowed a pension for the year ending February 15th, 1895.

In Witness Whereof I have hereunto set my hand and affixed the seal of my office, this the 23rd day of Jany 1896.

{SEAL} J. H. Stone Ordinary.

Form No. 3.

POWER OF ATTORNEY.

STATE OF GEORGIA, Cobb County.

I, Elizabeth Florence hereby authorize J. H. Stone of Marietta Ga to receive and receipt for the pension paid hereon and request that he remit same to Mrs by J. H. Stone

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 23rd day of Jany 1896.

Elizabeth Florence. [L.S.]

Executed in the presence of

Uriah Mathews
NP&EXOJP

Florence, Elizabeth
Cobb County
FOR THOSE HERETOFORE PAID.

1896.

No. 3527

WIDOW'S PENSION,

for year ending February 15th, 1896.

PAID TO
Mrs. Elizabeth Florence

OF
Cobb County.
widow of E. Florence

WARRANT ISSUED
2/1 1896.

AND HANDED TO
City

Geo. W. Harrison, State Printer.

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA, County of Cobb | Personally Comes Mrs. Elizabeth Florence

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 Mch 1862 That she is the Widow of E. Florence who was a Soldier in Company C. of the 33rd Regiment of Ala. Volunteers, that he enlisted in said Regiment on or about the month of Mch. 1862 and served in the Army up to July 1864 That he lost his life on the 22nd day of July 1864 (*State here full particulars of the husband's death, when, where and from what cause.*) (

Said E Florence was killed dead on the battle field near Atlanta on 22nd day of July 1864

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 1859 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 30 day of Jany. 1895. J. M. Brown Ordinary. | Elizabeth Florence Post-office Powder Springs Ga

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of Cobb | Personally Comes Mrs. Elizabeth Florence

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 Mch. 1862 That she is the Widow of E. Florence who was a Soldier in Company C. of the 33rd Regiment of Ala. Volunteers, that he enlisted in said regiment on or about the month of Mch. 1862 and served in the Army up to July 1864 That he lost his life on the 22nd day of July 1864 (*State here full particulars of the husband's death, when, where and from what cause.*) (

Said E Florence was shot and killed on the battle field near Atlanta on 22nd day of July 1864

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 1859 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 29 day of Jany 1896. J. M. Brown Ordinary. | Elizabeth Florence. X Post-office Powder Springs Ga.

Form No. 2.

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. Elizabeth Florence 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 E. Florence 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 23rd day of Jany 1897

(- -) SEAL (- -)

J. M. Stone Ordinary

Form No. 3

POWER OF ATTORNEY.

STATE OF GEORGIA, Cobb County.

I, Elizabeth Florence hereby authorize J. M. Stone Monetta Ga to receive and receipt for the pension paid hereon and request that he remit same to me by him

In Witness Whereof, I have hereunto set my hand and seal, this 23 day of Jany 1897

Elizabeth Florence (L. S.)

Executed in the presence of

Uriah Mathews [illegible]

Florence Elizabeth Cobb County

FOR THOSE HERETOFORE PAID.

1897.

No. 3650

WIDOW'S PENSION,

for year ending February 15th, 1897.

PAID TO Mrs. Elizabeth Florence OF Cobb County.

Widow of E. Florence

RICHARD JOHNSON, Commissioner of Pensions.

WARRANT ISSUED 2/16 1897,

AND HANDED TO [illegible]

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

POWER OF ATTORNEY.

State of Georgia, Cobb County.

I, Mrs E. Florence hereby authorize J. M. Stone of Monetta Ga to receive and receipt for the pension paid hereon and request that he remit same to me by him

In Witness Whereof, I have hereunto set my hand and seal, this 27th day of Jany 1898.

Elizabeth Florence (L. S.)

Executed in the presence of

Uriah Mathews [illegible]

Florence Elizabeth Cobb County

For Those Heretofore Paid.

1898.

NO. 3665

WIDOW'S PENSION,

For year ending February 15th, 1898.

PAID TO Mrs. Elizabeth Florence OF Cobb County,

Widow of Ezekiel Florence

RICHARD JOHNSON, Commissioner of Pensions.

WARRANT ISSUED 2/15 1898.

AND HANDED TO [illegible]

GEO. W. HARRISON, STATE PRINTER, ATLANTA

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of Cobb } Personally Comes Mrs. Elizabeth Florence

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 March 1862 That she is the Widow of E. Florence who was a Soldier in Company C of the 33rd Regiment of Ala. Volunteers, that enlisted in said regiment on or about the month of March 1862 and served in the Army up to July 1864 That he lost his life on the 22nd day of July 1864 (State here full particulars of the husband's death, when, where and from what cause.)

[illegible] was shot dead on battle field near Atlanta Ga [illegible] 22nd day of July 1864

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier and that she has never married since his death aforesaid, that she became his wife in the year 1859 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 23 day of Jany 1897. J. M. Stone Ordinary. × Elizabeth Florence × Post-office

Form No. 1.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of Cobb } Personally Comes Mrs. Elizabeth Florence

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 Mch. 1862 That she is the Widow of E. Florence who was a Soldier in Company C of the 33rd Regiment of Alabama Volunteers, that he enlisted in said regiment on or about the month of Mch. 1862 and served in the Army up to July 1864 That he lost his life on the 22nd day of July 1864 (State here full particulars of the husband's death, when, where and from what cause.)

The above named E. Florence was killed on the battle field near Atlanta by being shot through the head on the 22nd day of July 1864

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1859

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 27th day of Jany 1898. J. M. Stone Ordinary. × Elizabeth Florence × Post-Office

State of Georgia, Cobb County. } I, J. M. Stone Ordinary of said County, certify that I am well acquainted with Mrs. Elizabeth Florence who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the day of 1862

Given under my official signature and seal this the 15th day of Feby 1898.

J. M. Stone

Official Seal.

Ordinary of Cobb County.

POWER OF ATTORNEY.

State of Georgia,
Cobb County.

I, Elizabeth Florence hereby authorize J. W. Stone
of Marietta Ga.
to receive and receipt for the pension paid hereon and request that he remit same to
me by Him

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 1st
day of Febry 1899.

× Elizabeth Florence × [L. S.]

Executed in presence of
Uriah Matthews

Florence, Elizabeth
Cobb County
For Those Heretofore Paid.

1899.

No. 3580

WIDOW'S PENSION,

For year ending February 15th, 1899.

PAID TO
Mrs. Elizabeth Florence
Cobb County
Widow of E. Florence

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT ISSUED
2/16 1899.
AND HANDED TO

GEO. W. HARRISON, STATE PRINTER, ATLANTA

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cobb County.

I, Elizabeth Florence hereby authorize J. W. Stone
of Marietta, Ga.
to receive and receipt for the pension paid hereon and request that he remit same to
me by him

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 3rd
day of February 1900.

× Elizabeth Florence × [L. S.]

Executed in presence of
Uriah Matthews
No Cobb County Ga

Florence, Elizabeth
Cobb County
To Those Heretofore Paid.

1900.

No. 3477

WIDOW'S PENSION,

For year ending February 15th, 1900.

PAID TO
Mrs. Elizabeth Florence
OF
Cobb County,
Widow of E. Florence

JNO. W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
Feb 23 1900,
AND HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

Form No. 1.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of Cobb

Personally Comes Mrs. Elizabeth Florence

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 March 1862 That she is the Widow of E. Florence who was a soldier in Company C. of the 33rd Regiment of Alabama Volunteers, that he enlisted in said regiment on or about the month of March 1862 and served in the Army up to July 1864 That he lost his life on the 22nd day of July 1864 (State here full particulars of the husband's death, when, where and from what cause)

The said Wm E. Florence was Killed dead on battlefield by being shot by the enemy near Atlanta on the said 22nd day of July 1864

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1859.

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 3rd day of Feby 1899. J. M. Stone Ordinary.

Elizabeth Florence

Post-Office Powder Springs

State of Georgia, Cobb County. I J. M. Stone Ordinary of said County, certify that I am well acquainted with Mrs. Elizabeth Florence 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 21 day of March 1862

Given under my official signature and seal this the 3rd day of Feby 1899.

J. M. Stone

Ordinary of Cobb County.

(Official Seal.)

Form No. 1.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of Cobb

Personally Comes Mrs. Elizabeth Florence

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 March 1862 That she is the Widow of E. Florence who was a soldier in Company C of the 33rd Regiment of Alabama Volunteers, that he enlisted in said regiment on or about the month of March 1862 and served in the Army up to July 1864 That he lost his life on the 22nd day of July 1864 (State here particulars of the husband's death, when, where and from what cause)

That the said E. Florence was killed dead on the battlefield by being shot by enemy near Atlanta, Ga. on the 22nd day of July 1864.

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1859.

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 3rd day of Feby 1900. J. M. Stone Ordinary.

Elizabeth Florence

Post Office Powder Springs Ga.

State of Georgia, Cobb County. I J. M. Stone Ordinary of said County, certify that I am well acquainted with Mrs. Elizabeth Florence, 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 21 day of March 1862

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

J. M. Stone

Ordinary of Cobb County.

Official Seal.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cobb County.

I, Elizabeth Florence hereby authorize John Autry of Marietta to receive and receipt for the pension paid hereon and request that he remit same to me at Marietta

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 12 day of January 1901.

Elizabeth Florence [L. S.]

Executed in presence of

Noah Walker
Cobb Co Ga

To Those Heretofore Paid.

1901.

No. 180

WIDOW'S PENSION,

For year ending February 15th, 1901.

PAID TO Mrs. Elizabeth Florence

OF Cobb County.

Widow of G. Florence

JOHN W. LINDSEY, Commissioner of Pensions.

WARRANT ISSUED Jan. 15 1901,

AND HANDED TO Gurley

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

Florence, Elizabeth
Cobb Co Ga

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cobb County.

I, Elizabeth Florence, hereby authorize John Autry 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 Jan 1902.

Elizabeth Florence [L. S.]

Executed in presence of

J M Gann

Florence, Elizabeth
Cobb Co Ga

To Those Heretofore Paid.

1902.

No. 22 8

WIDOW'S PENSION,

For year ending Dec. 31, 1902.

PAID TO Mrs. Elizabeth Florence

Cobb County,

Widow of

Co. Regiment

JOHN W. LINDSEY, Commissioner of Pensions.

WARRANT ISSUED 1/16 1902

AND HANDED TO Gray

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

Form No. 1.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of Cobb } Personally Comes Mrs. Elisebeth Florence,

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 Marah 1862. That she is the Widow of E Florence who was a soldier in Company C of the 33 Regiment of Alabama Volunteers, that he enlisted in said regiment on or about the month of Marah 1862 and served in the Army up to July 1864. That he lost his life on the 22 and day of July 1864 (State here particulars of the husband's death, when, where and from what cause) That the Said E Florence was Killed dead on battlefield by being Shot by enemy near Atlanta Ga on the 22 day of July 1864

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1859

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 12th day of January 1901. John Awtry Ordinary. } Elizabeth Florence. Post Office Powder Springs

State of Georgia, Cobb County. } I John Awtry Ordinary of said County, certify that I am well acquainted with Mrs. Elisebeth Florence, 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 12th day of January 1901.

{ Official Seal. }

John Awtry
Ordinary of Cobb County.

Form No. 1.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of Cobb } Personally comes Mrs. Elisebeth Florence

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 March 1862. That she is the Widow of E Florence who was a soldier in Company C of the 33rd Regiment of Alabama Volunteers, that he enlisted in said regiment on or about the month of March 1862, and served in the Army up to July 1864. That he lost his life on the 22nd day of July 1864 (State here particulars of the husband's death, when, where and from what cause) That the Said E Florence was killed dead on battlefield by being Shot by enemy near Atlanta Ga on the 22nd day July 1864

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1859.

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 13th day of Jan 1902. John Awtry, Ordinary. } Elizabeth Florence. Post-Office Powder Springs

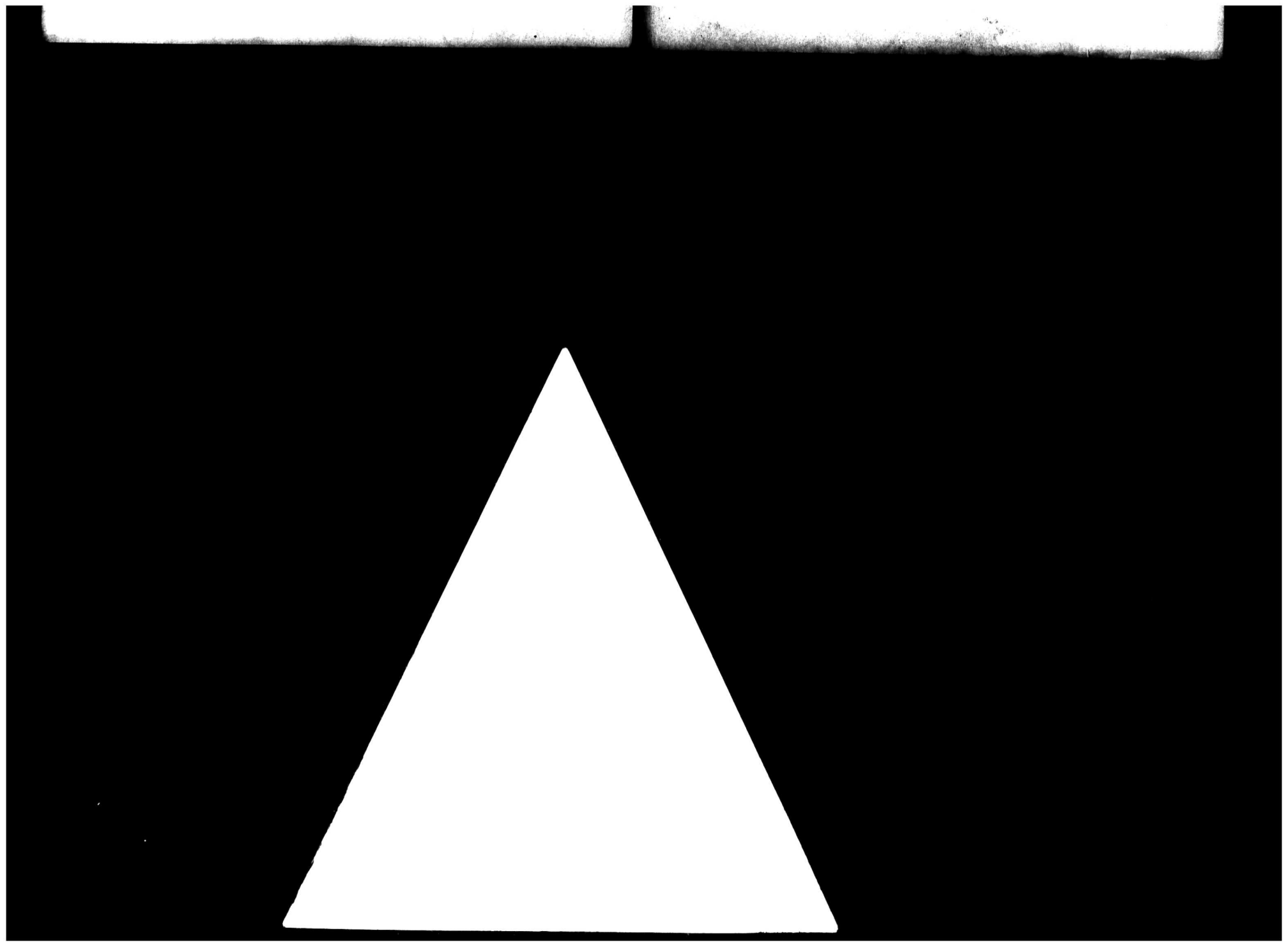
State of Georgia, County. } I John Awtry Ordinary of said County, certify that I am well acquainted with Mrs. Elisebeth Florence, who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents hereself to be, and that she has continuously resided in this State since the day of 18

Given under my official signature and seal, this the 13th day of Jan 1902

{ Official Seal. }

John Awtry
Ordinary of Cobb County.

