

STATE OF GEORGIA.

_____ COUNTY.

as a witness in support of the application of J. B. Wacker for pension under section 1204, Code, and after being duly sworn true answers to make to the following questions, depose and answers as follows:

1. What is your name and where do you reside? *My name is J B Washburn, I reside at Sevier, Canby County, Oregon*
2. Are you acquainted with *J B Washburn*, the applicant; if so, how long have you known him? *I have known J B Washburn since 1886*
3. Where does he reside, and how long and since when has he been a resident of this State? *He resides in Co. 1st Regt. of Cavalry, at Sevier, Canby County, Oregon*
4. When, where and in what company and regiment did he enlist; and how do you know? *He enlisted in Spring of 1862 in Co. 1st Regt. of Cavalry, 1st Co. N. 1st Regt. of Cavalry*
5. Were you a member of the same company and regiment? *I was a member of said Co. 1st Regt. of Cavalry*
6. How long did he perform regular military duty? *For 5 years*
7. When and where was his command surrendered? *April 26 - 1865, at Greensboro N. C.*
8. Were you present when it surrendered? *I was present*
9. Was applicant present? *He was present*
10. If he was not present, where was he? *Was present*
- When did he leave his command? *Surrendered* For what cause? _____
- By what authority he left? _____ How do you know all of this? *I was a member of said Co. 1st Regt. of Cavalry, 1st Co. N. 1st Regt. of Cavalry, and I know these things of him from the records of the Company*
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 1801, 1802, 1803, 1804, 1805, 1806 and 1807, 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 1801, 1802, 1803, 1804, 1805, 1806 and 1807? _____
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 compose family? What property have they? Children's ages and their earning capacity? *I was present when he was present, and I know these things of him from the records of the Company*

20. 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 March, 1943

_____ day of October, 1907) Witness

Ordinary

I declare that J. B. Wacker is a citizen

... ..

AFFIDAVIT OF PHYSICIANS

STATE OF GEORGIA

_____ COUNTY

Personally came before me John M. Keen and

_____ both known to me as reputable physicians
of said Genger, who being severally sworn, say on oath that they have examined carefully _____

such personal examination say that his precise physical condition is as follows:

We find Jefferson has sought and in high - high which sending of letters freely - which has been considered blood and spirit pastmost by a true patriot. Above mentioned and smaller officials and that we have no interest in said position being allowed.

Sworn to and subscribed before me, this the 25 day of March, 1907

John Mackay Ordinary.

ORDINARY'S CERTIFICATE

STATE OF GEORGIA.

City of COUNTY.

I, John H. Hutton, Ordinary, in and for said County, hereby certify

that the applicant J. L. Dominick resides in said County, and has

been a bona fide resident of this State since the _____ day of January 1894
and that the witnesses, viz.: Samuel H. [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 herein prescribed and that the full text of the affidavit was read to the applicant and witnesses.

I further certify that the tax digest of West County shows that applicant

returned for taxation in his name in 1901 _____ Dollars of _____

property, and in 1902 _____ Dollars of property; in 1908 _____

Dollars of property; in 1904

Dollars of property; in 1900

_____ Dollars of property; in 1906

_____ Dollars of property; in 1907

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

Witness my hand and seal of office, this 27th day of Nov. 1907.

John D. W. Dwyer Ordinary.

of Washoe County.

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."

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.

1. The first step is to identify the problem or question that needs to be answered. This involves understanding the context and the specific requirements of the task.

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,

Rich
Samuel B. Love COUNTY.

of said State and County, having been presented as a witness in support of the application of John R. Homestead for pension under section 1254, Code, and after being duly sworn true answers to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? Samuel B. Love, in Marietta County
2. Are you acquainted with John R. Homestead the applicant; if so, how long have you known him? Yes. Have known him for ten years
3. Where does he reside, and how long and since when has he been a resident of this State? He has resided in Marietta County for the past ten years and has long been a resident of this State.
4. When, where and in what company and regiment did he enlist, and how do you know? I do not 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? No
9. Was applicant present? 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.) Has the property of a small household goods worth about \$200.00
12. What property, effects or income did the applicant possess in 1898, 1899, 1900, 1901 and 1902, and what disposition, if any, did he make of same? Has the property of a small household goods worth about \$200.00 except for the years 1900 and 1901 which was distributed in a manner to him
13. Has he conveyed away any of his property in the last four years, if so, what was it, and to whom? He has not in the last two years that I have known him
14. What is the applicant's occupation and physical condition? He occupies a restaurant in a small town, which yields but little to him of support. He is a man of color and is unable to support himself by labor of his own hands. He is a man of color and is unable to support himself by labor of his own hands. He is a man of color and is unable to support himself by labor of his own hands.
15. Is the applicant unable to support himself by labor of his own hands? Yes, he is so weak and withered that he can not work
16. How was he supported during the years 1898, 1899, 1900, 1901 and 1902? I do not know. But for the past two years has resided upon what
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 a man of color and is unable to support himself by labor of his own hands. He is a man of color and is unable to support himself by labor of his own hands.
19. Who compose family? What property have they? Children's age and their earning capacity? A wife and three children

20. What interest have you in the recovery of a pension by this applicant? None
Sworn to and subscribed before me, this the 2nd day of Apr 1902
John H. Heston Ordinary.
Witness. Samuel B. Love

Given under my hand and seal this 27 day of April 1944
C. J. Gunn Ordinary
Wade County

Dominic, T R

Attested before me:

Summary of Findings

Application for Pension Due Deceased Soldier

UNDER ACT APPROVED OCTOBER 9, 1891.

STATE OF GEORGIA, Dade County.

Personally before me comes Mrs. Virgie Dominic, of said county, after being duly sworn, on oath says that she is the widow of J. R. Dominic who was duly enrolled as an indigent Pensioner from the county of Hall and was paid a pension of fifty Dollars from Hall county for 1894 and that the said J. R. Dominic died in Hall county on the 14th day of Jan, 1904, and at the time of his death a Pension of \$60.00 was due him from Hall county

and unpaid for 1894. Applicant further swears that she married the said J. R. Dominic on the 10 day of Sept 1903 in Walzer 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 2nd day of Feb, 1904.
C. S. Thomas Ordinary, } V. Dominick [L.S.]
Dade County. }

AFFIDAVIT OF WITNESS.

GEORGIA, Dade County.

Personally before me comes Mrs. J. R. Kemp, who on oath says that he knew J. R. Dominic while in life and that he knows Applicant Mrs. Virgie Dominic the above applicant; that he knows that the said J. R. Dominic and Virgie Dominic were in due form of law married in the county of Walzer in the State of Georgia on the 10th day of Sept, 1903, and that they resided together as husband and wife from date of marriage to the day of his death on the 14th day of Jan, 1904, and I now know that she is his dependent widow.

Sworn to and subscribed before me this 2nd day of Feb, 1904.
C. S. Thomas Ordinary, } Mrs. J. R. Kemp
Dade County. }

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.

APPLICATION FOR PENSIONS DUE DECEASED SOLDIER.

UNDER ACT APPROVED OCTOBER 9, 1891.

STATE OF GEORGIA, Dade County.

Personally before me come Mrs. Virgie Dominic, of said county, after being duly sworn, on oath says that she is the widow of J. R. Dominic who was duly enrolled as an indigent Pensioner from the county of Dade and was paid a Pension of fifty Dollars from Dade county for 1894, and that the said J. R. Dominic died in Hall county on the 14 day of January, 1904, and at the time of his death a Pension of \$60.00 was due him from Dade county

and unpaid for 1894. Applicant further swears that she married the said J. R. Dominic on the 10th day of September 1904 in Walzer county and State of Georgia and resided with him from date of marriage to his death as his lawful wife, and is now his dependant widow, and she asks that the Pension so due and unpaid be paid to her.

Sworn to and subscribed before me this 22 day of April, 1904.
C. S. Thomas ORDINARY } V. Dominick [L.S.]
Dade County. }

AFFIDAVIT OF WITNESS.

GEORGIA, Dade County.

Personally before me comes Mrs. J. R. Kemp, who on oath says that he knew J. R. Dominic while in life and that he knows his widow Mrs. Virgie Dominic the above applicant; that he knows that the said J. R. Dominic and Virgie Dominic were in due form of law married in the county of Walzer in the State of Georgia on the 10th day of September, 1904, and that they resided together as husband and wife from date of marriage to the day of his death on the 14 day of January, 1904, and I now know that she is his dependant widow.

Sworn to and subscribed before me this 22 day of April, 1904.
C. S. Thomas ORDINARY } U. S. S. S. S.
Dade County. }

NOTE 1st.—This form can be used by guardian of minor children where there is no widow.
 2d.—Ordinary must send in all cases certified copy of marriage license attached.

Fannin Co.

Mauietta Co. Jan'y 14th 1908.

Hon J. W. Lindsey

My dear Judge,

You the application of J. R. ^{Enclosure I send} ~~Winnick~~ ^{Winnick} for pension.
~~I bespeak for it your kindly attention.~~

Of course, I am aware that applications filed since October 1st do not stand in line for present consideration but monstrous as the idea seems, I would say, if there should be anything left over, please bear Mr Winnick in mind. His main physical trouble is obesity. He is so fleshy that he can not stoop at all and as Col Dale - one of his witnesses says, he looks like a sport of No 8 thread. From this affliction he is entirely unable to work at anything and gets out a miserable existence from the meager income from a little lunch counter.

Best wishes for a happy New Year to you and Miss Anne -

Truly yours friend -

The J. B. Brown

Office of the Ordinary, Lafayette, Walker County, Georgia,
February 4th. 1914.

I E. Foster, Ordinary, and ex-officio Clerk of the Court of Ordinary of
Walker County, Georgia, do hereby certify that the within copy Marriage
licence and certificate of Marriage are true copies from the Records
in my office,.

Given under my hand and seal of Office, This february 4th. 1914

E. Foster
Ordinary, Walker County, Georgia.

MARRIAGE LICENSE
or

J.R. Demasox
and

Virgie Camp.

Issued Sept 4th. 1903 116

and recorded on page 22

Book 3 of Marriage Licenses.

J.L. Rawland
Ordinary &

MARRIAGE LICENSE
OF

J.R.Demineok
AND

Virgie Camp.

Issued Sept 4th. 1903 /16
and recorded on page 23

Book 3 of Marriage Licenses.
J.L.Hewland
Ordinary.

W. H. H. H.
Ordinary, Walker County, Georgia.

No. 937



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

You are hereby authorized to join

J. R. Demiseok

and Virgie Camp

*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 4th. *day of*
September 1903

J. L. Rowland

(L.S.)
Ordinary

STATE OF GEORGIA

~~CERTIFICATE~~

WALKER COUNTY

I Certify that J. R. Demiseok *and* Virgie Camp
were joined in Matrimony by me this 10th. *day of* September *Nineteen Hundred*
and Three

Recorded Oct

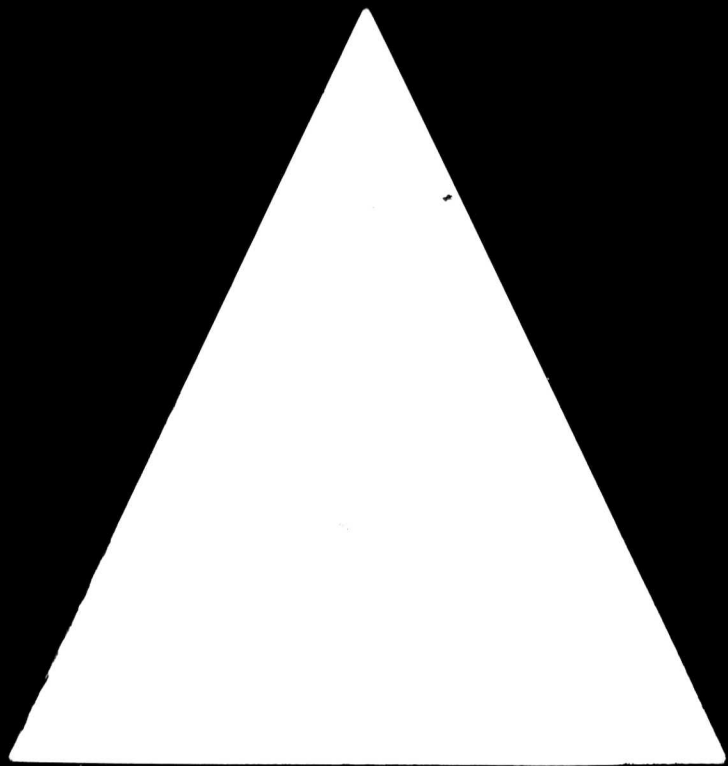
1903.

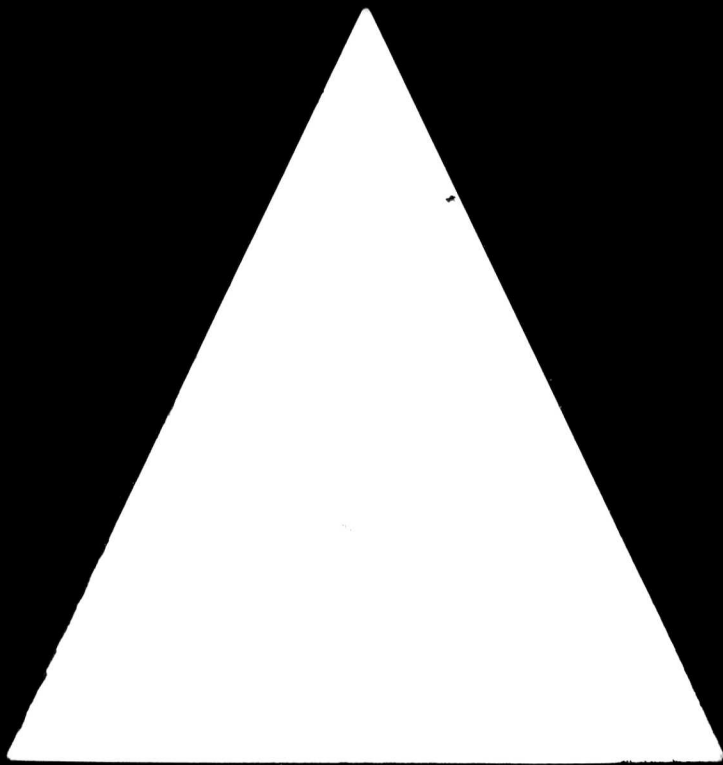
J. R. Pryer M.G.

J. L. Rowland

Ordinary

MADE IN A. BRUCE & SONS, NEW YORK, 1903





Pension Office, Nov. 6, 1917.

Applicant must submit some testimony showing that she and her husband were living together as husband and wife, and so recognized in the community where they lived, before the 1st day of January, 1870. The witness submitted doesn't know. This is important and must be stated and proven.

J. W. Lindsey,
Commissioner of Pensions.

Donahoe, Cora
1917
1918

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.

H
County *Cobb*
Name *Donahoe*
Bank J Donahoe
Widow of *B J Donahoe*
Company *Mass Light Co*
Approved

J. W. LINDSEY,
Commissioner of Pensions

CHAR. F. BYRD, State Printer, Atlanta.

NOV 1917
113-1917

Pension Office, Nov. 8, 1917.

Applicant must submit some testimony showing that she and her husband were living together as husband and wife, and so recognised in the community where they lived, before the 1st. day of January 1870. The witness submitted doesn't know. This is important and must be stated and proven.

J. W. Lindsey,
Commissioner of Pensions.

Widow's Application

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

County

Cobb

Name

Lucy J. Donahoe

Widow of

B. F. Donahoe

Company

Mass Light Artillery

Approved

J. W. LINDSEY,
Commissioner of Pensions.

CHAS. F. STEIN, State Printer, ALBANY.

WIDOW'S AFFIDAVIT.

STATE OF GEORGIA,

Cobb County.

Personally before me come *Lucy J. Donahoe* of said County, who, after being duly sworn, on oath says, that she is the widow of *B. F. Donahoe* to whom in the County of *Cobb* State of *Ga* she was married on the *2* day of *July* 18*70* and that she remained his wife, and resided with him to the date of his death in *May 25* 1917 and that she has not since his death remarried. At the time of his death he was a resident of *Cobb* County, in *Ga* said State of Georgia, and he was on the *Pension* Pension Roll of the State and paid a pension of *70* in *Cobb* County for 1917 per annum, on account of being a soldier in Company *Mass Light Artillery* Regiment (Volunteers of State Militia.)

At the death of *B. F. Donahoe* he was in the use and possession of the following property *None*

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

Acres land	3	\$
Horses and Mules		\$
Hogs, Cows, etc.		\$
Total Cash value of all property		\$

That she is now a bona fide resident citizen of said County of *Cobb* and she has so continuously resided since *72 years* of

Sworn to and subscribed before me, this the *25* day of *Sept* 1917 *Lucy J. Donahoe* Ordinary, *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 *W. Morris* 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 *Lucy J. Donahoe* who made the foregoing affidavit, is the lawful widow of *B. F. Donahoe* who died in *Cobb* County in said State of *Ga* on *25* day of *May* 1917 and that she has not since remarried. That she became the wife of *B. F. Donahoe* on the *2* day of *July* 1870 and that she and he had resided together as man and wife continuously since *May 25* 1917 day of *May* 18 and that the *B. F. Donahoe* 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 *30* day of *Sept* 1917 *W. Morris* Ordinary, *Cobb* County.

AFFIDAVITS OF TWO FREEHOLDERS.

STATE OF GEORGIA,

County. }

Personally before me comes who after being sworn on oath says, that they are freeholders of said County, and that they know of said County and know her said husband at his death on the day of that he and he were in the use, possession and control of the following property at his death to wit:

of the value of That she is now in the use, possession and control of the following property to wit:

of the value of

Sworn to and subscribed before me, this the day 191

Ordinary,

of County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

County. }

..... Ordinary of said County, do certify, that, I know Mrs. the applicant for this pension and that she is the person who represents herself to be, and that she is a bona fide continuing resident of said County and was on the day of to my knowledge

That I also know witness as to marriage and I also know

..... 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 County shows that returned property to the amount of for 1908 \$ for 1909 \$ for 1910 \$ for 1911 \$ day of Oct 1911

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

(SEAL.)

Ordinary.

County.

- NOTES 1. Before any questions are answered, the Ordinary shall swear applicant and the witness in the following words "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the truth. So help you God."
2. 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 licenses if obtainable. If not, prove marriage, by some present, or by general reputation.

J. M. Gann, Ord. Cobb County, Ga. Certify, that all Marriage records previous to 1868 were destroyed by Sherman's Army

*J. M. Gann
Ord. Cobb Co.
Ga.*

V. S. M. Gann, Clerk
that all Wills records previous to
1868: were destroyed by Sherman's Army
J. M. Gann
Clerk Cobb Co.
Ga

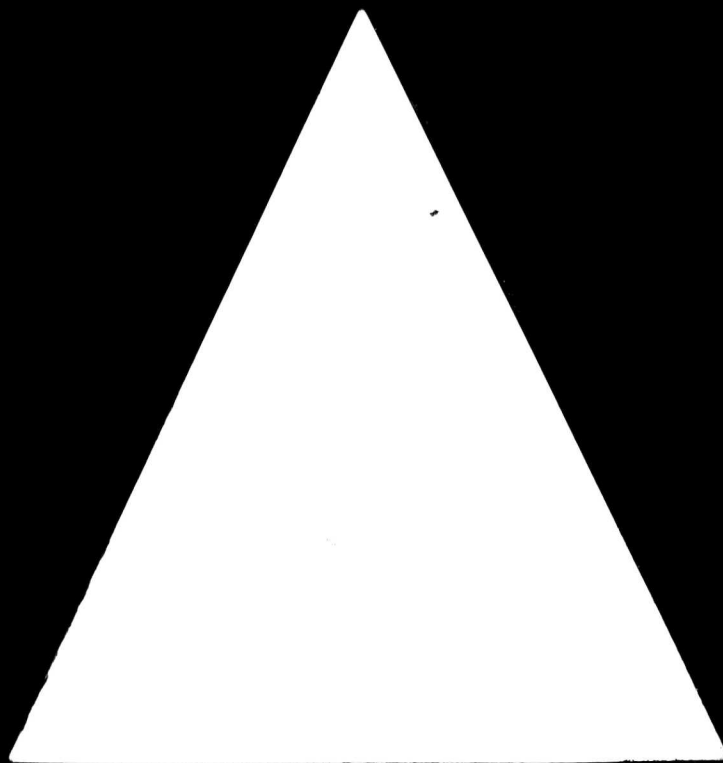
OFFICE OF
J. M. GANN
Judge of Probate Court
COBB COUNTY
MARIETTA, GA.

Georgia Cobb County:

Personally appeared before the undersigned
S.W.Frey, who being duly sworn, on oath says that he knew B.F. Donahoo
in his lifetime, and that he has known him ever since 1855, and that
he knew his wife before she married the said B.F. Donahoo, ~~in~~ in
year of 1861, and that the said Sarah J. Donahoo and B.F. Donahoo
lived together as man and wife until his death in 1917 and that
she is now his lawful widow.

Sworn to and subscribed to before me S.W. Frey
this January 20nd 1917

J. M. Gann
Ordinary Cobb County Ga



POWER OF ATTORNEY.

STATE OF GEORGIA.

Both County. }

B. J. Donahoo

Georgia

of *Manilla Sa*

being authorize

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

him

at *Manilla*

by

Witness my hand and seal this *26th* day of *July* 1897.

Executed in presence of

B. J. Donahoo

B. J. Donahoo

Pension Office 5/10/1897
It appears that applicant
owned household furniture
in ~~1895~~ 1896 which he
does not value but he
returned his property in
1895 at \$450.00. It is
to be presumed there
is same property, no ex-
planation being made
Rich. J. Johnson
Corn of Pension

B. J. Donahoo
Cable County
No. 3088

INDIGENT PENSION
1897.

Name

B. J. Donahoo
Cable

County

Approved

8/6

1897

WARRANT HANDED TO

R. C. Brown

Geo. W. Harrison, State Printer, Atlanta.

B. J. Donahoo

7/31/97

7/23/97

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.

I, B. F. Donahoo hereby authorize
Edw. Fry of Marietta Ga.

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

him at Marietta by _____

Witness my hand and seal this 26th day of July 1897.

Executed in presence of

B. F. Donahoo } B. F. Donahoo

Donahoo Office 5/10/1897
It appears that applicant
owned house hole furniture
in 1896 which he
does not value but he
valued his property in
1895 at \$4500.00 - It is
to be measured there
is some property, no ex-
planation being made
Rich of person
Cobb & Person

INDIGENT PENSION

1897.

Name B. F. Donahoo
County Cobb

Approved E. J. G. 1897

WARRANT HANDED TO

R. C. Smith

B. F. Donahoo 5/23/97
7/2/97

Questions for Applicant.

STATE OF GEORGIA.

Cobb County.
Benjamin F. Donahoo of said State and County, desiring

to avail himself of the Pension Act approved December 18th, 1894, hereby submits his proofs, and after being fully 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). Benjamin F. Donahoo resides in Cobb County Ga. My Post Office is Marietta Ga. It is
2. Where did you reside on January 1st, 1894, and how long have you been a resident of this State? I lived in Germany, Ga. 1894 to Sept 1895. I lived in Cobb County Ga. Sept 1895 to
3. When and where were you born? I was born Sept 18 to 1895 in Marietta Ga.
4. When and where and in what company and regiment did you enlist or serve? I first enlisted in Company
C. Phillips Legion Marietta in March 1862 in Marietta. I was discharged
on account of illness in August 1862. I then resided in Marietta Ga. until
1863. I then resided in Marietta Ga. until 1864. I then resided in Marietta Ga. until
5. How long did you remain in your company and regiment? I remained in the Mason Light Infantry about two years
and half.
6. For how long a period did you discharge regular military duty? For two years & a half as
described in question 4.
7. When, where and under what circumstances were you discharged from service? I was first
discharged from Phillips Legion in 1862. I was then
in Marietta Ga. until 1864. I then resided in Marietta Ga. until
1865. I then resided in Marietta Ga. until 1866. I then resided in Marietta Ga. until
8. What is your present occupation? I am a
farmer.
9. How much can you earn (gross) per annum by your own exertions or labor? At present I could
earn about \$1000.00 per annum. I have been unable to do so for some time.
10. What has been your occupation since 1895? I have been
unable to do so for some time.
11. Upon which of the following grounds do you base your application for pension, viz.: first "age and poverty," second "infirmary and poverty" or third "blindness and poverty"? I am
disabled on account of illness.
12. If upon the first ground, state how long you have been in such condition that you could not earn your support? If upon the second, give a full and complete history of the infirmity and its extent? If upon the third, state whether you are totally blind and when and where you lost your sight? I have
been disabled on account of illness since 1862. I have been unable to do so for some time.
13. What property, effects or income do you possess and its gross value? I have been unable to do so for some time.
I have been unable to do so for some time.
14. What property, effects or income do you possess in 1894, 1895 and 1896 and what disposition, if any, did you make of same? I have been unable to do so for some time.
I have been unable to do so for some time.
15. In what County did you reside during those years and what property did you then return for taxation? I resided in Cobb County during those years. I have been unable to do so for some time.
I have been unable to do so for some time.
16. How were you supported during the years 1895 and 1896? I have been unable to do so for some time.
I have been unable to do so for some time.
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 have been unable to do so for some time.
I have been unable to do so for some time.
18. What was your employment during 1895 and 1896? What pay did you receive in each year? I have been unable to do so for some time.
I have been unable to do so for some time.
19. Have you a family? If so, who composes your family? Give their means of support? Have they a homestead? I have been unable to do so for some time.
I have been unable to do so for some time.
20. Are you receiving any pension, if so, what amount and for what disability? I have been unable to do so for some time.
I have been unable to do so for some time.

Sworn to and subscribed before me this the

19th day of July 1897.

B. F. Donahoo Applicant.

Edw. Fry Ordinary.

of Cobb County.

Every question must be answered.

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,

County,

Cobb
James H. Chadwick of said State and County, having been presented as a witness in support of the application of *Benjamin D. Bernaldo* 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? *My name is James H. Chadwick and I reside in Cobb Co. Ga.*
2. Are you acquainted with *Benjamin D. Bernaldo*, the applicant, if so how long have you known him? *I have known him for forty years.*
3. Where does he reside, and how long has he been a resident of this State? *He resides in Cobb Co. Ga. and has been a resident here for forty years to my own knowledge.*
4. Do you know of his having served in the Confederate army or the Georgia militia? How do you know this? *I know that he was in the Confederate Service as a private in the Major Light Artillery. His father, because I was a member of the same. I know.*
5. When, where and in what company and regiment did he enlist? *He enlisted in July, 1862, in the 1st Georgia Cavalry, at Columbus, Ga. I was a member of the same company and regiment.*
6. Were you a member of the same company and regiment? *I was a member of the same company and regiment.*
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? *He performed regular duty in the 1st Georgia Cavalry until the surrender. But was under a thirty days furlough at the time of the surrender. He was the only furlough applicant we had.*
8. What property, effects or income has the applicant? (Give your means of knowledge.) *He has no property except household and kitchen furniture. He has no income.*
9. What property, effects or income did the applicant possess in 1895 and 1896, and what disposition, if any did he make of same? *He possessed no other property during those years except the household and kitchen furniture.*
10. What is the applicant's occupation and physical condition? *He is a Carpenter, and is greatly suffering from piles and hemorrhoidal tumors.*
11. Is the applicant unable to support himself by labor of any sort, if so, why? *He is unable to support himself by labor of any sort because of the disease mentioned in my answer to the 10th question.*
12. How was he supported during the years 1895 and 1896? *He was supported during those years by the labor of a Negro Son & what he could give him.*
13. What portion of his support for those two years was derived from his own labor or income? *Myself & my son & my Negro Son & my Negro Son & my Negro Son.*
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 a great sufferer from piles and hemorrhoidal tumors and has been so since 1863. Some years ago his condition was so great that he had a surgical operation performed. And is still suffering from the disease.*
15. What interest have you in the recovery of a pension for this applicant? *I have no interest in the recovery of a pension for this applicant.*

Sworn to and subscribed before me, this *19th* day of *May*, 1897.

