#### POWER OF ATTORNEY

POWER OF ATTORNEY.	POWER OF ATTORNEY.		
STATE OF GEORGIA,	State of Georgia,		
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	Ihereby authorizeof		
(For Those Already Enrolled.)  No. 367  INDICENT  Soldier's Pension.  1897.  RICHARD JOHNSON,  County.  RICHARD JOHNSON,  County.  AMARAY BASDED TO  WARRAYT BASDED T	WARRANT ISSUED  WARRANT HANDER  WARRANT HANDER		

1 or ripproduces
STATE OF GEORGIA,
County.
Dersonally appears XV. N. Syunn of Color
County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen
and resident of said County and State, and has resided in said State continously ever since
the day of 2 184; that he is vears old and
by occupation a flormed; that he enlisted in the military service of the Confed-
erate States (or of the State of ) during the war between the States,
and served for the term of Merro in Company B, of 2 th Regiment of
Ja Wols. that his physical condition is as
follows: chow and on a sant
of Endbrown gamal disabile
to, So that I cannot uns
that his property consists of the following items
none
of the value of Dollars, that by reason of his physical
condition and poverty he is unable to support himself by his own exertion or labor, and
that he receives no pension but the one herein applied for.
Deponent desires to participate in the benefits of the Act, approved December 15th,
1894, and the acts amendatory thereof, and makes application for the pension to which he
is entitled for the year 1897. I have heretofore as a resident of
county been allowed a pension for the year 189 D
Sworn to and subscribed before me, this, the
G (day of 1807.)
The Home Ordinary.
STATE, OF GEORGIA,
County.
1. Ordinary of said County,
do certify that I am well acquainted with 1. To. Ho. Dunny or said county,
applicant in the foregoing affidavit, and am well satisfied that the statements made by him
in his said affidavit are true, and I know he is the individual he represents himself to be
and that he resides in this County.
Given under my official signature and seal, this
day of My 1897.
(AMI)
bere Cone
Ordinary County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
County.
Personally appears AN A Sunnof
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
years old and
by occupation of the Military service of the Confed are erate States (or of the State of the States).
" 7) 020
41
follows: 1 DIL da avents of laxir
The designe the popular
the support rumself by lavor.
that his property consists of the following items
2 Awy
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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
county been allowed a pension for the year 189
Sworn to and subscribed before me, this, the
Asy of Assay 1898 - W. H. Dunu
The state of the s
Ordinary.
St 4 C - C - C - C - C - C - C - C - C -
State of Georgia,
Soynty.
I, Orginary of said County,
to certify that I am well acquainted with 12 24 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
applicant in the foregoing affidavit, and am well satisfied that the statements made by him
n his said affidavit are true, and I know he is the individual he represents himself to be
and that he resides in this County.
Given under my official signature and seal, this
day of 1888
Affix
LE STORE
Norn.—The blank spaces must be filled.
AVA n.— AND VIRGIN SPROOD HIMSE DO DIEG.

Norz-The blanks spaces must be fill

	Ι,.	GEORGIA,			of _		· · · · · · · · · · · · · · · · · · ·		
by_		my hand and s		}	day of				899. (L. S.
GODE SEC. 1264. (For These Already Enrolled.)	No. 1699	INDIGENT OLDIER'S PENSION,	1899.	Name H. H. S. S. WILLER.	WARBANT ISSUED	1880	RICHARD JOHNSON,	WARRANT HANDED, TO	CON W HATTON SIZE PUBLIC A MARCA

County

#### POWER OF ATTORNEY.

Ι,	С					reby authoriz
to receive and			wed, and re			emit same t
by	***************************************		ut			
	ny hand and sea	al, this	day of			1900.
	ed in presence o					[L. S
	u in presence c					
		190				
/	_	1 2	1 1	e I	4 le	11
	SIO	n		8	f, of Pension	
OODE SEC. 1284.	INDIGENT IER'S PEN	o R	WARRANT ISSUED	2	JOHN. W. LINDSEY,	WARRANT HANDED TO
форк экс. 1284. 10. 333	DIGENT R'S PEN	0 %	SI TH	1	V. LIF	T HANDE
top top NO.	S E	0 %	ARRA	4	N.	A RRAN
			4 2	- N	Z	>   E

CODE SEC. 1264.

Dum WH.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
County.)
personally appears It. St. St. Leccus of Cool
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 Secu. 1841; that he is 58 years old and
by occupation a faculty; that he enlisted in the military service of the Confed-
erate States (or of the State of during the war between the States, and served for the term of 3 years in Company D, of 2 the Rosenstate.
242 11/2/11
; that his physical condition is as
follows: Ou account of Winfirmity
and seoverly he is mable.
to support hunself
that his property consists of the following items
Nathing
<i>f</i>
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
county been allowed a pension for the year 1892
Sworn to and subscribed before me, this, the
18 th day from any ary 1900
M. Bond Ordinary. Marcetta Y.
Ordinary.
State of Council
State of Georgia.
I, Sur Stare Ordinary of said County,
do annifor the first state of th
applicant in the foregoing affidavit, and am well satisfied that the statements made by him
in his said affidavit are true, and I know he is the individual he represents himself to be
and that he resides in this County.
Given under my official signature and seal, this 15 th
day of accuracy 100
Affix your land
here.
Ordinary Cool County.
Nors.—The blank spaces must be filled.
Notz.—Affidavit should not be attested before January 1st, 1900.