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



ORDINARY'S CERTIFICATE

STATE OF GEORGIA,

Cherokee COUNTY.

I, J. M. Sallisfield Ordinary of said County, do certify that I know Mrs. Nancy C. Ford 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~~ Cobb County and was on the _____ day of _____ 19__

That I also know Olive Fincher witness as to ~~marriage~~ death, 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 17th day of Sept 1917

(SEAL.) J. M. Sallisfield Ordinary.

Cherokee County.

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

Cherokee Ordinary

No. A 54

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 Nancy Ford

Widow of A. L. Ford Cherokee 1919 1-29

Company A

Regiment 54 Ga Infantry

Approved

6 1960

J. W. LINDSEY,
Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

10-30-1919

ORDINARY'S CERTIFICATE

STATE OF GEORGIA,
Cherokee COUNTY.

I, J. M. Sallafield Ordinary of said County, do certify that I know Mrs. Nancy A. Ford the applicant for this pension, and that she is the Cobb person she represents herself to be, and that she is a bona fide continuing resident of ~~said~~ County and was on the ____ day of ____ 19__.

That I also know Asa Finster witness as to ~~marriage~~ Cobb, 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 17 day of Sept 1917.

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

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

Ford, Nancy A.
Cobb Co
Ga Inf
Co K

No. A 154

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 Nancy Ford
Widow of A. L. Ford Enlisted 1919
Company A
Regiment 54 Ga Inf
Approved

J. W. LINDSEY, Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

10-30-1919

Ford, Nancy (Mrs.)
Cobb Co

1924

Application for Pension Due Deceased Pensioner

(UNDER ACT 1904)

(To pay expenses of last illness or funeral)

Ordinary
For Mrs. Nancy Ford
of Cobb County
Old or New Class?
Died January 30 1924
Amount $100.00

Approved and ordered paid.

1921.

Commissioner of Pensions.

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

WIDOW'S AFFIDAVIT

STATE OF GEORGIA,
Cobb COUNTY.

Personally before me comes Nancy C. Ford of said County, who, after being duly sworn, says that she is the widow of Leonidas A. Ford to whom, in the County of Pike State of Ga she was married on the 3rd day of Oct 1864, and that she remained his wife, and resided with him to the date of his death in July 29th 1919 and that she has not since his death remarried. At the time of his death he was a resident of Cherokee County, in said State of Georgia, and he was on the Indigent Pension Roll of the State and paid a pension of $40.00 in Cherokee County for 1919 per annum, on account of being a soldier in Company A. 54th Ga Regiment Infantry (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 in Ga. all her life day of 19

Sworn to and subscribed before me, this the 16th day of Sept 1919
J M Gann Ordinary
Cobb County
SEAL

Nancy C. Ford

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

STATE OF GEORGIA,
Cherokee COUNTY

Personally before me comes Olin Fincher 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. Nancy C. Ford who made the foregoing affidavit, is the lawful widow of Leonidas A. Ford who died in Cherokee County in said State of Georgia on 29th day of Jan 1919, and that she has not since remarried. That she became the wife of L. A. Ford on the 3rd day of Oct 1864, and that she and he had resided together as man and wife continuously since day of 18, and that the Leonidas A. Ford was the same man who was on the pension roll of said State State Ga from Cherokee County when he died.

Sworn to and subscribed before me, this the 7th day of Sept 1919
J M Satterfield Ordinary
of Cherokee County
(SEAL)

Olin Fincher
State of Georgia, Cobb, County.
I hereby certify that Nancy C. Ford is a bona-fied citizen of this County and her statement is entitled to full faith and credit.
J M Gann Ordinary.
Cobb Co, Ga.

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 J A Ford of said County, who, after being sworn, on oath says that he knew Nancy Ford of said County, and that said pensioner was on the Pension Roll of Cobb County at the time of death, which occurred in Cobb County, in this State, on the 30th day of January 1924, 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 no estate of any value sufficient to pay these funeral expenses, which amounted to the sum of $104.75 per sworn statement fully and completely **itemized**, hereto attached.

Sworn to and subscribed before me this 1st day of Feby 1924
J M Gann Ordinary
Cobb County.

J. A. Ford

AFFIDAVIT OF ORDINARY

GEORGIA, Cobb County.

I, J M Gann Ordinary of said County, do certify that I personally know J A Ford, 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 knew Nancy Ford while in life and that this was the same person whose name appears on the widows Pension Roll of Cobb County, and was paid a Pension of 100 Dollars in said County for 1923, and I now believe said pensioner to be dead.

Given under my hand and official seal, this 24 day of April, 1924
(SEAL)
J M Gann 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 blank.

2nd. Require those claiming accounts for expenses of last illness, and expenses of funeral, to make out their account in fully itemized form, giving each item and the value of it, and each date.

3rd. Running accounts cannot be paid—only those connected with the last illness, just before death when pensioner grew 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 bills, 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. Pensioner's children, or children-in-law, must not charge the State for doing only what the law and common humanity demand of them.

9th. Return this application, and attached bills, with your final settlement to the Pension Office.

10th. Ordinary should see that the back of this blank, when folded, is filled out.

11th. 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.

County ..... when he died.

Sworn to and subscribed before me, this the

7 day of Apr. 1919

J M Satterfield Ordinary

of Cherokee County

(SEAL)

Olive Fincher

State of Georgia, Cobb, County.

I hereby certify that Nancy C. Ford is a bona-fied citizen of this County and her statement is entitled to full faith and credit.

J M Gann Ordinary.
Cobb Co, Ga.

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 blank.

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.

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"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."

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6th. The completed voucher, this blank and the bills, 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. Pensioner's children, or children-in-law, must not charge the State for doing only what the law and common humanity demand of them.

9th. Return this application, and attached bills, with your final settlement to the Pension Office.

10th. Ordinary should see that the back of this blank, when folded, is filled out.

11th. 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.

Statement

ACWORTH, GA. Jan 30 1924

Mr J A Ford for Mother

In Account with

J. F. Collins & Son

Furniture, House Furnishings, Stoves, Etc.

FUNERAL DIRECTORS & EMBALMERS

Casket	60 00
Robe	5 00
Embalming	15 00
Hearse & Service	10 00
Pr Gloves	25
Pd digging Grave	3 00
	93 25

Personally appear before me E. L. Collins of the firm of J. F. Collins & Son positively swear that the above account is just and unpaid.

E. L. Collins

Lemon M Heath NP
Cobb Co. Ga

93 25
11 50
104 75

ACWORTH, GA. Jan 30 1924

Mr J A Ford
for Mother

In Account with

J. F. Collins & Son

Furniture, House Furnishings, Stoves, Etc.
FUNERAL DIRECTORS & EMBALMERS

Casket	60 00
Robe	5 00
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Cleaning & Service	10 00
Pr Gloves	25
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	93 25

Personally appear before me E. L. Collins of the firm of J. F. Collins & Son positively swear that the above account is just and unpaid

E L Collins

Lemon M Arch NP
Cobb Co. Ga

93 25
11 50
104 75

PHONES { OFFICE 17 / RESIDENCE 22 } ACWORTH, GA. Jan 11 1924

Mrs Nancy Ford
Acworth Ga

In Account With

E. M. BAILEY, M. D.

FOR PROFESSIONAL SERVICES from Oct 1923 to Jan 29 1924

Personaly appeared before me E M Bailey who on on oath says the above acct is just due and unpaid

$ 11.50

PAID ON ACCOUNT $

BALANCE DUE $

J Carnes NP
Cobb Co Ga

E M Bailey

Statement Rendered Monthly and Mailed Upon Request.

Received Payment

Received Payment

Foster, J. K.
Cobb Co

No.

INDIGENT PENSION,

~~1900.~~
1901

Name J. K. Foster

County Cobb
Co B- 23 Ga

Approved 1900.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

5/29-1901

Power of Attorney.

STATE OF GEORGIA,
Cobb County.

John K. Foster of Cobb County hereby authorize to receive and receipt for the pension allowed, and request that he remit same to me at his office by hand

Witness my hand and seal, this 7th day of March 1901

Executed in presence of J. K. Foster [L. S.]

Power of Attorney.

STATE OF GEORGIA,
Cobb County.

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

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

J. K. Foster [L. S.]

Executed in presence of

Foster, J. K.
Cobb Co

No.

INDIGENT PENSION,

1900.

1901

Name J. K. Foster

County Co B 23 Ga

Approved 1900.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

5-9-1901

Questions for Applicant.

STATE OF GEORGIA,
Cobb County.

J. K. Foster of said State and County, desiring to avail himself of the Pension Act (Section 1254, Code), hereby submits his proofs, and after being duly sworn true 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) J. K. Foster, Reside in Cobb County, near Marietta.
2. How long and since when have you been a resident of this State? All my life.
3. When and where were you born? Union County, Ga. Aug 14th, 1838.
4. When and where and in what company and regiment did you enlist or serve? Enlisted at Big Shanty, Ga., August 1861. Co. B. 23rd Ga. vols.
5. How long did you remain in such company and regiment? until the close of the war, nearly 4 years.
6. When and where was your company and regiment surrendered and discharged? At Appomattox, Va. April 9th, 1865.
7. Were you present with your company and regiment when it was surrendered? I was not.
8. If not present, state specifically and clearly where you were, when you left your command, for what cause and by whose authority? I was taken prisoner at Petersburg Va. June 18th 1864 - Was taken to Elmira N.Y. & kept prisoner until close of war.
9. How much can you earn (gross) per annum by your own exertions or labor? very little.
10. What has been your occupation since 1865? Farming when able.
11. Upon which of the following grounds do you base your application for pension, viz: first, "age and poverty," second, "infirmity and poverty," or third, "blindness and poverty"? 1st & 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? 1st For the last 4 years have not been able to work sufficiently to earn a support - 2nd I have had chronic lung trouble for many years, causedly from what wound in breast, received at Petersburg Virginia, June 1864. All these troubles render me unable to work any of consequence.
13. What property, real or personal, or income, do you possess, and its gross value? very little. Just a little household goods.
14. What property, real or personal, did you possess in 1894, 1895, 1896, 1897, 1898 and 1899 & 1900 and what disposition, if any, by sale or gift, have you made of same? In 1894 I owned two horses & Cow - Since then on acct of inability to labor have gradually run down until now have nothing but little household goods.
15. In what County did you reside during those years, and what property did you then return for taxation? In Cobb County. I gave in the property mentioned above as long as had it.
16. How were you supported during the years 1899 and 1900? Principally by the help of my son who has since married.
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? My son who has since married made my support. I contributed very little.
18. What was your employment during 1899 and 1900? What pay did you receive in each year? Worked a little on the farm when able - Received no pay.
19. Have you a family? If so, who composes such family? Give their means of support? Have they a homestead? Yes. one little boy and 3 daughters - They have no homestead and no means of support. My married children are all renters.
20. Are you receiving any pension? If so, what amount and for what disability? None -
21. Have you ever made an application for pension before? Yes.
22. How many applications have you ever made and under what class? One - Indigent -

Every Question MUST be Answered

Sworn to and subscribed before me this the 7th day of March 1900.

J. K. Foster
Applicant.

John Awtrey
Ordinary,
of Cobb County.

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

J. K. Foster [L. S.]

Executed in presence of

Foster, J. K.
Cobb
No. —

INDIGENT PENSION,

1900.

1901

Name J. K. Foster

County Cobb

Co B 23 Ga

Approved 1900.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

5-29-1901

Every Question MUST be Answered

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

3. When and where were you born? Union County, Ga. Aug 14th, 1838.

4. When and where and in what company and regiment did you enlist or serve? Enlisted at Big Shanty, Ga., August 1861. Co. B. 23rd Ga. Vols.

5. How long did you remain in such company and regiment? until the close of the war, nearly 4 years.

6. When and where was your company and regiment surrendered and discharged? At Appomattox, Va. April 9th, 1865.

7. Were you present with your company and regiment when it was surrendered? I was not.

8. If not present, state specifically and clearly where you were, when you left your command, for what cause and by whose authority? I was taken prisoner at Petersburg Va. June 18th 1864 - Was taken to Elmira N.Y. & kept prisoner until close of war.

9. How much can you earn (gross) per annum by your own exertions or labor? very little.

10. What has been your occupation since 1865? Farming when able.

11. Upon which of the following grounds do you base your application for pension, viz: first, "age and poverty," second, "infirmity and poverty," or third, "blindness and poverty"? 1st & 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? 1st For the last 4 years have not been able to work sufficiently to earn a support - 2nd I have had chronic lung trouble for many years, caused by gun shot wound in breast, received at Petersburg Virginia, June 1864. All these troubles render me unable to work any of consequence.