Ordinary.

Witness

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,

County,

Cobb
Personally before me, *A. E. Johnson* and *B. H. Donelson*, both known to me as reputable physicians of said county, who being severally sworn on oath that they have examined carefully *B. H. Donelson*, applicant for pension under the Act of 1894, and after such personal examination say that his precise physical condition is as follows:

About four years ago Donelson is an
he performed an operation on the applicant for hemorrhoidal
tumors and while suffering from similar tumors and this condition is permanent
rendering him wholly unable to perform manual labor.
Sufficient to earn a support for himself, and his family and hard labor.
and inadequate food during the war.
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 *19th* day of *May*, 1897.

Ordinary.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

County,

Cobb
I, *John M. Bone*, Ordinary in and for said County, hereby certify that the applicant *Benjamin D. Bernaldo* 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: *James H. Chadwick and A. E. Johnson and B. H. Donelson* 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, *\$450.00* 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 *19th* day of *May*, 1897.

John M. Bone 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.

POWER OF ATTORNEY.

State of Georgia.

Cobb County.

I *B. F. Donahoo*

hereby authorize

of

J. M. Stone
Marion 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

day of

May

1898.

B. F. Donahoo

[L. S.]

Executed in presence of

POWER OF ATTORNEY.

STATE OF GEORGIA.

Cobb County.

I.

B. F. Donahoo
J. M. Stone of *Marion Ga*

hereby authorize

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

day of

May

1899.

Executed in presence of

B. F. Donahoo

[L. S.]

(For Those Already Enrolled.)

NO. *2878*

INDIGENT

SOLDIER'S PENSION,

1898.

Name *B. F. Donahoo*
County *Cobb*

WARRANT ISSUED

July 8

1898.

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDLED TO

Jul 8

Geo. W. HARRISON, STATE PRINTER, ATLANTA.

1898

(For Those Already Enrolled.)

GOOD SEC. 1384.

No. *1136*

INDIGENT

SOLDIER'S PENSION,

1899.

Name *B. F. Donahoo*
County *Cobb*

WARRANT ISSUED

1899

11/4

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDLED TO

Handled by J. M. Stone

Geo. W. HARRISON, STATE PRINTER, ATLANTA.

11/1898

first enlisted Co. C. Phillips
Regiment Inf. - Re-enlisted

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County,

Personally appears *B. F. Donahoo* 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 *15* day of *Sept.* 18*37*; 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 _____) during the war between the States, and served for the term of *2 1/2* yrs in Company *Mason Light Artillery*, *1st Regt.* *Co. A.* *Vol.*; that his physical condition is as follows:

follows:

On account of injury and 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 189*7*

Sworn to and subscribed before me, this, the

29 day of *May* 1898.

B. F. Donahoo

Ordinary.

State of Georgia,

Cobb County.

I, *John B. F. Donahoo* 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 *May* 1898.

John B. F. Donahoo
Ordinary. *Cobb* County.

NOTE.—The blank spaces must be filled.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County,

Personally appears *B. F. Donahoo* 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 *15* day of *Sept.* 18*38*; that he is *60* years old and by occupation a *farmer*; that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served for the term of *3 1/2* yrs in Company *Mason Light Artillery*, *1st Regt.* *Co. A.* *Vol.*; that his physical condition is as follows:

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 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

6 day of *May* 1898.

B. F. Donahoo

Ordinary.

State of Georgia,

Cobb County.

I, *John B. F. Donahoo* 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 *May* 1898.

John B. F. Donahoo
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, B. F. Donahoe hereby authorize John A. Harty of Marion Co.

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

by him

Witness my hand and seal, this 15 day of Jan, 1900.

B. F. Donahoe [L. S.]

Executed in presence of

W. J. Harty

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.

I, B. F. Donahoe hereby authorize John A. Harty of Marion

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

by him

Witness my hand and seal, this 9th day of January, 1901.

B. F. Donahoe [L. S.]

Executed in presence of

W. J. Harty

Donahoe, B. F.
Cobb Co.

CODE SEC. 1254.

(For These Already Enrolled.)

NO. 1506

INDIGENT

SOLDIER'S PENSION,

1900.

Name B. F. Donahoe
County Cobb

WARRANT ISSUED
January 15, 1900.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDLED TO
J. M. Harty
John W. Harty, State Printer, Atlanta.

Ms. data

Donahoe, B. F.
Cobb Co.

CODE SECTION 1254

(For These Already Enrolled.)

No. 210

INDIGENT

SOLDIER'S PENSION.

1901.

Name B. F. Donahoe
County Cobb

WARRANT ISSUED
Jan 9, 1901.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDLED TO
John A. Harty
John W. Harty, State Printer, Atlanta.

Ms. data

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears B. F. Donahoo 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 15th day of Sept 1838; that he is 61 years old and by occupation a farmer; that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States,

and served for the term of 3 1/2 years in Company Massachusetts Light

Artillery Co. No. 1; 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 1897

Sworn to and subscribed before me, this, the

15th day of January 1900.

Ordinary.

State of Georgia,

Cobb County.

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



Ordinary Cobb County.

NOTE.—The blank spaces must be filled.
NOTE.—A Affidavit should not be attested before January 1st, 1900.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears B. F. Donahoo 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 15th day of Sept 1838; that he is 62 years old and by occupation a farmer; that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the

States, and served for the term of 3 1/2 years in Company Massachusetts Light of Co. No. 1; 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 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

9th day of January 1901.

Ordinary.

STATE OF GEORGIA,

Cobb County.

I, John Artry Ordinary of said County, do certify that I am well acquainted with B. F. Donahoo the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 1901.



Ordinary Cobb County.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

Ort County.

I, *B. F. Donahoe* hereby authorize *John Clutney* of *Monetta* to receive and receipt for the pension allowed and request that he remit same to me at *Monetta* by *Monetta*

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

B. F. Donahoe [L. S.]

Executed in presence of

J. M. Lane

(FOR THOSE ALREADY ENROLLED.)

No. *497*

INDIGENT

SOLDIER'S PENSION
1902.

Name *B. F. Donahoe*
County *Ort*

Co. *Mass. 14, Artillery*
Regiment
WARRANT ISSUED

1902

JOHN W. LINDSEY,

Commissioner of Pensions

WARRANT HANDED TO

Ordy

JOHN W. LINDSEY, SAGE PRINTER, ALBANY.

Ordy

POWER OF ATTORNEY.

STATE OF GEORGIA,

Ort County.

I, *B. F. Donahoe* hereby authorize *John Clutney* of *Monetta* to receive and receipt for the pension allowed and request that he remit same to me at *Monetta* by *Monetta*

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

B. F. Donahoe [L. S.]

Executed in presence of

J. M. Lane

(FOR THOSE ALREADY ENROLLED.)

No. *453*

INDIGENT

SOLDIER'S PENSION
1903.

Name *B. F. Donahoe*
County *Ort*

Co. *Mass. 14, Artillery*
Regiment
WARRANT ISSUED

1903

JOHN W. LINDSEY,

Commissioner of Pensions

WARRANT HANDED TO

Ordy

JOHN W. LINDSEY, SAGE PRINTER, ALBANY.

Ordy

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cobb County.)

Personally appears *B. F. Donohoe* 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 *15th* day of *Sept.* *1828*; 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 *Ga.*) during the war between the

States, and served for the term of *3 1/2 yrs* in Company *Mason's Light Infantry* of *Ga.* *Vol.*; 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 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 *15th* day of *January* 1902, *B. F. Donohoe* Ordinary.

John A. Harty

STATE OF GEORGIA,

Cobb County.)

I, *John A. Harty* Ordinary of said County,

do certify that I am well acquainted with *B. F. Donohoe* the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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* 1902.

John A. Harty Ordinary.

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 *B. F. Donohoe* 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 *15th* day of *Sept.* *1828*; 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 *Ga.*) during the war between the

States, and served for the term of *3 1/2 yrs* in Company *Mason's Light Infantry* of *Ga.* *Vol.*; 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 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 *15th* day of *January* 1903.

John A. Harty Ordinary.

STATE OF GEORGIA,

Cobb County.)

I, *John A. Harty* Ordinary of said County,

do certify that I am well acquainted with *B. F. Donohoe* the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 *Jan* 1903.

John A. Harty Ordinary.

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, B. F. Donahoe hereby authorize

John Lindsey of _____
to receive and receipt for the pension allowed and request that he remit same to
at _____

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

B. F. Donahoe [L. S.]

Executed in presence of

John Lindsey

POWER OF ATTORNEY.

STATE OF GEORGIA.

Cobb COUNTY.

I, B. F. Donahoe hereby authorize

John Lindsey of _____
to receive and receipt for the pension allowed, and request that he remit same to
at _____

by _____
Witness my hand and seal, this _____ day of _____ 1905.

B. F. Donahoe [L. S.]

Executed in the presence of

John Lindsey

**SOLDIER'S PENSION
1904.**

INDIGENT

Name B. F. Donahoe
County Cobb
Co. Georgia

WARRANT ISSUED

Jan 23 1904.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Cobb
Geo. W. Harrison, State Printer, ALBANY.

no date

Donahoe, B. F.
Cobb Co

**SOLDIER'S PENSION
1905.**

INDIGENT

Name B. F. Donahoe
County Cobb
Co. Georgia

WARRANT ISSUED

Jan 23 1905.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Massie, L. A.
Geo. W. Harrison, State Printer, ALBANY.

no date

STATE OF GEORGIA

FOR APPLICANTS HERETOFORE ATTORNEYED PENSIONERS

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cobb County.

Personally appears *B. F. Donahoo* 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 *15* day of *Sept* 1838; that he is *60* years old and by occupation a *farmer*, that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served for the term of *three* years in Company *Masson's 2nd Artillery* of *the 1st* Regiment; 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 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 *22* day of *Nov* 1904. *B. F. Donahoo* Ordinary.

STATE OF GEORGIA,

Cobb County.

I, *John H. Donahoo* Ordinary of said County, do certify that I am well acquainted with *B. F. Donahoo* the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 *Nov* 1904.

John H. Donahoo Ordinary *Cobb* County.

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



FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cobb County.

Personally appears *B. F. Donahoo* 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 *15* day of *Sept* 1838; that he is *65* years old and by occupation a _____, that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served for the term of _____ in Company *Masson's 2nd Artillery* of *the 1st* Regiment of *the 1st* Division; that his physical condition is as follows: *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 *22* day of *Nov* 1905. *B. F. Donahoo* Ordinary.

STATE OF GEORGIA,

Cobb County.

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

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

Ordinary _____ 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, B. F. Donahoe, hereby authorize
John W. Lindsey of _____
to receive and receipt for the pension allowed, and request that he remit same to
_____ at _____
by _____

WITNESS my hand and seal, this 3 day of July 1906.

B. F. Donahoe [L. S.]

Executed in the presence of

J. W. Lindsey

Cosa Section 124.
(FOR THOSE ALREADY ENROLLED.)

No. 550-

INDIGENT
SOLDIER'S PENSION
1906.

Name B. F. Donahoe
County Cobb
Co. _____ Regiment _____
Wm. Lindsey
WARRANT ISSUED

1906.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT-HANDLED TO

Ydy

The Pensioner's Property and Possession of John W. Lindsey, Sec.

no date

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb COUNTY. }
I, B. F. Donahoe, hereby authorize
John W. Lindsey of _____
to receive and receipt for the pension allowed, and request that he remit same to
_____ at _____
by _____

WITNESS my hand and seal, this 8 day of July 1907.

B. F. Donahoe [L. S.]

Executed in presence of

J. W. Lindsey

Cosa Section 124.
(FOR THOSE ALREADY ENROLLED.)

No. 588

INDIGENT
SOLDIER'S PENSION
1907.

Name B. F. Donahoe
County Cobb
Co. Wm. Lindsey

WARRANT ISSUED

JAN 21 1907.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT-HANDLED TO

Ydy

The Pensioner's Property and Possession of John W. Lindsey, Sec.

no date

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,

Cobb County.

Personally appears B. F. Donohoe of

County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of said County and State, and has resided in said State continuously ever since the _____ day of _____ 18____; that he is _____ 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 _____ of _____th Regiment of Mass Right Artillery 1864-1865, that his physical condition is as follows:

Infirmary 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 _____

3 day of January 1906.

Ordinary.

B. F. Donohoe

State of Georgia,

Cobb County.

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

Given under my official signature and seal, this _____

day of January 1906.

Ordinary

County.

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,

Cobb County.

Personally appears B. F. Donohoe 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 _____ of _____th Regiment of Mass Artillery; that his physical condition is as follows:

Infirmary 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 _____

day of January 1907.

Ordinary.

State of Georgia,

Cobb County.

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

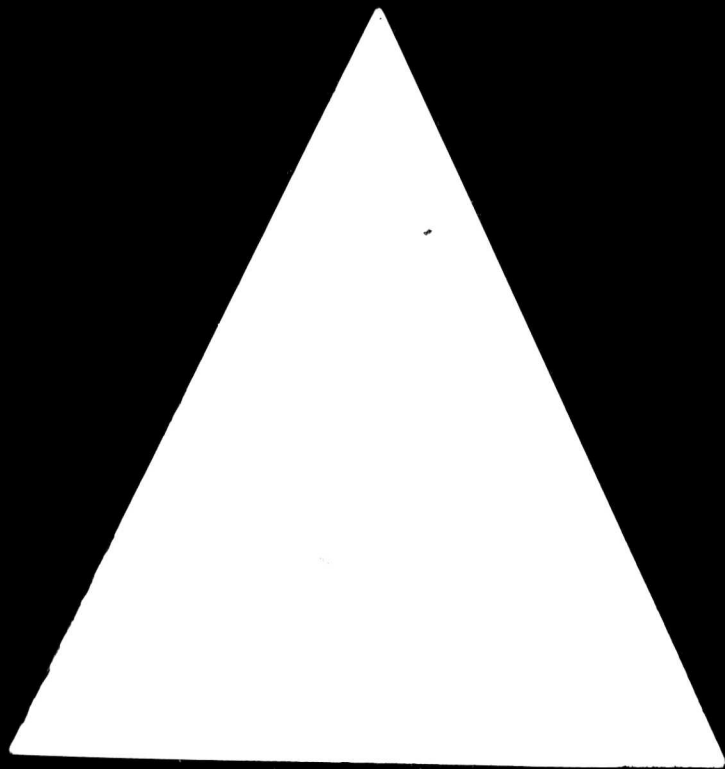
Given under my official signature and seal this _____

day of January 1907.

Ordinary

County.

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



Ordinary's Certificate

STATE OF GEORGIA,

County of Hall

I, W. H. Mendenhall

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 bona fide continuing resident citizen of said County

and was on the 4th November 1898; that I also know J. H. Mendenhall, Jr., deceased

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, true,

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

Sworn under my hand and official seal of office this 13 day of October 1919

(SEAL) W. H. Mendenhall Ordinary, County of Hall

NOTES: 1. Before any application for pension, the Ordinary shall swear applicant and the witness in the following words:

"You do solemnly swear that you will answer truly to all of the questions asked you and the witnesses

you shall give will be the truth. So help you God." The witnesses are not sworn.

2. The Ordinary shall not receive any fee for his services.

3. Only widows who married prior to January 1st, 1881, are entitled to pension.

4. All affidavits must be made before the Ordinary of the residence of the person to be sworn and certified by

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

reputation.

Widow's Pension

Under Act 1910—as Amended by Act of 1919.

County Bss

Name Anna Cornelia Dorsey

Widow of Joseph H. Dorsey

Company D

Regiment 27 Va. Inf.

Approved _____

J. W. LINDSEY,
Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

10-30-1919

Aug 10, 1861 -
Dismissed by Discharge
as General Court Martial,
April 1, 1864.

Dorsey, Cornelia
Cable 11/19/20
No. 1001

Ordinary's Certificate

STATE OF GEORGIA,

Hall COUNTY.

I, M.D. Whischer 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 bona fide continuing resident citizen of said County

and was on the 4th November 1908; that I also know J.M. Murch and R. T. Seymour

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, trust-

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

Sworn under my hand and official seal of office this 13 day of October 1919

(SEAL) M.D. Whischer Ordinary,

Hall County

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

Widow's Pension

Under Act 1910-11 as Amended by Act of 1919

County

Name Mrs. Cornelia Dorsey

Widow of John W. Dorsey

Company

Regiment 27th Va. Inf.

Approved

J. W. LINSLEY,
Commissioner of Pensions,
David Printing Co., State Printing, Atlanta.

10-30-1919

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

Questions for Applicant

STATE OF GEORGIA,

Cobb COUNTY.

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

1. What is your name, and where do you reside? Mrs. Cornelia Dorsey, Marietta, Ga.

2. How long and since when have you been a continuing resident of the State of Georgia? Since April 29, 1897

3. When, where and to whom were you married? April 29, 1873, at Marietta, Ga. to John W. Dorsey.

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). Organized Co. B, 27th Va. Inf. in Hall Co. Ga. in 6/1/62 and ordered to service as Captain of same; Resigned service with Co. B, 27th Va. Inf. at Marietta, Ga. in 1865 in exchange of my recaptulation.

5. When and where did the commands of your husband surrender or discharge from the army? 1865 in exchange of my recaptulation.

6. Was your husband personally present at the time of the surrender or discharge of this command? Yes

7. If he was not present state clearly where he was? _____

8. Where was his command when he left? _____

a. For what cause did he leave his command? _____

b. By whose authority did he leave his command? _____

c. For how long was he granted leave of absence? _____

d. What was his physical condition when he left his command? _____

f. What effort did he make to return to his command? _____

g. In what way was he prevented from going back to Command _____

h. Was he captured by the enemy at any time? _____

i. If so, when and where captured and where held as a prisoner, and when and for what cause released? _____

j. When and where did your first husband die? Dec 5, 1883, Marietta, Ga.

k. Were you residing together when he died? Yes

l. If not, how long had you resided apart? X

m. Are you now a widow? Yes

9. Have you or your husband heretofore been paid a pension by the State? No

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

Sworn to and subscribed before me this the

27 day of September 1919

J.M. Gann Ordinary

of Cobb County.

(SEAL)

Mrs. Cornelia Dorsey
I J.M. Gann, Ordinary of Cobb Co., Ga.,
certify that I know the applicant
Mrs. Cornelia Dorsey, and she is a
Resident of said county, and her
statements are entitled to full
faith and credit.

J.M. Gann Ordinary,
Cobb Co., Ga.

Aug 10, 1861 -
Discharged by order
of General East March,
April 1, 1864.

Cobb County
Name Mrs. Cornelia Dorsey
Widow of John W. Dorsey
Company
Regiment 27th Va. Inf.

Approved

E.R.O.
1930

Questions for Witness as to Service of Husband and Marriage

STATE OF GEORGIA,

Hall COUNTY }

COUNTY }

Personally before me comes J M Merck and R T Seymour who, after being duly sworn, true answers to make to the following questions, answers as follows:

1. What is your name and where do you reside? J M Merck and R T Seymour
Harrisonville Hall County Georgia
2. How long and since when have you known Mrs. Cornelia Dickey applicant? Since 1873 - 41 years
3. How long and since when has she continuously resided in this State? (Give date.) Since 1873 to my knowledge
4. When and to whom was she married? Jasper H Dickey How do you know? Sixty years
5. How long and since when did you know Jasper H Dickey her husband? Since 1873 - Harrisonville Hall County Ga
6. When and where did Jasper H Dickey the husband of applicant, die? Yes
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 Jasper H Dickey enlist? Last of August 1864 - 1st Co. B. Georgia Battalion
10. Were you a member of the same Company? No
11. How long within your personal knowledge did he perform actual military service with his Company and Regiment? from last of August to surrender 1865
12. When and where did his Command surrender, and was discharged? The last of April or first of May 1865 - Camden Ga
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? Yes If not where was he? 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?
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

19 day of October 1899

Notary Public Ordinary

of Hall County.

(SRA)

J M Merck

R T Seymour

J M Merck answers all questions except question 9
R T Seymour answers question 9 & 11

nothing to do answers as captain of Co. A
then proceeds to list Co.

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 *Jasper N. Boker, Jr. & Junius*
Corneilia Brown,

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*, folio *459*.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of the Court of Ordinary, this the *16* day of *October*, 191*7*.

J. M. Gann
Ordinary and Ex-Officio C. C. O.

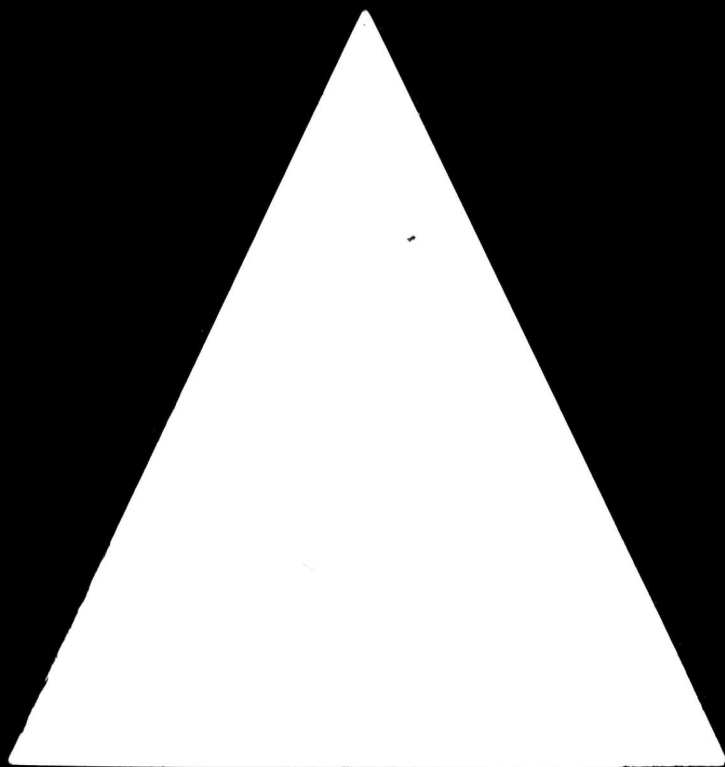
1855

MIAMI BEACH, FLORIDA

STAY AT THE GEORGIA

Given under my hand and seal this 29th day of
April 1873 L. M. Hammond (LS)

STATE OF GEORGIA ~~OFFICIAL~~ COBB COUNTY
 I, William H. Bostey, and Mrs. Julius Cordelia Brown
 do hereby certify that the within and foregoing is a true and correct
 copy of the original as the same appears in the records of the
 County of Cobb, Georgia, this 2nd day of May 1873 nineteen hundred
 and no years.
 Attest: May 2^d 1873 ff D. L. Buttles (M. G.)
Wm. H. Bostey Ordinary.



out - 1000

52

Confederate Soldier's Application.

UNDER ACT 1910.

County

Name _____

Company

Regiment

Approved _____

CHAR. E. HYRD, *State Printer*

ENTERED ROSTER OFFICE

ENTERED ROSTER OFFICE

16. The Commission has also been informed that the Government of India has been requested to provide information on the progress of the implementation of the recommendations of the Commission's report on the subject.

QUESTIONS FOR WITNESS AS TO SERVICE

STATE OF GEORGIA.

County.

W. A. Lane
I, *W. A. Lane*, of said State and County, do hereby certify as a witness in support of the application of *J. M. Lane* for pension by the Act of 1910, in said State, and also being sworn true answers to the following questions as follows:

1. What is your name and where do you reside?
W. A. Lane, 2216 Lane St., Savannah, Ga.
2. How long and since when have you known the applicant?
57 years since we were in the same Regiment.
3. Where does he now reside, and since when has he been a householder continuing resident in this State and how do you know?
He is living at 2216 Lane St., Savannah, Ga. for several years.
4. When, where and in what Company and Regiment did *J. M. Lane* serve during war from 1861 to 1865? (Give date and place).
Company B, 2nd Georgia Infantry, from 1861 to 1865.
5. How did you obtain your information of this Service?
He is a member of the 2nd Georgia Infantry.
6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (give date).
From September 1864 to the end of the war.
7. When and where was his Command surrendered and charged? (give date and place).
His Command was captured Dec. 16, 1864 at Nashville, Tenn.
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 present.
12. When did he leave his Command? Where was his Command when he left it? for what cause did he leave?
He was present.

By whose authority did he leave? and how long was he granted leave? How do you know?

That you have stated to be true? If not your own knowledge (Tell clearly and specifically).
A. Lane, 2216 Lane St., Savannah, Ga. is the person who has been in the service of the Government.

Is that way? If not your own knowledge (Tell clearly and specifically).
He is the person who has been in the service of the Government.

How do you know?
Answers all other questions.

13. Was applicant captured as a prisoner? If so, when and where?
Yes, May 1865.

In what prison was he held? and when released?
He was held in the prison at Savannah, Ga. and released.

Subscribed and subscribed before me, this the *11th* day of *April*, 1910.
J. M. Lane
Ordinary of *Savannah* County.

AFFIDAVIT OF TWO FREEHOLDERS.

STATE OF GEORGIA.

County.

Personally before me comes *W. A. Lane* who on oath says that they are free holders residing in said County and we know the applicant for pension and we know the property that is now in the use, possession and control of himself and wife and of the cash value to wit: (Make list by item and value).

1. 2216 Lane St., Savannah, Ga. value \$1500.00
2. 1/2 acre of land in Savannah, Ga. value \$1000.00
3. 1/2 acre of land in Savannah, Ga. value \$1000.00

1. What property, if any, has been sold or given away by the applicant or his wife since 3. Dec.

1900? (State fully by item).

1. What land or other was sold or given away?
2. What land or other was sold or given away?
3. What land or other was sold or given away?
4. What land or other was sold or given away?
5. What land or other was sold or given away?
6. What land or other was sold or given away?
7. What land or other was sold or given away?
8. What land or other was sold or given away?
9. What land or other was sold or given away?
10. What land or other was sold or given away?

Sworn to and subscribed before me, this the *11th* day of *April*, 1910.
J. M. Lane
Ordinary of *Savannah* County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA.

County.

I, *J. M. Lane*, Ordinary of said County, certify that I know the applicant *J. M. Lane* for Pension is the person he represents himself to be and resides in said County. That I also know *W. A. Lane* 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 Return of *J. M. Lane* shows that *J. M. Lane* and wife value for tax is in 1908 *\$1500.00* for 1909 *\$1500.00* for 1910 *\$1500.00*.
Sworn to and subscribed before me, this the *11th* day of *April*, 1910.
J. M. Lane
Ordinary of *Savannah* County.

NOTE 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 obtained if such affidavits are furnished.
3. All affidavits must be made before the Ordinary and verified 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.