#### POWER OF ATTORNEY.

I,										
*,				(10) (00) (00) (00)	here	by au	thorize			THE
	-				of					
to receive and	receipt	for	the	pension	allowed	and	request	that	he 1	remit same t
					at					
у										
0000	my hand					v of				

Executed in presence of

SOLDIER'S PENSION.

INDIGENT

No. 14 /

(For These Already Enrolled.)

Durmy M. H. H.

WARRANT HANDED TO

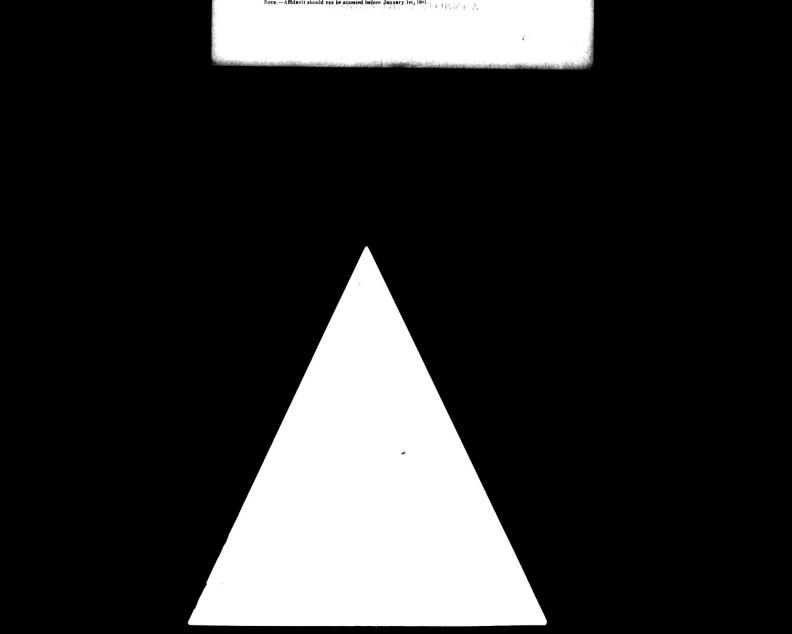
JOHN W. LINDSEY,

WARRANT ISSUED

*STATE OF GEORGIA,
Personally appears W. H. H. Dunn of Coff
County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen
and resident of said County and State, and has resided in said State continuously ever
since the /8 day of December 184/ that he is 150
by occupation a famula that he enlisted in the miliarry provide & shall Come
federate States (of of the State of Old 3) during the war between the
States, and served for the term of 3 (Years in Company B. of 2 th Regiment
that his physical condition is as
tollows: On accent of Infirmety and poverty he is anable to make subjust
A series and a ser
that his property consists of the following items
to the second second
2.1 2. 3 Northwest
of the value ofDollars, that by reason of his physical
condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.
Deponent desires to participate in the benefits of the Act, approved December 15th,
1894, and the Acts amendatory thereof, and makes application for the pension to which he
is entitled for the year 1901. I have here ofore as a resident of Lobb
county been allowed a pension for the year 190 b
Sworn to and subscribed before me, this the day of January 1901. W. He, He, Guerrana Ordinary.
STATE OF GEORGIA,
I, tolen Worky Ordinary of said County.
in the state of th
applicant in the foregoing affidavit, and am well satisfied that the statements made by him
in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County.
Given and epomy official signature and seal, this
day of Lami. 1981.
John Cowhus
Ordinary (Dal) County

N ork -The tlank spaces must be filled.

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



In order to avoid unnecessary delays to applicants, and to enable all parties interested to understand the law granting allowances to disabled solders, as well as the rules adopted by the Governor touching the payments provided the folium; and generates a submitted:

1. If an applicant has been women, by the description of the wound should be carefully and fully set forth by applicant claims disability from disease contracted in the service, a full and carefully stated listory of the disease should be given tracing the disability by positive proofs not be service.

2. The law makes no allowance for a tripped lasted, nor for a cripped loot, nor for an arm or leg, unless the arm or leg has been rendered assessified and carefully seedess.