13. What property, real or personal, or income, do you possess, and its gross value? very little. Just a little household goods.

14. What property, real or personal, did you possess in 1894, 1895, 1896, 1897, 1898 and 1899 & 1900 and what disposition, if any, by sale or gift, have you made of same? In 1894 I owned two horses & cow - Since then on acct of inability to labor have gradually run down until now have nothing but little household goods.

15. In what County did you reside during those years, and what property did you then return for taxation? In Cobb County. I gave in the property mentioned above as long as had it.

16. How were you supported during the years 1899 and 1900? Principally by the help of my son who has since married.

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? My son who has since married made my support. I contributed my little.

18. What was your employment during 1899 and 1900? What pay did you receive in each year? Worked a little on the farm when able - Received no pay.

19. Have you a family? If so, who composes such family? Give their means of support? Have they a homestead? Yes. one little boy and 3 daughters - They have no homestead and no means of support. My married children are all renters.

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

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

22. How many applications have you ever made and under what class? One - Indigent -

Sworn to and subscribed before me this the 7th day of March 1900.

J. K. Foster
Applicant.

John A. Wheeler
Ordinary,
of Cobb County.

BAD COPY***OR**LIGHT PRINT

STATE OF GEORGIA,)
Cobb COUNTY.)

W B Morris of said State and County, having been presented as a witness in support of the application of J K Foster 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? W B Morris Cobb Co
2. Are you acquainted with J K Foster, the applicant; if so, how long have you known him? Since August 1861
3. Where does he reside, and how long and since when has he been a resident of this State? Cobb Co Ever Since I knew him
4. When, where and in what company and regiment did he enlist, and how do you know? In August 1861 Cobb Co Co B 23 Ga Vols
5. Were you a member of the same company and regiment? Same Regiment
6. How long did he perform regular military duty? From 1861 to the Surrender 1865
7. When and where was his command surrendered? I think they were Surrendered at Greensboro
8. Were you present when it surrendered? I was not I Captured in June 1864
9. Was applicant present? He was, not he was with me in Prison
10. If he was not present, where was he? He had been Captured in June 1864 and Carried to Elmira When did he leave his command? June 1864 For what cause? He was Captured By what authority he left? He Stated above How do you know all of this? I was with him we were Captured together and remained in prison together until the wars was over
11. What property, effects or income has the applicant? (Give your means of knowledge.) I do not
12. What property, effects or income did the applicant possess in 1896, 1897, 1898 and 1899, and what disposition, if any, did he make of same? I do not know
13. Has he conveyed away any of his property in the last four years, if so, what was it, and to whom? I do not know
14. What is the applicant's occupation and physical condition? Farmer. He is old and has been wounded and is worn out
15. Is the applicant unable to support himself by labor of any sort, if so, why? I think he Because of age, bad health and worn out
16. How was he supported during the years 1898 and 1899? Do not know
17. What portion of his support for these two years was derived from his own labor or income? I do 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 has been wounded and is worn out
19. What interest have you in the recovery of a pension by this applicant? none

Sworn to and subscribed before me, this the 26th day of Feb 1900

W B Morris Mark Witness.

John Awtry Ordinary.

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA, }
Cobb COUNTY. }

Personally came before me C H Field M D and J T Gault M D, both known to me as reputable physicians of said County, who, being severally sworn, say on oath that they have examined carefully J K Foster, applicant for pension under Section 1254, Code, and after such personal examination say that his precise physical condition is as follows:

Has chronic rheumatism, Chronic bronchitis and is old and worn out

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 27th day of Feb 1900

John Awtry Ordinary.

C H Field M D

J T Gault M D.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA, }
Cobb COUNTY. }

I, John Awtry, Ordinary in and for said County, hereby certify that the applicant J K Foster resides in said County, and has been a bona fide resident of this State since the 1st day of Jany 1894. and that the witnesses, viz: W B Morris, Chas H Field M D and J T Gault M D 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 1899 No Dollars of property, and in 1900 195 Dollars of property.

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

Witness my hand and seal of office, this 7th day of March 1900.

John Awtry 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.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cobb County.

I, J K Foster hereby authorize
John Awtry 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 Jan 6th 1902.
J K Foster [L. S.]

Executed in presence of
J M Garrett

Foster, J. K.
Cobb County

(FOR THOSE ALREADY ENROLLED.) CODE SECTION 154.
No. 501

INDIGENT
SOLDIER'S PENSION
1902.

Name J K Foster
County Cobb
Co. B Regiment 23

WARRANT ISSUED
1/16 1902.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
Cody

Geo. W. Harrison, State Printer, Atlanta.

no date

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cobb County.

I, J K Foster hereby authorize
John Awtry of Marietta

to receive and receipt for the pension allowed and request that he remit same to
my at his office

by hand

Witness my hand and seal, this 1 day of Jany. 1903.
J K Foster [L. S.]

Executed in presence of

Foster, J. K.
Cobb County

(FOR THOSE ALREADY ENROLLED.) CODE SECTION 154.
No. 461

INDIGENT
SOLDIER'S PENSION
1903.

Name J K Foster
County Cobb
Co. B Regiment 23

WARRANT ISSUED
1/23 1903.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
Cody

Geo. Harrison, State Printer, Atlanta.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
Cobb County.

Personally appears J. K. Foster of Cobb County, State of Geoogia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the day of 1838; 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 4 years in Company B, of 23 th Regiment of Ga Vols; 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 1902. I have heretofore as a resident of Cobb county been allowed a pension for the year 1

Sworn to and subscribed before me, this the 6 day of January 1902.

John Awtrey Ordinary. J. K. Foster

STATE OF GEORGIA,
Cobb County.

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

Given under my official signature and seal, this 6 day of Jan 1902.

Affix your seal here

John Awtrey
Ordinary Cobb 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 J. K. Foster 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 1838; that he is 64 years old and by occupation a farmer, that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served for the term of 4 years in Company B, of 23 Regiment of Ga Vols; that his physical condition is as follows: from infirmity & poverty cannot 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 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 1st day of Jany 1903.

John Awtrey Ordinary. J. K. Foster

STATE OF GEORGIA,
Cobb County.

I, John Awtrey Ordinary of said County, do certify that I am well acquainted with J. K. Foster the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 Jany 1903.

Affix your seal here

John Awtrey
Ordinary Cobb County.

NOTE.—The blank spaces must be filled.
NOTE.—Affidavit should not be attested before January 1st, 1903.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cobb COUNTY.

I, J. K. Foster hereby authorize John Ashley of

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

by

Witness my hand and seal, this 1 day of [illegible] 1904.

J. K. Foster [L. S.]

Executed in presence of

[illegible]

Foster, J. K.
Cobb Co.

CODE SECTION 1254.
(FOR THOSE ALREADY ENROLLED.)

No. [illegible]

INDIGENT
SOLDIER'S PENSION
1904.

Name [illegible]
County [illegible]
Co. [illegible] Regiment 23

WARRANT ISSUED
[illegible] 1904.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
[illegible]

Geo. W. Harrison, State Printer, Atlanta.

no date

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cobb COUNTY.

I, J. K. Foster hereby authorize John Ashley of

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

by

WITNESS my hand and seal, this 5th day of January 1905.

J. K. Foster [L. S.]

Executed in the presence of

J. M. Gann

Foster, J. K.
Cobb Co.

CODE SECTION 1254.
(FOR THOSE ALREADY ENROLLED.)

No. 711

INDIGENT
SOLDIER'S PENSION
1905.

Name J. K. Foster
County Cobb
Co. B Regiment 23

WARRANT ISSUED
JAN 23 1905.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
[illegible]

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

no date

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA, }
County. }

Personally appears [illegible] of [illegible] 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[illegible]; that he is [illegible] years old and by occupation a [illegible], 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 [illegible] in Company [illegible], of [illegible] th Regiment of [illegible]; that his physical condition is as follows: [illegible]

that his property consists of the following items: [illegible]

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 [illegible] County been allowed a pension for the year 1[illegible]

Sworn to and subscribed before me, this the [illegible] day of [illegible] 1904. } J. R. Foster

[illegible] Ordinary.

STATE OF GEORGIA, }
[illegible] County. }

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

Given under my official signature and seal, this [illegible] day of [illegible] 1904.

Affix your Seal here

[illegible] Ordinary [illegible] 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 J. R. Foster 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 1838; that he is 64 years old and by occupation a farmer, that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served for the term of 4 years in Company B, of 23 th Regiment of Ga Vols; that his physical condition is as follows: age infirmity and poverty

that his property consists of the following items: writing

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 5 day of January 1905. } J. R. Foster

John A. Tray Ordinary.

STATE OF GEORGIA, }
Cobb County. }

I, John A. Tray Ordinary of said County, do certify that I am well acquainted with J. R. Foster the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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-th day of January 1905.

Affix your Seal here

John A. Tray
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, J K Foster hereby authorize John A Whitney 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.

J K Foster [L. S.]

Executed in the presence of

J M Gann

Foster, J. K.
Cobb Co.

CODE SECTION 1254.
(FOR THOSE ALREADY ENROLLED.)

No. 566

INDIGENT
SOLDIER'S PENSION
1906.

Name J K Foster
County Cobb
Co. B 23rd Regiment Ga
Res.

WARRANT ISSUED
1/22 1906.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
Holly

THE FRANKLIN PRINTING AND PUBLISHING CO., GEO. W. HARRISON, MGR.

no data

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cobb COUNTY.

I, J K Foster, hereby authorize John A Whitney 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 January 1907.

J K Foster [L. S.]

Executed in presence of

J M Gann

Foster, J. K.
Cobb Co.

CODE SECTION 1254.
(FOR THOSE ALREADY ENROLLED)

No. 588

INDIGENT
SOLDIER'S PENSION
1907.

Name J K Foster
County Cobb
Co. B 23rd Regiment

WARRANT ISSUED
JAN 21 1907.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
J

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

no data

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,
Cobb County.

Personally appears J K Foster 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 D, of 23 Ga Regiment of Vols; that his physical condition is as follows: Age Infirmity & 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 Jany 1906. J K Foster

John Awtrey Ordinary.

State of Georgia,
Cobb County.

I, John Awtrey Ordinary of said County, do certify that I am well acquainted with J K Foster the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 Jany 1906.

John Awtrey
Ordinary Cobb County.

Affix your seal here

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 J K Foster 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 29 Ga Regiment of Ga Vols; that his physical condition is as follows: Infirmity & 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 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 8 day of Jany 1907. J K Foster

John Awtrey Ordinary.

State of Georgia,
Cobb County.

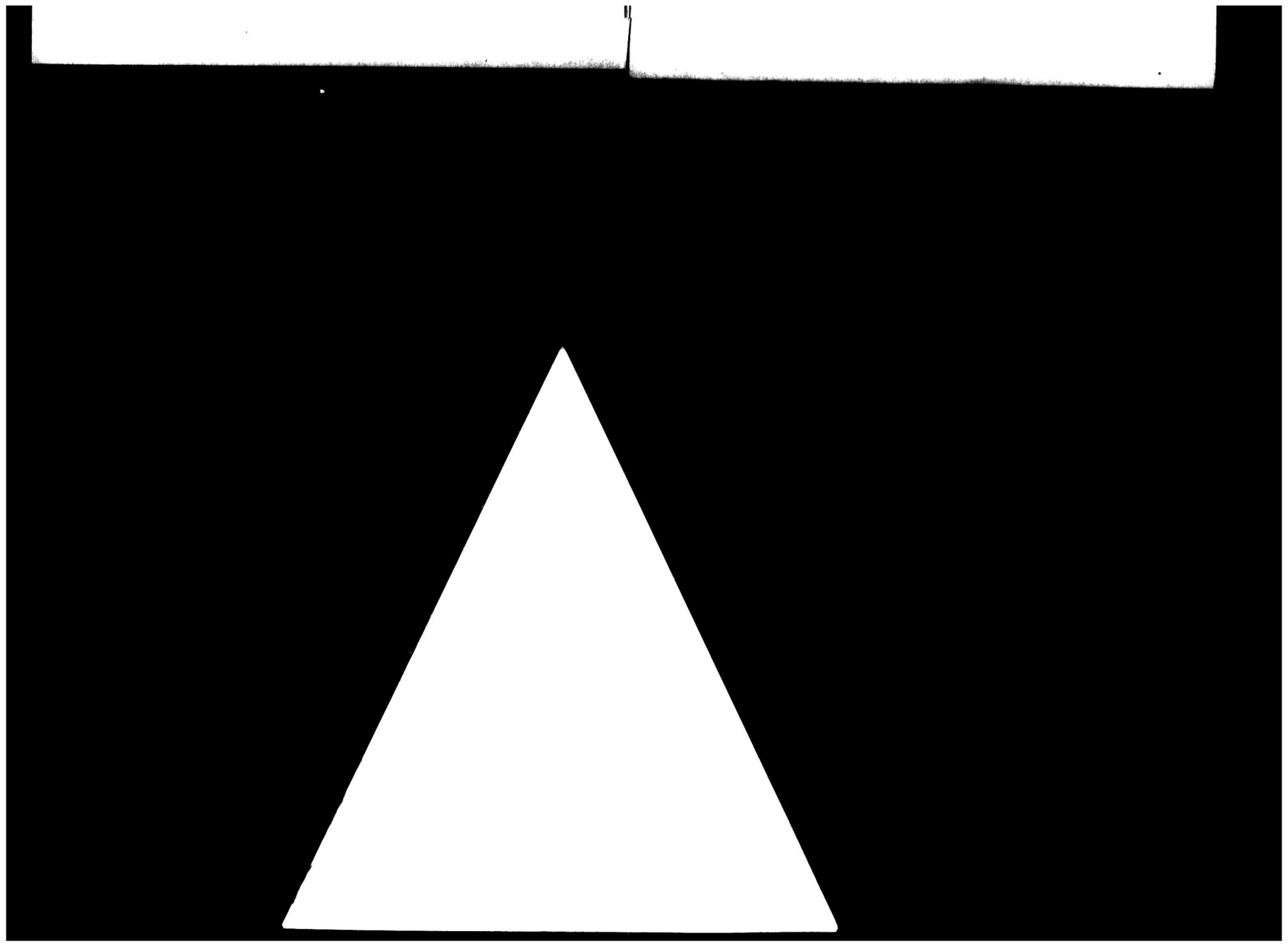
I, John Awtrey Ordinary of said County, do certify that I am well acquainted with J K Foster the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be, and that he resides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

Given under my official signature and seal this 8 day of Jany 1907.