Amendment

Georgia Cobb County

Personally appeared before me J. M. Dorsey, who being duly sworn says that on November 4th 1898, that he had in his possession and Control 131 acres of land of which affiant owned a one Sixth interest the same being inherited by affiant and his three children from his deceased wife that all of his children having reached their majority, that each obtained their distributive share to make this division it was necessary to sell said land. That 50 acres of said land was sold to Mrs C. L. Scott for the sum of \$1500⁰⁰ leaving 81 acres now on the market and it is offered for the sum of \$3000⁰⁰ but have not been able to sell as yet at that price this would make a total value of the estate of \$500⁰⁰ of which affiant will receive 1/6th or \$750⁰⁰ this is all the property affiant has of said land affiant has been forced to break up home keeping and now lives with his children. Affiant makes this Amendment to make it plain and accurate as to the value of all property he or interest in property he now has

J. M. Dorsey

Sworn to before me
this August 4th 1911

J. M. Gann

Ordinary

Georgia Cobb County

Personally appeared before me J. L. Brooks and C. L. Scott well known to me as reputable Citizens of Cobb County Ga. who being duly sworn says that they are well acquainted with J. M. Dorsey being neighbors to said Dorsey that they know that said J. M. Dorsey inherited from his deceased wife a one Sixth interest in 131 acres of land, and that a portion of said land has been sold for \$1500, and the remainder is now on the market and offered for the price of \$3000⁰⁰ but is yet unsold that said J. M. Dorsey receives and will receive only one Sixth of the receipt from said land sale, and that this is all the property said J. M. Dorsey owns any interest therein and that he now lives with his children

J. L. Brooks
C. L. Scott

Subscribed and sworn to
before me this Sept 5th 1911

J. M. Gann
Ordinary Cobb County

Georgia Cobb County

I J. M. Gann Ordinary of said County, That I know J. L. Brooks and C. L. Scott who are householders and who being duly sworn by me before signing the above affidavit and that they are truthful and trustworthy and their statements are entitled to full faith & credit

Oct 30th 1911

J. M. Gann
Ordinary

Ordinary

81 The above affiant and that they are truthful and
82 trustworthy and their statements are entitled to
full faith & credit
Oct 30/11 J M Gamm
Ordinary

POWER OF ATTORNEY.

STATE OF GEORGIA.

Cobb County.

I, Richard Johnson, hereby authorize Mr. John M. Smith to receive and receipt for the pension allowed, and report, that he must come to me.

Witness my hand and seal this 14th day of April, 1899.

Recorded in presence of

W. H. Smith

Pay to R. C. Smith
for John

Doub, P. F.
Cobb Co.

No. 3794

INDIGENT PENSION

1899.

Name P. F. Doub
County Cobb

Approved 5/2 1899.

RICHARD JOHNSON,
Commissioner of Penitents.

WARRANT HANDED TO

R. C. Smith

Geo. W. Harrison, State Printer, Atlanta.

5/1, 99.

POWER OF ATTORNEY.

STATE OF GEORGIA.

Cobb COUNTY.

I, P. F. Doub, hereby authorize

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

Witness my hand and seal this 29 day of April 1899.

Executed in presence of

Pay to R. C. Linn
J. E. Stoun

Doub, P. F.

Cobb Co.

No. 3794

INDIGENT PENSION

1899.

Name P. F. Doub

County Cobb

Approved 5/2 1899.

RICHARD JOHNSON,

Commissioner of Pensions.

14

WARRANT HANDED TO

R. C. Linn

STATE PRINTER, ATLANTA.

5/11/99.

Questions for Applicant.

STATE OF GEORGIA.

Cobb County.

I, P. F. Doub, of said State and County, desiring to avail himself of the Pension Act (Section 1354, Code), hereby submit his proof, and after being duly sworn true answers to make to the following questions, depose and answers as follows:

1. What is your name and where do you reside? (Give State, County and post office.)
P. F. Doub Cobb County Ga.
2. How long and since when have you been a resident of this State?
Became resident of Ga Dec 18th 1888
3. When and where were you born?
Nov Dec 14th 1838 - La. N.C.
4. When and where and in what company and regiment did you enlist to serve?
May 17th 1862 - at Brunswick N.C. - Co "A" 53rd Regt. N.C. Vols
5. How long did you remain in such company and regiment?
About two years.
6. For how long a period did you discharge regular military duty?
Two years or more
7. When, where and under what circumstances were you discharged from service?
at the surrender in April 1865
8. What is your present occupation?
doing little odd jobs when able
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?
Clerk when able to work
11. Upon which of the following grounds do you base your application for pension? (Give first, "age and poverty," second, "infirmary and poverty," or third, "blindness and poverty.")
Infirmary & poverty
12. If upon the first ground, state how long you have been in such condition that you could not earn your support? If upon the second, give a full and complete history of the infirmity and its extent? If upon the third, state whether you are totally blind and when and where you lost your sight?
I am disabled with Chronic Discharge and have been since the war. Estimated it in the war - have been patient, paralyzed.
13. What property, effects or income do you possess, and its gross value?
Nothing at all
14. What property, effects or income did you possess in 1860, 1865, 1870, 1875 and 1880, and what disposition, if any, did you make of same?
I had no property during those years at all. Had no income.
15. In what County did you reside during those years, and what property did you then return for taxation?
In Cobb Co. Ga.
16. How were you supported during the years 1867 and 1868? By my little work and by Charity.
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?
\$1.00. or more - Very little
18. What was your employment during 1867 and 1868? What pay did you receive in each year?
doing little odd jobs when able - Very small amount
19. Have you a family? If so, who composes such family? Give their means of support. Have they a homestead?
Yes - myself & two children - children supports themselves by work - No homestead
20. Are you receiving any pension? If so, what amount, and for what disability?
None

Sworn to and subscribed before me this 11th day of May 1899.

P. F. Doub

P. F. Doub

Ordinary,
County.

Applicant.

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,

Cobb COUNTY,

J. H. Murray of said State and County, having been presented as a witness in support of the application of *P. H. Doub* 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?
Cobb County, Ga. J. H. Murray
2. Are you acquainted with *P. H. Doub*, the applicant; if so how long have you known him?
for 8 or 10 years
3. Where does he reside, and how long and since when has he been a resident of this State?
In Cobb Co. Ga. - for 8 or 10 years
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, and what do you know of his service as a Confederate soldier, and the time and circumstances of his discharge from the service?

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

None at all - I am well acquainted with him and have known him

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 at all

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

Has not - has none to convey

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

Doing little odd jobs - he is diseased with chronic diarrhoea and potter's palsy

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

he is not - on account of his disease and physical condition he can't work jobs as by charitable friends

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

Very little

13. 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 is diseased is potter's palsy and is unable to work has no property, no income

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

None at all

Sworn to and subscribed before me, this

the 29 day of April 1890.

J. H. Murray Witness.

J. H. Murray Ordinary.

also to nos. 1, 2 & 3.

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,

Dobb COUNTY,

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

He has a worse case of chronic diarrhoea of many years standing, which has rendered him very weak and feeble. About one year ago his lower extremities were paralyzed and he has never fully recovered use 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.

Sworn to and subscribed before me this the

29 day of April 1890.

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 *P. H. Doub* resides in said County, and has been a bona fide resident of this State since the day of 1888 and that the witnesses, viz: *J. H. Murray, J. D. Malone and M. H. Simpson* 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 and in 1898 *nothing* Dollars of property.

In my opinion the foregoing claim is *not* made in good faith.

Witness my hand and seal of office, the 29 day of April 1890.

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 *P. F. Doub* hereby authorize
John Gann of *Meritts Co*
to receive and receipt for the pension allowed, and request that he remit same to
by *him* *me*

Witness my hand and seal, this *15* day of *Jan'y*, 1900.
P. F. Doub [L. S.]

Executed in presence of

W. J. Nauby

2008 SEC. 1284.

(For Those Already Enrolled.)

NO. *2635*

INDIGENT

SOLDIER'S PENSION,

1900.

Name *P. F. Doub*
County *Cobb*

WARRANT ISSUED
Jan'y 26 1900.

JOHN. W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDLED TO
Jul S
Chas. W. Harrison, State Printer, Atlanta.

No date

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County. }
I *P. F. Doub* hereby authorize
John Chubb of *Meritts*
to receive and receipt for the pension allowed, and request that he remit same to
by *me* *at*
Chubb

Witness my hand and seal, this *14th* day of *Jan'y*, 1900.
P. F. Doub [L. S.]

Executed in presence of

John M Gann

1901

2008 SEC. 1284.

(For Those Already Enrolled.)

NO. *2617*

INDIGENT

SOLDIER'S PENSION,

1900.

Name *P. F. Doub*
County *Cobb*

WARRANT ISSUED
Jan'y 15 1900.

JOHN. W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDLED TO
Anthony
Chas. W. Harrison, State Printer, Atlanta.

No date

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.
Personally appears P. F. Doub 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. 1888, that he is 61 years old and by occupation a Clerk; that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served for the term of 4 yrs in Company D, of 53th Regiment of N. C. Vols; 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 1899.

Sworn to and subscribed before me, this, 15 day of Jan, 1900. P. F. Doub Ordinary.

State of Georgia,

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

Given under my official signature and seal, this 25 day of Jan, 1900. John A. Doub Ordinary Cobb County.



NOTE.—The blank spaces must be filled.
NOTE.—A Affidavit should not be attested before January 1st, 1900.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.
Personally appears P. F. Doub 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. 1888; that he is 62 years old and by occupation a Clerk; that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served for the term of 4 yrs in Company D, of 53th Regiment of N. C. Vols; 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 1899.

Sworn to and subscribed before me, this, 14th day of Jan, 1900. P. F. Doub Ordinary.

State of Georgia,

Cobb County.
I, John A. Doub Ordinary of said County, do certify that I am well acquainted with P. F. Doub the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 Jan, 1900. John A. Doub Ordinary Cobb County.



NOTE.—The blank spaces must be filled.
NOTE.—A Affidavit should not be attested before January 1st, 1900.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County, }
Chad

I, *P. F. Dault*

hereby authorize

to the following

of

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

at

by

Witness my hand and seal, this *22* day of *January*, 190*3*

P. F. Dault

[L. S.]

Executed in presence of

W. L. Dault

1903

Ann. P. F.
Chad County
(FOR THOSE ALREADY ENROLLED.)
CODE SECTION 124.

No. *415*

INDIGENT
SOLDIER'S PENSION
190*3*.

Name *P. F. Dault*
County *Chad*

Co. *B* Regiment *53*
1st Artillery
WARRANT ISSUED

190*3*

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Cr. d.

Geo. W. Stevens, State Printer, Atlanta.

216 1674

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cobb County.

Personally appears P. F. Doud 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 1887; that he is 24 years old and by occupation a Chap. 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 12 th Regiment of North Carolina Inf.; that his physical condition is as follows owing to 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 16th, 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 1902

Sworn to and subscribed before me, this the 22 day of January 1903 P. F. Doud Ordinary.

STATE OF GEORGIA,

Cobb County.

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

Given under my official signature and seal, this 22 day of Jan 1903 John H. H. H. Ordinary 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.

hereby authorize

of

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

at:

by

Witness my hand and seal, this 26 day of Jan 1904.

[L. S.]

Executed in the presence of

J. H. Douthett

Douthett, J. H.
Cobb Co.
(FOR THOSE ALREADY ENROLLED)

COSS SERVICE 134

No. 2744

INDIGENT

SOLDIER'S PENSION

1904.

Name J. H. Douthett

County Cobb

Co. D 53 Regiment

WARRANT ISSUED

1904.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

JOHN W. LINDSEY, State Printer, Atlanta.

no date

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

County.

Personally appears

P. F. Doub

of

Asch

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 *65* years old and by occupation a *nothing*, 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 *12th* Regiment of _____; that his physical condition is as follows: *Age Infirmitly Spends*

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 16th, 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 *Asch* County been allowed a pension for the year 1903.

Sworn to and subscribed before me, this the

26

day of

Jan

1904.

}

P. F. Doub

Ordinary.

STATE OF GEORGIA,

County.

I,

P. F. Doub

Ordinary of said County,

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

Given under my official signature and seal, this

day of

Jan

1904.

John H. Doub

Ordinary.

Asch

County.



Note.—The blank space must be filled.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

I P. F. Doub 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 14

day of Jan 1902

P. F. Doub

[L. S.]

Executed in presence of

J. M. Amis

*Dauby P. F. Cobb Co.
Guilford Co. Office act*

CODE SECTION 100

(For Those Already Enrolled.)

No. 498

DISABLED

SOLDIER'S PENSION.

1901.

Name P. F. Doub

County

Cobb

Disability

Amount \$

D-53

1901.

JOHN W. LINDSEY

Commissioner of Pensions.

WARRANT HANDLED TO

Only

Gen. W. B. Raymond, Pension Agent.

us koto

FOR SUBSIDIES HERETOFORE ALLOWED PENSIONERS

no1

State of North Carolina
County of Guilford:
In Petition appears David
South of said State and
County who on oath says
he is acquainted with P. F. Doub
for fifty years. I understand
he now resides in Cobb
County Ga. - P. F. Doub
enlisted at Greensborough
Guilford Co. N.C. in March
1862 - He enlisted in
Co. "D", 53rd Regt. N.C. Vols.
Affiant was Captain of
the said Company.
Affiant says he knows of
the said P. F. Doub's service
in the Confederate Army for
2 1/2 or 3 years, or during the
remainder of the war. P. F.
Doub was a good and
faithful soldier and as I
remember was discharged at
the surrender. Affiant now
resides at Greensboro N.C.
Affiant asserts that

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears *J. H. Daub.* 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 *18* day of *December* 1888; that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served as a _____ in Company _____ of _____th Regiment of *A. C.* Volunteers, *Danville* 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:

On account of disease and poverty he is unable to support himself
has no property

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 _____ County been allowed an invalid pension of _____ Dollars, for the year 180 _____

Sworn to and subscribed before me, this the *14* day of *Jan* 1901. Postoffice _____

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

STATE OF GEORGIA,

Cobb County.

I, *John Anthony* Ordinary of said County, do certify that I am well acquainted with *J. H. Daub.* the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 *Jan* 1901.

John Anthony
Ordinary *Cobb* County.



he has no interest in the recovery of this pension

Sworn to and Sub-
Signed before me this
29 day of April 1899
David Scott Witness

John Anthony
Clerk of Superior Court
Georgia
County

no 2

State of North Carolina
County of Guilford
I, J. M. Stone, Clerk Superior Court
Judge of Probate of said
County, do Certify, that
David Scott the foregoing
affiant is a resident of
said State & County, and
as a witness he is worthy
of full faith and credit
as such.

Witness my official sig-
nature and seal of office
- this 29th day of April 1899.

J. M. Stone
Clerk Superior Court
Judge of Probate
of Guilford County

J. M. Stone,
Ordinary and Judge Probate.

Office of Ordinary,

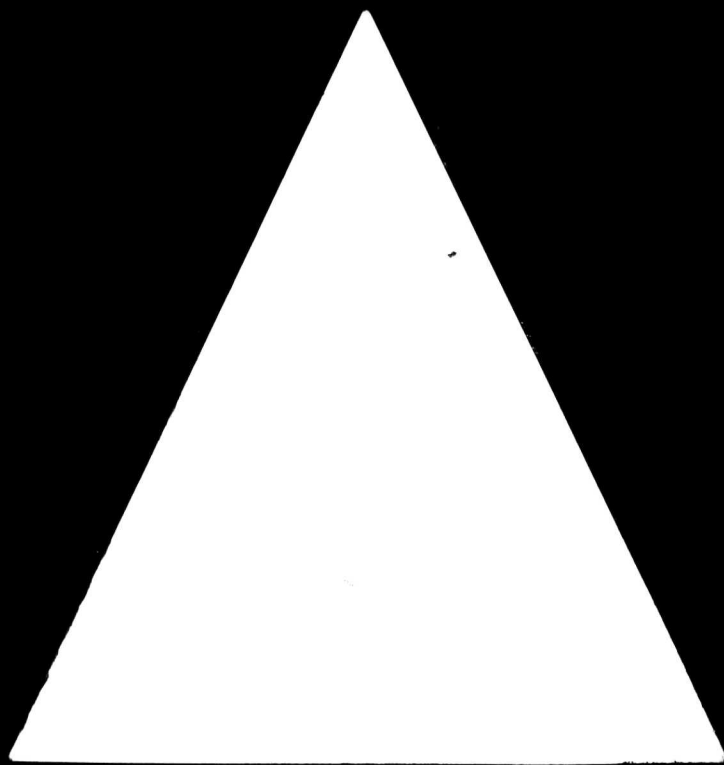
Cobb County, Ga.

Marietta, Ga. April 30 1899.

Richard Johnson

I send you
the application about
which I spoke to you
- the proofs came today
I believe everything is
all right - if possible
put this claim in
for I know it is
worthy.

Yrs. Truly
J. M. Stone



Recd. in office
11/11-1910

Applicant comes
was of the N. C.
State Troops and
of C. S. A. - and
in possession
of the Co. Book
and is ready to
pay a ransom to
the State Troops or
members of other states

J. W. Lindsey
Com. of Recd.

DOWD, Charles D. -
Col. C. S. A.
11/12/10
M. J. R. R.

Confederate

Soldier's Application.

UNDER ACT 1910.

County Cobb
Name C. D. Dowd
Company E
Regiment W. R. C.

Approved _____

J. W. LINDSEY,
Commissioner of Pensions.

CHAS. F. STED, State Printer, Atlanta.

10/26/13 -

APPLICATION FOR SOLDIER'S PENSION UNDER ACT 1910.

Questions for Applicants to Answer.

STATE OF GEORGIA

County.

I, Charles D. Bond, of said State and County, hereby apply for the pension provided by Act of 1910, to Confederate Soldiers, and submit his sworn statement, with his competency 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)

Charles D. Bond

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

Since the 25th of October, 1904

3. Did you enlist in the Army of the Confederate States or of the Organized Militia of this State from 1861 to 1865?

4. When and where, and in what Company and Regiment did you enlist? (Give the arm and class of Service)

5. How long did you remain in the actual Military Service with said Company and Regiment? (Give date of discharge)

6. When and where was your Company and Regiment surrendered or discharged from the Service?

7. Were you actually present with your Command when it was surrendered or discharged?

8. If you were not actually present, state specifically and clearly where you were

9. Where was your Command when you left it?

10. When did you leave the Command?

11. For what cause did you leave?

12. By whose authority did you leave?

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

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

15. In what way were you prevented?

16. What effort did you make to return?

17. Were you captured during the war?

18. If so, when, and where? In what prison were you held and when were you released?

19. What property of every description was owned in the use, possession and control of yourself and wife, and its cash value on the 4 Nov. 1908? (Make list by items and value.)

Nothing other than my cash

20. 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

21. What property of any description of any kind, and of any value now owned and in the use, possession and control of yourself and wife and its cash value? (Make itemized list.)

None

22. What annual or monthly income or earnings of yourself and wife and the source derived have you?

None

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

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

Yes

25. Do you so and subscribe to the Act, title the

26. Charles D. Bond

27. 1910

28. County

Confederate

Soldier's Application

UNDER ACT 1910.

Received by

1906/11/10

1906/11/10

1906/11/10

1906/11/10

1906/11/10

1906/11/10

1906/11/10

1906/11/10

QUESTIONS FOR WITNESS AS TO SERVICE.

North Carolina.
STATE OF ~~GEORGIA~~
Wake County.

Walter Clark

of said State and County is hereby presented as a witness in support of the application of Capt. C. D. Dowd for the pension provided of Georgia 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? Walter Clark, Raleigh N. C.
2. How long and since when have you known..... the applicant? C. D. Dowd. In 1864 and 1865
3. Where does he now reside, and since when has he been a bona fide, continuing resident in this State and how do you know?
4. When, where and in what Company and Regiment did C. D. Dowd enlist during war from 1861 to 1865? (Give date and place) Moore County N. C. Co. E. 70th N. C.
5. How did you obtain your information of this Service? I was a Field Officer in that regiment from May till about Feb. 1865
6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (give date) From May 1864 till about Feb. 1865
7. When and where was his Command surrendered or discharged (give date and place) Under Gen. Joseph E. Johnston, High Point N. C. 3 May 1865
8. Were you personally present at the Surrender? Yes.
9. If not, where were you and how came you there?
10. Was the applicant personally present with his Command at surrender? No, he had left.
11. If not where was he and how came him there? He resigned and left for Lee's army.
12. When did he leave his Command? about Feb. 1865 Where was his Command when he left it? in Eastern N. C. for what cause did he leave? he resigned
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) Yes.
13. In what way was he prevented from returning to his Command?..... How do you know?
14. What effort did he make to return to his Command and how do you know?
15. Was applicant captured as a prisoner..... If so, when and where?..... In what prison was he held?..... and when released?

Sworn to and subscribed before me, this the

18 day of Oct. 1915

Walter Clark

Clark

of Superior Court

AFFIDAVIT OF TWO FREEHOLDERS.

STATE OF GEORGIA.
Cobb County.

Personally before me came Edw. S. Griffin who on oath says that they are freeholders residing in said County and we know C. D. Dowd 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 exact value as wife. (Make list by items and value).

1. What property, if any, has been sold or given away by the applicant or his wife since 4 Nov 1908? (State it fully by 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? None sold or given
6. Was the disposition of this property made in good faith and full value? None sold or given
Sworn to and subscribed before me, this the

27 day of Oct. 1915.
Edw. S. Griffin
Ordinary,
of Cobb County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA.
Cobb County.

I, Edw. S. Griffin Ordinary of said County, certify that I know the applicant C. D. Dowd 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 Edw. S. Griffin 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 Cobb shows that C. D. Dowd and wife value for tax is in 1908 \$200.00 for 1909 \$200.00 for 1910 \$200.00 for 1911 \$200.00 for 1912 \$200.00 for 1913 \$200.00

Sworn under my hand and official seal of office this 21 day of Oct 1915

Edw. S. Griffin 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 received if such oaths 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.

Sworn to and subscribed before me, this the

18th day of Oct. 1915

Walter Clark

J. P. Cawell

Clerk

of

Supreme Court
of N.C.

6K.
Dawson, G. W.
No. C 666

INDIGENT PENSION
1898.

Name G. W. Dawson
County C 666

Approved _____ 1898.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

8/20.98

POWER OF ATTORNEY.

STATE OF GEORGIA.

C 666 COUNTY.

G. W. Dawson of C 666 hereby authorize
to receive and receipt for the pension allowed and request that he remit same to me

Witness my hand and seal this _____ day of July 1898.

Executed in presence of

G. W. Dawson [S]
G. W. Dawson

POWER OF ATTORNEY.

STATE OF GEORGIA,}

Cobb County.

G. W. Doons hereby authorize
O. A. Dunwoody of Cobb County
 to receive and receipt for the pension allowed and request that he remit same to
me

Witness my hand and seal this *2nd* day of *July* 1898.

Executed in presence of *G. W. Doons* [L.S.]

INDIGENT PENSION

1898.

No. *G. W. Doons*County *Cobb*

Approved _____ 1898.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO

GEO. W. JOHNSON, CLERK OF THE SUPERIOR COURT.

5/20-98

Questions for Applicant

STATE OF GEORGIA,}

Cobb County.

County.

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

1. What is your name and where do you reside? (give State, County and post office.)
George W. Doons State of Georgia County of Cobb City of Atlanta
2. How long and since when have you been a resident of this State? *Eight*
years since 1890
3. When and where were you born? *Newborn Co. Ga. 1830 (State of Georgia)*
4. When and where and in what company and regiment did you enlist or serve? *In 1st Regt Regulars Co. E. Enlisted in Cobb Co. (in Co. E.)*
5. How long did you remain in such company and regiment? *Served in 1862 early in the year & remained until the surrender*
6. For how long a period did you discharge regular military duty? *About two years*
7. When, where and under what circumstances were you discharged from service? *At Appomattox at the surrender*
8. What is your present occupation? *Nation. I can get some able to do*
9. How much can you earn (gross) per annum by your own exertions or labor? *Not more than twenty per dollar*
10. What has been your occupation since 1865? *Principally guard duty*
11. Upon which of the following grounds do you base your application for pension, viz: first "age and poverty," second "infirmary and poverty" or third "blindness and poverty"? *Infirmary 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? *I have been suffering continuously with Rheumatism contracted in the service in the last year of the war it has been getting worse & worse & I am unable to get any work except for labor of my hands & I have no other means of support except my own labor*
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? *I had some but as agent for my daughter returned property for her which was her & in which I had no interest & I have no other property*
15. In what County did you reside during those years and what property did you then return for taxation? *I have resided in Cobb County & have returned no property*
16. How were you supported during the years 1896 and 1897? *Somehow performed guard duty at factory & other what little work I could do*
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? *Expenses about fifty dollars & by my own labor & family support*
18. What was your employment during 1896 and 1897? What pay did you receive in each year? *Principally guard duty at factory & about 100 per month*
19. Have you a family? If so, who composes such family? Give their means of support? Have they a homestead? *A wife & daughter who has two children my daughter who works in factory & contributes mostly to our support by her labor. I have no homestead nor has she*
20. Are you receiving any pension, if so, what amount and for what disability? *None*

Sworn to and subscribed before me this

day of *July* 1898.

G. W. Doons
John Doons
Cobb County.

Ordinary.

Applicant.

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,

Million County.

Edmund A. Wallace, of said State and County, having been presented

as a witness in support of the application of George W. Downs 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? Edmund A. Wallace
See Million County State of Georgia

2. Are you acquainted with George W. Downs, the applicant, if so

how long have you known him? Some 2 years have known him for fully 2 years

3. Where does he reside, and how long and since when has he been a resident of this State?

He resides at Russell Mills Co. & has been living there since I first knew

4. When, where and in what company and regiment did he enlist, and how do you know? In Co. B 1st Georgia Cavalry 1862 in same Co. & Regiment

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?

About two years he was a good soldier & performed faithful duty. He contracted rheumatism towards the end of his service but continued to perform duty until the surrender at Appomattox.

7. What property, effects or income has the applicant? (Give your means of knowledge.) None

I have lived near him always & know that he has neither only know by what little he can do & is disabled by length.

8. What property, effects or income did the applicant possess in 1890 and 1897, and what disposition, if any, did he make of same? None

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

He has not

10. What is the applicant's occupation and physical condition? He has sometimes guarded

at factors & done little jobs as his health would allow. He suffers very much from rheumatism which has been getting more & more

11. Is the applicant unable to support himself by labor of any sort, if so, why? He is unable to support himself from the above stated cause thus increasing his infirmities of his old age

12. How was he supported during the years 1890 and 1897? By aid of his daughter

& what little he could do as stated above

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

From his own labor I should say about fifty dollars

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? I know that he has been suffering

for years with rheumatism and that it has been getting worse & more, a great deal of the time he is laid up & unable to do any work & is suffering from the performance of any labor.

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

Sworn to and subscribed before me, this 25th day of January 1898.

E. A. Wallace Witness.

H. W. Morrison Ordinary.

George W. Downs This is to certify that the witness E. A. Wallace who appears as a witness for George W. Downs is a citizen of said County, is of trustworthy character and worthy of belief.

H. W. Morrison Ordinary.

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,

Colt County.

Personally came before me J. E. Green M. D. and

A. P. Kemp M. D., both known to me as reputable physicians

of said County, who being severally sworn, say on oath that they have examined carefully George W. Downs

applicant for pension under the Act of 1894, and after such personal examination say that his precise physical condition is as follows:

George W. Downs - whom we have known for 25 years - has Rheumatism in his Back - Hip - Neck - Ankles & feet - is not able to work & cannot

work or calling sufficient to earn a support for himself, and that we have no interest in said pension being allowed.

Sworn to and subscribed before me this the 25th day of July 1898.

J. E. Green M. D. Ordinary.

A. P. Kemp M. D.

ORDINARYS' CERTIFICATE.

STATE OF GEORGIA,

Colt County.