3. It will not answer to say that an arm is "substantially useless for ordinary pursuits of life, etc." There is no malification to the clause of the Art in reference to the arm or leg, but the limb must for a burden day, it would seem to be a fair construction of the Act, and the words above quoted, to say that an arm is "substantially useless." The words are given to explicate the contract of the Art. The Legislature interested to the substantially useless. "The words are given to exist one to the lowance membered as after the arm in a badly demaged condition to entitle one to the libowance membered as after the forements to such as were most sensely assessed as disabiled. In the future they will demagde condition to entitle one to the claws and the fact. The Legislature intered to limit these payments to use a secure and the store an officer, and the proofs must show that the amendments to such as were most sensely assessed as disabiled. In the future they will demagde condition of applicants better than the Governor or his Secretaries, and they are earnestly requested to discourage any man from making application meets the after the substantiation.

3. Every application of applications have been received and disableved because they were not under the law. Hundreds of applica

No. 927, Application for Allowance

Left Eye Applicant H Succelon County Cobb

Amount 15,

Date of Warrant Muy Jsy Entered on Record,

may 5 Secretary Executive Department.

#### NOTES

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

1. If an applicant has been wounded, the description of the wound should be carefully and fully set forth by applicant and physician, and followed by a plan statement of facts showing the extend of the disability. If applicant claims disability from disease contracted in the service, a full and carefully

stated fistory of the disease should be given, tracing the disability by positive proofs to the service.

2. The law makes no allowance for a crippled hand, nor for a crippled foot, nor for an arm or leg, unless the arm or leg has been rendered substantily undessentially useless.

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

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

5. It is more difficult to say when an arm is "substantially and essentially useless." The words are strong ones, however, and the injury must be very severe, and the arm in a badly damaged condition to entitle one toghe allowance mentioned in the Act. The Legislature intended to limit these payments to such as were most seriously wounded and disabled. In the future they will doubtless provide for all who were badly injured, but the present law does not reach many worthy, needy cases. It was inaugurated as an experiment; if abused, it will naturally become unpopular and be repealed. If properly administered, will do great good.

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

have been duly sworn to

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

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

The Ordinaries of the several counties are specially requested to call the attention of the physicians and applicants to these points.

STATE OF GEORGIA. looff County.

PRHADNALLY Appears H. J. Devilon of Cook State of Georgia, who, being duly sworn, says on oath that he is a bone fide citizen and resident of said Dece ... 60 180 2 ; that he State, and has been such since the day of enlisted in the military service of the Confederate States (or of the State of during the war between the States, and served as a furnish in (
28 th Regiment of Starting Volunteers Consulting whilst engaged in such military service, at the battle of Hackless of the service of the whilst engaged in such military service, at the battle of Hackless it is in the State of Virginia on the 1st day of Octobe 1864, he was wounded as follows: It was about in the left say, to walk Corning out at the first, the say was that and the sight intirely destroyed and has been done the infinity destroyed and has been done to infinity destroyed and has been acknown to be in a proportion of the same was infinitely and a price the Same was infinitely and the same are same and the same are same as a same and the same are same as a same are same are same as a same are same as a same are same

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

Sworn to and subscribed before me, this the 27 day of March 1888 White amount Crabe

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

#### COMMISSIONED OFFICER'S AFFIDAVIT.

STATE OF GEORGIA, looth County.

Personally came before me		\$100M	of the county
of	State of C	Georgia, who, being duly sw	orn, says that he was
a commissioned officer in Company	, of	Regimer	nt of
Volunteers, and that deponent knows		, and that he	received the wounds
(or contracted the disease) in the militar	ry service, as	stated in his foregoing affid	avit, and that wounds
(or disease) permanently disables the sa	id	, as	stated by him in said-
affidavit. Deponent further states that	said		is a bona fide
citizen of this State, and resides in		county.	
Sworn to and subscribed before me, the	nia	day of	188

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

STATE OF GEORGIA,	
County.	
PERSONALLY CAME A. C. Leaks N. C. xeggic	
who, being duly sworn, say that they are acquainted with cr Occasion	ć
and know that he received the wounds (o <del>r contracted the</del>	
disease in the military service, as stated by him in the foregoing allidavit; that said wounds (or	
disease permanently disables applicant, as started by him; that said applicant is in bonu fide citizen of this State, and resides in county, and we are well satisfied that all the state-	
ments us his affidavit are true	
We in to and subscribed before my, this U. C. Spake	
29 day of Millian 1888 // Degrice	
W. W. Manusott / Mewhielocx	
Nong. Book afficient was to used by 9 or contact of the court of official condition.	
STATE OF GEORGIA, County.	
Philosophia comes before me A. M. Hamundt Ordinary of said county	
C. J. Jobes and D. S. Sega , both known to	
me as reputable physicians of said counts, who, being severally sworn, say on oath that they have carefully examined with and after such examination say that the	
carefully examined I. I. Steeler and after such examination say that the	
applicant be been injured as follows we was shot the mich the	_
lift be the sight was totally distinged -	
is see only They up I me the copies	
Colly Mile.	
· The winds and a	

Sworn to and subscribed before me, this day of 1110/2 1888 Yo M. Ho am med NOTE - The physicians will state fully the extent of the wound, and then give facts to show the extent of the disability resulting therefrom.