John Awtrey
Ordinary Cobb County.

Affix your seal here

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



Pension Office, 11/22/10.

Applicant must state every fact to be proven to make out claim for pension.

J.W. Lindsey, Com. of Pensions.

Foster, Margarette E.
Cobb County

9 4/12 No. 1

Widow's Pension

UNDER ACT 1910.

County Cobb

Name Margarette E. Foster

Widow of Joseph D. Foster

J. W. LINDSEY,
Commissioner of Pensions.

Chas. P. Byrd, State Printer.

10/30/10
3/30/11

pension.

J.W. Lindsey, Com. of Pensions.

Foster Margarette E.
Cobb County
No. 9414

Widow's Pension

UNDER ACT 1910.

Ap 11

County Cobb

No. Margarette E Foster

Widow of Joseph D Foster

J. W. LINDSEY,
Commissioner of Pensions.

Chas. P. Byrd, State Printer.

15 Sep 10
3 Jan 11

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

STATE OF GEORGIA,
Cobb County.

Personally before me comes Mrs Margarette E Foster 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? Margarette E Foster, Roswell Cobb Co
2. How long and since when have you been a continuing resident in the State of Georgia? Since 1854 - Have lived here [illegible]
3. When, where and to whom were you married? April 1866 - Forsyth County
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.) April 1861 Bry Shoals Cobb Co in Co E - 22 Ga. Infantry
5. When and where did the Commands of your husband surrender or discharge from the army? April 1865 at Appomattox Va
6. Was your husband personally present at the time of the surrender or discharge of this Command? No
7. If he was not present state clearly where he was? He was a prisoner
8. Where was his Command when he left? He was [illegible]
a. For what cause did he leave his command? was Captured
b. By whose authority did he leave his Command? } Was taken prisoner
c. For how long was he granted leave of absence?
e. What was his physical condition when he left his Command? In good health - so far as I know
f. What effort did he make to return to his command?
g. In what way was he prevented from going back to Command? was held prisoner
h. Was he captured by the enemy at any time? Yes
i. If so, when and where captured and where held as a prisoner, and when and for what cause released? Gellesburg Pa. And was held in prison to Close of the war at Johnsons Island
j. When and where did your husband die? July 1887 at Cumming Ga
k. Were you residing together when he died? Yes
l. If not, how long had you resided apart?
9. What property of any description did you own, hold or control for your use and its cash value, Nov. 4, 1908. (State same by items.) 9 Shares in Roswell Bank face value 900.00
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? Same as above Give list and cash value? 9 Shares Roswell Bank face value $900.00
12. What are your annual earnings or income and their value? Only Dividends I receive from above
13. Have you heretofore been paid a pension by the State? No If so, when and for what cause were you struck from the Roll? No

Sworn to and subscribed before me this the 26 day of Sept 1910 | Margaret E Foster

J M Garner Ordinary

Amended and sworn to July 18 1911 before me of Cobb County.

J M Garner
Ordinary Cobb County Ga

STATE OF GEORGIA,
Milton County.

Personally before me comes I. T. Crisler & C. [illegible] who after being duly sworn true answers to make, to the following questions, answers as follows: [illegible]

1. What is your name and where do you reside? I. T. Crisler Milton Co.
2. How long and since when have you known Margarette E Foster applicant? 10 years
3. How long and since when has she continuously resided in this State? (Give date.) Since Aug 1861 to my personal Knowledge
4. When and to whom was she married? How do you know?
5. How long and since when did you know J. D. Foster her husband? Since Aug 1861
6. When and where did J. D. Foster the husband of Applicant die? July 1887 at Cumming Ga
7. Where the Aplicant and her husband living together as husband and wife at the date of his death? Yes
8. If not, how long did they live apart before his death? Were they divorced?
9. When, where and in what Company and Regiment did J. D. Foster enlist? April 1861 Big Shanty Ga Co E 22nd Ga Inft.
10. Were you a member of the same Company? Yes
11. How long within your personal knowledge did he perform actual military service with his Company and Regiment? from April 1861 until battle of Gettysburg
12. When, and where did his Command surrender, and was discharged? April 1865 at Appomattox Va.
13. Were you personally present when it was surrendered? Yes If not where were you and how came you there?
14. Was the husband of applicant personally present at surrender? No If not where was he? In prison when, where and for what cause did he leave Command? (Give date.) War captured By whose authority did he leave his Command? and how long was he granted leave? How do you know all this? War present
15. For what cause, if you know of your own knowledge was he prevented from returning to his Command? War in prison
16. What effort did he make to return to his Command and how do you know this? Of your own knowledge or how?

Sworn to and subscribed before me this the 27th day of Sept 1910 — A T Crisler

E. A. Robertson Ordinary,
of Milton County.

AFFIDAVIT OF TWO FREEHOLDERS.

STATE OF GEORGIA,
Cobb County.

Personally before me comes C. C. Foster & S. G. Stribling who on oath says that they are freeholders of said County and that they know Mrs Margarette E Foster of said County and know what property she owned on 4th Nov. 1908, and its cash value to be as set out by Schedule (A) as follows

Personal property 9 Shares Russell Bank $
Notes and accounts due face value 900.00 $
Total Value $

Schedule (B).

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

Personal property $
Money, Notes and accounts $

Schedule (C).

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

Acres of land worth $
Horses and Mules 9 Shares of Russell Bank $
Cows and Hogs Shares face $
Other property Value 900.00 $
income and earnings Value with reserve $1200.00
Total Value of all property and effects $

Sworn and subscribed before me this the 26th day of Sept 1910 — C. C. Foster, S. G. Stribling

J. M. Gann Ordinary,
of Cobb County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,
Cobb County.

I J. M. Gann Ordinary of said County do certify that, I know Margarette E Foster the applicant for pension. She is the person she represents herself to be and she is a bona fide continuing resident citizen of said County and was in the 4th Nov,. 1908.

That I also know the witness who swears to the service of husband, and S. G. Stribling & C. C. Foster who are freeholders. That all of them are now residents of said County and were duly sworn by me before signing the foregoing affidavits and that they all, are truthful, trustworthy, and their statements are entitled to full faith and credit.

That the Tax Returns Margarette E Foster Returned for Tax is for 1908 $ — for 1910 $ —

Sworn under my hand and official seal of office this 18th day of Oct 1910

SEAL.

J. M. Gann Ordinary,
Cobb County

(SEAL.)

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

STATEMENT

Return this Statement for Correction in Case of Error

[illegible] 191

Mrs Margrett E Foster

To R J Power M.D. Dr.

Terms. No. St.

For drugs and medical attention during last illness $45.85

Personally comes R J Power who being duly sworn says the above and foregoing acct is just and true

Sworn to and subscribed before me this the [illegible] day [illegible]

R J Power

Marshall [illegible]

Received payment in full by C C Foster

R J Power

Foster, Margaret (Mrs)

Cobb County

1918

Application for Pension Due Deceased Pensioner

Under Act 1904

[illegible] Ordinary.

For Mrs Margaret Foster

of Cobb County

of Co. Regiment

Approved and ordered paid

1918.

J. W. LINDSEY,
Commissioner of Pensions.

You will see that I was short 2 of these blanks

J. M. Shaw

State of Georgia Forsyth County

To any Minister of the Gospel Judge of the Superior or Inferior Court or Justice of the Peace or any person authorized to celebrate the rite of Matrimony

You are hereby authorized to join in the Honorable State of Matrimony Mr Joseph D Foster and Miss Evaline M McAfee according to the constitution and laws of the State and this shall be your authority for so doing

Given under my hand and seal of the Ordinary's Office 28th day of April 1866

W D Bently
Ordinary.

I hereby certify that Mr Joseph D Foster and Miss Evaline M McAfee were joined together in the Holy Bans of Matrimony by me on the 29th day of April 1866

J W Hutchins
M. G.

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 H. J. LeRoy, undertaker for Roswell Manf'g Co of said County, who, after being sworn, on oath says that he knew Mrs Margaret E. Foster of said County, and that ~~he~~ she was on the Pension Roll of Cobb County at the time of ~~his~~ her death, which occurred in Roswell, Cobb County, in this State, on the 22nd day of January 1918, and that a Pension of Eighty no/100 Dollars was due ~~him~~ her and unpaid at the time of ~~his~~ her death. ~~That he left no widow or dependent children surviving him~~ her, and no estate of any value sufficient to pay ~~his~~ her funeral and last illness expenses, which amounted to the sum of 113.68 Dollars, as per sworn statement, itemized, hereto attached.

Sworn to and subscribed before me this 12th day of Feb. 1918.

Marshall E. Groover ~~Ordinary~~
Notary Public Cobb County.

H. J. LeRoy

GEORGIA, Cobb County

I, J. M. Gauss Ordinary of said County, do certify that I personally know H. J. LeRoy, who is a resident citizen of said County, and that he is of a truthful and trustworthy character, entitled to full faith and credit.

I also knew Mrs Margaret Foster while in life; that he was the same person whose name appears on the Widows Pension Roll of Cobb County, and was paid a Pension of Seventy Dollars in said County for 1917, and I now believe him to be dead.

Given under my hand and official seal, this 8 day of March 1918.

J. M. Gauss Ordinary,

Cobb County.

S. Y. STRIBLING, PRESIDENT & TREASURER

C. C. FOSTER, SECRETARY.

Cotton Mills

ROSWELL MANUFACTURING CO.

SHEETING, SUITINGS, YARNS AND WARPS.

ORDER NO.

Roswell, Ga. Feby 12/1918

Sold to C. C. Foster for Mrs Margaret E. Foster

TERMS

INTEREST CHARGED ON ALL ACCOUNTS AFTER MATURITY

Jany 13	1 Casket & box – at cost	60.33	
	Paid for use of Hearse	7.50	
			$67.83

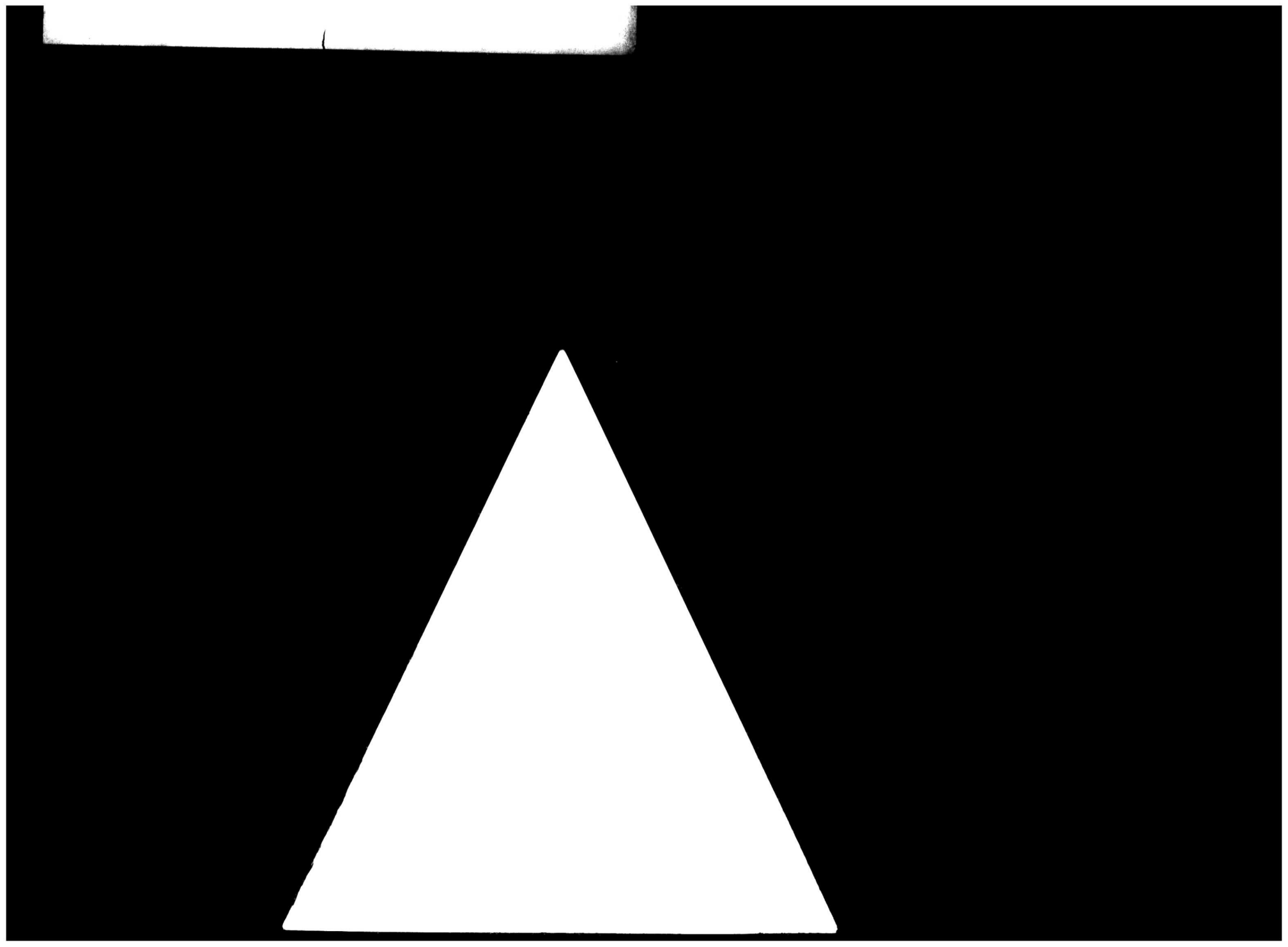
Paid by C. C. Foster Jany 26th 1918 Roswell Manf'g Co

Georgia
Cobb County } Personally comes H. J. LeRoy, an undertaker for Roswell Manf'g Co who being duly sworn says the above and foregoing account is correct

Sworn to before me this Feby 12/1918

H. J. LeRoy

Marshall E. Groover
Notary Public Cobb Co. Ga.