I, J. E. Green, Ordinary in and for said County, hereby certify

that the applicant George W. Downs resides in said County, and has

been a bona fide resident of this State since the 15th day of January, 1897

and that the witnesses, viz.: J. E. Green and A. P. Kemp

are of trust worthy character and that their statements are entitled to full faith and credit.

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

before same was signed.

I further certify that the tax digests of Colt County show that applicant

has paid as tax for his property One hundred and fifty five Dollars

of property, and in 1897 \$320 Dollars of property.

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

Witness my hand and seal of office, this 27th day of July 1898

J. E. Green Ordinary

Colt 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 black 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. W. Downs*, hereby authorize
J. M. Nembler of *Roosell*
to receive and receipt for the pension allowed, and request that he remit same to
by *me* *him*

Witness my hand and seal this *17* day of *Jan* 1899.

Executed in presence of
M. H. [illegible] } *J. W. Downs* (L. S.)

POWER OF ATTORNEY.

STATE OF GEORGIA.

Cobb County. }
I, *J. W. Downs*, hereby authorize
J. M. Nembler of *Roosell* *Co*
to receive and receipt for the pension allowed, and request that he remit same to
by *me* *him*

Witness my hand and seal, this *17* day of *Jan* 1900.

Executed in presence of

[L. S.]

CODE SEC. 1284.

(For These Already Enrolled.)

No. *974*

INDIGENT

SOLDIER'S PENSION,

1899.

Name *J. W. Downs*
County *Cobb*

WARRANT ISSUED

1899

1/13

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDED TO

Nembler

Gen. W. Harrison, State Prisoner, Alaska.

No date

CODE SEC. 1284.

(For These Already Enrolled.)

No. *13*

INDIGENT

SOLDIER'S PENSION,

1900.

Name *J. W. Downs*
County *Cobb*

WARRANT ISSUED

1900.

January 16

JOHN. W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

J. M. Nembler

Gen. W. Harrison, State Prisoner, Alaska.

No date

Co. D, 1st Ga. Regulars

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County,

Personally appears E. W. Downes 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 _____ 1891; that he is 65 years old and by occupation a Laborer; that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served for the term of 3 years in Company A, of 1st Regiment of 1st Infantry; that his physical condition is Infirmity poverty &c.

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 not been enrolled county been allowed a pension for the year 1899

Sworn to and subscribed before me, this, the _____

day of Jan

1899.

Ordinary.

State of Georgia,

Cobb County,

I, _____

Ordinary of said County,

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

Given under my official signature and seal, this _____

day of Jan

1899.

Ordinary

Cobb County.



Note.—The blank spaces must be filled.

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

Co. H, 1st Ga. Regulars

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County,

Personally appears E. W. Downes 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 _____ 1891; that he is _____ years old and by occupation a Laborer; that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served for the term of 3 years in Company A, of 1st Regiment of 1st Infantry; that his physical condition is as follows: On account of Infirmity poverty &c. 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 _____

day of Jan

1900.

Ordinary.

State of Georgia,

Cobb County,

I, _____

Ordinary of said County,

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

Given under my official signature and seal, this _____

day of Jan

1900.

Ordinary

Cobb County.



Note.—The blank spaces must be filled.

Note.—A Affidavit should not be attested before January 1st, 1900.

POWER OF ATTORNEY.

STATE OF GEORGIA.

Colt County.

I, G. W. Darns hereby authorize
J. E. Hembree of Rowell

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

me at Rowell

by Rowell

Witness my hand and seal, this 10 day of January 1901.

[L. S.]

Executed in presence of

W. J. Hembree

(For Those Already Enrolled.)

No. 107

INDIGENT

SOLDIER'S PENSION.

1901.

Name G. W. Darns
County Colt

WARRANT ISSUED

1901.

JOHN W. LINDSEY,

Commissioner of Pensions

WARRANT HANDED TO

Hembree

John W. Lindsey, State Printer, Atlanta.

W. J. Hembree

Darns, G. W.
Colt County

(FOR THOSE ALREADY ENROLLED.)

No. 462

INDIGENT

SOLDIER'S PENSION

1902.

Name G. W. Darns
County Colt
Co. A Regiment 1st
Regt

WARRANT ISSUED

1902.

JOHN W. LINDSEY,

Commissioner of Pensions

WARRANT HANDED TO

Hembree

John W. Lindsey, State Printer, Atlanta.

W. J. Hembree

POWER OF ATTORNEY.

STATE OF GEORGIA,

Colt County.

I, G. W. Darns hereby authorize

J. E. Hembree of Rowell

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

G. W. Darns at Rowell

by Hembree

Witness my hand and seal, this 7 day of January 1902.

G. W. Darns [L. S.]

Executed in presence of

J. E. Hembree

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Colb

County.

Personally appears *H. H. Downes* of *Colb* County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the day of *1831*; that he is *67* years old and by occupation a *Laborer* that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served for the term of *3 Years* in Company *A*, of *10* *Maxwell's Battery* *1st Artillery Regulars*; that his physical condition is as follows: *that on account of age, infirmity, and poverty he is unable to make a support for 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 *Colb* county been allowed a pension for the year 1900.

Sworn to and subscribed before me, this the *1st* day of *January*, 1901.
John A. Wright Ordinary.

STATE OF GEORGIA,

Colb

County.

I, *John A. Wright* Ordinary of said County, do certify that I am well acquainted with *H. H. Downes* the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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.

John A. Wright Ordinary *Colb* County.



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,

Colb

County.

Personally appears *H. H. Downes* of *Colb* County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the day of *1831*; that he is _____ years old and by occupation a *Laborer* that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served for the term of *3 years* in Company *A*, of *10* *Maxwell's Battery* *1st Artillery Regulars*; that his physical condition is as follows: *On account of age, infirmity, and poverty he is unable to support himself*

that his property consists of the following items

Nothing

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

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

Sworn to and subscribed before me, this the *6th* day of *Jan*, 1902.
John A. Wright Ordinary.

STATE OF GEORGIA,

Colb

County.

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

Given under my official signature and seal, this *6th* day of *Jan*, 1902.

John A. Wright Ordinary *Colb* County.



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

POWER OF ATTORNEY.

STATE OF GEORGIA,

Wich County.

I, E. H. Jones hereby authorize
E. M. Hembree of Knox
 to receive and receipt for the pension allowed and request that he remit same to
me at Knox
 by Hand

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

Executed in presence of

E. E. Hembree

E. H. Jones [L. S.]
mark

POWER OF ATTORNEY.

STATE OF GEORGIA,

Wich County.

I, E. H. Jones hereby authorize
E. M. Hembree of Knox
 to receive and receipt for the pension allowed and request that he remit same to
me at Knox
 by Hand

Witness my hand and seal, this 2nd day of January 1904.

Executed in presence of

E. E. Hembree

E. H. Jones [L. S.]
mark

INDEX SECTION 136.
 (FOR THOSE ALREADY ENROLLED.)

No. 454

INDIGENT

**SOLDIER'S PENSION
 1903.**

Name E. H. Jones
 County Wich

Co. A Regiment 1st Cavalry
1st Cavalry
 WARRANT ISSUED

1/23 1903.

JOHN W. LINDSEY,
 Commissioner of Pensions.

WARRANT HANDED TO

Clay

Gen. Barrington, State Printer, Atlanta.

No date

INDEX SECTION 136.
 (FOR THOSE ALREADY ENROLLED.)

No. 617

INDIGENT

**SOLDIER'S PENSION
 1904.**

Name E. H. Jones
 County Wich
 Co. A Regiment 1st Cavalry

WARRANT ISSUED
1/25 1904.

JOHN W. LINDSEY,
 Commissioner of Pensions.

WARRANT HANDED TO

Hembree

Gen. W. Barrington, State Printer, Atlanta.

no date

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Abh County,

Personally appears *E. W. Downs* of *Abh*

County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the *day* of *1831*; that he is *9* years old and by occupation a *Laborer*, that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served for the term of *3 yrs* in Company *A*, of *1st Regt. Heavy Artillery*, that his physical condition is as follows: *from disfigurement cannot earn sufficient*

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 *Abh* county been allowed a pension for the year 1902

Sworn to and subscribed before me, this the *6th* day of *Jan*, 1903.

Ordinary.

STATE OF GEORGIA,

Abh County.

I, *John A. Harty* Ordinary of said County,

do certify that I am well acquainted with *E. W. Downs* the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 *Jan*, 1903.

Ordinary *Abh*

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,

Abh County.

Personally appears *E. W. Downs* of *Abh*

County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the *day* of *1831*; that he is *72* years old and by occupation a *Laborer*, that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served for the term of *3 years* in Company *G*, of *1st Regt. Heavy Artillery*, that his physical condition is as follows: *Disfigurement and poverty is 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 *Abh* County been allowed a pension for the year 1

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

Ordinary.

STATE OF GEORGIA,

Abh County.

I, *John A. Harty* Ordinary of said County,

do certify that I am well acquainted with *E. W. Downs* the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 *Jan*, 1904.

Ordinary *Abh*

County.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

Walt COUNTY.

I, G. H. Young hereby authorize
F. M. Hemmick of Roanoke
to receive and receipt for the pension allowed, and request that he remit same to
me at Roanoke
by Hand

WITNESS my hand and seal, this 11 day of May, 1905.

Executed in the presence of

S. E. Hemmick

Downs, G. W.
Cobb Co.

FORM SECTION 1254.
(FOR THOSE ALREADY ENROLLED.)

No. 602

INDIGENT
SOLDIER'S PENSION
1905.

Name G. H. Young
County Cobb
Co. 1st Roanoke Regiment

WARRANT ISSUED
11/3 1905.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO
F. M. Hemmick

U.S. W. HARRINGTON, WASHINGTON, D.C. STATE PRINTER, ATLANTA.

no data

Downs, G. W.
Cobb County

FORM SECTION 1254.
(FOR THOSE ALREADY ENROLLED.)

No. 224

INDIGENT
SOLDIER'S PENSION
1906.

Name G. W. Downs
County Cobb
Co. 1st Regiment

WARRANT ISSUED
22 1906.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO
Hemmick

U.S. W. HARRINGTON, WASHINGTON, D.C. STATE PRINTER, ATLANTA.

no data

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb COUNTY.

I, G. W. Downs hereby authorize
F. M. Hemmick of Roanoke
to receive and receipt for the pension allowed, and request that he remit same to
me at Roanoke
by Hand

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

Executed in the presence of

S. E. Hemmick

G. W. Downs [L. S.]
mark

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Co. D. 1st Reg. Regulars

Cobb

County.

Personally appears

W. H. Downs

of Cobb

County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the _____ day of _____ 1831; that he is 73 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 12th Cavalry and Battery Light Artillery; that his physical condition is as follows: *poorly* *eye infirmity, ears*

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 _____ County been allowed a pension for the year 1904.

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

John A. Dwyer

Ordinary.

STATE OF GEORGIA,

Cobb

County.

I,

John A. Dwyer

Ordinary of said County,

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

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

John A. Dwyer

Ordinary

Cobb County.



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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,

Co. D. 1st Reg. Regulars

Cobb

County.

Personally appears

W. H. Downs

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 12 day of January 1832; that he is 74 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 A, of 12th Cavalry and Battery Light Artillery; that his physical condition is as follows: *Infirmit of eyes*

that his property consists of the following items:

of the value of *nothing* Dollars. I am now earning, by my labor, *nothing* Dollars per month. That by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1906. I have heretofore, as a resident of _____ County, been allowed a pension for the year 1905.

Sworn to and subscribed before me, this the _____ day of _____ 1906.

John A. Dwyer

Ordinary.

State of Georgia,

Cobb

County.

I,

John A. Dwyer

Ordinary of said County,

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

Given under my official signature and seal, this _____ day of _____ 1906.

John A. Dwyer

Ordinary

Cobb County.



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

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb COUNTY. }

I, G. W. Downs, hereby authorize

F. M. Kembre of Kennels

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

me at Kennels

by hand

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

G. W. Downs [L. S.]

Executed in presence of
H. O. Sherman

Downs, G. W.
Cobb Co

Great Seal of the State
(FOR THOSE ALREADY ENROLLED)

No. 700

INDIGENT
SOLDIER'S PENSION
1907.

Name G. W. Downs

County Cobb

Co. A Regiment 1st

Caval

WARRANT ISSUED at,
Jan 21 1907.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDLED TO
Hew Gove

Geo. W. Lindsey, Great Pension, Atlanta.

no data

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,

Co. D. 1st Regt. Cavalry

Cosh County.

Personally appears *W. H. Down* of *Cosh*

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 _____ of _____ Regiment of *Maxwell's Co. Bat. 1st art*; that his physical condition is as follows: _____

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 *Cosh* County, been allowed a pension for the year 1906.

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

Ordinary.

State of Georgia,

W. H. Down
mark

Cosh County.

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

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

Ordinary

County.

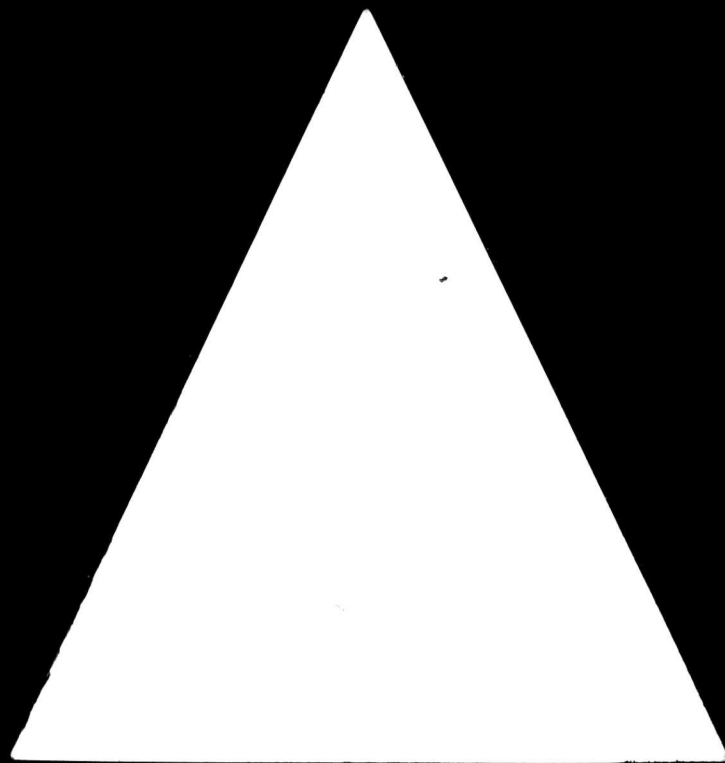
ALL
JURY
SWORN
BY

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

W. D. L.

Georgia } Personally appeared
Cobb County } Mrs. Sallie Powers
who after being duly sworn
Says that H. W. Downs is her
father and that she Sallie
Powers and her daughter Maudie
works in the Savel Woolen Mills
and that her father H. W. Downs has
been giving in Personal property to
the amount of two hundred Dollars
which is the rightfully the property
of My Self as my own money
that My self and Maudie has
earned while in the factory and
affiant further Says that H. W.
Downs has been acting as agent
for her in the way of giving in
taxes and that she has furnished
the money to pay all the taxes
given in and paid by said H. W.
Downs for the last four years
and that H. W. Downs has no property
at all either personal or real that
he has no means of support only
that of what My self and Maudie
gives to him supports and subsists
do for me this 18th of June 1898
Full Remedy & Proof } Sallie, Powers.

Mevington Cobb County
J. M. Stone Clerk of
said County do hereby
Certify that H. M. Kimber
before whom this Affidavit
is made is a Notary Public
of said County duly Com-
missioned as such.
July 2/98 J. M. Stone
Clerk



POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County,
I, John W. Drayman, hereby authorize
J. M. Hembree of Roomill Ga

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

by me him

Witness my hand and seal this 7th day of Jan 1899.

Executed in presence of

Laurie & Lunnell J. M. Hembree (L. S.)

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County,
I, John W. Drayman hereby authorize
J. M. Hembree of Roomill Ga

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

by me him

Witness my hand and seal, this 11th day of Jan 1900.

Executed in presence of

[L. S.]

(clayton 1898)

Drayman, John W.
Cobb Co. Ga.
(For Those Already Enrolled.)

No. 970

INDIGENT

SOLDIER'S PENSION,

1899.

Name John W. Drayman
County Cobb

WARRANT ISSUED

1/13 1899

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO

J. M. Hembree

Geo. W. Hadden, State Printer, Atlanta.

W. S. Latta

CODE SEC. 1284.

(For Those Already Enrolled.)

No. 970

INDIGENT

SOLDIER'S PENSION,

1900.

Name John W. Drayman
County Cobb

WARRANT ISSUED

January 16 1900.

JOHN. W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

J. M. Hembree

Geo. W. Hadden, State Printer, Atlanta.

W. S. Latta

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears John W. Druman 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 7th day of Sept 1844; that he is 54 years old and by occupation a laborer; that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States,

and served for the term of 2 yrs in Company A, of Maxwell's Battery, Light Artillery, Ge. Vols.; that his physical condition is as follows: On account of disease

Infirmary 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 1890. I have heretofore as a resident of Clayton county been allowed a pension for the year 1898

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

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

Given under my official signature and seal, this _____ day of Jan, 1899.

J. M. Stone Ordinary. Cobb County.

NOTE.—The blank spaces must be filled.
NOTE.—A Affidavit should not be attested before January 1st, 1899.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears John W. Druman 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 7th day of Sept 1844; that he is 54 years old and by occupation a laborer; that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States,

and served for the term of 2 years in Company A, of Maxwell's Battery, Light Artillery, Ge. Vols.; that his physical condition is as follows: On account of disease

Infirmary 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 1890. I have heretofore as a resident of Cobb county been allowed a pension for the year 1898

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

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

Given under my official signature and seal, this _____ day of Jan, 1900.

J. M. Stone Ordinary. Cobb County.

NOTE.—The blank spaces must be filled.
NOTE.—A Affidavit should not be attested before January 1st, 1900.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County }

I, *John A. Freeman* hereby authorize

F. H. Hembree of *Rowell*

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

me at *Rowell*

by *Hand*

Witness my hand and seal, this *10* day of *January* 1901,
John A. Freeman [L. S.]

Executed in presence of

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County }

I, *John A. Freeman* hereby authorize

F. H. Hembree of *Rowell*

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

John A. Freeman at *Rowell*

by *Hand*

Witness my hand and seal, this *7* day of *January* 1902,
John A. Freeman [L. S.]

Executed in presence of

F. H. Hembree

For Those Already Enrolled.

144

INDIGENT

SOLDIER'S PENSION.

1901.

Name *John A. Freeman*
County *Cobb*

WARRANT ISSUED

1901.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Freeman

JOHN W. LINDSEY, State Printer, Atlanta.

12 14 10

Freeman, John W.

Cobb County

(To those 1901)

COGS SECTION 114.
(FOR THOSE ALREADY ENROLLED.)

No. *460*

INDIGENT

SOLDIER'S PENSION

1902.

Name *John A. Freeman*
County *Cobb*

Co. *A* *Atlanta's 1st*

Light Artillery

WARRANT ISSUED

1902.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Freeman

JOHN W. LINDSEY, State Printer, Atlanta.

12 14 10

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

County }
Cobb

Personally appears *John H. Cobbs*

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 *7th* day of *Sept.* 18*64*; that he is *56* years old and by occupation a *laborer* that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served for the term of *2 yrs* in Company *A*, of *1st Cavalry* Regiment of *1st Military Division*; that his physical condition is as follows: *On account of disease, injury and loss of limb he is 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 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 *7th* day of *January* 1901.

John H. Cobbs
Ordinary.

STATE OF GEORGIA,

County }
Cobb

I, *John H. Cobbs*

Ordinary of said County,

do certify that I am well acquainted with *John H. Cobbs* the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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.

John H. Cobbs
Ordinary

County.

Note.—The blank spaces must be filled.

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

County }
Cobb

Personally appears *John H. Cobbs*

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 *7th* day of *Sept.* 18*64*; that he is *56* years old and by occupation a *laborer* that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served for the term of *2 yrs* in Company *A*, of *1st Cavalry* Regiment of *1st Military Division*; that his physical condition is as follows: *On account of disease, injury and loss of limb he is 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 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 *6th* day of *Jan* 1902.

John H. Cobbs
Ordinary.

STATE OF GEORGIA,

County }
Cobb

I, *John H. Cobbs*

Ordinary of said County,

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

Given under my official signature and seal, this *6th*

day of *Jan* 1902.

John H. Cobbs
Ordinary

County.

Note.—The blank spaces must be filled.

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

Ordinary

County.

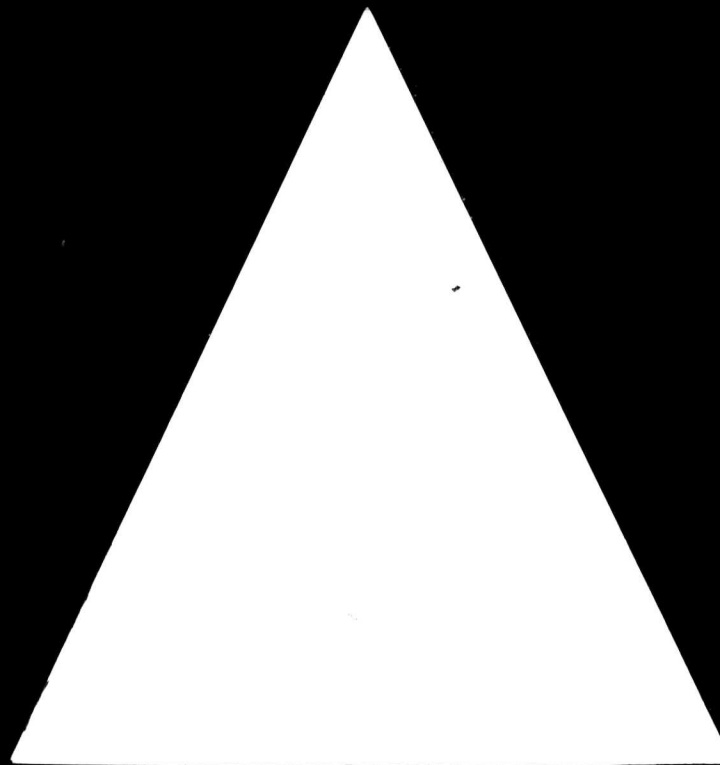
Note.—The blank spaces must be filled.
Note.—Affidavit should not be attested before January 1st, 1903.

Ordinary

County.

Note.—The blank spaces must be filled.

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



POWER OF ATTORNEY,
STATE OF GEORGIA.

Form No. 3.

Know all Men by these Presents, That I, *W. T. Dunbar*

County,)

of *Cobb County*

do hereby appoint *W. T. Dunbar*

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

alorsaid.

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

9 day of *April* 1891

at *Decatur* [L.S.]

Executed in the presence of us:

J. E. P. Davis

Geo. H. How

Dunbar

DIRECTORS.

If allowed, send amount by

me at

and oblige.



Dunbar H. T.
Cobb County
214 1891.
No. *389*

Widows' Pension

—PAID TO—
Mrs. H. J. Dunbar
—OF—
10066 COUNTY.

\$100.00.

Warrant Issued

AND HANDED TO 1891

POWER OF ATTORNEY.

Form No. 8.

STATE OF GEORGIA.

Colt County.

Know all Men by these Presents, That I, H. T. Dunbar

County, in said State, do hereby appoint H. T. Dunbar of Colt 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 7 day of April 1891

Executed in the presence of as:

J. C. P. P. P.
J. C. P. P. P.
J. C. P. P. P.

DIRECTIONS.

If allowed, send amount by

me at

, and oblige,

to



Widow's Pension

PAID TO

H. T. Dunbar

Colt County.

\$100.00.

Warrant Issued

1891

AND HANDED TO

State of Georgia, State Printer, Atlanta.

Affidavit to be Made by the Widow.

Form No. 1.

STATE OF GEORGIA.

County of Colt

In person came before me, the undersigned Ordinary

in and for the County of Colt

Mrs. H. T. Dunbar, who being sworn according to law, says under oath that she is the widow of H. T. Dunbar, who was a soldier in the service of the Confederate States, and served as a member of Company #, of the 56 Regiment of Georgia Volunteers; that he enlisted in said

service on or about the 14 day of April 1862, and was in the Confederate Army up to 7 June 1862. That while in the Army, he was on the 16 day of May 1862, (See Note No. 1)

He was wounded at the Battle of Battle Creek in the State of Mississippi, and died of said wound on the 7 of June in Pickensburg, Miss.

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 29 day of June 1861, and that she has resided in Georgia continuously since the 24 day of May 1827; 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

9 day of April 1891.

Ordinary.

NOTE. Write 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.

H. T. Dunbar

Colt County

1891.

210. 389

Affidavit for Three Witnesses.

Form No. 2.

STATE OF GEORGIA,

County of Cobb

In person came before me, the undersigned Ordinary

in and for said County, witnesses

L. M. Howell, J. H. Thompson & E. P. Padon

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. H. H. Dunbar, of the County of Cobb

State of Georgia, is the widow of H. H. Dunbar, who was a soldier in

Company 4 of the 25 Regiment of Georgia Volunteers.

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

about the 1st day of April 1862 That while in said service, or by

reason of said service in the Army, he lost his life as follows: By a gunshot wound

at the battle of Battle Creek in the state of Miss.

died in the City of Washington Miss on 7th of June 1863

from the effect of said wound.

We further swear that Mrs. H. H. Dunbar 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 April 1891.

Ordinary.

L. M. Howell
J. H. Thompson
E. P. Padon

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

Form No. 3.

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. H. H. Dunbar

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

1st 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.

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

Form No. 2.

STATE OF GEORGIA, County of *Cobb*

I, *John Stone* Ordinary in and for said County of *Cobb* State of Georgia, hereby certify that I am acquainted with Mrs. *W. J. Dunbar* 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, 1850, and has not lived out of the State since that date. That she is the widow of *W. W. Dunbar* 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, *30th* day of *January*, 1894.

John Stone

Ordinary.

POWER OF ATTORNEY.

Form No. 2.

STATE OF GEORGIA, County of *Cobb*

KNOW ALL MEN BY THESE PRESENTS, That I, *W. J. Dunbar* County in said State, do hereby appoint *John Stone* of *Marion* 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*, 1894.

Executed in the presence of us:

W. J. Dunbar
John Stone

DIRECTIONS.

Send amount by _____ to _____
me at _____, and oblige _____

Dunbar, W. J. (mrs)
Cobb County
FOR THESE PRESENTS PAID
1894.
No. *780*
WIDOWS' PENSION,
for year ending February 15th, 1894.
PAID TO
W. J. Dunbar
OF
Cobb COUNTY.
WARRANT ISSUED
AND PAID TO
John Stone
1894.
Geo. W. Blanton, State Printer, Atlanta.

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of

Cobb

Personally comes Mrs.

H. J. Dumbat

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

May 29th

1877 That she is the Widow of

W. W. Dumbat

who was a Soldier in Company

of the

56th

Regiment of

Ga.

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

Sept.

1861 and served in the Army up to

June 7th

1863 That he lost his

life on the

7th

day of

June

1863 (State here

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

That while in the Confederate Army
at Nickelsburg & Baker's Creek Miss.
he was wounded in battle of Baker's
Creek and died at the Hospital
at Nickelsburg Miss. June 7th 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

30th day of Feb.

1894.

J. M. Star Ordinary.

Post-office

H. J. Dumbat
Roosevelt Ga.

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. H. H. Dunbar 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 H. H. Dunbar 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 2nd day of July, 1893.

[Seal]

J. M. Stone

Ordinary.

POWER OF ATTORNEY.