STATE OF GEORGIA, County 1. All Kannett of do verify that I am well acquainted with Wife Dean ton Ordinary of said county.

applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and 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 down away before whom the foregoing affidavits were made and power of attorney was signed, is a of said county, and that the said affidavits and signatures therety are genuine

Given under my official signature and send, the 29th day of 14th

#### POWER OF ATTORNEY.

STATE OF GEORGIA,

Know all men by these presents. That I A S. S. C. L. Transporter.

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 Confedcrate 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 become set my hand and seal, this 2 9

H.J. Dunton 11.8

Executed in the presence of us: the was dear with

and ame, Georgia

APPLICATION FOR ALLOWANGE

APPLICATION FOR ALLOWANGE

AS A COURS A COURT & COURT A

ASSOCIATED AND ASSOCIATED AND A

SESSORIAM EXCENTING PROGRAMA.

NO COURT OF A COURT A

SESSORIAM EXCENTING PROGRAMA.

NO COURT OF A COURT A

SESSORIAM EXCENTING PROGRAMA.

STATE OF GEORGIA,

PERSONALLY appears A. Dunton of Colle county,
State of Georgia, who, being duly sworn, says on oath that he is a hona high citizen and
resident of said State, and has been such continually since the Pris / day of

Janually 1857; that he enlisted in the military service of the Condederate States (60 of the State of during the war between the
States, and served as a Privale in Company of Zoth Regiment
of Lorga Volunteers Mong 's Brigade; that whilst engaged
in such military service, at the battle of Hatchirs Plen in the State
of Virginia, on the first day of Colobo 1864, he was
wounded as follows:

eye totally destroying the eye were saling for four teeth

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

Sworn to and subscribed before me, this the day of Africa 1889 of Dillich is the few forms of the Africa 1889 of Dillich is the fully instance of wound or chapter of the extent of the disability, and explain particularly the extent of the disability.

STATE OF GEORGIA,

Could County Ordinary of said county,

me as reputable physicians of said county, who, being severally sworn, say on oath that
they have carefully examined A. J. Leccle 11

examination say that the applicant has been injured as follows:

has been Wholly destroyed the sall Stocking the frontal bone just whom the age will ranging down injuring nasal bones

Sworn to and subscribed before me, this day of Affrica 1889 H. Reynolds mile

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.

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

are persons of respectability, and that their statements are worthy of full credit and belief. I further certify that before whom the foregoing

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

of said county, and the said affidavits and signatures thereto are genuine,

Given under my official signature and seal, this

POWER OF ATTORNEY

STATE OF GEORGIA,

that the foregoing witnesses, to-wit:

County.

Know all Men by these Presents, That I, A. J. Lucture of College

county, in said State, do hereby appoint

Georgia my true and lawful astorney 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 sam of money which may be coming to me for the reason aforesaid.

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

H.J. Donuton (L.S.)

Executed in the presence of us:

DIRECTION:

Send money to me as follows, by

P. ()

County, Georgia.

#### NOTES.

 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 If applicant claims disability from disease contracted in the service, a full and carefully stated history of the disease should be given, tracing the disability by positive proofs to the service.

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

and cheentially 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."

1. 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

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, County, I do certify that I am well acquainted with applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and that he is disabled, to the extent he claims, and I know he is

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

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

signatures thereto are genuine.

Given under my official signature and seal, this day of MCh. 189 C. County.

APPLICATION FOR ALLOWANCE  TO THE THE WAS THE STATE OF TH	Most of the state	1801 A 18	Application for Allowance mere rea rea sense a sen.  A 6 4 6 4 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6
	6		The second secon

Ordinary of said County,

of said County, and the said affidavits and

STATE OF GEORGIA.

I further certify that

signatures thereto are genuine.

do certify that I am well acquainted with

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

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

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

Given under my official signature and seal, this 2 day of 1007

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

For Applicants Heretofore Allowed Pensions.
STATE OF GEORGIA,
Cobb County.
Cobb County. Sunta of Cobb county,
tate of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and
sident of said State, and has been such continually since the Girst day of
faccing 1857; that he enlisted in the military service of the Con-
derate States (or of the State of ) during the war between the lates, and served as a Private in Company C, of 20 th Regiment Lione Volunteers 's Brigade; that whilst engaged
Volunteers Verings 's Brigade; that whilst engaged
such military service at the battle of Halehers Run in the State
Virginia, on the Frist day of October, 1864, he was bunded as follows: Shot with minnie ball in left bye, Totally destroying that member.
leve Totally deshousing that menters
y, watery that y and many miles
·
Deponent desires to participate in the benefits of the Act, approved October 24, 1887, all the acts amendatory thereof, and makes application for the allowance to which he is titled for the year ending October 26, 1890. I have heretofore been allowed a penajon
Whirty Sworn to and subscribed before me this the
Sworn to and subscribed before me this the
1890 (day pt / 140ch Ch 1890)
First fills nature of would or character of allowane which caused the distability and explain particularly the extent or distability.
POWER OF ATTORNEY.
STATE OF GEORGIA