Ordinary's Certificate

STATE OF GEORGIA,
Cobb COUNTY.

I, J M Gann Ordinary of said County, certify that I know the applicant L W Fowler for pension is the person he represents himself to be and resides in said county. That I also know John Tate 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 Sept 1919

J M Gann 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.

Fowler, L. W.
Cobb Co.

No. 1920

Confederate Soldier's Application

Under Act 1910—As Amended by Act of 1919.

County Cobb
Name L W Fowler
Company C
Regiment Phillips Legion Cav
Approved

J. W. LINDSEY,
Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

10-30-1919

STATE OF GEORGIA,
Cobb COUNTY.

I, J M Gann Ordinary of said County, certify that I know the applicant L W Fowler for pension is the person he represents himself to be and resides in said county. That I also know John Tate 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 Sept 1919

J M Gann 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.

Fowler, L. W.
Cobb Co

No. 4 Jan 1920

Confederate Soldier's Application
Under Act 1910—As Amended by Act of 1919.

County Cobb
Name L W Fowler
Company C
Regiment Phillips Legion Cav
Approved

J. W. LINDSEY,
Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

10. 30. 1919

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

Questions For Applicants to Answer

STATE OF GEORGIA,
Cobb COUNTY.

L. W. Fowler 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) L W Fowler, Marietta Ga
2. How long and since when have you been a continuous resident citizen of this State? All my life 75 years
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) 2nd Sept 1862, Cobb Cav Co "C" Phillipps Legion Cavalry
5. How long did you remain in the actual military service with said Company and Regiment? (Give date of discharge) Until April 26 1865;
6. When and where was your Company and Regiment surrendered or discharged from the Service? April 26-1865, Greensborough 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
   a. Where was your command when you left it? Greensborough N. C.
   b. When did you leave the command? April 26 1865,
   c. For what cause did you leave? Johnson Surrendered, War Over
   d. By whose authority did you leave? General Orders
   e. For how long was your leave granted? In what way? For Good
   f. Why did you not return to your command after leave expired? —
   g. In what way were you prevented? —
   h. What effort did you make to return? —
   i. Were you captured during the war? No
   j. If so, when, and where? In what prison were you held and when were you released?
9. Are you drawing a pension of any amount from this State or the United States? No
10. Have you ever applied for the Georgia Pension and had it refused? and for what cause it was not allowed? No

L W Fowler

Sworn to and subscribed before me, this the 2nd day of Sept 1919
J M Gann Ordinary
of Cobb County.
(SEAL)

Questions for Witness as to Service

STATE OF GEORGIA,
Cobb COUNTY.

John Tate of said State and County is hereby presented as a witness in support of the application of L. W. Fowler for the pension provided by the Act of 1910, as amended by the Act of 1919 in said State, and, after being sworn true answers to make to the questions propounded, answers as follows:

1. What is your name and where do you reside? John Tate. Marietta

2. How long and since when have you known ~~John Tate~~ L W Fowler the applicant? 65 years or more

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? Marietta Ga, ever since I knew him

4. When, where and in what Company and Regiment did L W Fowler enlist during war from 1861 to 1865? (Give date and place.) Sept. 1862, Cobb Co. in Co. C. Phillips Legion Cavalry

5. How did you obtain your information of this Service? I was a member of the Same 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

7. When and where was his command surrendered or discharged (give date and place) April 26-1865; Greenborough N.C.

8. Were you personally present at the surrender? Yes

9. If not, where were you and how came you there? I was 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? Surrender April 26 1865 Where was his command when he left it? Greenborough N.C. For what cause did he leave? —

— By whose authority did he leave — and how long was he granted leave? — How do you know all that you have stated to be true? If of your own knowledge, tell clearly and specifically I was a Comrade of applicant, served with him all this time

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 2nd day of Sept 1919 John Tate

J M Garner Ordinary of Cobb County.

(SEAL)

STATE OF GEORGIA, Cobb County

I, J M Game, Ordinary of said County, do certify that I personally know Mrs L W Fowler, the applicant, and that she is the lawful widow of L W Fowler, and was on the Service Pension Roll of said Cobb County, and was ~~paid~~ Due a Pension from Cobb County for 1920, and at the time of his death on the 16 day of May 1921, there was due to him and unpaid his Pension of 125 for 1921 & 100 for 1920 Dollars from the State of Georgia, and I know John Tate, 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 December, 1921.

(SEAL.)

J M Game Ordinary

Cobb County.

---

new Fowler, L.W.

Cobb County

1920

Application for Pension Due Deceased Soldier

(UNDER ACT 1891)

(To be paid his Widow or Dependent Children)

BY

Mrs. L W Fowler

Widow of L W Fowler

of Cobb County

Old or New New

Date of Death May 16 1921

Approved and entered paid 100

Pay Mrs Rec 1920

1/13-1922 1922

J. W. LINDSEY,

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 roll for permanent filing in the Pension Office.

Must note a duplicate for 1921

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 192, through my deceased husband, who was on Pension Roll and paid from County for 19

Witness my hand this day of 192

Attested before me:

Application for Pension Due Deceased Soldier

(To Be Paid to His Widow or Dependent Children)

UNDER ACT APPROVED OCTOBER 6, 1917.

STATE OF GEORGIA, Cobb County

Personally before me comes Mrs. L W Fowler, of said County, who after being duly sworn, on oath says that she is the widow of L W Fowler who was duly enrolled as a Servis Pensioner from the County of Cobb and was paid a Pension of One hundred & one hundred & twenty Dollars from Cobb Co County for 1921, and that the said L W Fowler died in Cobb County on the 16 day of May, 1921, and at the time of his death a Pension of $120.00 was due him from Cobb County and unpaid for 1921.

Applicant further swears that she married the said L W Fowler on the 8th day of Nov, 1866, in Cobb County and State of Georgia, and resided with him from the date of marriage to his death as his lawful wife, and is now his dependent widow, and she asks that the Pension so due and unpaid be paid to her.

Sworn to and subscribed before me this 27 day of Dec, 1921.

J M Gann, Ordinary.
Cobb County.
(SEAL.)

Mrs L. W. Fowler (L. S.)

AFFIDAVIT OF WITNESS

STATE OF GEORGIA, Cobb County

Personally before me comes John Tate, who on oath says that he knew L W Fowler while in life and that he knows Mrs. L W Fowler, the above applicant; that he knows that the said L W Fowler and Sarah J Gann (now Mrs L W Fowler) were in due form of law married in the County of Cobb in the State of Ga on the 8th day of Nov, 1866, and that they resided together as husband and wife from date of marriage to the day of his death on the 16th day of May, 1921, and I know that she is his dependent widow.

Sworn to and subscribed before me this 27th day of December, 1921.

J M Gann, Ordinary.
Cobb County.
(SEAL.)

John Tate

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 framing. Such a certificate is entirely too bulky for use in any part of pension paper.
4th. This form is for widows of disabled soldiers who died after October 6th, 1917, and for widows and dependent children of Service men who died after November 1st.
5th. The Ordinary should examine the blank carefully and see that it is fully and correctly executed, and the seals affixed, and [redacted] the facts when pleaded is filed out.
6th. Do not send 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 Check may be drawn in favor of the widow, or the widow and children, as the case may be.
10th. Each transaction and must be an independent one. Each application is a separate and distinct transaction and must be so treated. If widow is applying for pension of two soldiers who died prior to 1921 pensions, she must make two yellow applications—one for each year. Attach a separate marriage affidavit to each yellow blank.

NAME Fowler, L. W. YEAR 1920 COUNTY Cobb.

WHEN AND WHERE BORN? A resident of Georgia all my life, 75 years.

ENLISTED WHEN AND WHERE? September 2nd.1862, Cobb County, Ga.

RANK:

COMPANY AND REGIMENT? Company C, Phillipp's Legion Cavalry.

NAME OF CAPTAIN AND COLONEL?

WOUNDED?

CAPTURED, WHEN AND WHERE?

RELEASED:

WHEN AND WHERE SURRENDERED? April 26, 1865, Greensboro, North Carolina.

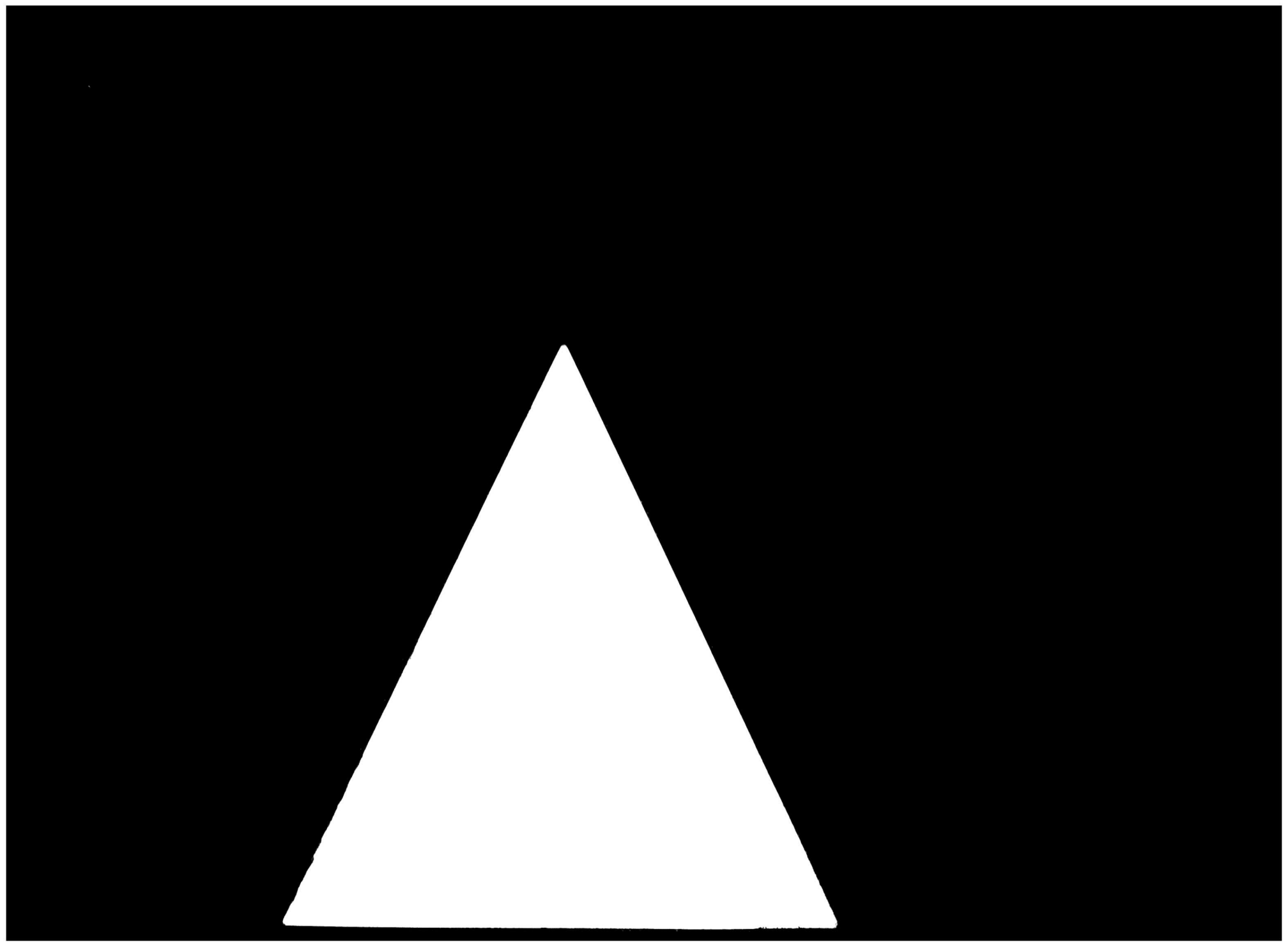
IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED:

WITNESSES: John Tate - -same command - - - -No data.

SB.



Fowler N. J.
Cobb Co

No. 9

Widow's Pension

UNDER ACT 1910.

County Cobb

Name Mrs. N. J. Fowler

Widow of G. T. Fowler

B. Phillips Bat

J. W. LINDSEY,
Commissioner of Pensions.

Chas. P. Byrd, State Printer.

11/15/11 7559-1912

11/15/1911

ENTERED ROSTER OFFICE

AFFIDAVIT AS TO MARRIAGE.

State of Georgia, Cobb County.

Personally appeared before the undersigned attesting officer, John Tate, who being duly sworn on oath says that he is acquainted with the applicant, Mrs. N. J. Fowler, and was acquainted with the deceased, G. T. Fowler during his lifetime. Affiant says that he has known the parties herein mentioned for a period of 57 years, that they lived in Cobb County for a number of years, and were married on the 19th day of Nov. 1850 that the applicant and deceased lived together as husband and wife until the date of the death of the deceased, on Sept. ____ 1888, that they lived together, and were known and recognized as husband and wife.

John Tate

Sworn to and subscribed before me this 14th day of Nov. 1911.

[illegible]
Ordinary Cobb County, Georgia.

State of Georgia, Cobb County.

Personally appeared before the undersigned attesting officer, John Tate, who being duly sworn on oath says that he is acquainted with the applicant, Mrs. N. J. Fowler, and was acquainted with the deceased, G. T. Fowler during his lifetime. Affiant says that he has known the parties herein mentioned for a period of 57 years, that they lived in Cobb County for a number of years, and were married on the 19th day of Nov. 1850, that the applicant and deceased lived together as husband and wife until the date of the death of the deceased, on Sept. ____ 1888, that they lived together, and were known and recognized as husband and wife.

Sworn to and subscribed before me this 10th day of Nov. 1911.

John Tate

[signature]

Ordinary Cobb County, Georgia.

Fowler N. J. (Mrs)
R. P. Cobb Co

No.

Widow's Pension

UNDER ACT 1910.

County Cobb

Name Mrs. N. J. Fowler

Widow of G. T. Fowler

B. Phillips Bat

J. W. LINDSEY,
Commissioner of Pensions.

Chas. P. Byrd, State Printer.