Form No. 2.

STATE OF GEORGIA, County of Cobb

KNOW ALL MEN BY THESE PRESENTS, That I, H. H. Dunbar

County in said State, do hereby appoint J. M. Stone of Cobb my true and lawful attorney in fact, for Only

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 July, 1893.

H. H. Dunbar [L. S.]

Executed in the presence of us:

G. M. Fleming

DIRECTIONS.

Send amount by me at me and oblige

Warrant issued

1893

AND HANDED TO

J. M. Stone

PAID TO

H. H. Dunbar

COUNTY.

WIDOW'S PENSION,

210. 98 1/2

NO 1893.

Dunbar, H. H.
Cobb County
FOR THOSE HERETOFORE PAID

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 attest 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 H. H. Dunbar 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 July, 1893.

[Seal]

J. M. Stone Ordinary.

POWER OF ATTORNEY.

Form No. 2.

STATE OF GEORGIA, County of Cobb

KNOW ALL MEN BY THESE PRESENTS, That I, H. H. Dunbar

County in said State, do hereby appoint J. M. Stone of Cobb my true and lawful attorney in fact, for Only

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 July, 1893.

H. H. Dunbar [L. S.]

Executed in the presence of us:

J. M. Stone

DIRECTIONS.

Send amount by me at me and oblige

WIDOW'S PENSION,

1895.

NO 441

FOR THOSE HERETOFORE PAID.

Dunbar, H. H.
Cobb County
FOR THOSE HERETOFORE PAID

PAID TO

H. H. Dunbar

WIDOW'S PENSION,

210. 98 1/2

NO 1893.

Dunbar, H. H.
Cobb County
FOR THOSE HERETOFORE PAID

Form No. 1.

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of *Cobb*

Personally comes Mrs.

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

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

continuously ever since *May 20* 18 *21* That she is the Widow of

who was a Soldier in Company

of the *56* Regiment of *Georgia*Volunteers, that he enlisted in said Regiment on or about the month of *Sept*186, and served in the Army up to *1863* That he lost hislife on the day of *18* (State here

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

He was killed at the Battle of Gettysburg, Pa. on the 3rd day of July 1863.
He was a member of the 56th Regiment of Georgia Volunteers.
He was killed on the 3rd day of July 1863.
on the 3rd day of June 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 1867; 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

2nd day of *July* 1893.*Mc Stone* Ordinary.Post-office *Roswell Ga*

Form 1.

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of *Cobb*

Personally Comes Mrs.

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

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

continuously ever since *May 29* 18 *27* That she is the Widow of

who was a Soldier in Company

of the *56* Regiment of *Ga*Volunteers, that he enlisted in said Regiment on or about the month of *Sept*1861 and served in the Army up to *June 3* 1863 That he lost hislife on the day of *June* 1863 (State here

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

While in the army he received a gun
shot in the hip at Lake Creek, Mississippi,
and died at Memphis, Mississippi,
in the hospital on the 7th day of
June 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

5th day of *July* 1895.*Mc Stone* Ordinary.Post-office *Roswell Ga*

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. H. J. Dunbar 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 W. W. Dunbar 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 1st day of July, 1896.

J. H. Stone Ordinary.

POWER OF ATTORNEY.

STATE OF GEORGIA, Cobb County.

I, H. J. Dunbar hereby authorize H. M. Hamblen of Roswell 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 July day of July, 1896.

Executed in the presence of

J. H. Stone
Ord.

H. J. Dunbar
PAID TO

for year ending February 15th, 1896.

WIDOW'S PENSION,

No. 2057

1896.

FOR THOSE HERETOFORE PAID.

Dunbar, H. J.
Cobb County

widow of H. J. Dunbar

WARRANT ISSUED

1896.

AND HANDED TO

FOR THOSE HERETOFORE PAID.

1897.

No. 2478

WIDOW'S PENSION,

for year ending February 15th, 1897.

H. J. Dunbar
PAID TO

widow of H. J. Dunbar

RICHARD JOHNSON,

(Commissioner of Pensions.)

WARRANT ISSUED

2/3

1897.

AND HANDED TO

at

W. W. JOHNSON, STATE ARCHIVE, ATLANTA.

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. H. J. Dunbar 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 W. W. Dunbar 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 23rd day of July, 1897.

J. H. Stone Ordinary.

POWER OF ATTORNEY.

STATE OF GEORGIA, Cobb County.

I, H. J. Dunbar hereby authorize H. M. Hamblen of Roswell 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 23rd day of July, 1897.

Executed in the presence of

W. W. Johnson

Dunbar, H. J.
Cobb County

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of Cobb

Personally Comes Mrs.

H. J. Dunbar

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 May 24 18 27 That she is the Widow of

W. W. Dunbar who was a Soldier in Company 56th Regiment of Ga. Volunteers, that he enlisted in said regiment on or about the month of Sept 1861 and served in the Army up to June 7th 1863 That he lost his life on the 7th day of June 1863 (State here full particulars of the husband's death, when, where and from what cause.)

Was wounded in the hip at battle of Baker's Creek May 16 1863 and died from said wound at the Katoe Mills on June 7th 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 1850 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, 1896.

Sworn to and subscribed before me, this

15th day of July 1896. J. M. Jones Ordinary.

H. J. Dunbar Post-office Roswell Ga.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA

County of Cobb

Personally Comes Mrs.

H. J. Dunbar

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 May 24 18 27 That she is the Widow of

W. W. Dunbar who was a Soldier in Company 56th Regiment of Ga. Volunteers, that enlisted in said regiment on or about the month of Sept 1861 and served in the Army up to June 7th 1863 That he lost his life on the 7th day of June 1863 (State here full particulars of the husband's death, when, where and from what cause.)

Was wounded in the hip at battle of Baker's Creek May 16 1863 and died from said wound at the Katoe Mills on June 7th 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 1851 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

23rd day of July 1897. J. M. Jones Ordinary.

H. J. Dunbar Post-office Roswell Ga.

POWER OF ATTORNEY.

State of Georgia,

Cobb County.

I, H. J. Dunbar

hereby authorize

of Newell Cobb County, Ga

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

H. J. Dunbar

at Newell Ga

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 17

day of January 1898.

H. J. Dunbar

[L. S.]

Executed in presence of

W. J. Dunbar

For Those Heretofore Paid.

1898.

NO. 2054

WIDOW'S PENSION,

For year ending February 15th, 1898.

PAID TO Mrs. H. J. Dunbar

of Cobb County

Widow of W. J. Dunbar

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT ISSUED

1898.

1/31

AND HAND TO

all

GEO. W. HARRISON, STATE PRINTER, ATLANTA

POWER OF ATTORNEY.

State of Georgia,

Cobb County.

I, H. J. Dunbar

hereby authorize

F. M. Nembere

of Roswell Cobb County

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 17

day of February 1899.

H. J. Dunbar

H. J. Dunbar. [L. S.]

Executed in presence of

W. J. Dunbar

For Those Heretofore Paid.

1899.

NO. 2631

WIDOW'S PENSION,

For year ending February 15th, 1899.

PAID TO Mrs. H. J. Dunbar

of Cobb County

Widow of W. J. Dunbar

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT ISSUED

1899.

2/2

AND HAND TO

F. M. N.

GEO. W. HARRISON, STATE PRINTER, ATLANTA

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of Cobb

Personally Comes Mrs.

H. J. Dunbar

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

1827 That she is the Widow of

who was a Soldier in Company

of the

Regiment of

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

1861 and served in the Army up to

life on the

full particulars of the husband's death, when, where and from what cause, as follows in the
Cobb County Court Book at the time of
said death on the 14th day of May 1863 and died in the
hospital at Dixons, Ark. on the 7th day of June 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 1851

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

29th day of May 1898.

Ordinary.

Post Office Roswell Ga

State of Georgia,

Cobb County.

Ordinary of said County, certify that I am well acquainted

with Mrs.

H. J. Dunbar

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 29th day of May 1827

Given under my official signature and seal this the

29th day of May 1898.

Ordinary of

County.

Official
Seal.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of Cobb

Personally Comes Mrs.

H. J. Dunbar

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

1827 That she is the Widow of

who was a soldier in Company

of the

Regiment of

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

1861 and served in the Army up to

life on the

full particulars of the husband's death, when, where and from what cause, as follows in the

That while in the Confederate Army
became a gunner in a battery at
Lake Creek on May the 14th 1863 and died
in the hospital at Vicksburg Mississippi on the
7th of June 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 1851

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

29th day of May 1899.

Ordinary.

Post Office

Roswell Ga

State of Georgia,

Cobb County.

Ordinary of said County, certify that I am well acquainted

with Mrs.

H. J. Dunbar

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 29th day of May 1827

Given under my official signature and seal this the

29th day of May 1899.

Ordinary of

County.

Official
Seal.

POWER OF ATTORNEY.

STATE OF GEORGIA.

Cobb County. }
John H. T. Dunbar hereby authorize
H. M. Roswell of Roswell Ga
 to receive and receipt for the pension paid hereon and request that he remit same to
me at him
 IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 2nd
 day of July, 1900.

Executed in presence of

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County. }
 I, H. T. Dunbar hereby authorize
F. M. Roswell of Roswell
 to receive and receipt for the pension paid hereon and request that he remit same to
me at Roswell
 IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 11
 day of January, 1901.

Executed in presence of

Dunbar, H. T. (me)
Cobb County
 To Those Heretofore Paid.
 1900.
 NO. 681
 WIDOW'S PENSION,
 For year ending February 15th, 1900.
 PAID TO
Mrs. H. T. Dunbar
 of
Cobb County,
 Widow of H. T. Dunbar
 JNO. W. LINDSEY,
 Commissioner of Pensions.
 WARRANT ISSUED
Feb 13 1900,
 AND HANDED TO
Dunbar
 W. W. Harrison, State Printer, Albany.

Dunbar, H. T. (me)
Cobb Co
 To Those Heretofore Paid.
 1901.
 No. 61
 WIDOW'S PENSION,
 For year ending February 15th, 1901.
 PAID TO
Mrs. H. T. Dunbar
 of
Cobb County,
 Widow of H. T. Dunbar
 JOHN W. LINDSEY,
 Commissioner of Pensions.
 WARRANT ISSUED
Feb 13 1901,
 AND HANDED TO
Dunbar
 W. W. Harrison, State Printer, Albany, Ga.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of Cobb

Personally Comes Mrs.

H. T. Dumbax

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 May 29th 1827. That she is the Widow of H. T. Dumbax who was a soldier in Company 56th of the 56th Regiment of Ga. Volunteers, that he enlisted in said regiment on or about the month of September 1861 and served in the Army up to June 7th 1863. That he lost his life on the 7th day of June 1863. (State here particulars of the husband's death, when, where and from what cause)

That while engaged in the battle of Bakers Creek May 16th 1863 he received a gun shot and was carried to Vicksburg and died in the hospital on 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, and that she became his wife in the year 1851.

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 27th day of July, 1900. J. M. Stowe Ordinary.

Post Office

State of Georgia,
Cobb County.J. M. Stowe
Ordinary of said County, certify that I am well acquainted

with Mrs. H. T. Dumbax, 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 29th day of May 1827.

Given under my official signature and seal, this 27th day of July 1900.

Official
Seal.

Ordinary of Cobb County.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of Cobb

Personally Comes Mrs.

H. T. Dumbax

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 May 29th 1827. That she is the Widow of H. T. Dumbax who was a soldier in Company 56th of the 56th Regiment of Ga. Volunteers, that he enlisted in said regiment on or about the month of Sept 1861 and served in the Army up to Jan 7th 1863. That he lost his life on the 7th day of June 1863. (State here particulars of the husband's death, when, where and from what cause)

While engaged in the battle of Bakers Creek May 16th 1863 received a gun shot and was carried to Vicksburg and died in the hospital on 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, and that she became his wife in the year 1867.

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 January 1901. John A. Wray Ordinary.

Post Office

State of Georgia,
Cobb County.John A. Wray
Ordinary of said County, certify that I am well acquainted

with Mrs. H. T. Dumbax, 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 29th day of May 1827.

Given under my official signature and seal, this the 7th day of January 1901.

Official
Seal.

Ordinary of Cobb County.

BOARDS OF ALLOTTMENT

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.

Mr. H. T. Dunbar hereby authorize

J. M. Kumbue of Roswell 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 22
day of Feb. 1900.

H. T. Dunbar [L. S.]

Executed in presence of

J. M. Kumbue

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.

I, H. T. Dunbar hereby authorize

J. M. Kumbue of Roswell
to receive and receipt for the pension paid hereon and request that he remit same to
me at Roswell

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

H. T. Dunbar [L. S.]

Executed in presence of

Alva Isaacson

Dunbar H. T. (ms)
Cobb County
TO THOSE HERETOFORE PAID.

1900.

NO. 681

WIDOW'S PENSION,

For year ending February 15th, 1900.

PAID TO
Mrs. H. T. Dunbar

of Cobb
County,
Widow of H. T. Dunbar

JNO. W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

Feb 13 1900,

AND HANDED TO

Dunbar

W. W. HARRISON, State Printer, Atlanta.

To Those Heretofore Paid.

1901.

No. 61

WIDOW'S PENSION,

For year ending February 15th, 1901

PAID TO
Mrs. H. T. Dunbar

of Cobb
County,
Widow of H. T. Dunbar

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

M. Kumbue 1901,

AND HANDED TO
Jan 11 1901

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

FOR WIDOWS HERETOFORE ALLOWED PENSIONS

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.

I, H. T. Dunbar, hereby authorize

F. M. Hembree of Roswell

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

H. T. Dunbar at his home

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

day of January 1902.

H. T. Dunbar. [L. S.]

Executed in presence of

Wm. B. Manning

Dunbar, Mrs. H. T.
Cobb County

To Those Heretofore Paid.

1902.

No. 209

WIDOW'S PENSION,

For year ending Dec. 31, 1902.

PAID TO

Mrs. H. T. Dunbar

OF

Cobb County,

Widow of H. T. Dunbar

Co. F Regiment 54 Inf

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

1/6 1902

AND HANDS TO

Hembree

W. B. MANNING, 1902. PENSION, 1902.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.

I, H. T. Dunbar, hereby authorize

F. M. Hembree of Roswell

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

me at my home

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

day of January 1902.

H. T. Dunbar. [L. S.]

Executed in presence of

F. M. Hembree

Dunbar, H. T.
Cobb County

To Those Heretofore Paid.

1902.

No. 235

WIDOW'S PENSION,

For year ending Dec. 31, 1902.

PAID TO

Mrs. H. T. Dunbar

OF

Cobb County,

Widow of H. T. Dunbar

Co. F Regiment

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

1/6 1902

AND HANDS TO

Hembree

W. B. MANNING, 1902. PENSION, 1902.

FOR WIDOWS HERETOFORE ALLOWED PENSIONS.

For Widows Heretofore Allowed Pensions.

Form No. 1.

STATE OF GEORGIA,

County of Cobb

PERSONALLY COMES MR.

H. I. Dunbar

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 May 29th 1827. That she is the Widow of H. I. Dunbar who was a soldier in Company B of the 58th Regiment of Inf Volunteers, that he enlisted in said regiment on or about the month of Sept 1861, and served in the Army up to Jan 7th 1863. That he lost his life on the 7th day of June 1863. (State here particulars of the husband's death, when, where and from what cause.)

While engaged in the battle of Rapids Creek May 16th 1863 during a gun shot and was carried to Virginia and died in the hospital on 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, and that she became his wife in the year 1851

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 6th day of June 1902. John A. Dunbar Post-Office Russell Co Ordinary.

State of Georgia, Cobb County. Ordinary of said County, certify that I am well acquainted with Mrs. H. I. Dunbar, 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 6th day of June 1902. John A. Dunbar Ordinary of Cobb County.

NOTE—All blank spaces must be filled. Voucher and Affidavit must bear date after January 1st, 1902.

For Widows Heretofore Allowed Pensions.

Form No. 1.

STATE OF GEORGIA

County of Cobb

PERSONALLY COMES MRS.

H. I. Dunbar

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 May 29th 1827. That she is the Widow of H. I. Dunbar who was a soldier in Company B of the 58th Regiment of Inf Volunteers, that he enlisted in said regiment on or about the month of Sept 1861, and served in the Army up to June 7th 1863. That he lost his life on the 7th day of June 1863. (State here particulars of the husband's death, when, where and from what cause.)

While engaged in the battle of Rapids Creek May 16th 1863 during a gun shot and was carried to Virginia and died in the hospital on 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, and that she became his wife in the year 1851

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 June 1903. John A. Dunbar Post-Office Russell Co Ordinary.

State of Georgia, Cobb County. Ordinary of said County, certify that I am well acquainted with Mrs. H. I. Dunbar, 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 6th day of June 1903. John A. Dunbar 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,

Colt COUNTY. }

I, H. J. Dunbar hereby authorize

F. M. Kembre of Roswell

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

me at by hand

In Witness Whereof, I have hereunto set my hand and seal, this 2

day of January 1904

H. J. Dunbar [L. S.]

Executed in presence of

F. M. Kembre

STATE OF GEORGIA,

Colt COUNTY. }

I, H. J. Dunbar hereby authorize

F. M. Kembre of Roswell

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

me at Atlanta

In Witness Whereof, I have hereunto set my hand and seal, this 3

day of January 1905.

H. J. Dunbar [L. S.]

Executed in presence of

F. M. Kembre

Dunbar, H. J. (over)
Colt County

TO THOSE HERETOFORE PAID.

1904.

No. 253

WIDOW'S PENSION

FOR

YEAR ENDING DECEMBER 31, 1904

PAID TO

Mrs. H. J. Dunbar

Colt County,

Widow of H. J. Dunbar

Co. Regiment

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

Jan 2 1904,

AND HANDED TO

H. J. Dunbar

Geo. W. Harrison, State Printer, Atlanta.

Dunbar, H. J. (over)
Colt County

TO THOSE HERETOFORE PAID.

1905.

No. 324

WIDOW'S PENSION,

For year ending Dec. 31, 1905.

PAID TO

Mrs. H. J. Dunbar

OF Colt County,

Widow of H. J. Dunbar

Co. St Regiment 56 Co

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

Jan 3 1905.

AND HANDED TO

H. J. Dunbar

Geo. W. Harrison, State Printer, Atlanta.

STATE OF GEORGIA

FOR WIDOWS HERETOFORE ALLOWED PENSIONS

FOR WIDOWS HERETOFORE ALLOWED PENSIONS.

Form No. 1.

STATE OF GEORGIA,

County of Cobb

PERSONALLY COMES Mrs.

H. T. Dunbar

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 1827.

That she is the Widow of H. T. Dunbar who was a soldier in Company 56 of the 99th Regiment of Sept.

Volunteers, that he enlisted in said regiment on or about the month of Jan 7 1863 and served in the Army up to Jan 7 1863 That he lost his life on the day of Jan 7 1863 (State here particulars of the husband's death, when, where and from what cause.)

While engaged in the Battle of Bethel Creek received a gun shot wound and was carried to Vicksburg and died.

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death 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 1 day of Jan 1904. John H. Harty Ordinary.

State of Georgia, Cobb County. I, John Harty Ordinary of said County, certify that I am well acquainted with Mrs. H. T. Dunbar who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the day of 18.

Given under my official signature and seal, this 1st day of January 1904. John Harty Ordinary of Cobb County.

Official Seal

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

For Widows Heretofore Allowed Pensions.

Form No. 1.

STATE OF GEORGIA,

County of Cobb

PERSONALLY COMES Mrs.

Mrs. H. T. Dunbar

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 May 27th 1827.

That she is the Widow of H. T. Dunbar who was a soldier in Company 56 of the 99th Regiment of Sept.

Volunteers, that he enlisted in said regiment on or about the month of Jan 7 1863 and served in the Army up to Jan 7 1863 That he lost his life on the day of Jan 7 1863 (State here particulars of the husband's death, when, where and from what cause.)

While engaged in the Battle of Bethel Creek received a gun shot wound and was carried to Vicksburg and died in the hospital on 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, and that she became his wife in the year 1851.

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 2 day of Jan 1905. John Harty Ordinary.

State of Georgia, Cobb County. I, John Harty Ordinary of said County, certify that I am well acquainted with Mrs. H. T. Dunbar 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 2 day of Jan 1905. John Harty Ordinary of Cobb County.

Official Seal

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, H. T. Dunbar, hereby authorize

F. M. Hembree of Roswell
to receive and receipt for the pension paid hereon, and request that he remit same to
me at Roswell

In Witness Whereof, I have hereunto set my hand and seal, this 20
day of January 1906.

H. T. Dunbar [L. S.]
mark

Executed in presence of

Amanda Dunbar

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb COUNTY.

I, H. T. Dunbar, hereby authorize

F. M. Hembree of Roswell
to receive and receipt for the pension paid hereon, and request that he remit same to
me at Roswell

In Witness Whereof, I have hereunto set my hand and seal, this Eleventh
day of January 1907.

H. T. Dunbar [L. S.]

Executed in presence of

Mrs. J. B. Manning

Dunbar, H. T. (ma)
Cobb Co

To Those Heretofore Paid.

1906.

No. 170

WIDOW'S PENSION

For year ending Dec. 31, 1906.

PAID TO
Mrs. H. T. Dunbar

OF
Cobb County,

Widow of H. T. Dunbar

Co. F Regiment 54

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED

123 1906,

AND HANDED TO

Shirley

This Pension is Payable only when presented to the U. S. Treasurer, Wash.

Dunbar, H. T. (ma)
Cobb County

To Those Heretofore Paid.

1907.

No. 274

WIDOW'S PENSION

For Year ending Dec. 31, 1907.

PAID TO
Mrs. H. T. Dunbar

OF
Cobb County,

Widow of

Ca. Regiment

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED

121 1907,

AND HANDED TO

Hembree

One W. Hembree, Roswell, Atlanta.

FOR WIDOWS HERETOFORE ALLOWED PENSIONS

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of Cobb

PERSONALLY COMES Mrs.

W. T. Dumber

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

W. T. Dumber
of the 56th

That she is the Widow of

who was a soldier in Company

Regiment of

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

1867 and served in the Army up to

1867 That he lost his

life on the June day of 7 1867 (State here

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

Died in Vicksburg

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 1858

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 10th day of May 1906.

Ordinary.

Post Office

W. T. Dumber
mar

State of Georgia,

Cobb County.

Ordinary of said County, certify that I am well

acquainted with Mrs. W. T. Dumber, 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 1867Given under my official signature and seal, this 10th day of May 1906.Official
Seal

Ordinary of

County.

NOTE.—All blank spaces must be filled.
Voucher and Affidavits must bear date after January 1st, 1906.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of Cobb

PERSONALLY COMES Mrs.

W. T. Dumber

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

W. T. Dumber
of the 56th Regiment of Ca

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

1867 and served in the Army up to

1867 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 Vicksburg

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 10th day of May 1907.

Post Office

W. T. Dumber
mar

State of Georgia,

Cobb County.

Ordinary of said County, certify that I am well

acquainted with Mrs. W. T. Dumber, 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 10th day of May 1907.Official
Seal

Ordinary of

County.

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

Official
Seal

Ordinary of Wm. G. Gentry County.

NOTE.—All blank spaces must be filled.
Voucher and Affidavits must bear date after January 1st, 1906.

Official
Seal

Ordinary of Wm. G. Gentry County.

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

Bureau of P.
Cobb
1863

①

**Confederate
Soldier's Application.**

✓ UNDER ACT 1810.

Company *C. H.*
Name *H. P. D.*
Company *H. P.*
Regiment *1st Co.*

2. W. LEVINE
ENTERED ROSTER OFFICE

CHAS. S. STEWART, Secy. of War, Wash. D. C.

10/27/1863

Questions for Applicants to Answer

County

What is your name and where do you reside? (Give County and Post-office)

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

3 Did you enlist in the Army of the Confederate States or of the Organized Militia of this State from 1861 to 1865? No

4. When and where, and in what Company and Regiment did you enlist? (Give the arm and class of Service) Mar 1863 Winnipeg E. C. Co. 1st Regt.

5. How long did you remain in the actual Military Service with said Company and Regiment?

6. When and where was your Company and Regiment surrendered or discharged from the Service?

7. Were you actually present with your Command when it was surrendered or discharged? Yes

80 If you were not actually present, state specifically and clearly where you were.....

Where was your Command when you left it? Albany Ga. AT

b. When did you leave the Command? _____

c. For what cause did you leave? — Just 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?

1. Were you captured during the war? *No*

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

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.)

Sold and taken up on the 4. Nov. 1908.
 1 Horse value 20/-
 1 Cow " 20/-
 1 Bull " 20/-
 1 Pig " 20/-

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).

possession and control of yourself and wife and its cash value? (Make itemized list).
 1. Home Value 101.00 2. Auto of same value 40.00 3. Spring 1911
 4. " 10.00 4. " 40.00 5. " 10.00 6. " 10.00
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 99. " 10.00 100. " 10.00

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? Yes

8. Born to and subscribed before me, this the 10th day of May 1964

4 - 10 October 1970 H. J. Duncan

Ordinary

of _____ County.

Confederate

Soldier's Application.

UNDER ACT 1910.

County:

Edk

Name: _____

U. S. S. R.

Company

2

Regimens

10

Approve

[illegible]

J. W. LINDSEY

ENTREPRENEURSHIP & REGIONAL DEVELOPMENT, 1999, VOL. 11, NO. 5, 471-486

CHAS. F. BYRD, State Printer, Atlanta

APPLICATION FOR SOLDIER'S PENSION UNDER ACT 1910.

Questions for Applicants to Answer.

STATE OF GEORGIA.

Col. H. O. Sanders 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 Precinct.)

H. O. Sanders, 1000 1/2 East County St.

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

All my life 64 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)

Enlisted May 1861, Marietta Ga. Infantry

5. How long did you remain in the actual Military Service with said Company and Regiment? (Give date of discharge)

Enlisted May 1, 1861; about 1 1/2 months

6. When and where was your Company and Regiment surrendered or discharged from the Service?

May 1 - 1865, Albany 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

present

9. Where was your Command when you left it?

I left it at Summerville at Albany

10. When did you leave the Command?

May 1, 1865

11. For what cause did you leave?

Was there over, we Surrendered

12. By whose authority did you leave?

We were Surrendered by A. D. Bunker (Col)

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

None

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

None

15. In what way were you prevented?

None

16. What effort did you make to return?

None

17. Were you captured during the war?

Yes

18. If so, when, and where? In what prison were you held and when were you released?

None

19. What property of every description was owned, in the use, possession and control of yourself and wife, and its cash value on the 4. Nov. 1908? (Make list by items and value.)

None

20. What property of any kind have you or your wife disposed of and for what purpose since 4 Nov., 1908. To whom and for what price?

None

21. What property of any description of any kind, and of any value now owned and in the use, possession and control of yourself and wife and its cash value? (Make itemised list).

None

22. What annual or monthly income or earnings of yourself and wife and the source derived have you?

None

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

No

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

No

25. I swear to and subscribed before me, this the

21 day of August 1912

J. W. Lindsey Ordinance,

of Col. H. O. Sanders County.

Confederate

Soldier's Application.

UNDER ACT 1910.

County

Name

Company

Regiment

Approved

J. W. LINDSEY

Commissioner of Pensions

PRINTED AT THE STATE PRINTING ALBANY

QUESTIONS FOR WITNESS AS TO SERVICE

STATE OF GEORGIA

Oriskany County.