Know all Men by these Presents, That I. If I will the county, in said State, do hereby appoint I was a great of Cobb County, in said State, do hereby appoint I was a great of Cobb County, in said State, do hereby appoint I was a great of Cobb County, in said State, as fact of the conference of the c

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

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

First	day of		189 0
)		SKA, Du	uiton [L. S.]
Executed in the present	hee of us:	1	
IM, He	ou	<b>\</b>	
J.g. The	ile -	)	
	DIR	ECTION.	
Send money to me as	follows, by		

County, Georgia.

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Penney Comment of the
PERSONALLY Appears A C XXIII OU Of COO C
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 11 (18 11 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 Art V 614 in Company of 20 th Regiment
brigade ) that whist engaged
State
wounded as follows: At the was
The state of the s
Coff sayer Che 10 totally destroying of
englished the sight of the
seed tall is finishy flowth
the formation of the state of t
the second secon
December designed to a control of the last
Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled
for the year ending October 26, 1891. I have heretofore been allowed a pension of
1030, dollars, for
Sworn to and subscribed before me, this, the
1801. day of 9/18/1/ 1801.
411 415
The state of the s
Nors State fully nature of wound or character of disease which causes the disability, and esplain particularly the extent of the disability, besulting from the wound or disease.
DOWED OF ATTOONEY
POWER OF ATTORNEY.
STATE OF GEORGIA,
County.
Know all Men by these Presents, That I, X. J. Dille
of the transfer of the state of
of County, State of Georgia, do hereby appoint
of Calab Carry Congression
of my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State) as service in the first of the confederate States (or of this State) as service of the Confederate States (or of this State) as service of the confederate States (or of this State) as service of the confederate States (or of this State) as service of the confederate States (or of this State) as service of the confederate States (or of this State) as service of the confederate States (or of this State) as service of the confederate States (or of this State) as service of the confederate States (or of this State) as service of the confederate States (or of this State) as service of the confederate States (or of this State) as service of the confederate States (or of this State) as service of the confederate States (or of this State) as service of the confederate States (or of this State) are service of the confederate States (or of this State) are service of the confederate States (or of this State) are service of the confederate States (or of this State) are service of the confederate States (or of this State) are service of the confederate States (or of this State) are service of the confederate States (or of this State) are service of the confederate States (or of this States) are service of the confederate States (or of this States) are service of the confederate States (or of this States) are service of the confederate States (or of this States) are service of the confederate States (or of this States) are service of the confederate States (or of this States) are service or of the confederate States (or of this States) are service or of the confederate States (or of this States) are service or of the confederate States (or of this States) are service or of the confederate States (or of this States) are service or of the confeder
to from the State of Georgia by reason of the injury received as aforesaid in the military service
ing my said attorney to receipt in my name for any Warrant that may be issued by the Gover- nor; or for any sum of money which may be coming to me for the reason aforesaid.
IN WITNESS WHEREOF I have hereunto set my hand and seal, this
day of Selvy 1801.
Y / Dandun[L. 8.]
Executed in the presence of us:
1/2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
- Jan Carlotte
V
DIRECTION.
Send money to me as follows, by with
ELV I OF GEORGIA, bo
County, Georgia.

STATE OF GEORGIA, do certify that I am well acquainted with applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and that he is disabled, to the extent he claims, and I know he is the said affidavit are true, and that he is atsances, to the excess in this county.

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

Augustus of Ordinary.

teretofore Allowed Pensions

# For Applicants Heretofore Allowed Pensions state of georgia.

ederate States (or of the State resident of said State, and has resided there

For Applicants Heretofore Allowed Pensions.
PERSONALLY ADDRAGS
PERSONALLY appears  of 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 theday offam.cay18,72; that he enlisted
in the military service of the Confederate States (or of the State of
during the war, between the States and served as a Private in Company Co
of To a total bein Ja Cavaly Volunteers Chrisa 's
Brigade ; that whilst engaged in such military service at the battle of Autohus Res
in the State of fary even, on the day of
English washing the Said left ty
The state of the s
The second secon
Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1892. I have heretofore been allowed a pension of a source of the year ending October 26, 1892.  Sworn to and subscribed before me this the last of the state of the s
POWER OF ATTORNEY.
STATE OF GEORGIA,
(COLV) County.) SC ) (
Know all Men by these Presents, That I, Hope Sunton
County, in said State, do hereby appoint, Putt. 6, Frmin
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 services of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.
IN WITNESS WHEREOF, I have hereunto set my hand and seal this
day of 1892. ACA
Executed in the presence of us:
With an artifaction of the Lympia like
All Stone
DIRECTION.
Send money to me as follows, by
P. O.
The state of the s