11/16/11 [illegible]

ENTERED ROSTER OFFICE

Pension office 11-23-1911. What did applicant's husband do from July 1864 to the end of the war? To keep out of further service? Did he enlist again if he, state company by letter and regt by number, was command Gd. Militia or was it of C.S.A.. When and how was he discharged from the service?

J.W.Lindsey, Com. of Pensions.

...when and how was he discharged from the service?
J.W.Lindsey, Com. Of Pensions.

Fowler N. J. (Mrs.)
J. T. Fowler
Cobb Co

No. 9

Widow's Pension

UNDER ACT 1910.

County Cobb

Name Mrs. N. J. Fowler

Widow of G. T. Fowler

B. Phillips Det

J. W. LINDSEY,
Commissioner of Pensions

Chas. P. Byrd, State Printer

ENTERED ROSTER OFFICE

AFFIDAVIT AS TO MARRIAGE.

State of Georgia, Cobb County.

Personally appeared before the undersigned attesting officer, John Tate, who being duly sworn on oath says that he is acquainted with the applicant, Mrs. N. J. Fowler, and was acquainted with the deceased, G. T. Fowler during his lifetime. Affiant says that he has known the parties herein mentioned for a period of 57 years, that they lived in Cobb County for a number of years, and were married on the 19th day of Nov. 1850, that the applicant and deceased lived together as husband and wife until the date of the death of the deceased, on Sept. 1888, that they lived together, and were known and recognized as husband and wife.

Sworn to and subscribed before me this 10th day of Nov. 1911.

John Tate

J. M. Lanier
Ordinary Cobb County, Georgia.

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

STATE OF GEORGIA,
Cobb County.

Personally before me comes Mrs. N. J. Fowler 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? Mrs. N. J. Fowler, Cobb Co. Ga.
2. How long and since when have you been a continuing resident in the State of Georgia? Ever since 1845, have resided in Cobb Co. Ga.
3. When, where and to whom were you married? Nov. 19, 1850, Cobb Co. Ga. Geo. T. Fowler
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.) Aug. 1863, at Marietta Cobb Co. Ga. Geo. B. Phillips Bottoleau, Quirk 1st enlistment
5. When and where did the Commands of your husband surrender or discharge from the army? Last of Jany, 1864, near Smyrna, Cobb Co. Ga.
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? — Discharged
a. For what cause did he leave his command? Discharged
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? —
j. When and where did your husband die? Sept. 1888, Cobb Co. Ga.
k. Were you residing together when he died? yes
l. If not, how long had you resided apart? —
9. What property of any description did you own, hold or control for your use and its cash value, Nov. 4, 1908. (State same by items.) No property whatever
10. What property of any kind have you sold or given away since Nov. 4, 1908? What was received for it and what did you do with the proceeds thereof? (Give items and cash value.) None
11. What property of any description of any value have you now? None
Give list and cash value? —
12. What are your annual earnings or income and their value? Nothing
13. Have you heretofore been paid a pension by the State? No
If so, when and for what cause were you struck from the Roll? —

Sworn to and subscribed before me this the 10th day of Nov. 1911

Mrs. N. J. Fowler
her x mark

J. M. Lanier Ordinary
of Cobb County.

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

STATE OF GEORGIA,
Cobb County.

Personally before me comes S. R. McClesky 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? S. R. McClesky Cobb Co. Ga.
2. How long and since when have you known Mrs. N. J. Fowler applicant? 50 years
3. How long and since when has she continuously resided in this State? (Give date.) All my life; 66 years; since 1845 in Cobb Co. Ga.
4. When and to whom was she married? 1850, G. T. Fowler How do you know? Lived together as man and wife
5. How long and since when did you know G. T. Fowler her husband? 66 years; since 1845
6. When and where did G. T. Fowler the husband of Applicant die? Sept. 10, 1888 in Cobb Co. Ga.
7. Where the Aplicant 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 G. T. Fowler enlist? Aug 1863 - at Marietta, Ga. Co. B. Phillips Battalion
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? Six months
12. When, and where did his Command surrender, and was discharged? Last of Jany 1864 - near Smyrna Cobb Co. Ga. (Discharged)
13. Were you personally present when it was ~~surrendered~~ Discharged? yes If not where were you — and how came you there? —
14. Was the husband of applicant personally present at ~~surrender~~ Discharged? yes If not where was he? — when, where and for what cause did he leave Command? (Give date.) Discharged Last of Jany. 1864 By whose authority did he leave his Command? Discharged and how long was he granted leave? — How do you know all this? Because I was personally present and knew said Fowler personally and the facts because I was present
15. For what cause, if you know of your own knowledge was he prevented from returning to his Command? Because he was discharged & Co. disbanded
16. What effort did he make to return to his Command and how do you know this? Of your own knowledge or how? —

Sworn to and subscribed before me this the 10th day of Nov 1911 | S. R. McClesky

J. M. Gann Ordinary,
of Cobb County.

AFFIDAVIT OF TWO FREEHOLDERS.

STATE OF GEORGIA,
Cobb County.

Personally before me comes John Tate and J. D. Benson who on oath says that they are freeholders of said County and that they know Mrs. N. J. Fowler 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

No property

Personal property	$
Notes and accounts due	$
Total	$

Schedule (B).

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

Personal property	$
Money, Notes and accounts	$

Schedule (C).

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

No property

Acres of land worth	$
Horses and Mules	$
Cows and Hogs	$
Other property	$
Income and earnings	$
Total Value of all property and effects	$

Sworn and subscribed before me this the 10th day of Nov 1911 | John Tate
J. M. Gann Ordinary, | J. D. Benson
of Cobb County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,
Cobb County.

I, J. M. Gann Ordinary of said County do certify that, I know Mrs. N. J. Fowler the applicant for pension. She is the person she represents herself to be and she is a bona fide continuing resident citizen of said County and was in the 4th Nov., 1908.

That I also know S. R. McClesky the witness who swears to the service of husband, and John Tate & J. D. Benson who are freeholders. That all of them are now residents of said County and were duly sworn by me before signing the foregoing affidavits and that they all, are truthful, trustworthy, and their statements are entitled to full faith and credit.

That the Tax Returns Cobb Returned for Tax is for 1908 $ Nothing for 1910 $ Nothing

Sworn under my hand and official seal of office this 13 day of Nov 1911

SEAL.

J. M. Gann Ordinary,
Cobb County.

(SEAL.)

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

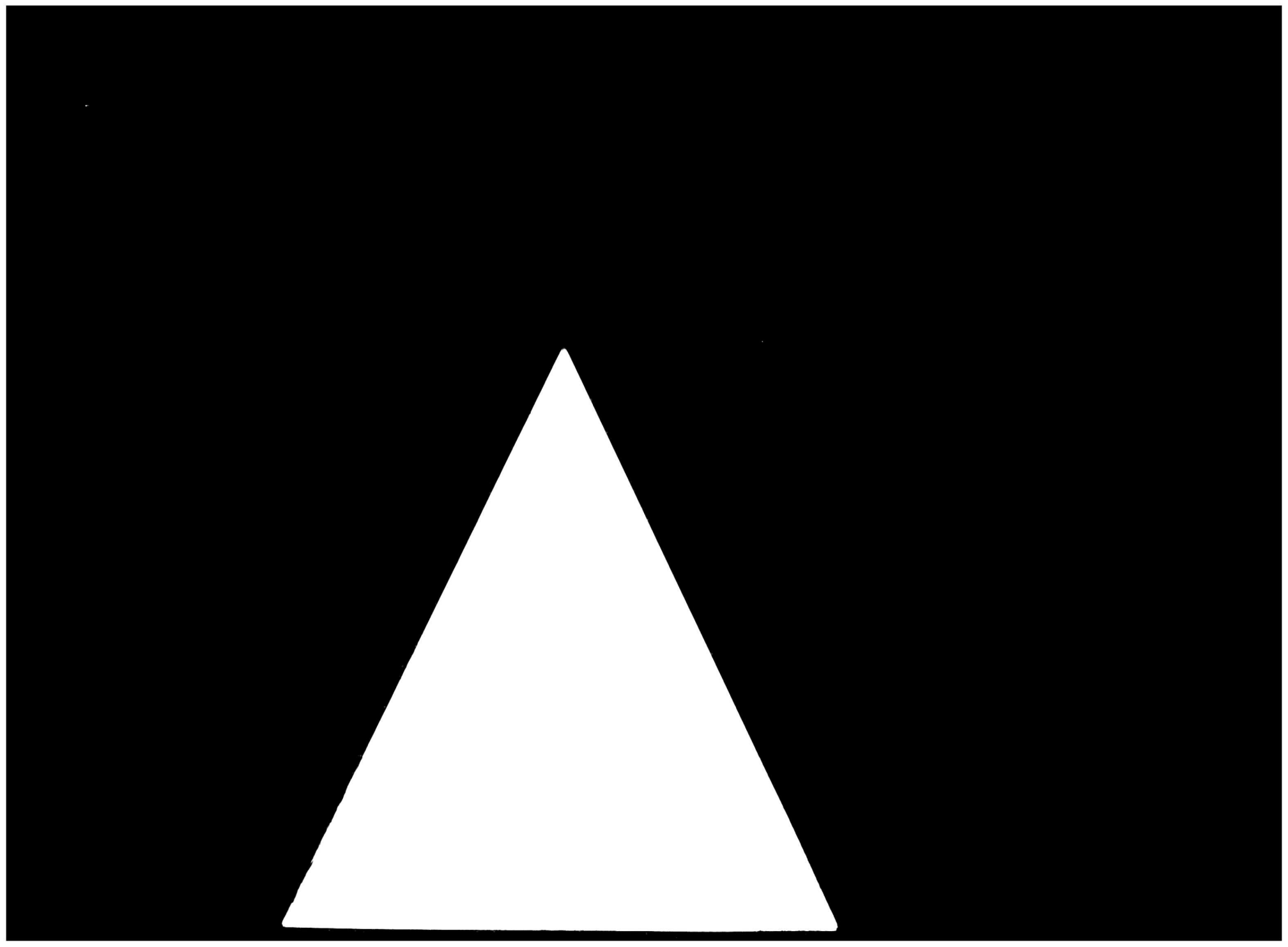
State of Georgia, Cobb County.

Personally appeared before the undersigned attesting officer Mrs. N. J. Fowler who on oath says that after her husband Geo. T. Fowler was discharged from "Phillips' Legion" in Jany. 1864 he belonged to the "Georgia Militia". In May, 1864 he was ordered to Atlanta and shortly afterward was given a furlough to come home and remove his family and property to a place of safety. He carried his family to Lincoln County and then returned to the State's service and served until the surrender. He was at home once during this period for a short time while suffering with Rheumatism, but returned to the service as soon as he was able to do so. I do not know for sure to what Company he belonged during this period, and so far as this affiant knows, there is no one living who was in his Company at that time, but affiant does know that he was in actual service from the time above mentioned until the close of the war. This affidavit is made to be attached to affiant's original application for Pension as the widow of said Geo. T. Fowler.

Sworn to and subscribed before me
this 25 day of July 1912.

M Gann
Ordinary Cobb County Georgia.

Mrs N J Fowler
her mark



ORDINARY'S CERTIFICATE

STATE OF GEORGIA,
Cobb COUNTY.

I, J M Garner Ordinary of said County, do certify that I know Mrs. Sally Fowler 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 ..... 1900 to my knowledge

That I also know J D Benson 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 Garner 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.

Fowler Sallie
No. Cobb County
Approved for 1922

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 Sally Fowler
Widow of L. W. Fowler
Company C
Regiment Phillips Legion
Approved

5-16-21

J. W. LINDSEY,
Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

10/29-1921

ORDINARY'S CERTIFICATE

STATE OF GEORGIA,
Cobb COUNTY.

I, J M Gann Ordinary of said County, do certify that I know Mrs. Sallie Fowler 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 ..... 1900 to my knowledge

That I also know L D Benson 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 Gann 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.

Sallie Fowler
No. Cobb County

Widow's Application

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

County Cobb
Name Sallie Fowler
Widow of L D Fowler
Company E
Regiment Phillips Legion
Approved
5-16-21

J. W. LINDSEY,
Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

11/29-1921

WIDOW'S AFFIDAVIT

STATE OF GEORGIA,
Cobb COUNTY.

Personally before me comes Sallie Fowler of said County, who, after being duly sworn, says that she is the widow of L W Fowler to whom, in the County of Cobb State of Ga she was married on the 8th day of Nov 1866, and that she remained his wife, and resided with him to the date of his death in May 16th 1921 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 Service Pension Roll of the State and was due pension paid a pension of $100 for 1920, $125 for 1921 in Cobb County for 1920 & 21 per annum, on account of being a soldier in Company C Regiment Phillips Ly wa (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 ..... day of All my life 19...

Sworn to and subscribed before me, this the 15 day of Oct 1921
J M Gauss Ordinary
of Cobb County.
(SEAL)

Sallie Fowler

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

STATE OF GEORGIA,
Cobb COUNTY

Personally before me comes J D Benson 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. Sallie Fowler, who made the foregoing affidavit, is the lawful widow of L W Fowler who died in Cobb County in said State of ..... on 16 day of May 1921, and that she has not since remarried. That she became the wife of L W Fowler on the 8th day of Nov 1866, and that she and he had resided together as man and wife continuously since ..... day of ..... 18..., and that the L W Fowler was the same man who was on the pension roll of said State Ga from Cobb County I was present at the Mismay when he died.