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

1. What is your name and where do you reside? G. H. Brown
2. How long and since when have you known G. H. Brown the applicant? ever since 1863
3. Where does he now reside, and since when has he been a bona fide, continuing resident in this State and how do you know? Oriskany Co. Ga. ever since 1863
4. When, where and in what Company and Regiment did G. H. Brown enlist during war from 1861 to 1865? (Give date and place) May 1st 1861 - 1st Regt. Oriskany Co. Ga.
5. How did you obtain your information of the service? he 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 May 1st 1861 - 12 months
7. When and where was his Command surrendered or discharged (give date and place) May 2nd 1865 - Albany Ga.
8. Were you personally present at the Surrender? Yes
9. If not, where were you and how came you there? at home
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? at Surrender Where was his Command when he left it? for what cause did he leave?

By whose authority did he leave? and how long has 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 21st day of June 1912. G. H. Brown
Ordinary, Oriskany County.

AFFIDAVIT OF TWO FREEHOLDERS.

STATE OF GEORGIA

Oriskany County.

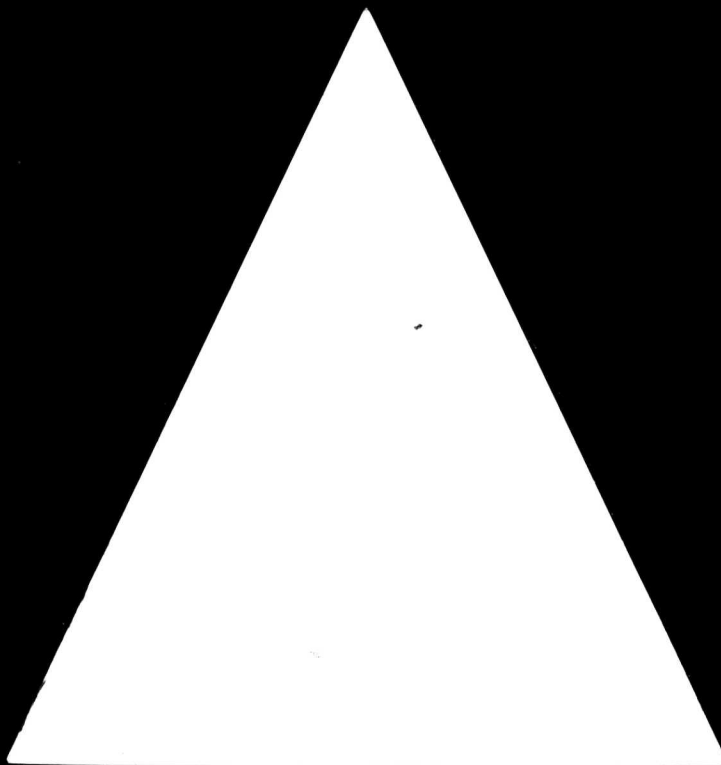
Personally before me came G. H. Brown, who on oath says that they are free holders residing in said County and we know the applicant for pension and we know the property that is now in the use, possession and control of himself and wife and of its cash value to wit: (Make list by items and value.)

1. Farm 1/200 acres, value \$2000.00
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and wife and of its cash value to wit: (State it by items and value.)

1. Household Goods - 1000.00 - 1000.00
2. Car - 500.00 - 500.00
3. Insurance - 100.00 - 100.00

What property, if any, has been sold or given away by the applicant or his wife since 1936.



Henry B. A. (Mans)
Capt. Henry
Dec 1899
21-1901
Not a Soldier
now

Widow's Pension,
 1899.

PAID TO

Mrs E. A. Dunn

OF

Robb

County

Widow of *Thos B Dunn*

RICHARD JOHNSON

Commissioner of Pensions

Warrant Issued

1899

AND HANDED TO

1/23-1901

Geo. W. Harrison, State Printer, Atlanta.

Wm

4/10.99

4/29-1901

Pension Office 5/3 1899
 Was the deceased a sound
 & healthy man, free from
 any lung trouble or taint
 when he entered the service?
 At what age did he die?
 Was he not at any time
 free of disease after the
 service? -

Rich Johnson
Comd of Pension

Pension Office
6/13-1901

We now witnessed
 the deceased
 working & paid
 on - that has not
 been for him dis
 proved of

W. L. Lindsey
Comd of Pension

STATE OF GEORGIA,

Power of Attorney.

County,

by authority,

to receive and receipt for the pension

request that he

by

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

day of

[L.S.]

Power of Attorney.

Form No. 1.

STATE OF GEORGIA,

County.

I, *John E. Stone*, hereby authorize *W. A. Stone* to receive and receipt for the pension allowed and request that the same be paid to *Martha* at *Martha* by *John E. Stone*.

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

day of

1899

Witnessed in the presence of

[L. S.]

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. *E. A. Dunn*, who being sworn according to law, says under oath that she is the widow of *John B. Dunn*, who was a soldier in the service of the Confederate States or Georgia State troops, and served as a member of Company *H* of the *1st* Regiment of *Ga.* Volunteers; that he enlisted in said service on or about the *15th* day of *April* 1864, and was in the Army up to *August* 1864. That while in the Army, he was on the *18th* day of *April* 1864, and was in the Army up to *August* 1864. (See Note No. 1.)

He was attacked with cold and jaundice at Snodgrassville Ga. In August he came home seriously sick with said diseases, and was continually afflicted with the effects of cold, by falling into a consumption from which he never recovered and died with said disease consumption on the 8th day of January 1873. From the time of his service in the Army to the time of his death he was afflicted with said disease, sometimes unable to be out and sometimes so that he could get out in good weather.

Dependent further dears 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 *15th* day of *Sept* 1864, and that she was born in the State of *Ga.* and has resided in Georgia continuously since the date of her marriage, and that Georgia is her home and was such on the 6th December 1897, and since said date she has not lived in any other State or locality. Dependent, as the widow of said deceased soldier husband, applies for the pension provided by Act of General Assembly of Georgia, approved December 23d, 1890, for the pension year ending February 15th, 1898, and herewith tenders the proof of her right to receive the pension granted by said Act.

Subscribed and sworn to before me, this *15th* day of *May* 1899, at *Martha* *Ga.* *E. A. Dunn* *Martha* *Ga.* *John E. Stone* Post Office *Martha* *Ga.* Ordinary.

NOTE 1.—State in blank 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 shown positively to have resulted from the service of the soldier in the Army and not from any other cause, and when and where such disease originated.

NOTE 2.—The Ordinary will see that ALL blank spaces are filled before the affidavits are signed.

The Instructions as set cut in the Notes must be observed.

Division Office 5/3/899
Has the accused a name
or healthy man free from
any lung trouble or taint
when he entered the service
At what age did he die?
Was he not at any time
free of disease after the
service? *Richard Dunn*
Comdy Quinn
Receives 4/13-1901
No more evidence
A. L. M. M. M. M.
Nothing to say
in-charge was not
found to have died
of *W. A. Stone*
Came to Dunn

Division Office 5/3/899
Has the accused a name
or healthy man free from
any lung trouble or taint
when he entered the service
At what age did he die?
Was he not at any time
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Receives 4/13-1901
No more evidence
A. L. M. M. M. M.
Nothing to say
in-charge was not
found to have died
of *W. A. Stone*
Came to Dunn

Widow's Pension,

1899.

PAID TO

Mrs E. A. Dunn

Cobb

John B. Dunn

Richard Johnson

Commissioner of Pensions

Warrant Issued

1899.

AND HANDS TO

1/13-1901

W. A. Stone

4/10-19

Affidavit for Three Witnesses.

Form No. 2.

STATE OF GEORGIA.

County of Cobb

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

and

(each known to said Attesting Officer as truthful, reliable and reputable citizens), who severally says under oath that, FROM THEIR OWN PERSONAL KNOWLEDGE, Mrs. E. A. Dunn, now resident of the County of Cobb State of Georgia, is the widow of Wm. B. Dunn

who was a soldier in Company A of that 4th Regiment of Georgia State

Volunteers. The said soldier enlisted in the service of the Confederate States (or the Georgia State Troops) on or about the day of 1864. That he died on the day of 1864

18. from the following causes: Mr. James Burton says that about 1873 Wm. B. Dunn died - It understood from conversation contracted while in the Army - Mrs. Mary Wm. B. Dunn before that war and after the war up to his death - He was sickly and unable to do anything up to his death from the close of the war. Burton says that Dunn was discharged and sent home sick about August 1864.

On opportunity for knowing the facts stated in reference to death of applicant's husband was:

Burton says he was a member of the 2nd Regt. at Andersonville with said Dunnal and knew the above facts.

We further swear that she became the wife of said soldier on the day of about 1851 and so remained until his death, since then she has not again married, and that she resided in said State of Georgia continuously since the day of 1851.

We further swear that we have no personal interest in the pension asked for.

Sworn to and subscribed before me, this the 8th day of Feb 1899.

James Burton
J. M. Stone Ordinary.

NOTE 1.—Witnesses must not testify about things they may believe, but confine their statements to such facts as they personally know.

NOTE 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.

NOTE 3.—All blank spaces must be filled when signed.

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

Form No. 3.

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. A. Dunn 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 since the the same all her life and has not yet lived out of the State since that date. I also certify that the witnesses, to-wit: James Burton and George A. Burton and W. L. Green 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 by and understood by them before the same was signed. 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 1899.

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 the 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 service and has never remarried.

The law does not provide for any one living out of the State of Georgia.

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

Widows whose husbands enlisted from another State or served in other Commands than Georgia Commands are not entitled to pensions unless they were born in Georgia and can make proof of that fact.

No pension can be paid for previous years.

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

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

Witnesses 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 proof 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.

Amending proofs must be executed with the same formality as original proofs and the Ordinary should so certify.

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.

RICH'D JOHNSON,

Commissioner of Pensions.

Affidavit for Three Witnesses.

Form No. 2.

STATE OF GEORGIA

County of *Cobb*

Washington LeGreen

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

and

(each known to said Attesting Officer as truthful, reliable and reputable citizens), who severally says under oath that, FROM THEIR OWN PERSONAL KNOWLEDGE, Mrs. *E. D. Stum*, now a resident of the County of *Cobb* State of Georgia, is the widow of *Wm. B. Stum* who was a soldier in Company *C* of the *4th* Regiment of *Georgia*

Volunteers. The said soldier enlisted in the service of the Confederate States (or the Georgia State Troops) on or about the day of *May* 1864. That he died on the day of *May* 1873 from the following causes: *while serving in the Confederate army at Andersonville, after his enlistment he took a violent cold and on account of it was treated by the regiment doctor from the time he got sick he did not do another day's duty by reason of illness arising from his sickness caused by his exposure while in the service. He was taken sick in June 1864 and was discharged in July 1864 on account of said disability or recommendation of a board of regiment physicians. He never recovered from his said sickness and it went into consumption from which he died in 1873 as stated. Bird Conger who also means affidavit was also a member of Co. D with Wm. B. Stum and myself and James Burton in a 2nd Regiment stationed at Andersonville.*

Our opportunity for knowing the facts stated in reference to death of applicant's husband were: *I enlisted in the company at the same time Wm. B. Stum did and was a member of it from the time of his enlistment to his discharge and ever since the loss and up to his death my wife and I were with him and would keep posted about his condition.*

We further swear that she became the wife of said soldier on the day of *about*

1851 and so remained until his death, since then she has not again married, and that she resided in said State of Georgia continuously since the *all her life*

We further swear that we have no personal interest in the pension asked for

Sworn to and subscribed before me, this the *W. L. Gurnee*

Edw. J. Stone day of *April* 1890

Ordinary

Notes: 1. Witnesses must not testify about things they only believe, but confine their statements to such facts as they personally know.

Note 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.

Note 3. All blank spaces must be filled when signed.

Affidavit for Three Witnesses.

Form No. 2.

STATE OF GEORGIA

County of *Cobb*

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

and

(each known to said Attesting Officer as truthful, reliable and reputable citizens), who severally says under oath that, FROM THEIR OWN PERSONAL KNOWLEDGE, Mrs. *E. D. Stum*, now a resident of the County of *Cobb* State of Georgia, is the widow of *Wm. B. Stum* who was a soldier in Company *C* of the *4th* Regiment of *Georgia*

Volunteers. The said soldier enlisted in the service of the Confederate States (or the Georgia State Troops) on or about the day of *April* 1864. That he died on the day of *April* 1873 from the following causes: *while serving in the Confederate army at Andersonville, after his enlistment he took a violent cold and on account of it was treated by the regiment doctor from the time he got sick he did not do another day's duty by reason of illness arising from his sickness caused by his exposure while in the service. He was taken sick in June 1864 and was discharged in July 1864 on account of said disability.*

He never recovered from his said sickness and it went into consumption from which he died in 1873 as stated.

Our opportunity for knowing the facts stated in reference to death of applicant's husband were: *I was with him in the company and a member of it from the time of his enlistment to his discharge, and ever since his death I was with him and would keep posted about his condition.*

18 and so remained until his death, since then she has not again married, and that she resided in said State of Georgia continuously since the *all her life*

We further swear that we have no personal interest in the pension asked for

Sworn to and subscribed before me, this the *Bird Conger*

Edw. J. Stone day of *April* 1890

Ordinary

Notes: 1. Witnesses must not testify about things they only believe, but confine their statements to such facts as they personally know.

Note 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.

Note 3. All blank spaces must be filled when signed.

Georgia, Cabb County. In person came before me, the undersigned Ordinary in and for the county of Cobb, Dr. E. J. Setz who being duly sworn according to law, says under oath that he knew Wm. B. Dunn who died about the year 1873 and also personally known him when now applying for a pension under the laws of Georgia. He attended said Wm. B. Dunn as his physician during his last illness and treated him. He had consumption caused by exposure while in the service of the Confederate States Army and died from that disease about 1873. He stated Eugene J. Setz M.D. from his Subscribed before me on Apr 8-1899
 J. M. Stone
 Ordinary

Additional Testimony

Georgia, Cobb County.

This person came before me, the undersigned Ordinary of in and for said County, witnesses Henry Mitchell, P. D. Post and James Burton who severally says under oath that, from their own personal knowledge Mr. Wm. B. Dunn did enter the service, as a Confederate Soldier, a sound and healthy man free from any lung trouble or taint at the time he entered so far as I know or believe. And that he died at about the age of 44 or 45. ~~years~~. He was never free from the disease of Consumption at any time after service until he died of said disease.

Sworn to and
 subscribed before
 me, this 22nd
 day of December 1899.

Henry Mitchell
 P. D. Post

James Burton

J. M. Stone
 Ordinary

Additional proof -

State of Georgia
Cobb County.

In person appeared
before me the undersigned Mrs. E. A.
Dunn who after being duly sworn
says that from the time she married
Wm B Dunn in 1867 until he went
to the war he was a stout able bodied
man and free from disease - Affiant
knows he never had consumption
until after he joined the army -

Sworn to and subscribed
before me this 20th day of Jan 1900
John H. Aubrey
Ordinary Cobb County

Additional testimony

George Cobb Co.
Certify that P. A.
Post Jas. Burton & Henry
Mistake witnesses in the
affidavit an Citizens of
Cobb County and as
witnesses are worthy of
full faith & credit
Jan 20/1900 J. M. Starn
Ord

Power of Attorney.

Form No. 5.

STATE OF GEORGIA,

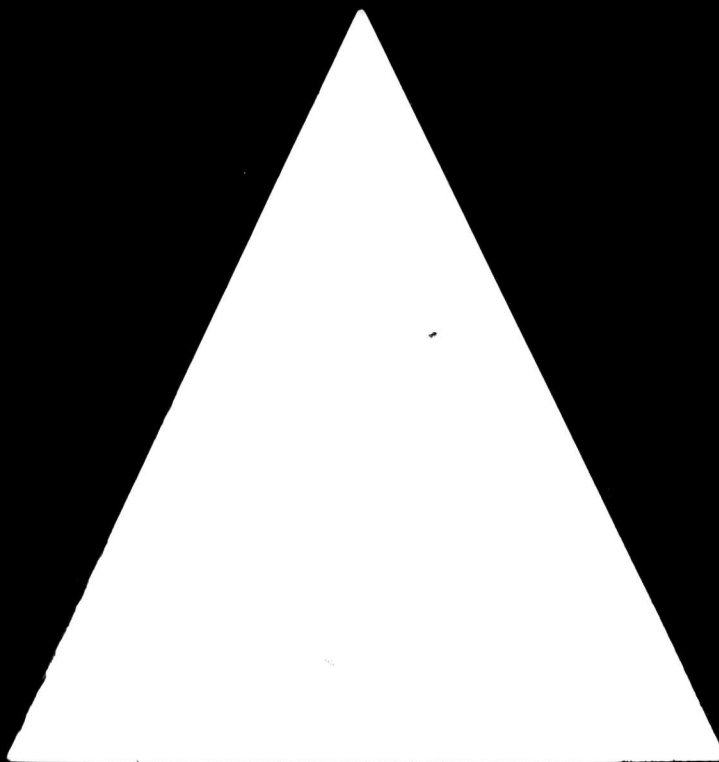
Cobb County.

I, Mrs E A Dunn, hereby authorize J. John H. Aubrey
of Marietta Ga 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 20th
day of Jan 1899 E A Dunn [L. S.]

Executed in the presence of
D. J. Haulby

Executed in the presence of
D. J. Hamby



POWER OF ATTORNEY.

STATE OF GEORGIA.

Know all Men by these Presents, That I,

COUNTY, }
}

(County, State of Georgia, do hereby appoint

of

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). He 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 _____ 1864.

Executed in the presence of us

[L. S.]

Send money to me as follows, by

DIRECTIONS.

(County, Georgia.

P. O.

Dennis, James B.

Cobb Co.

(For Those Already Enrolled.)

No. *574*

Soldier's Pension.
1864.

Name

County

Disability

Amount

James B. Dennis
Cobb Co.
Loss of arm
100
3/22

1864.

W. H. HARRISON,

Secretary Executive Department.

WARRANT RETURNED TO

Applicant

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 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 1884.

Executed in the presence of us

[L. S.]

DIRECTIONS.

Send money to me as follows, by

to
County, Georgia.

P. O.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

KNOW ALL MEN BY THESE PRESENTS, That I,

of

County, State of Georgia, do hereby appoint

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

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

day of 1885.

Executed in presence of us

[L. S.]

DIRECTIONS.

Send money to me as follows, by

to
County, Georgia.

P. O.

Soldier's Pension.

1894.

Name

County

Disability

Amount

W. H. HARRISON,

Secretary Executive Department.

WARRANT RETURNED TO

Applicant

Geo. W. Harrison, State Printer, Atlanta.

SOLDIER'S PENSION.

1895.

Name

County

Disability

Amount

1895.

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT RETURNED TO

Applicant

Geo. W. Harrison, State Printer, Atlanta.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.
PERSONALLY appears *Geo. B. 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 State, and has resided therein continuously ever since the day of *Sept* 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 *D*, of *44th* Regiment of *Ga.* Volunteers *Douglas's* Brigade; that whilst engaged in such military service at the battle of *Cedar Creek* in the State of *Va.* on the *19th* day of *Oct.* 1864 he was wounded as follows:

By gunshot striking the right shoulder joint causing the right arm to be amputated at the shoulder.

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

Sworn to and subscribed before me, this, the *5th* day of *Nov.* 1894. *James B. Dunn*
Wm. 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, *Wm. Stone* Ordinary of said County, do certify that I am well acquainted with *Geo. B. Dunn* and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 *Nov.* 1894.



Ordinary *Cobb* County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.
Personally appears *Geo. B. 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 State, and has resided therein continuously ever since the day of *Sept* 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 *D*, of *44th* Regiment of *Ga.* Volunteers *Douglas's* Brigade; that whilst engaged in such military service at the battle of *Cedar Creek* in the State of *Va.* on the *19th* day of *Oct.* 1864 he was wounded as follows:

By gunshot striking the right arm between elbow & shoulder causing the arm to be amputated at the shoulder.

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 *One hundred.* dollars, for the year 1894

Sworn to and subscribed before me, this, the *10th* day of *July* 1895. *James B. Dunn*
Wm. 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, *Wm. Stone* Ordinary of said County, do certify that I am well acquainted with *Geo. B. Dunn* and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 *July* 1895.



Ordinary *Cobb* County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, _____ hereby authorize _____

of _____

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

by _____

at _____

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

day of _____ 1896.

[L. S.]

Executed in presence of us _____

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, _____ hereby authorize _____

of _____

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

by _____

at _____

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

day of _____ 1897.

[L. S.]

Executed in presence of _____

SOLDIER'S PENSION.

1896.

Name _____

County _____

Disability _____

Amount, \$ 100.

3/5-

1896

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDED TO

W.H.K.

W. H. HARRISON, State Printer, Atlanta.

No data

SOLDIER'S PENSION.

1897.

Name _____

County _____

Disability _____

Amount, \$ 100.

2/24

1897.

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDED TO

W.H.K.

W. H. HARRISON, State Printer, Atlanta.

No data

Dunn, J.B.

W.H.K.

(For Those Already Enrolled.)

No. 2933

Dunn, J.B.

W.H.K.

(For Those Already Enrolled.)

No. 2055-

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears *J. B. 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 State, and has resided therein continuously ever since the day of *1831*, 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 *K*, of *44th* Regiment of *Volunteers*, *Dodge*'s Brigade; that whilst engaged in such military service in the State of *Georgia*, on the *19th* day of *Oct.* 1864, he was wounded, injured or diseased as follows:

By gunshot wound in the right arm on account of which wound the right arm was amputated at the shoulder joint.

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 29th, 1890. I have heretofore as a resident of *Cobb* county been allowed a pension of *\$1.00* dollars, for the year 1889.

Sworn to and subscribed before me, this, the *5th* day of *Mar.* 1890. *J. B. Dunn*
Wm. Stone Org.

Note—State fully the nature 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, *Wm. Stone* Ordinary of said County, do certify that I am well acquainted with *J. B. 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 *Mar.* 1890.



Ordinary *Wm. Stone* County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears *J. B. 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 State, and has resided therein continuously ever since the day of *1831*, 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 *K*, of *44th* Regiment of *Volunteers*, *Dodge*'s Brigade; that whilst engaged in such military service in the State of *Georgia*, on the *19th* day of *Oct.* 1864, he was wounded, injured or diseased as follows:

By bullet striking the right shoulder joint, causing the right arm to be amputated at the joint.

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 29th, 1890. I have heretofore under said law as a resident of *Cobb* county been allowed an invalid pension of *\$1.00* Dollars, for the year 1889.

Sworn to and subscribed before me, this, the *9th* day of *July* 1890. *J. B. Dunn*
Wm. Stone Org.

Note—State fully the nature 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, *Wm. Stone* Ordinary of said County, do certify that I am well acquainted with *J. B. 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 *9th* day of *July* 1890.



Ordinary *Wm. Stone* 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

Dunn, J. B.
Cobb Co.

ACT OF 1887, SEC.
(For Those Already Enrolled.)

No. 2852

INVALID
SOLDIER'S PENSION.

1898.

Name *J. B. Dunn*
County *Cobb*
Disability *Loss of arm*
Amount, \$ *100.*
724 1898.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO
appt

Geo. W. Harrison, State Printer, Atlanta.

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

Dunn, J. B.
Cobb Co.

CODE SECTION 126.
(For Those Already Enrolled.)

No. 2855

INVALID
SOLDIER'S PENSION.

1899.

Name *J. B. Dunn*
County *Cobb*
Disability *Loss arm*
Amount, \$ *100.*
722 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 appears *J. B. 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 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 *Georgia*) during the war between the States, and served as a *Private* in Company *B*, of *44th* Regiment of *Yn* Volunteers, *Georgia*'s Brigade; that whilst engaged in such military service in the State of *Georgia*, on the *14th* day of *Oct* 1864, he was wounded, injured or diseased as follows:

That while engaged in the battle of ~~Adams~~ Creek on Oct. 19th 1864, he was struck with bullet which caused the right arm to be amputated at the soldier joint.

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, *15th* day of *July*, 1898. *J. B. Dunn* POST OFFICE *Mableton Ga.*

Note: Carefully 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. Stoney* Ordinary of said County, do certify that I am well acquainted with *J. B. 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 *July*, 1898. *J. W. Stoney* Ordinary *Cobb* County.



For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears *J. B. 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 State, and has resided therein continuously ever since the day of *Sept* 1831; 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 *44th* Regiment of *Yn* Volunteers, *Georgia*'s Brigade; that whilst engaged in such military service in the State of *Georgia*, on the *14th* day of *Oct* 1864, he was wounded, injured or diseased as follows:

By gunshot striking right arm, causing it to be amputated at the shoulder.

Deponent 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, *15th* day of *July*, 1898. *J. B. Dunn* POST OFFICE *Mableton Ga.*

Note: Carefully 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. Stoney* Ordinary of said County, do certify that I am well acquainted with *J. B. 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 *July*, 1898. *J. W. Stoney* 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 _____

Dunning, G. B.

Oct 9.

CODE SECTION 226

(For Those Already Enrolled.)

No. 1937
To Clayton Co 1901

INVALID

SOLDIER'S PENSION.

1900.

Name	<i>J. B. Dunning</i>
County	<i>Cobb</i>
Disability	<i>Arise</i>
Amount, \$	<i>100</i>
Warrant issued	<i>July 9</i>
	1900.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDLED TO

1901
Geo. W. Harrison, State Printer, Atlanta.

No date



CLAYTON COUNTY.

Z. T. MANSON, Ordinary.

Jonesboro, Ga.

189

Georgia
Clayton County } *Z. T. Manson Ordinary*
in and for said County hereby certify
that J. B. Dunning has been drawing a
pension of One Hundred Dollars as
a disabled, one armed Confederate soldier
in this County.

Given under my hand and seal of
office this 12th March 1894

Z. T. Manson
Ordinary

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears J. B. Dumm 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 1st day of September 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 H, of 44th Regiment of Georgia Volunteers, Cook's Brigade; that whilst engaged in such military service in the State of Va., on the 19th day of Oct 1864, he was wounded, injured or diseased as follows:

By gun shot striking right arm
causing it to be amputated
at the shoulder.

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1900. I have heretofore under said law as a resident of Cobb County been allowed an invalid pension of \$1.00 Dollars, for the year 1899.

Sworn to and subscribed before me, this, the 15th day of February 1900. } J. B. Dumm
POST OFFICE Chamblee, Ga.

J. M. Stone
NOTE.—State fully the nature of wound or other cause which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease.

STATE OF GEORGIA,

Cobb County.

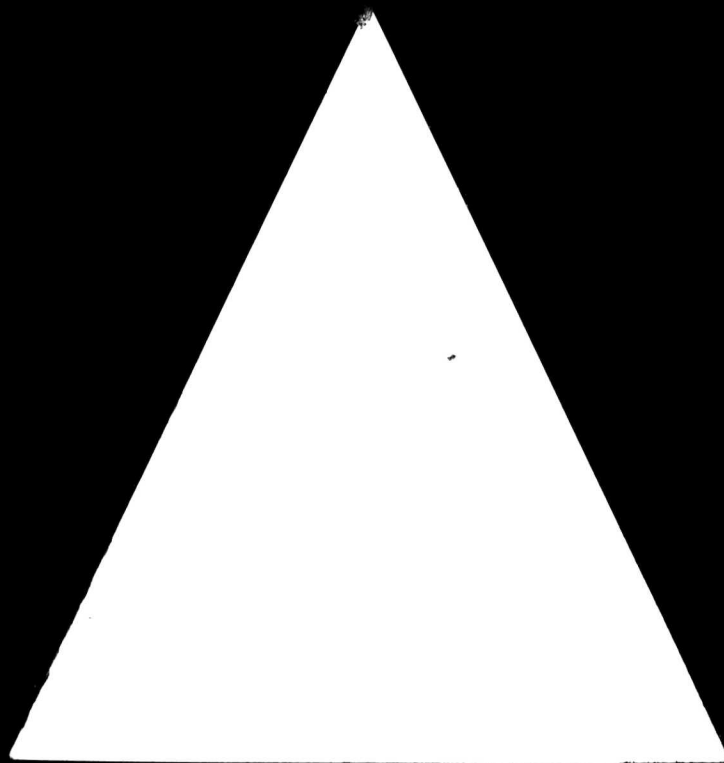
I, J. M. Stone Ordinary of said County, do certify that I am well acquainted with J. B. Dumm the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides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

Given under my official signature and seal, this 15th day of February 1900.