# For Applicants Recetotore Allowed Pensions. STATE OF GEORGIA, }

PROTECTION OF THE PROPERTY OF	Menton	o Co	66
County, State of Georgia, who being of	hily dwarn, says on therein continuously	age que la la a donn com sincolor	Ase cities and
day of 183	That he enlises	in the military servi	ce of the Con-
States, and served as a	water in	Company C., of 2	
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wounded as follows:	and the	* A. A.	18654 he was
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Deponent desires to praticipate in	the benefits of the	Act, approved Octobe	24th, 9887, and
Deponent desires to prategues a the acts amendatory descol and make the year ending patter so, 1869. I	s application for the have heretofore bee	allowance to which to allowed a pension o	els entitled for
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- 10 To 1000	- (893.) - O and		
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STATE OF GEORGIA.	f to County Georgia.		3 T O
Sellen of The State of Sellen	States.	<sup>2</sup> A : Oelling	of said County,
do certify that I am well acquainted w		Dunton	the
applicant in the foregoing affidavit, an Executed in the brokelice of ma- said affidavit are true, and that he is	d am well satisfied the	has the statements ma	de by him in his
dividual he represents himself to be, a	nd that he resides is	this County.	
I finished benefit distant MATICATO	coming to the tole in	port, sor us for one	and sen, this
the Confederate States for or the States and alternative to geen in my na-	THE TOT WAT TAXABLE	that may be issued by	the Governor or
the problem of the control of the co	egeipt for whitey	amono et manak i v	ay be entitled to
distribution and the second	Count	4 Lilen	hereby appoint
Know all Men by these Pr	e sentinal hasit	KOWH	County.
STATE OF GEORGIA.		0	
POWE	ROFAIT	ORNEY.	

## DOWED OF ATTORNEY

POWER OF ATTORNEY.	POWER OF ATTORNEY.
STATE OF GEORGIA.	STATE OF GEORGIA,
COUNTY. SKnow all Men by these Presents. That 4	KNOW ALL MEN BY THESE PRESENTS, That I, 14. J. Dunland
of  County, State of Georgia, do hereby appoint	County, State of Georgia, do hereby appoint. R. J. Nestlection 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), 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 WEREFOED, I have hereunto set my hand and seal, this.	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 of1804.	
Executed in the presence of us	Executed in presence of us  S. B. Scott  B. 13. Scott
)	BELLERIAL DIRECTIONS.
DIRECTIONS. Send money to me as follows, by	Send money to me as follows, by.
to	toP. O.
Soldier's Pepsion.  Soldier's Pepsion.  Samuely, 8  Amount, 8  Amount, 8  W. H. HARRISON,  Secretary Executive Expandment.  WARRISON,  Secretary Executive Expandment.	SOLDIER'S PENSION.  Soldier These Already Eurolled.)  No. 245  Soldier These Already Eurolled.)  Name H. A. Allembers.  County T. H. D. P. L. 1883.  RICHARD JOHNSON,  Secretary Executive Department.  WARRANT HANDED TO  WAR

Tot upprounts nototololo allonou longions.
STATE OF GEORGIA.  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 the State of the Confederate States (or of the State of States, and sepvedus a fine company of the state of the confederate States (or of the State of States, and sepvedus a fine company of the state of the confederate States (or of the State of the Confederate States) and sepvedus a follower than the State of the Confederate States (or of the State of the Confederate States) and sepvedus a follower than the State of the Confederate States (or of the State of the Confederate States) and sepvedus a follower than the State of the Confederate States (or of the Confederate States) and sepvedus a follower than the State of the Confederate States (or of the Confederate States) and sepvedus a follower than the State of the Confederate States (or of the Confederate States) and the Confederate States (or of the Confederate States) and the Confederate States (or of the Confederate States) and the Confederate States (or of the Confederate States) and the Confederate States (or of the Confederate States) and the Confederate States (or of the Confederate States) and the Confederate States (or of the Confederate States) and the Confederate States (or of the Confederate States) and the Confederate States (or of the Confederate States) and the Confederate States (or of the Confederate States) and the Confederate States (or of the Confederate States) and the Confederate States (or of the Confederate States) and the Confederate States (or of the Confederate States) and the Confederate States (or of the Confederate States) and the Confederate States (or of the Confederate States) and the Confederate States (or of the Confed
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
Sworn to and subscribes before me, this, the
Norse-play 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 F GEORGIA,  I,  do certify that I am well acquainted with  Ordinary of said County, the
applicant in the foregoing affidavit, and am well satisfied that the statements made by him
in his said amdavit are true, and I know he is the individual he represents himself to be
and that he resides in this County.
Given under my official signature and seal, this
day of Mah 1894 Some