Sworn to and subscribed before me, this the 15 day of October 1921
J M Gauss Ordinary
of Cobb County.
(SEAL)

J D Benson

Sworn to and subscribed before me, this the

15 day of October 1921

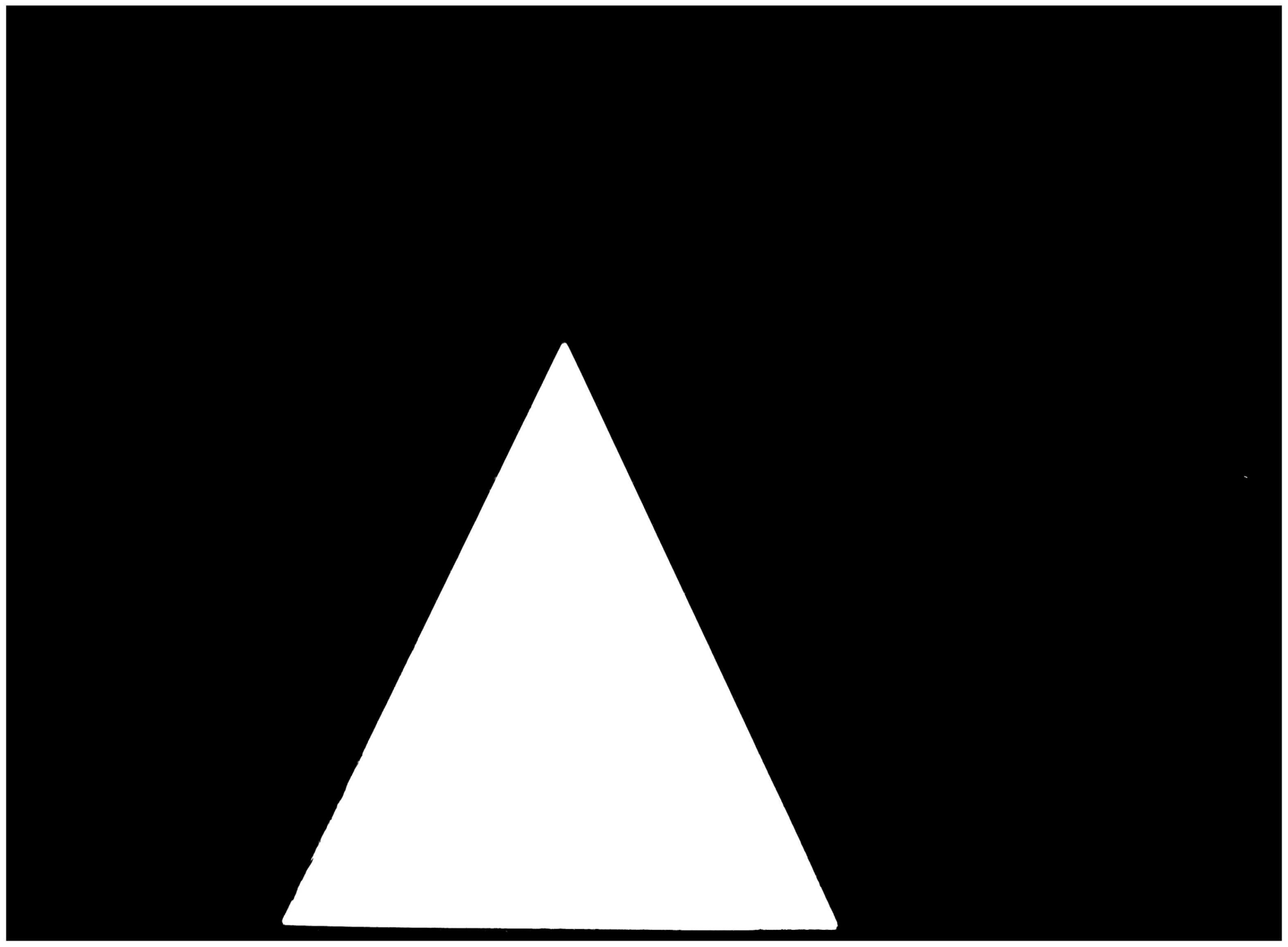
J. M. Gann Ordinary

of Cobb County.

(SEAL)

L. D. Brannan

J. M. Gann



POWER OF ATTORNEY.

Form No. 5.

STATE OF GEORGIA,

Cobb County.

Know all Men by these Presents, That I, Sarah E. Fowler of Cobb County, in said State, do hereby appoint Raymond E. Fowler of Smyrna 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 25th day of June 1891

Sarah E. Fowler [L. S.]

Executed in the presence of us:

C. F. Fowler

J. M. Stone Ordinary

DIRECTIONS.

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

Fowler Sarah E.
Cobb County
1891.
B43
No. 3283.

Widows' Pension

—PAID TO—

Mrs. Sarah E. Fowler

—OF—

Cobb County.

$100.00.

Warrant Issued

1391

AND HANDED TO

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, Sarah E. Hooten of Cobb County, in said State, do hereby appoint Raymond A. Hooten of Smyrna 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 15th day of June 1891.

Sarah E. Hooten [L. S.]

Executed in the presence of us:

J. M. Stone

J. M. Stone, J. I. C.

DIRECTIONS.

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

Form No. 3.

Cobb County 1891.

No. 2193.

Widows' Pension

PAID TO

Mrs. Sarah E. Hooten

OF

Cobb COUNTY.

$100.00

Warrant Issued 1891

AND HANDED TO

Foster Harris, State Printer Atlanta.

Affidavit to be Made by the Widow.

Form No. 1.

STATE OF GEORGIA,

County of Cobb

In person came before me, the undersigned Ordinary in and for the County of Cobb

Mrs. Sarah E. Hooten, who being sworn according to law, says under oath that she is the widow of Wm A. Hooten, who was a soldier in the service of the Confederate States, and served as a member of Company B, of the 43 Regiment of Ga. Volunteers; that he enlisted in said service on or about the 11th day of March 1862, and was in the Confederate Army up to 16th May 1862. That while in the Army, he was on the 16th day of May 1862, (See Note No. 1) at Baker Creek in the State of Mississippi. He was killed dead on the battle field by a bullet

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 19 th day of November 1854, and that she has resided in Georgia continuously since the 15 day of November 1873; 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 15th day of June 1891.

Sarah E. Hooten

J. M. Stone

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.

Form No. 2.

Affidavit for Three Witnesses.

STATE OF GEORGIA,

County of [illegible]

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

W. Baden Robert M. Hurst

and Robert Sheldon all (each known to said Attesting Officer as truthful, reliable and reputable citizens), who severally say under oath, that, from their own personal knowledge, Mrs. Sarah E. Fowler, of the County of Cobb, State of Georgia, is the widow of Wilbourn A. Fowler, who was a soldier in Company D of the 42 Regiment of Infantry Ga Volunteers. That said soldier enlisted in the service of the Confederate States (or the Georgia State Troops) on or about the 2 day of March 1862. That while in said service, or by reason of said service in the Army, he lost his life as follows: That he was killed on the battle of Sulphur Creek in the State of Miss on the 10 day of [illegible] 1862

We further swear that Mrs. Sarah E. Fowler 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 25 day of June 1891.

J. H. Stone
Ordinary.

W. S. Baden
R. M. Hurst
Robt + Sheldon
mark

I do certify that the above named witnesses are known to me to be truthful if so no entitled to full faith credit as such. This June 25th 1891

J. H. Stone ordinary

Form No. 3.

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

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. Sarah E. Fowler 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 25 day of June 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.

Form No. 2.

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. S. E. Fowler the applicant for a pension in this case, and know, from my own knowledge, (or from positive proof presented to me by reputable witnesses), that she resides in this County, and that she resided in the State of Georgia on December 23, 1890, and has not lived out of the State since that date. That she is the widow of Wm. A. Fowler 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 13th day of Feby 1893.

J. M. Stone Ordinary.

POWER OF ATTORNEY.

Form No. 3.

STATE OF GEORGIA, Cobb County.

Know all Men by these Presents, That I, Mrs. S. E. Fowler of Cobb County, in said State, do hereby appoint J. M. Stone 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 13th day of Feby 1893.

Mrs. S. E. Fowler [L. S.]

Executed in the presence of us:

[illegible]

DIRECTIONS.

Send amount by _____ to me at _____, and oblige

Fowler, S. E.,
Cobb County
FOR THOSE HERETOFORE PAID.

1893.

No. 758

Widows' Pension,

for year ending February 15th, 1893.

—PAID TO—

Mrs. S. E. Fowler

—OF—

Cobb County.

Warrant Issued

9/3 1893

AND HANDED TO

J. M. Stone

Geo. W. Harrison, State Printer, Atlanta.

Form No. 2.

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. S. E. Fowler the applicant for a pension in this case, and know, from my own knowledge (or from positive proof presented to me by reputable witnesses), that she resides in this County, and that she resided in the State of Georgia on December 23, 1890, and has not lived out of the State since that date. That she is the widow of Wm A. Fowler 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 27th day of Feby 1894.

SEAL

J. M. Stone Ordinary.

POWER OF ATTORNEY.

Form No. 3.

STATE OF GEORGIA, Cobb County.

Know all Men by these Presents, That I, Mrs. Sarah E. Fowler of Cobb County in said State, do hereby appoint J. M. Stone 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 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 27th day of Feby. 1894.

Mrs. Sarah E. Fowler [L. S.]

Executed in the presence of us:

[illegible]

DIRECTIONS.

Send amount by _____ to me at _____, and oblige

Fowler, Sarah E.
Cobb County
FOR THOSE HERETOFORE PAID.

1894.

No. 786

WIDOWS' PENSION,

for year ending February 15th, 1894.

—PAID TO—

Mrs. Sarah E. Fowler

—OF—

Cobb County.

WARRANT ISSUED

9/3 1894

AND HANDED TO

J. M. Stone

Geo. W. Harrison, State Printer, Atlanta.

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of Cobb

Personally comes Mrs. Sarah E. Fowler

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 Novr. 1837 That she is the Widow of Wm A. Fowler who was a Soldier in Company B of the 43rd Regiment of Georgia Volunteers, that he enlisted in said Regiment on or about the month of Mch 1862 and served in the Army up to 16 May 1863 That he lost his life on the 16 day of May 1863 (*State here full particulars of the husband's death, when, where and from what cause*) (

That said Soldier while in the Confederate Army as above Stated was killed on the battle field at Bakers Creek in the State of Mississippi on the 16 day of May 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 1854; 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 13th day of Feby 1893.
J. M. Stone Ordinary.

Sarah E. Fowler
Post-office Smyrna Ga

Form No. 1

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of Cobb

Personally comes Mrs. Sarah E. Fowler

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 Novr. 1837 That she is the Widow of Wm. A. Fowler who was a Soldier in Company "B" of the 43 Regiment of Georgia Volunteers, that he enlisted in said Regiment on or about the month of Mch. 1862 and served in the Army up to May 1863 That he lost his life on the 16th day of May. 1863 (*State here full particulars of the husband's death, when, where and from what cause.*) (

That while in the Confederate Army at the battle of Bakers Creek in the State of Miss. he was Killed dead on the battle field May 16th 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 1854; 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 27th day of Feby 1894.
J. M. Stone Ordinary.

Sarah E. Fowler
Post-office Smyrna Ga.

Form No 2.

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 State of Georgia, hereby certify that I am acquainted with Mrs. S. E. Fowler the applicant for a pension in this case, and know from my own knowledge (or from positive proof presented to me by reputable witnesses), that she resides in this County, and that she resided in the State of Georgia on December 23, 1890, and has not lived out of the State since that date. That she is the widow of Wm A. Fowler 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 2nd day of Feby. 1895.

J. M. Stone Ordinary.

Form No. 8

POWER OF ATTORNEY.

STATE OF GEORGIA, Cobb County.

KNOW ALL MEN BY THESE PRESENTS, That I, Mrs. S. E. Fowler of Cobb County in said State, do hereby appoint J. M. Stone 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 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 2nd day of Feby. 1895. S. E. Fowler [L. S.]

Executed in the presence of us:

W. A. Pett

DIRECTIONS.

Send amount by to me at , and oblige

Fowler, S. E.
Cobb Co.

FOR THOSE HERETOFORE PAID.

1895.

No. 448

WIDOW'S PENSION,

for year ending Febuary 15th, 1895.

PAID TO Mrs. S. E. Fowler

OF Cobb County.

widow of Wm A. Fowler

WARRANT ISSUED 24 Jy 1895.

AND HANDED TO Atty

Geo. W. Harrison, State Printer.

Form 1.

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA, County of Cobb | Personally Comes Mrs. S. E. Fowler

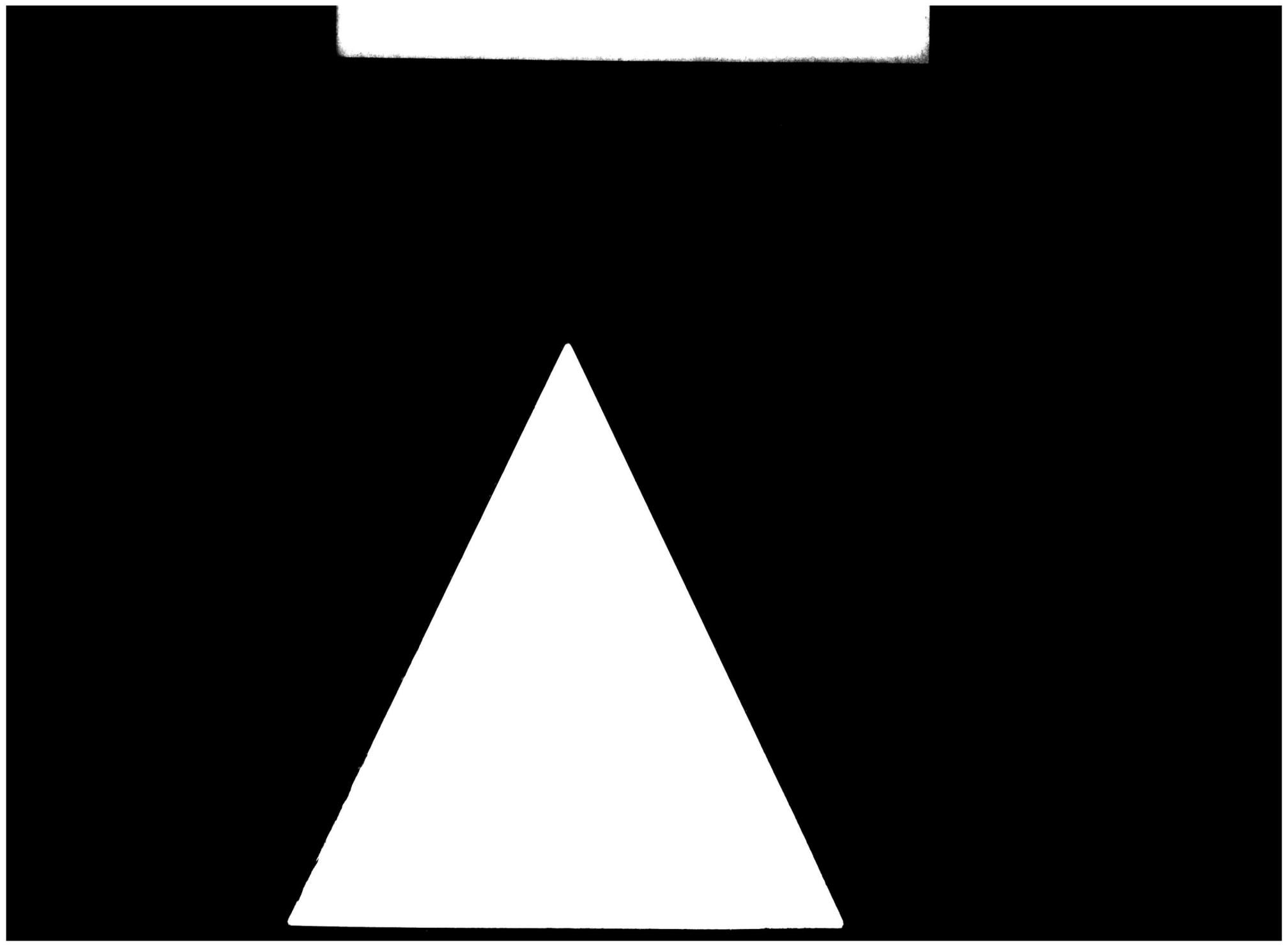
who being sworn, says on oath, that she is a bona fide resident of said county of Cobb State of Georgia, and that she has *resided* in said State continuously ever since Novr. 1837 That she is the Widow of Wm. A. Fowler who was a Soldier in Company B. of the 43rd Regiment of Ga Volunteers, that he enlisted in said Regiment on or about the month of Mch 1862 and served in the Army up to May 1863 That he lost his life on the 16th day of May 1863 (*State here full particulars of the husband's death, when, where and from what cause.*) (