Ordinary

J. M. Stone
Cobb County.



[Handwritten signature]

No. *612*

Application for Allowance

FOR

Little

Applicant

John Dunn

County

Cobb

Amount

25

Date of Warrant

June 28/88

Entered on Record

June 28

188

M.H.H.

Revenue Department

Sept 25

Physician not sufficiently
explicit as to extent of
disability.

STATE OF GEORGIA,

6000 County

PERSONALLY appears *John Dunn* of *6000* 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 *June* 1848; that he
enlisted in the military service of the Confederate States (or of the State of
during the war between the States, and served as a *private* in Company *"L"*, of
Phillips ~~in Regiment of~~ *Legion* Volunteers *Myford's* Brigade; that
whilst engaged in such military service, at the battle of *Bell's Ferry* in
the State of *Georgia*, on the *2nd* day of *July* 1863, he was
wounded as follows:

*Shot in the left thigh, the thigh bone was broken,
causing a painful wound, the entire leg
is rendered stiff and has been since the
injury. The wound permanently disables the left
leg, and renders it 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 *10* day of *January* 1888 } *John Dunn*
R. M. Hammond *Ordnary* *mail*

NOTE. State full 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,

6000 County.

PERSONALLY came before me *H. O. Stephens* of the county
of *6000* State of Georgia, who, being duly sworn, says that he was
a commissioned officer in Company *"L"* of *Phillips* ~~Regiment of~~ *Legion*
Volunteers, and that deponent knows *John Dunn*, 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 *John Dunn*, as stated by him in said
affidavit. Deponent further states that said *John Dunn* is a *bona fide*
citizen of this State, and resides in *6000* county.

Sworn to and subscribed before me, this *10* day of *January* 1888-
R. M. Hammond *Ordnary* *H. O. Stephens*
1863 *2nd Co. Phillips Legion*

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

Joseph Duem

citizens of *Cobb*

county, in said State,

who, being duly sworn, say that they are acquainted with *John Duem*

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 state-

ments in his affidavit are true.

Sworn to and subscribed before me, this

12th day of *January*, 1888

W. M. McManis

John Duem
mark

STATE OF GEORGIA,

Cobb

County.

PERSONALLY comes before me

H. M. Hammett

Ordinary of said county,

Dr. J. J. Goben and *Dr. E. J. Selge*

both known to

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

carefully examined *John Duem* and after such examination say that the

applicant has been injured as follows: *He was shot through the left*

hip, the bone was broken the leg and hip

are stiff and have been since the injury. Both

are substantially useless, they are unable

to perform manual labor.

Sworn to and subscribed before me, this

10th day of *January*, 1888

W. M. McManis
ORDINARY

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

STATE OF GEORGIA,

Cobb

County.

I,

H. M. Hammett

Ordinary of said county,

do certify that I am well acquainted with *John Duem* the

applicant in the foregoing affidavit, and am well satisfied that the statements made by him in 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 Dr. Hammett*

before whom the foregoing

affidavits were made and power of attorney was signed, is a

said county, and that the said affidavits and signatures thereto are genuine.

Given under my official signature and seal, this

10 day of *January*, 1888

W. M. McManis
Ordinary *Cobb* County.

POWER OF ATTORNEY

STATE OF GEORGIA

Cobb

County.

Know all men by these presents, That I

John Duem

of *Cobb*

county, in said State, do hereby appoint

R. B. Brown

of *Marquette*

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

12th

day of *January*, 1888

John Duem
mark

[L. S.]

Executed in the presence of us:

W. M. McManis
Ordinary

7124

APPLICATION FOR ALLOWANCE

FOR YEAR ENDING OCTOBER 26, 1999

<i>Sgt. Leo Weigold</i>	<i>Feb 18</i>	<i>1938</i>	SECRETARY EXECUTIVE DEPARTMENT.
<i>Applicant John Mann</i>	<i>Feb 17</i>	<i>1938</i>	
<i>(Count) 100</i>	<i>Feb 17</i>	<i>1938</i>	
<i>Amount 150</i>	<i>Feb 17</i>	<i>1938</i>	
<i>Date of Payment Feb 18</i>	<i>Feb 17</i>	<i>1938</i>	
<i>Entered on record Feb 17</i>	<i>Feb 17</i>	<i>1938</i>	

No additions (data)
R. C. Brown

STATE OF GEORGIA

PRASONALLY appears John 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 State, and has been such continually since the day of 1850; that he enlisted in the military service of the Con-

federate States (or of the State of _____) during a war between the
 States, and served as a Private in Company A, of the 1st Regiment
of Pa. Volunteers McPherson's Brigade; that whilst engaged
 in such military service, at the battle of Gettysburg
 of Penn. on the 2nd day of July, 1863, he was
 wounded as follows: By a fragment of shell
striking him in the right side,
passing in the direction of the
lower part of the abdomen, fracturing
the upper part of the hip bone and
entering the body near at home to the situation
shown below. It is requested to perform the
properly 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 15th day of Sept. 1889 John H. Dunn
John H. Dunn
mod
Wm. H. Hoyer
Wm. H. Hoyer
Notar. State fully nature of wound, character of disease which causes the disability, and explain particularly the extent of the disability.

STATE OF GEORGIA,

PERSONALLY comes before me
as a reputable physician of said county, who being severally sworn, say on oath that
they have carefully examined
and after such
examination say that the applicant has been injured as follows: By a gunshot-
wound fracturing the right hip bone, passing
through abdomen to intestines, & from which
there is still a discharge & pain all the time
rendering defendant practically incompetent to
perform the ordinary avocations of life -

Sworn to and subscribed before me, this)
22 day of *Sept*, 188*9*
John Thom
 Ordinary.

Wm. H. Bishop Secy.
2d Judge Wm.

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

STATE OF GEORGIA,

I, *John Dunn*, 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 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 *John Dunn* of said county, and the said affidavits and signatures thereon are genuine.

Given under my official signature and seal, this *12* day of *July*, 188*9*

Ordinary *John Dunn*, *Cobb* County,

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County, I, *John Dunn*, known all Men by these Presents, That I, *John Dunn*, of *Cobb* County, do hereby appoint *John Dunn* 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 *12* day of *July*, 188*9*

Executed in the presence of us:

John Dunn
John Dunn
John Dunn

DIRECTION:

Send money to me as follows, by

to
County, Georgia.

P. O.

NOTES.

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

I, John Dunn Ordinary of said county,
do certify that I am well acquainted with John Dunn 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 Feb'y, 1890

Ordinary

County

APPLICATION FOR ALLOWANCE.

THEY ARE THE ONLY TWO

Disby body sound
Applicant, Jno Hume
County, Cobb

Amount:

Date of warrant, Feb'y 11

Entered on record

Feb 71, 1890

W. W. Harrison

[illegible]

WARRANT HANDED TO

R. C. Irvine

STATE OF GEORGIA.

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

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

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

Ordinary

County.

Application for Allowance

FOR THE YEAR ENDING OCTOBER 31, 1991

FOR
Seymour
Applicant, John Burns
County, Kent Co.

2

Date of Warrant, Feb - 1

Entered on record

Feb. 1. 1881.

RECEIVED DEPARTMENT OF
A/17/07

(Signature)

WARRANT FURNISHED TO
K. C. Brown

Geo. W. Harrison State Printer, Philadelphia

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

PERSONALLY appears *John 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 State, and has been such continually since the

day of *January* 1863, that he enlisted in the military service of the Confederate States (or of the State of

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

in such military service, at the battle of *Gettysburg* in the State of *Virginia* on the *2nd* day of *July* 1863, he was wounded as follows:

by a bullet striking the right lower part of the abdomen and passing through and fracturing the ribs bones and cutting through the lungs to the heart. - *which by the nature of the wound was rendered practically incompetent to perform any manual labor in the service of the Confederate States.*

Sworn to and subscribed before me, this *5th* day of *July* 1891, *John Dunn* *mark*

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

KNOW ALL MEN BY THESE PRESENTS, That I, *John Dunn* of *Cobb* county, in said State, do hereby appoint

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *5th* day of *July* 1891, *John Dunn* *mark*

Executed in the presence of us:

J. & P. Owen

DIRECTION.

Send money to me as follows, by

to

County, Georgia.

P. O.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

PERSONALLY appears *John 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 State, and has resided therein continuously ever since the

day of *January* 1863, that he enlisted in the military service of the Confederate States (or of the State of

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

in such military service at the battle of *Gettysburg* in the State of *Virginia* on the *2nd* day of *July* 1863, he was wounded as follows:

by a bullet striking the right side of the top of the hip bone passing through the side bone away the top of the hip bone, rendering said hip and leg practically and substantially incompetent 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 *\$500* dollars, for *John Dunn* *mark*

Sworn to and subscribed before me, this *6th* day of *July* 1891, *John Dunn* *mark*

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,

KNOW ALL MEN BY THESE PRESENTS, That I, *John Dunn* of *Cobb* County, in said State, do hereby appoint

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *6th* day of *July* 1891, *John Dunn* *mark*

Executed in the presence of us:

J. & P. Owen

DIRECTION.

Send money to me as follows, by

to

County, Georgia.

P. O.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb COUNTY.

Know all Men by these Presents, That I,

County, State of Georgia, do hereby appoint
of Minetta 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 March 1894.

Executed in the presence of us

E. M. Fleming

DIRECTIONS

Send money to me as follows, by

to
County, Georgia.

P. O.

Soldier's Pension.

1894.

Name John Duman
County Cobb
Disability Res. 2 Co. 4
Amount, \$ 30

1894.

3/2-1
W. H. HARRISON,
Secretary Executive Department.

WARRANT HANDS TO

J. M. Stone

Wm. B. Harrison, State Printer, Atlanta.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.

Know all Men by these Presents, That I,

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

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

day of March 1894.

Executed in the presence of us

J. M. Stone

Send money to me as follows, by

to
County, Georgia.

P. O.

Application for Advance

No. 580

1893.

Duman John
Cobb Co.

1893.

STATE OF GEORGIA

For Applicants Heretofore Allowed Pensions.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA.

Cobb County. *John Dunn Cobb*
 PERSONALLY appears *John Dunn 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 *Georgia*) during the war between the States, and served as a *Private* in Company *2* of *12*th Regiment of *Phillips' Georgia* Volunteers *Wyfford*'s Brigade; that whilst engaged in such military service at the battle of *Chattanooga* in the State of *Tennessee* on the *25*th day of *July* 1863 he was wounded as follows: *By a piece of bomb shell striking the right side and hip, going through the hip and cutting off a piece of the upper part of the hip bone. Dependent's Raymond practically incompetent to perform the ordinary manual vocations.*

Dependent 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 20, 1904. I have heretofore been allowed a pension of *\$30* dollars, for the year 1893.

Sworn to and subscribed before me, this, *16* day of *March* 1894. *John X. Dunn*
John X. Dunn

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

Given under my official signature and seal, this *16* day of *March* 1894. *John X. Dunn*
John X. Dunn
 Ordinary *Cobb* County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA.

Cobb County. *John Dunn Cobb*
 PERSONALLY appears *John Dunn 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 *Georgia*) during the war between the States, and served as a *Private* in Company *2* of *12*th Regiment of *Phillips' Georgia* Volunteers *Wyfford*'s Brigade; that whilst engaged in such military service at the battle of *Chattanooga* in the State of *Tennessee* on the *25*th day of *July* 1863 he was wounded as follows: *By a piece of bomb shell striking the right side and hip, going through the hip and cutting off a piece of the upper part of the hip bone. Dependent's Raymond practically incompetent to perform the ordinary manual vocations.*

Dependent 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 20, 1904. I have heretofore been allowed a pension of *\$30* dollars, for the year 1893.

Sworn to and subscribed before me, this, *16* day of *March* 1894. *John X. Dunn*
John X. Dunn

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

I further certify that *John Dunn Cobb* before whom the foregoing affidavit was made and power of attorney was signed, is a *bona fide* citizen of the State of Georgia, and is a resident of said County, and the said affidavit and the power of attorney are true and correct, and the statements made therein are true and correct, and the signatures thereof are genuine.

Given under my official signature and seal, this *16* day of *March* 1894. *John X. Dunn*
John X. Dunn
 Ordinary *Cobb* County.

STATE OF GEORGIA.
 BOARD OF ALLOTTMENT

STATE OF GEORGIA.

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

Given under my official signature and seal, this Feb 19 day of Feb 1892

Ordinary

County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.

KNOW ALL MEN BY THESE PRESENTS, That I, John Dunn County, State of Georgia, do hereby appoint John Dunn 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 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 19 day of Feb 1895.

Executed in presence of us

John O. Gist

DIRECTIONS.

Send money to me as follows, by

to John Dunn County, Georgia.

P. O.

SOLDIER'S PENSION.

1892.

FOR THE YEAR ENDING OCTOBER 31, 1892

Name John Dunn

County Cobb

Disability Dis. Leg.

Amount \$ 50

Entered on record Met 1892.

W. H. HARRISON.

Secretary Executive Department.

W. H. Harrison SECRET.

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

SOLDIER'S PENSION.

1895.

Name John Dunn

County Cobb

Disability Dis. Leg.

Amount \$ 50

1895.

RICHARD JOHNSON.

Secretary Executive Department.

WARRANT HANDSD TO

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

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

County.

PERSONALLY appears

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 1848; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company D, of the 1st Georgia Volunteer Infantry, that whilst engaged in such military service at the battle of Gettysburg, on the 2nd day of July, 1863, he was wounded as follows: in the hip or Groin by a Cannon Ball or Shell, and has been disabled thereby.

Dependent 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

Sworn to and subscribed before me this the

27th day of Feb 1892.

W. 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,

County.

Know all Men by these Presents, That I

County, in said State, do hereby appoint 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 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 Feb 1892.

Executed in the presence of us:

W. M. Stone Ordinary.

Send money to me as follows, by

at Marietta.

County, Georgia.

P. O.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears John 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 State, and has resided therein continuously ever since the day of 1844; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company D, of the 1st Georgia Volunteer Infantry, that whilst engaged in such military service at the battle of Gettysburg, on the 2nd day of July, 1863, he was wounded as follows:

in the hip or Groin by a Cannon Ball or Shell, and has been disabled thereby.

Dependent 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 26th, 1895. I have heretofore been allowed a pension of

50 dollars, for the year 1890.

Sworn to and subscribed before me, this, the

27th day of Feb 1895.

W. 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, resulting from the wound or disease.

STATE OF GEORGIA,

Cobb County.

I, John Dunn 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 Feb 1895.



W. M. Stone Ordinary.

Cobb County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.

I, John Dunn 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 25
day of Feb. 1896.

Executed in presence of

J. M. Fleming

Pay to R. C. Irwin
J. M. Stone

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.

I, John Dunn hereby authorize R. C. Irwin
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 26
day of Feb. 1897.

Executed in presence of

J. M. Stone

J. M. Stone

ACT OF SEPT. 1862.
(For Those Already Enrolled.)

No. 654

SOLDIER'S PENSION.

1896.

Name John Dunn
County Cobb
Disability Right hip
Amount, \$ 50.

2/26 1896

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDLED TO

R. C. Irwin

Wm. W. Harrison, State Printer, Atlanta.

No data

ACT OF SEPT. 1862.
(For Those Already Enrolled.)

No. 2789

INVALID

SOLDIER'S PENSION.

1897.

Name John Dunn
County Cobb
Disability Right hip
Amount, \$ 50.

2/27 1897.

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDLED TO

R. C. Irwin

Wm. W. Harrison, State Printer, Atlanta.

No data

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears *John 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 State, and has resided therein continuously ever since the day of *18 31st* 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 *1st*, of *Georgia* Volunteers, *Waller*'s Brigade; that whilst engaged in such military service in the State of *Georgia*, on the *2* day of *July*, 1863, he was wounded, injured or diseased as follows:

By piece of shell striking the right side and hip cutting off a piece of the hip bone striking the abdomen in the lower part

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 28th, 1890. 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, *15th* day of *July*, 1890. *John H. Dunn* *mark*
J. H. Stone *Ordinary*

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

STATE OF GEORGIA,

Cobb County.

I, *J. H. Stone* Ordinary of said County, do certify that I am well acquainted with *John 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 *25th* day of *July*, 1890.

J. H. Stone Ordinary *Cobb* County.



For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears *John 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 State, and has resided therein continuously ever since the day of *18 31st* 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 *1st*, of *Georgia* Volunteers, *Waller*'s Brigade; that whilst engaged in such military service in the State of *Georgia*, on the *2* day of *July*, 1863, he was wounded, injured or diseased as follows:

By piece of shell striking the left side of the hip cutting off a piece of the hip bone and striking the abdomen — Affected is rendered practically incapable 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 28th, 1897. 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, *16th* day of *July*, 1897. *John H. Dunn* *mark*
J. H. Stone *Ordinary*

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

STATE OF GEORGIA,

Cobb County.

I, *J. H. Stone* Ordinary of said County, do certify that I am well acquainted with *John 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 *26th* day of *July*, 1897.

J. H. Stone Ordinary *Cobb* County.



POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.
I, *John Dunn*

hereby authorize

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 *1st*

day of *March* 1898.

Executed in presence of

John L. Dunn [L. S.]

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.
I, *John Dunn*

hereby authorize

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 *17th*

day of *February* 1899.

Executed in presence of

John L. Dunn [L. S.]

SOLDIER'S PENSION.

1898.

Name *John Dunn*
County *Cobb*
Disability *Wound*
Amount, \$ *50.*
3/4

1899.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDLED TO

John L. Dunn

ALL IN WITNESS, WHEREOF, I HAVE HEREUNTO SET MY HAND AND SEAL, AT ATLANTA, GEORGIA, THIS 17th DAY OF FEBRUARY, 1899.

No data

SOLDIER'S PENSION.

1899.

Name *John Dunn*
County *Cobb*
Disability *Leg*
Amount, \$ *750.*
2/74

1899.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDLED TO

John L. Dunn

ALL IN WITNESS, WHEREOF, I HAVE HEREUNTO SET MY HAND AND SEAL, AT ATLANTA, GEORGIA, THIS 17th DAY OF FEBRUARY, 1899.

No data

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears

John Dunn *Dobb*

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 *Private* in Company *St. Philip's Legion* of *Ya.* 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:

That while in the battle of Gettysburg Penn he was struck with a bomb shell on the right side and hip on account of which Applicant is rendered practically incapable to perform the ordinary manual labor 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 189

Sworn to and subscribed before me, this, the

1st day of *March* 1898. *John F. Dunn*

POST-OFFICE

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

STATE OF GEORGIA,

Cobb County.

I, *John Dunn* Ordinary of said County, do certify that I am well acquainted with *John 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

day of *March* 1898.

Ordinary

Cobb County.



For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears

Jno. 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 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 *Private* in Company *L* of *Phillips Legion* of *Georgia* Volunteers, *Wofford*'s Brigade; that whilst engaged

in such military service in the State of *Pa.*, on the *2* day of *July* 1863, he was wounded, injured or diseased as follows:

By shell bursting and piece striking right hip and fracturing bones 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, 1898. 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

15th day of *July* 1898. *John F. Dunn*

POST OFFICE *Marietta, Ga.*

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

STATE OF GEORGIA,

Cobb County.

I, *J. W. Stoupe* Ordinary of said County, do certify that I am well acquainted with *Jno. 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

day of *July* 1898.

Ordinary

Cobb County.



POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County. }
I, John Dumm

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 28th
day of February 1900.

John Dumm [L. S.]
mark

Executed in presence of

D. J. Hamby

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County. }
I, John Dumm

hereby authorize John Dumm
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 5
day of July 1901.

John Dumm [L. S.]
mark

Executed in presence of

J. M. Stone

Dumm, John
Cobb Co
COUS SECTION 126
(For These Already Enrolled.)

No. 1279

INVALID

SOLDIER'S PENSION.
1900.

Name John Dumm
County Cobb
Disability White
Amount, \$ 50.00
Warrant issued Mar 7 1900.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

John Dumm
Cobb Co
no date

Dumm, John
Cobb Co
COUS SECTION 126
(For These Already Enrolled.)

No. 185

DISABLED

SOLDIER'S PENSION.
1901.

Name John Dumm
County Cobb
Disability Green Sheet
Amount, \$ 19.00
Jan. 13 1901.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

John Dumm
Cobb Co
no date

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears *John 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 State and County, 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 *private* in Company *L*, of *Challiss* Regiment of *Sta.* Volunteers, *Wafford*'s Brigade; that whilst

engaged in such military service in the State of *Pa.*, on the *2* day of *July*, *1863*, he was wounded, injured or diseased as follows:

By shell bursting and piece striking right hip and fracturing bones thereby rendering applicant incompetent to perform the ordinary manual vocations 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, *John Dunn*

28th day of *February*, 1900. POST OFFICE *Marionetta, Ga.*

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

STATE OF GEORGIA,

Cobb County.

I, *J. W. Stowe* Ordinary of said County, do certify that I am well acquainted with *John 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 *28th* day of *February*, 1900.

Ordinary *Cobb* County.



For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears *John 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 State, and has resided therein continuously ever since the day of

1834; that he enlisted in the military service of the Con-

federate States (or of the State of) during the war between the States, and served as a *Private* in Company *L*, of *Challiss* Regiment of *Pa.* Volunteers, *Wafford*'s Brigade; that whilst engaged

in such military service in the State of *Pa.*, on the *2* day of *July*, *1863*, he was wounded, injured or diseased as follows:

By shell bursting and piece striking right hip and fracturing bones, thereby rendering applicant incompetent to perform the ordinary vocations 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

Fifty Dollars, for the year *1899*.

Sworn to and subscribed before me, this, *John Dunn*

5 day of *July*, 1901. Postoffice *Marionetta*

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 Switney* Ordinary of said County, do certify that I am well acquainted with *John 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 *5* day of *July*, 1901.

Ordinary *Cobb* County.



POWER OF ATTORNEY.

STATE OF GEORGIA,

County, } *Cobb*

I, *John Lindsey* hereby authorize

1903

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal this *14th* day of *Jan*, 1903.

STATE OF GEORGIA

Executed in presence of

John W. Lindsey [L. S.]
Ham

POWER OF ATTORNEY.

STATE OF GEORGIA,

County, } *Cobb*

I, *John Lindsey* 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 *9* day of *Jan*, 1903.

Executed in presence of

John W. Lindsey [L. S.]
Ham

COUSE SECTION 22A.

(FOR THOSE ALREADY ENROLLED.)

No. *361*

DISABLED

SOLDIER'S PENSION

1902.

Name *John Lindsey*

County *Cobb*

Co. *2nd Regiment*

Disability *Philip's Leg*

Amount, \$ *50*

1/6 1902.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Gray

State of Georgia.

no date

COUSE SECTION 22A.

(FOR THOSE ALREADY ENROLLED.)

No. *248*

DISABLED

SOLDIER'S PENSION

1903.

Name *John Lindsey*

County *Cobb*

Co. *2nd Regiment*

Disability *Philip's Leg*

Amount, \$ *50*

1/23 1903.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Gray

State of Georgia.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cobb County,

Personally appears John 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 State, and has resided therein continuously ever since the
day of 1834 ; that he enlisted in the military service of the Con-

federate States (or of the State of Georgia) during the war between the
States, and served as a Private in Company 2 , of 1st Regiment
of Georgia Volunteers, Hafford 's Brigade; that whilst engaged
in such military service in the State of Georgia , on the 2 day
of July , 1863, he was wounded, injured or diseased as follows:

By shell bursting and fire striking right hip and fracturing bones thereby rendering applicant incompetent to perform his ordinary manual avocations of life

Deponent makes application for the pension to which he is entitled for the year
ending October 28th, 1902. I have heretofore, under said law, as a resident of
 Cobb County, been allowed an invalid pension of
 \$50 Dollars, for the year 1901.

Sworn to and subscribed before me, this 4 day of Jan , 1902. Post-office Marietta

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

STATE OF GEORGIA,

Cobb County,

I, John Dunn Ordinary of said County,
do certify that I am well acquainted with John 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
day of Jan , 1902.

John Dunn Ordinary Cobb County.

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

БОМЕР ОЕ АЛЛОКМЕА

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cobb County,

Personally appears John 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 State, and has resided therein continuously ever since the
day of 1834 ; that he enlisted in the military service of the Con-

federate States (or of the State of Georgia) during the war between the
States, and served as a Private in Company 2 , of 1st Regiment
of Georgia Volunteers, Hafford 's Brigade; that whilst engaged
in such military service in the State of Georgia , on the 2 day
of July , 1863, he was wounded, injured or diseased as follows:

By shell bursting and fire striking right hip and fracturing bones 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 28th, 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 4 day of Jan , 1903. Post-office Marietta

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

STATE OF GEORGIA,

Cobb County,

I, John Dunn Ordinary of said County,
do certify that I am well acquainted with John 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
day of Jan , 1903.

John Dunn 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,

County.

I, John D. Dunn hereby authorize
John D. Dunn 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 10th
day of January 1904.

Executed in presence of

John D. Dunn [L. S.]
Mark

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

I, John D. Dunn hereby authorize
John D. Dunn 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 1905.

Executed in the presence of

John D. Dunn [L. S.]
Mark

Dunn, John
Col. G.

CODE SECTION 138A.
(FOR THOSE ALREADY ENROLLED.)

No. 356

DISABLED
SOLDIER'S PENSION
1904.

Name John D. Dunn
County Col. G.
Co. 1st Infantry
Disability Right hip
Amount, \$ 50

Jan 25 1904.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDLED TO
Col. G.

Geo. W. Harrison, State Printer, Atlanta.

no data

Dunn, John
Col. G.

CODE SECTION 138A.
(FOR THOSE ALREADY ENROLLED.)

No. 354

DISABLED
SOLDIER'S PENSION
1905.

Name John D. Dunn
County Col. G.
Co. 1st Infantry
Disability Right hip
Amount, \$ 50

Jan 23 1905.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDLED TO
Col. G.

Geo. W. Harrison, State Printer, Atlanta.

no data

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cobb County.

Personally appears John 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 State, and has resided therein continuously ever since the day of 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 L, of 1st Georgia Volunteers, 1st Brigade; that whilst engaged in such military service in the State of Ga, on the day of July 1863, he was wounded, injured or diseased as follows:

By shell bursting and size of wound eight in and fracturing bones of right arm, 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 12th day of January, 1904.

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 H. Harty,

Ordinary of said County,

do certify that I am well acquainted with John 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 12th day of January, 1904.

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 John Dunn

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 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 L, of 1st Georgia Volunteers, 1st Brigade; that whilst engaged in such military service in the State of Ga, on the day of July 1863, he was wounded, injured or diseased as follows:

Wound in hip

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 1904.

Sworn to and subscribed before me, this the 12th day of January, 1904.

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 H. Harty,

Ordinary of said County,

do certify that I am well acquainted with John 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 12th day of January, 1904.

Ordinary

Cobb County.