# For Applicants Heretofore Allowed Pensions.

- or other management and a constraint
STATE OF GEORGIA,  County.  Personally appears A. Switten of Cook
County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has resided therein continuously ever since the day of
federate States (or of the States)  States, and served as a volunteers, volunt
such military service at the battle of day of Office 186 4 fie was wounded as follows:
and Sutting out entirely the
Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26th, 1895. I have heretofore been allowed a pension
Sworn to and subscribed before mg, this, the  Sworn to and subscribed before mg, this, the  1895.  Noza-Happhilly the nature of voind or character of disease which captes the disability, and explain particularly the extent of the disability, resulting from the wound or disease.
STATE, OF GEORGIA,  County.  I,  Ordinary of said County, do certify that I am well acquainted with  Applicant in the foregoing affidavit, and am well sayingsed that the statements made by him
in his said affidavit are true, and I know 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 1895.
har har

#### POWER OF ATTORNEY.

STATE OF GEO	RGIA,	)
	County.	}
Ι,		hereby authorize
		of
to receive and rece		nsion paid hereon and request that he remit same to
		_by
at		,
IN WITNESS	WHEREOF, I	I have hereunto set my hand and seal, this
day of		1896.
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Executed i	in presence of us	
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OSE Already E		5 6 6 0 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1
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For Those Aircast Inc.	<b>~</b> ~	1 1 1 1 1
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#### POWER OF ATTORNEY.

TATE	OF	GEORGIA.	

Lounty.

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

[L. S.]

Executed in presence of

SOLDIER'S PENSION 1897.

Justin

30. Cyr

RICHARD JOHNSON,
Constriction of

M.A.

2 Allamor Densions.

Tot upproducts more than	, man and a compromer
STATE OF GEORGIA,	÷
County 1	<b>.</b> .
personally appears	iters Tolob
County, State of Georgia, who being duly sworn, s	
and resident of said State, and has resided therein	
70-	sted in the military service of the Con-
federate States (or of the State of	during the war between the
States, and/served as a A injuft	in Company C, of the Company
of Mu. Volunteers, Yours	's Brigade; that whilst engaged
in such military service in the State of	a, on the day
of 1864, he was wounded, in	nigred or diseased as follows
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and Entirely	de stroying the
lett Eve	/ 8
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A Committee of the Comm	
Deponent desires to participate in the benefits	
and the acts amendatory thereof, and makes appli	and the same of th
entitled for the year ending October 26th, 189	
county been allowed a pens	sion of Jo
dollars, for the year 189 &  Sworn to and subscribed before me, this, the	1/ / /2
	16. Dulan
1896.	)
He Dow Osily	
NOTE—Size fully the nature of wound or character of disase which of the disability, resulting from the wound or disease.	causes the disability, and explain particularly the extent
STATE OF GEORGIA,	
Love County	
MI Dini	
1, 100	Ordinary of said County,
do certify that I am well acquainted with	Willen the
applicant in the foregoing affidavit, and am well a	
in his said affidavit are true, and I know he is the	individual he represents himself to be
and that he resides in this County.	
Given under my official ign	1896.
· day oi	1080,
Affix	Horis
her.	
Ordinary	County.
1	County.

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
County.
Dersonally appears & Sunkon Ool
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. 7 that he enlisted in the military service of the Con-
federate States (or of the State of ) during the war between the
States, add served as a My Lyw in Company, of Both Rooment
of Ma W.Volunteers, Mound's Brigade; that whilst engaged
in such military service in the State of / 2/20, on the / day
of 9 186 4, he was wounded, injured or diseased of follows:
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AND ADDRESS OF THE AD
The state of the s
Deponent desires to participate in the benefits of the Act, approved October 24th, 1887,
and the acts amendatory thereof, and makes application for the pension to which he is
entitled for the year ending October 26th, 1897. I have heretofore under said law as a
resident of county been allowed an invalid pension of
\$30, Dollars, for the year 189_6
Sworn to and subscribed before me, this, the ) Ho. A. A. Mulon
n o make
day of 1897. POST OFFICE THY MUC
All Stone
Nora-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.
of the disability, resulting from the wound or disease.
STATE OR GEORGIA,
Cook County.
NIT
I, Ordinary of said County,
do certify that I am well acquainted with
applicant in the foregoing affidavit, and am well satisfied that the statements made by him
in his said affidavit are true, and I know he is the individual he represents himself to be
and that he resides in this County.
Given under my official signature and seal, this
day of 1897.
m XX0 XX
Affix Tour Store
Ordinary County.
County.

		POV	VER (	OF AT	ORNE	Y.		
	to receive and	1 receipt for the	EOF, I ha	by by ve hereunto 1898.	set my hand	and seal,	remit same	g
1 2 a Co.	(For Those Aiready Enrolled.) No. 3364	INVALID SOLDIER'S PENSION.	1898.	Name of Control Name of Country . Country . Control Supplier, Supp	Amount, \$ 30,	RICHARD JOHNSON, Commissioner of Practions.	MARRANT HANDED TO M. C. Smin	We sta -

Dunton H. S.