That said deceased Soldier was killed at the battle of Baker's Creek in the State of Miss. on the 16th day of May 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 1854, 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 2nd day of Feby 1895.
J. M. Stone Ordinary.

S. E. Fowler
Post-office Smyrna Ga.



Foster, Wm. W.
Cobb Co

No.

INDIGENT PENSION

1899.

Name Wm. W. Foster

County Cobb

Approved 1899.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO

GEO. W. HARRISON, STATE PRINTER, ATLANTA

429-1900

Pension Office 8/1-1900
Is it true that applicant Command was stationed at Kingston Ga when it was surrendered - If so, let applicant state it clearly and say that he was with it - and let witness cover to them statements positively - faithfulness to the rule of service is what we require.
J. W. Lindsey
Chief of P...

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 _____ 1899.

Executed in presence of _____ (L. S.)

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

..... of ..... by .....

Witness my hand and seal this ..... day of ..... 1899.

Executed in presence of

..... (L. S.)

Received Off 6/1-1899
Do it in this Office
Licensed Counsel was
retained at Kingston
Ga when it was con-
cluded. Ga Co. Off
Cobb Co. Ga. Clerk
and Co Depth was
Visit it - and Co
Within Comm Office
Calhoun County -
Certificates Bills and
Vouchers is what
the reports
Geo. L. Lindsey
Com & O.

No. .....

INDIGENT PENSION

1899.

Name Wm W. Foster

County Cobb

Approved .....

RICHARD JOHNSON, Commissioner of Pensions.

WARRANT HANDED TO .....

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

Foster, Wm W.
Cobb Co.

429-679

Questions for Applicant.

Every Question MUST be Answered.

STATE OF GEORGIA,
Cobb County.

William W. Foster of said State and County, desiring to avail himself of the Pension Act (Section 1254, Code), hereby submits his proofs, and after being duly sworn true 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.) William Wimpey Foster P.O. Manilla Cobb Co Ga.
2. How long and since when have you been a resident of this State? All my life.
3. When and where were you born? June 10th 1859 Forsyth Co Ga
4. When and where and in what company and regiment did you enlist or serve? Enlisted Nov 3 1862 Co B. 1st Ga Regt, at Ringgold Ga
5. How long did you remain in such company and regiment? Until April 1865 Two years and five months
6. For how long a period did you discharge regular military duty? Two years & five months
7. When, where and under what circumstances were you discharged from service? I was paroled at the Surrender of the Armies & received my Parole at Kingston Ga
8. What is your present occupation? Cropper
9. How much can you earn (gross) per annum by your own exertions or labor? My little
10. What has been your occupation since 1865? Cropper
11. Upon which of the following grounds do you rest your application for pension, viz: first, "age and poverty," second, "infirmity and poverty," or third, "blindness and poverty"? Infirmity & 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? Infirmity And Poverty = I Suffer from Heart disease. Commenced On and about ten years ago. And increases with my age - & makes me practically & essentially disabled from manual labor
13. What property, effects or income do you possess, and its gross value? I have no property except a little household goods Value $15.00 No income except efforts,
14. What property, effects or income did you possess in 1894, 1895, 1896, 1897 and 1898, and what disposition, if any, did you make of same? The same as mentioned above - I have disposed of none = I resided in Cherokee Co Ga in 1894. 1895. & 1896. Since that time I have lived in Cobb Co. I had no effects or income.
15. In what County did you reside during those years, and what property did you then return for taxation? See above answer, I returned Household furniture Value $15.00
16. How were you supported during the years 1897 and 1898? By what little I could make as a Cropper.
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? My Support cost about $750.00 I Contributed all I could - aided by those dependent - We made out the best we could.
18. What was your employment during 1897 and 1898? What pay did you receive in each year? Cropper. A part of what I could make.
19. Have you a family? If so, who composes such family? Give their means of support. Have they a homestead? Yes. I wife and four children - We labor as Croppers - 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 9th day of Dec 1899.

Wm W. Foster
his mark
Applicant.

..... Ordinary,
of Cobb County.

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,
Cobb COUNTY.

W. W. Robinson, of said State and County, having been presented as a witness in support of the application of W. W. Foster 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? Wm W. Robinson. In Cobb Co Ga.

2. Are you acquainted with W. W. Foster, the applicant; if so how long have you known him? Yes. I have known him about 38 years.

3. Where does he reside, and how long and since when has he been a resident of this State? He resides in Cobb Co. He has resided in Ga ever since I became acquainted with him.

4. When, where and in what company and regiment did he enlist, and how do you know? In Novr 1862 at Hahlonega Ga in Co H. 1st Ga Regt. I was a member of the same Company.

5. Were you a member of the same company and regiment? I was

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 remained in the Co until the Surrender in 1865. He was paroled when the Regiment was disbanded. We received our parole at ~~Ringgold Ga~~ Kingston Ga.

7. What property, effects or income has the applicant? (Give your means of knowledge.) None, except his household furniture. I am well acquainted with him and his circumstances.

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? None except as above mentioned. He made no disposition of any property.

9. Has he conveyed away any of his property in the last three years, if so, what was it, and to whom? None

10. What is the applicant's occupation and physical condition? He is a Cropper. He is feeble. He suffers from heart disease.

11. Is the applicant unable to support himself by labor of any sort, if so, why? Yes. Because of his feeble condition from above cause.

12. How was he supported during the years 1897 and 1898? By what little he and his daughters could make as Croppers

13. What portion of his support for these two years was derived from his own labor or income? Only such as a feeble man could could contribute in making a little crop.

14. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code? His condition is as stated. Feeble. And a sufferer from heart disease.

15. What interest have you in the recovery of a pension by this applicant? None.

Sworn to and subscribed before me, this the 9th day of Decr 1899.

W. W. Robinson
Witness.

J. M. Stone Ordinary.

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,
Cobb COUNTY.

Personally came before me W. M. Kempe M. D. and Jno. H. Simpson M. D., both known to me as reputable physicians of said County, who, being severally sworn, say on oath that they have examined carefully W. W. Foster, applicant for pension under Section 1254, Code, and after such personal examination say that his precise physical condition is as follows:

We find applicant suffering from Diabetes. And Mitral insufficiency so much so that he cant lye down and sleep at night.

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 30th day of Dec 1899.

W. M. Kempe M. D.
Jno H. Simpson M. D.

J. M. Stone Ordinary.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,
Cobb COUNTY.

I, J. M. Stone, Ordinary in and for said County, hereby certify that the applicant W. W. Foster resides in said County, and has been a bona fide resident of this State since the 10th day of June, 1889 so he says and that the witnesses, viz: W. W. Robinson, W. M. Kempe M. D. and Jno. H. Simpson M. D. 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 Nothing Dollars of property, and in 1898 Nothing Dollars of property.

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

Witness my hand and seal of office, this 30th day of Dec 1899.

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,
Cobb County.

I, W. W. Foster hereby authorize Hope Irwin of Marietta Cobb Co

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

by hand

Witness my hand and seal, this 1st day of Jany 1901.

W. W. Foster [L. S.]
Mark

Executed in presence of
John Cowtry

Foster, W. W.
Cobb County

(For Those Already Enrolled.)

No. 1

INDIGENT
SOLDIER'S PENSION.
1901.

Name W. W. Foster
County Cobb

WARRANT ISSUED 1901.

JOHN W. LINDSEY,
Commissioner of Pensions

WARRANT HANDED TO
R. C. Irwin

Geo. W. Harrison, State Printer, Atlanta.

No data

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cobb County.

I, W. W. Foster hereby authorize John Cowtry of Cobb

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

by

Witness my hand and seal, this 1 day of Jan 1902.

W. W. Foster [L. S.]
Mark

Executed in presence of
Jas M Gary

Foster, W. W.
Cobb County

CODE SECTION 1254.
(FOR THOSE ALREADY ENROLLED.)

No. 500

INDIGENT
SOLDIER'S PENSION
1902.

Name W. W. Foster
County Cobb
Co. H Regiment 1st

WARRANT ISSUED 1902.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
Cody

Geo. W. Harrison, State Printer, Atlanta.

no data

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Cobb County.

Personally appeare W. W. Foster 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 June 1837; that he is 61 years old and by occupation a Cropper 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 2½ yrs in Company [illegible], of 1st th Regiment of Ga State Troops; that his physical condition is as follows: Rheumatism - & Kidney Trouble from which he is unable to Perform Manual Labor -

that his property consists of the following items Some household & Kitchen furniture

of the value of Fifteen or twenty 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 1901

Sworn to and subscribed before me, this the 1st day of January 1901.

John Courtney
Ordinary.

STATE OF GEORGIA,
Cobb County.

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

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

John Courtney
Ordinary Cobb County.

Affix your seal here

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
Cobb County.

Personally appears W W Foster of Cobb County, State of Geoogia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the 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 Years in Company [illegible], of 1st th Regiment of Ga State Troops; that his physical condition is as follows: On account of Infirmity and Poverty he is unable to support himself and at any of the usual avocations of life

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 1901

Sworn to and subscribed before me, this the 1st day of January 1902.

John Courtney
Ordinary.

W W his X Foster mark

STATE OF GEORGIA,
Cobb County.

I, John Courtney Ordinary of said County, do certify that I am well acquainted with W W Foster the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 1902.

John Courtney
Ordinary Cobb County.

Affix your seal here

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.
_____ [L. S.]

Executed in presence of
_____
_____

CODE SECTION 1254
(FOR THOSE ALREADY ENROLLED.)

No. 460

INDIGENT
SOLDIER'S PENSION
1903.

Name _____
County _____
Co. _____ Regiment _____

WARRANT ISSUED
_____ 1903.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
_____

Geo. Harrison, State Printer, Atlanta.

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 _____ 1904.
_____ [L. S.]

Executed in presence of
_____
_____

CODE SECTION 1254.
(FOR THOSE ALREADY ENROLLED.)

No. _____

INDIGENT
SOLDIER'S PENSION
1904.

Name _____
County _____
Co. _____ Regiment _____

WARRANT ISSUED
_____ 1904.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
_____

Geo. W. Harrison, State Printer Atlanta.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
Cobb County.

Personally appears W W Hoster 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 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 H, of 12th Regiment of Ga. State troops; that his physical condition is as follows: On Acct of infirmity & 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 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 day of 1903.

W W Hoster

John Awtry Ordinary.

STATE OF GEORGIA,
Cobb County.

I, John Awtry Ordinary of said County, do certify that I am well acquainted with W W Hoster the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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.

John Awtry

Ordinary Cobb County.

Affix your Seal here.

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 W Hoster 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 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 H, of 12th Regiment of Ga State Troops; that his physical condition is as follows: On Account of infirmity and poverty

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 day of 1904.

W W Hoster

Ordinary.

STATE OF GEORGIA,
Cobb County.

I, John Awtry Ordinary of said County, do certify that I am well acquainted with W W Hoster the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 1904.

John Awtry

Ordinary Cobb County.

Affix your Seal here.

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 W Foster hereby authorize John Autrey of

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

at

by

WITNESS my hand and seal, this 4th day of Jany 1905.

W W Foster mark [L. S.]

Executed in the presence of

J M Gann

Foster, William W.
Cobb Co.

CODE SECTION 1254.
(FOR THOSE ALREADY ENROLLED.)

No. 810

INDIGENT
SOLDIER'S PENSION
1905.

Name W W Foster
County Cobb
Co. H Regiment 1st

WARRANT ISSUED
1905.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

GEO. W. HARRISON, MANAGER F. P. STATE PRINTER, ATLANTA.

no data

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cobb COUNTY.

I, W W Foster hereby authorize John Autrey of

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

at

by

WITNESS my hand and seal, this 4th day of Jany 1906.

W W Foster mark [L. S.]

Executed in the presence of

J M Gann

Foster, W. W.
Cobb County

CODE SECTION 1254.
(FOR THOSE ALREADY ENROLLED.)

No. 265

INDIGENT
SOLDIER'S PENSION
1906.

Name W W Foster
County Cobb
Co. H Regiment 1st

WARRANT ISSUED
1/22 1906.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
Ady

THE FRANKLIN PRINTING AND PUBLISHING CO. GEO. W. HARRISON, MGR.

no data