Note.—Fill all blanks and of Company and Regiment.
Note.—All vouchers and affidavits must bear date after January 1, 1904.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb COUNTY, }
 I, John Dunn hereby authorize
John A. White of Maricopa
 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 June 1906.

Executed in the presence of
John A. White [L. S.]
John A. White

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb COUNTY, }
 I, John Dunn hereby authorize
John A. White of _____
 to receive and receipt for the pension paid hereon, and request that he remit same to
 _____ by _____
 at _____

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 1
 day of June 1907.

Executed in presence of
John A. White [L. S.]
John A. White

Dunn, John
Cobb Co. Ga.

Cross Section 1266.
 (FOR THOSE ALREADY ENROLLED.)

No. 307

**DISABLED
 SOLDIER'S PENSION
 1906.**

Name John Dunn
 County Cobb
 Co. L. Phillips Legion
 Disability leg
 Amount, \$ 52.00

1906.

JOHN W. LINDSEY,
 Commissioner of Pensions.

WARRANT HANDED TO

no data

Dunn, John
Cobb Co. Ga.

Cross Section 1266.
 (FOR THOSE ALREADY ENROLLED.)

No. 244

**DISABLED
 SOLDIER'S PENSION
 1907.**

Name John Dunn
 County Cobb
 Co. L. Phillips Legion
 Disability leg
 Amount, \$ 50.00

1907.

JOHN W. LINDSEY,
 Commissioner of Pensions.

WARRANT HANDED TO

C

no data

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,

Colt

County.

Personally appears *John Dunn* 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 *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 _____ in Company *L Phillips* Regiment of *6th* Volunteers *Wofford'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 by

Deponent makes application for the pension to which he is entitled for the year ending October 28th, 1906. I have heretofore, under said law, as a resident of *Colt* County, been allowed an invalid pension of *50⁰⁰* Dollars, for the year 1905.

Sworn to and subscribed before me, this the

1 day of *July* 1906.

Post-Office

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

State of Georgia,

Colt

County.

I, *John A. Wofford* Ordinary of said County,

do certify that I am well acquainted with *John 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

day of *July* 1906

Ordinary *Colt* 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,

Colt

County.

Personally appears *John Dunn* of *Colt*

County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the day of _____ 18____; that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served as a _____ in Company *L*, of *Phillips* Regiment of *6th* Volunteers *Wofford'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 by

Deponent makes application for the pension to which he is entitled for the year ending October 28th, 1907. I have heretofore, under said law, as a resident of *Colt* County, been allowed an invalid pension of *50⁰⁰* Dollars, for the year 1906.

Sworn to and subscribed before me, this the

day of *July* 1907.

Postoffice

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

State of Georgia,

Colt

County.

I, *John A. Wofford* Ordinary of said County,

do certify that I am well acquainted with *John 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

day of *July* 1907.

Ordinary *Colt* County.



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

Audited Feb. 19 1889.
Wm. Ammigh
COMPTROLLER GENERAL

Cobb

Maimed Soldiers.

Voucher No. 704
Amount \$ 50.
Paid to John Dunn
For Left leg
disabled
Decy 19 1889

Included in Warrant No.
issued to Treasurer

1889.

WARRANT CLERK

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

R. C. Irwin.

Maimed Soldiers.

Voucher No. 884
Amount \$ 50
Paid to John Dunn
For Disabled by
body maimed
Decy 11 1890

Included in warrant No.
issued to Treasurer

18

WARRANT CLERK

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

R. C. Irwin

Dunn, John
Cobb

1891.

Maimed Soldiers.

Voucher No. 186
Amount \$ 50
Paid to John Dunn
For Disabled leg

Decy 7 1891.

Included in warrant No.
issued to Treasurer.

1891.

WARRANT CLERK

Geo. W. Harrison, State Printer, Atlanta.

R. C. Irwin

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.

No. 764

Atlanta, Ga.

1888

Mr. John Dunn 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

Fifty Dollars
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, 1889.

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

By the Governor,

W. H. Harrison

CLERK EXECUTIVE DEPARTMENT.

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

Fifty Dollars.

per above voucher, this

19 of *July*
R. C. Irwin

1889.

STATE OF GEORGIA,

EXECUTIVE DEPARTMENT.

No. 884

Atlanta, Ga. *July 11 1890*

Mr. John Dunn 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

Dis' by Gov. 1889
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.

By the Governor,

W. H. Harrison

CLERK EXECUTIVE DEPARTMENT.

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

Fifty Dollars.

per above voucher, this

11 of *July*
1890
R. C. Irwin
Atty in fact

No. ¹⁸⁹¹ 186

STATE OF GEORGIA.

EXECUTIVE DEPARTMENT.

Atlanta, Ga. July 7 1891.

Mr. *John Quinn*
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 disabled July 1 001
He is entitled to receive the sum of *Twenty* 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. McIntosh
GOVERNOR.

By the Governor.

W. H. Harrison

SECY EXECUTIVE DEPARTMENT.

\$ *50.00*

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

Twenty
per above voucher, this

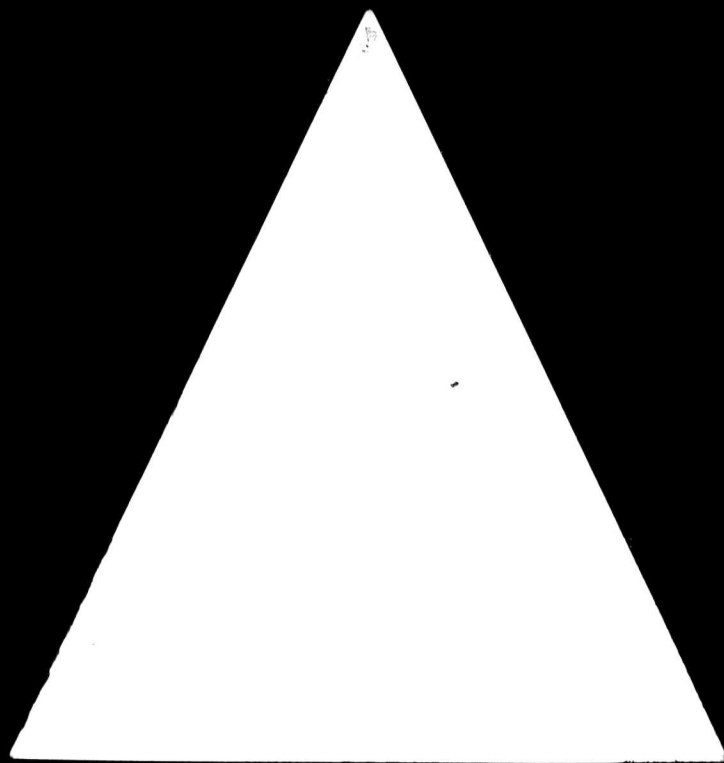
of

July 7 1891
R. U. Hardeman



Dollars.

1891.



State Dept. Public Welfare,
Atlanta, Oct. 28, 1937.

W. G. Dunn enlisted as a private
in Co. C, Phillips' Legion Ga.
Cavalry May 1863. Surrendered,
Greensboro, N. C., Apr. 26, 1865.

William Henderson
Director Confederate Records
Div.

Widow's Application

Under Act of 1910—As Amended by Act of
1918, and Constitutional Amendments
of 1920 and 1937.

County *Cobb*
Name *Mrs. Mae Dunn*
Widow of *W. B. Dunn*
Date of Marriage *Dec. 1, 1901*
Date of Husband's Death *June 2, 1936*
Company *Phillips' Legion Co.*
Regiment *1st Cavalry*
Approved *DEC 1937* 193
H. T. Gilliam
Director.

AUG 13 1937

Ordinary's Certificate

STATE OF GEORGIA.

Cobb COUNTY.

I, *Jas. F. Fowles*, Ordinary of said County, do certify
that I know *Mrs. Mae Dunn* 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. R. Fowler*

the witnesses 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)

J. F. Fowles
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 hereby swear to give true answers to each of the questions asked you and the evidence you shall give will be the whole truth, so help you God."
2. Any questions asked may be answered in plain English.
3. Additional affidavits may be attached if that space are insufficient.
4. All affidavits must be made before the Ordinary of the County in which the applicant or witness resides and must be recorded by same Ordinary.
5. The Ordinary shall sign the affidavits and forward them to the State.
6. The Ordinary shall file the affidavits in the records of the County.
7. The Ordinary shall file the affidavits in the records of the County.
8. Do not take an application from any witness who is already receiving a pension.

State Dept. Public Welfare,
Atlanta, Oct. 28, 1937.

W. G. Dunn enlisted as a private
in Co. C, Phillips' Legion Co.
Cavalry May 1863. Surrendered,
Greensboro, N. C., Apr. 26, 1865.

W. G. Dunn
Director Confederate Records
Div.

Widow's Application

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

County *Cobb*
Name *Mrs. Mae Dunn*
Widow of *W. G. Dunn*
Date of Marriage *Dec 1 1901*
Date of Husband's Death *June 3 1936*
Company *Phillips' Legion Co.*
Regiment *1st*
Approved *W. G. Dunn* 193
Director

Ordinary's Certificate

STATE OF GEORGIA

Cobb COUNTY.

I, *Jas. J. Daniell*, Ordinary of said County, do certify
that I know *Mrs. Mae Dunn* 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. R. Fowler*
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:

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

APPLICATION FOR PENSION BY A WIDOW OF A CONFEDERATE SOLDIER

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

QUESTIONS FOR APPLICANT TO ANSWER:

STATE OF GEORGIA

Cobb

COUNTY.

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

SECTION I.

- What is your name, and where do you reside? (Give Post Office and County)
Mrs. Mae Dunn, R.F.D. 2, Marietta, Cobb Co. Ga.
- How long and since when have you been, continuously, a bona fide resident citizen of the State
of Georgia? *About Dec. 1, 1872 and continuously since.*
Give date, or year, of your birth. *Aug. 3, 1872* Age? *64*
- (1) When, (2) where and (3) to whom were you married?
Dec. 1, 1901, Cobb Co. Ga., W. G. Dunn
- a. Have you married since the death of first and soldier husband? *No*
- b. When and where did your first husband die? *Cobb Co. Ga. June 3, 1936*
- c. Were you residing together when he died? *Yes*
- d. If not, how long had you resided apart? *Yes*
- 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? *He was on Cobb Co. Confed. soldier pension roll. I drew bal. of 1936.*

SECTION II.

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

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

Sworn to and subscribed before me, this the

24 day of *July*, 1937.
Jas. J. Daniell Ordinary.
of *Cobb* County.
(SEAL OF ORDINARY)

Mrs. Mae Dunn
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 _____, 1937

Ordinary,

County.

Questions for Witness as to Marriage and Service of Husband.

STATE OF GEORGIA,

County, _____

J. R. Fowler of said State and County is hereby presented as a witness in support of the application of Mrs. Mae Dunn 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. R. Fowler, Marietta, Ga.
2. How long and since when have you known Mrs. Mae Dunn applicant Since 1901
3. Where does she now reside, and since when has she been, continuously, a bona fide, resident citizen of this State? She lives in Marietta, Ga. - most of her life
4. When and to whom was she married? W. B. Dunn How do you know? W. B. Dunn
5. How long and since when did you know W. B. Dunn her husband? About 20 years
6. When and where did W. B. Dunn the husband of applicant, die? June 1926 - 60th St.
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? _____ and when released? _____

Sworn to and subscribed before me, this the _____

J. R. Fowler 1937
Ordinary
(SEAL OF ORDINARY) _____ County.

J. R. Fowler
(Witness)

STATE DEPARTMENT OF PUBLIC WELFARE

HURT BUILDING

ATLANTA

Honorable James J. Daniel, Ordinary,
Cobb County,
Marietta, Georgia.

WHEREAS:

MRS. MAE DUNN, WIDOW OF W. G. DUNN,

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, 1928, and thereafter; and that a copy of this order be sent to the Ordinary of said County.

This, the 27th day of December 1927.

H. T. Gillen
Director, Confederate Division
State Department of Public
Welfare

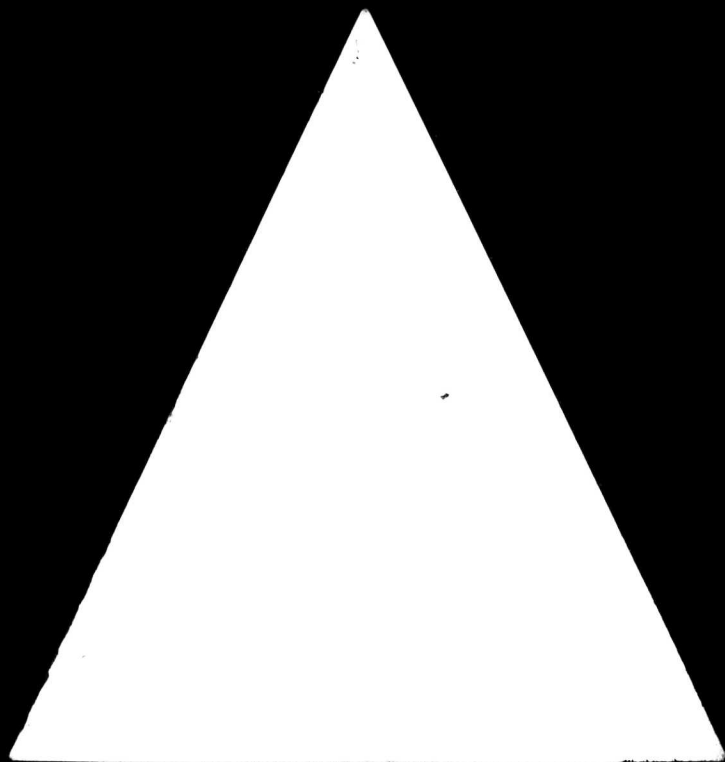
COURT OF ORDINARY, COBB COUNTY
JAS. J. DANIELL, ORDINARY
MARIETTA, GA.

Georgia, Cobb County.

This is to certify that W. G. Dunn and Miss Ella Mae Brannon were married on the first day of December, 1901 as found on Marriage Record Book E, page 166, Cobb County Record of Marriages.

Given under my hand and seal of office, this
July 24, 1937.

Jas. J. Daniell
Ordinary



Ordinary's Certificate

STATE OF GEORGIA.

COUNTY }

W. G. Dunn

Ordinary of said County, certify that I know

I, *W. G. Dunn*, for pension is the person he represents himself to be and

the applicant, *W. G. Dunn*, for pension is the person he represents himself to be and

resides in said county. That I also know *John Dale* 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 *20* day of *Oct* 19 *19*

W. G. Dunn Ordinary
of *Cobb* County }

(SEAL)

NOTES: 1. Before any questions are answered the Ordinary shall swear Applicant and witnesses to the following words:
"You give shall be the whole truth. So help you God."
2. Additional affidavits may be attached if data review are insufficient.
3. Affidavits must be signed by the Ordinary of the county in which the applicant or witness resides and must be verified by such Ordinary.

Dunn, W. G.
Cobb Co.

✓ No. *W. G. Dunn 1920*

Confederate Soldier's Application

Under Act 1910—As Amended by Act of 1919.

County *Cobb*
Name *W. G. Dunn*
Company *C*
Regiment *Phillips' Legion Cav.*
Approved _____

6 RO
1919
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. Gamm Ordinary of said County, certify that I know the applicant W. G. Dumm 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 20 day of Oct 1919

J. M. Gamm Ordinary
of Cobb County.

(SEAL)

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

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

Questions For Applicants to Answer

STATE OF GEORGIA.

Cobb COUNTY.

W. G. Dumm 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)
W. G. Dumm Blacksville Cobb Co.
2. How long and since when have you been a continuous resident citizen of this State?
All my life, 74 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)
May 1863 Cherokee Co. Co. C Phillips Regt Cavalry
5. How long did you remain in the actual military service with said Company and Regiment? (Give date of discharge)
8 months ended April 26 1865
6. When and where was your Company and Regiment surrendered or discharged from the Service?
April 26 1865 near Greenborough 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.
was present
- a. Where was your command when you left it? Greenborough N. C.
- b. When did you leave the command? April 26 1865
- c. For what cause did you leave? Army Surrendered
- d. By whose authority did you leave? Army
- 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. 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

Sworn to and subscribed before me, this the

20 day of Oct 1919
J. M. Gamm Ordinary
of Cobb County.

(SEAL)

Confederate Soldier's Application

Under Act 1910—As Amended by Act of 1919.

County Cobb
Name W. G. Dumm
Company C
Regiment Phillips Regt. Cav.
Approved _____

6 R. O. 7
1937
10-30-1919
J. W. LINDSEY,
Commissioner of Pensions.

Burd Printing Co. State Prison, Atlanta

1920
11/6
46

STATE OF GEORGIA.

COUNTY.

1. What is your name and where do you reside? John Tate, Manilla, Co.

2. How long and since when have you known H. G. Dunn the applicant?

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? East Co. Co. ever since I came
him

4. When, where and in what Company and Regiment did J. C. N. enlist during war from 1861 to 1865? (Give date and place.) May 1863 Co. C. Phillips Union Caval

5. How did you obtain your information of this Service? It was in same
LA 1 Regiment

6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (Give date) *Until Surrendered Japanese on April 9, 1945*

7. When and where was his command surrendered or discharged (give date and place)-----
April 26, 1965, Gumburash, C.

8. Were you personally present at the surrender? Yes

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

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? April 26 - 1965 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 with Applicant during all this Service

13. In what way was he prevented from returning to his command? _____

How do you know? Heart beats slower

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) *July 17-4*

7th day of Oct 1919 } _____

Im. 4

Ordinary

of _____ County.)

(SEAL)

CERTIFICATE OF ORDINARY

STATE OF GEORGIA, Cobb County.

I, Jas. J. Daniell, Ordinary of said County, do certify that I personally know Mrs. Mae Dunn, the applicant, and that she is the lawful widow of W. G. Dunn, who was on the Pension Roll of said Cobb County, and was paid a Pension from Cobb County for 193 6, and at the time of his death on the 3 day of June 193 6, there was due to him and unpaid his Pension of 120.00 Dollars from the State of Georgia, and I know John J. Kemp, the within witness, and he is of a truthful and trustworthy character and entitled to full credit.

Given under my hand and seal this 16 day of June, 193 6.

(Seal of Ordinary)

Jas. J. Daniell, Ordinary
Cobb County

Cobb County
193

Application for Pension Due Deceased Soldier (UNDER ACT 1891) (To be paid to his Widow)

BY

Mrs. Mae Dunn
Widow of W. G. Dunn
Date of Marriage Dec. 1, 1901
Date of Death June 3, 1936

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.

FILED
JUN 16 1936
VETERAN SERVICE OFFICE
U.S. DEPARTMENT OF WAR
WASHINGTON, D.C.

Application for Pension Due Deceased Soldier

(To Be Paid to His Widow)
(UNDER ACT APPROVED OCTOBER 9, 1891)

STATE OF GEORGIA, Cobb County, *Mae Dunn*

Personally before me, the Ordinary of said County, comes Mrs. *Mae Dunn*
of said County, who after being duly sworn, on oath says that she is the widow of
W. G. Dunn

and that said Pensioner was on the Pension Roll of Cobb County
and was paid a Pension of *Thirty Dollars* (\$ *30.00*) Dollars
from said County for the month of *June*, 1936, and that said Pensioner died in
Cobb County on the *3rd* day of *June*, 1936,

Applicant further swears that she married the said *W. G. Dunn*
on the *1st* day of *December*, 1901, 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 for *balance of 1933, 1934 and 1935*
and unpaid be paid to her.

Sworn to and subscribed before me this *16* day of *June*, 1936

Gas J. Farrell, Ordinary } *Mae Mae Dunn* (U.S.)
Cobb County } *and 2 Marcella*
(Seal of Ordinary)

AFFIDAVIT OF WITNESS

STATE OF GEORGIA, Cobb County,

Personally before me comes *John J. Kemp*, who
on oath says that he knew *W. G. Dunn* while in life
and that he knows Mrs. *Mrs. Mae Dunn*, the
above applicant; and knows that the said *W. G. Dunn*
and *Mrs. Mae Dunn* were in due form of law married in the County
of *Cobb* in the State of *Georgia* on
the *first* day of *December*, 1901, and that they were residing
together as husband and wife at the time of his death on the *3rd* day of
June, 1936, and that she is his dependent widow.

Sworn to and subscribed before me this *16* day of *June*, 1936

Gas J. Farrell, Ordinary } *John J. Kemp*
Cobb County }
(Seal of Ordinary)

INSTRUCTIONS:

1st. Proof of marriage must be made.
2nd. Do not use the superseded form of marriage certificate in common use throughout the State, suitable only for framing.
Each 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
seal affixed, and that both of application, when filled, is filled in.
4th. For an answer on this application will appear in the Pension Department.
5th. The widow or person holding her proper power-of-attorney receipt for this pension by signing name, as widow, opposite the
name of husband on the blank may pay toll.
6th. Only one unpaid pension for the year is covered by this application. Take another application, on the white blank, to admit widow
to roll in her own right.

NAME Dunn, W. G. YEAR 1920 COUNTY Cobb.

WHEN AND WHERE BORN? A resident of Georgia all my life ,
74 years.

ENLISTED WHEN AND WHERE? May, 1863, Cherokee County, Georgia.

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, near Greensboro, N.C.

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED:

WITNESSES: John Tate - same command - - - - - No data.

THE VETERANS SERVICE OFFICE

STATE CAPITOL
ATLANTA

IN RE: Application of Mrs. Mae Dunn,
widow of W. G. Dunn, Cobb County,
for pensioning balances accrued to
her husband for years 1933, 1934
and 1935:

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 remarried, and that the pension payments that had accrued to the husband, but had not been paid to him, are due applicant, under the Act of 1891, (1933, \$90., 1934, \$30. and 1935, \$180.), this application is approved, and it is ordered that said payments be made to her, by the Ordinary of Cobb County, as and when they may become payable.

This the 18th day of June, 1936.

A. L. Henderson
Director

COURT OF ORDINARY, COBB COUNTY
JAMES J. DANIELL, ORDINARY
MARIETTA, GA.

MARRIAGE CERTIFICATE.

STATE OF GEORGIA, COBB COUNTY.

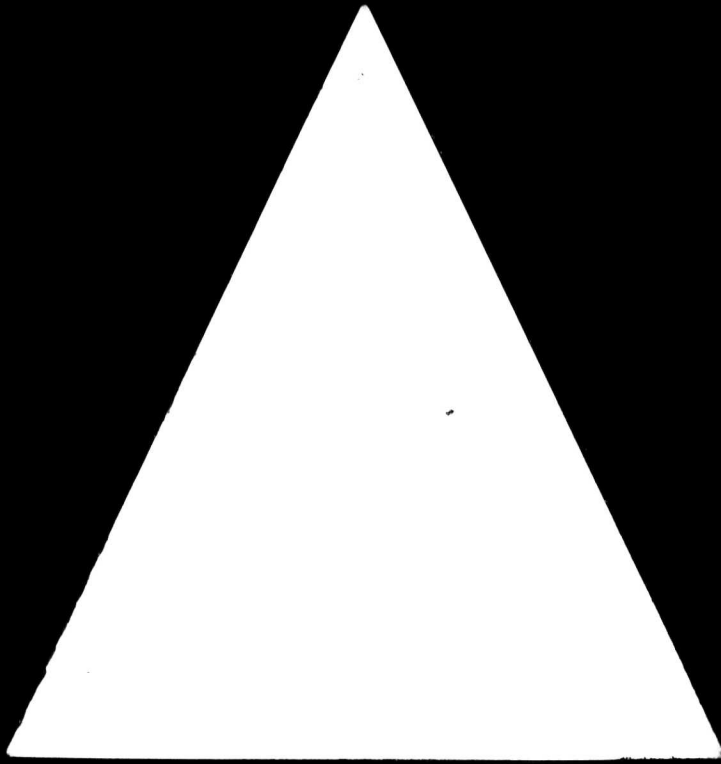
THIS CERTIFIES THAT W. G. Dunn and Miss Ella May Brannon were united in the Holy Bonds of Matrimony by A. B. Vaughan, Minister of the Gospel on the first day of December, in the year of our Lord 1901 as appears of record in my office in Marriage Record, book "E", page 166. This 18th day of June, 1936.

James J. Daniell
Ordinary

to record in my office in Marriage Record, Book E,

page 166. This 16th day of June, 1936.

Geo. J. Daniell
Ordinary



POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County, }

hereby authorize

W. H. N. Dunn of *Monrovia Ga*
~~*W. H. N. Dunn*~~ to receive and receipt for the pension allowed and request that he remit same to

July 1st 1886

I these my hand and seal this

13

day of

April

1886.

Executed in presence of

W. H. N. Dunn

W. H. N. Dunn

E. M. Fleming

No. *374*

INDIGENT PENSION

1895.

Name

W. H. N. Dunn

County

Cobb

Ground

July 1

1886

RICHARD JOHNSON,

Secretary Revenue Department.

WARRANT HANDED TO

July 1st 1886

Geo. W. Harrison, State Printer, Atlanta.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.

W. H. N. Dunn

hereby authorize

John Stone

of

Monetta Ya

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

myself

at

23 day of *April* 1895.

Witness my hand and seal this

23

day of

April

1895.

Executed in presence of

John Stone
John Stone

W. H. N. Dunn

G. M. Fleming

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. N.

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 *23* day of *April* 1895.

John Stone
Only

A. E. Johnson M.D.
E. J. Setze M.D.

INDIGENT PENSION

1895.

W. H. N. Dunn

Name

Cobb

County

Ground

July 1

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDLED TO

John Stone

Clk. W. Executive, State Prison, Atlanta.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Waynes County.

I, *J. M. Stone*, Ordinary in and for said County, hereby certify that the applicant *N. X. X. 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:

William, A. E. Johnson & J. E. Setzler 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 & Cropper*
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 & relations 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 *22* day of *April* 1895. *J. M. Stone*

J. M. Stone
Ordinary

QUESTIONS FOR APPLICANT.

STATE OF GEORGIA,

Leff County. }

W. A. 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. A. H. Dunn, Leff Co. Ga. temporarily residing at Leff Co. Ga. at present is Leff Co. Ga. at present is Leff Co. Ga.
2. Where did you reside on January 1st, 1894, and how long have you been a resident of this State? In Leff Co. Ga. 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? In 1841 in Columbia Co. Ga.
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 Spotsylvania House Co
6. In what company and regiment did you enlist In 35th Ga. Co. R.
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 transferred to 2nd Ga. Battalion in 1863 at Camp Grant House Virginia
9. For how long a period did you discharge regular military duty? Two years & one month.
10. When, where and under what circumstances were you discharged from service? I was discharged at Spotsylvania House Va.
11. What is your present occupation? Nothing
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? Nothing
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,

Leff County. }

J. M. Dunn

of said State and County, having been presented as a witness in support of the application of W. A. 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, Leff County, Leonard, P. O.
2. Are you acquainted with W. A. 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 Leff Co. Ga. He has always been a resident of that Co.
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 is my brother was about 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 Co. R. 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 about 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 he 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 Rheumatoid and have
been so afflicted for something more than ten
years.

16. Upon which of the following grounds do you base your application for pension, viz.: first, "age and poverty," second "infirmary and poverty" or third "blindness and poverty"? Infirmary 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 Ohio in 1894 and in Marion
County in 1893.

21. How were you supported during the years 1893 and 1894? Such as it was
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 account 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? Nothing. My pay consisted of one half
cent trucking on the farm as a crop pen up,
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 a year or 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. I ever applied for such aid.

Sworn to and subscribed before me this the 13 day of April 1895. } W. H. H. Durr
Applicant.
of Marion County.