		RC	OF ATTORNEY,	
STATE OF			}	
	Co			
Ι,	· · · · · · · · · · · · · · · · · · ·		hereby authorize	
			of	
to receive and	receipt for the	pens	sion paid hereon and request that he remit same	: t
W0000000000000000000000000000000000000			by	
at				
	ESS WHERE	OF, I	have hereunto set my hand and seal, this	
day of			_1899.	
			[L.	S.
Execu	ted in presence	of		
A THE COMMAND AND THE REAL PROPERTY AND ADDRESS OF THE PARTY AND ADDRES				
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· 量 00	コロ		H. J. Shunes Looft J. B. 36. SMELARD JOHNSON, COMMERCE OF WARRANT HANDED TO	INTER,
ODE SECTION 1220  Se Aiready El.  33/8	17 6	Ŏ	7 HANN 30 H	TE PR
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Denten, 4.J.

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STATE OF GEORG	. }			
Love	Sounty.		/	
personally appears	H& Din	ton of	1000	de
County, State of Georgia,	who being duly swort	. savs on oath	hat he is a tor	a fide oltinen
and resident of said State,	and has resided ther	ein continuous	v ever since the	. Jus Citizen
day of	1857 that he e	nlisted in the n	ilitary service	of the Con
federate States (or of the S	state of.		uring the war	
States, and served as a	Brivats	in Compar	yC, of 20t	Batt
of Sa Vo	lanteers, You		gade; that whi	
in such military service in	the State of	as	_, on the	day
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Deponent desires to par	ticipate in the benefit	s of the Act an	proved October	944 1995
and the acts amendatory the	reof, and makes ap	plication for th	e pension to "	hick be in
entitled for the year ending	October 26th, 1898.	I have hereto	fore under soil	d law
resident of	60	county been alio	wed an invalid	pension of
×30.	Dollars, for	the year 189		pension of
Sworn to and subscribed	d before me, this, the		2 .	
29 day of 2	- //	100	Lanton	· ×
har		POST-OFFICE	Duyson	La
/XU D	lone On	ent,		
Norr - See fully the nature of wound the disability, resulting from the wound	and management of the state of	ch courses the disability	, and explain particul	orly the extent
STATE OF GEORGIA		/		
TATE OF GEORGIA	3 (			
Copy	County.			
I.	11 /10	4120 0		
o certify that I am well acq	nainted with	26	ordinary of said	
pplicant in the foregoing affi	davit and an w-11		want	the
his said affidavit are true	and I know he is the	that the	statements mad	de by him
n his said affidavit are true, and that he resides in this Co	and I know he is the	individual he	represents him	self to be
			4	The
day of	Make sign		this_	4
Car	HUUTU.	1898.	1	
your	1	711	X	2
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here.	Ordinary	M	Jone	

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
County.
personally appears of Suntow of Cobb
County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen and resident said State, and has resided therein continuously ever since the
day of 1852; that he enlisted in the military service of the Con.
federate States (or of the State of) during the war between the
States, and sorved as a first in Company, of Zah Company.
Mounteers, Journey 's Brigade; that whilst engaged
of 186 To warmen in the State of day
of 186 he was wounded, injured or diseased as follows:
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ming loss of the chagethe
of Jana sys,
None agreement in the second s
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Deparent makes and lighting ( )
Deponent makes application for the pension to which he is entitled for the year end- ing October 26th 1869. I have heretofore under said law as a resident of
County been allowed an invalid pension of
Dollars, for the year 189 X
Sworn to and subscribed before me, this, the
1899. POST OFFICE Americal
Man Son
Note. State fully the nature of wound orderector of disease which causes the disability, and explain particularly the
STATE OF GEORGIA,
County.
I, J. Dw. Store Ordinary of said County
1, Ordinary of said County,
do certify that I am well acquainted with No. 1. Question the
applicant in the foregoing affidavit, and am web satisfied that the statements made by him in his said affidavit are true, and I know 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 Theber 1800
(Am.) (1899)
J. in the contract of the cont

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STATE OF	GEORGIA,	1							- 1
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STATE OF	POWER.	OF AT	TORNEY.	S. Commer
	County	,}	11/2	
Ι,	1	here	by authorize	
The person of to receive and receipt for the pension paid hereon and receipt for the p	r se just en	3- 1		
to receive and	receipt for the pens	ion paid hered	n and request th	at he remit same to
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IN WITI	NESS WHEREOF, 1		o set my hand an	seal this
	GIA		THE R. P. LEWIS CO., LANSING, S. P. LEWIS CO., LANSING, S. P.	[L. S.]
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Capficants Heretofore Allowed Pensions.

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STATE OF GEORGIA,
Cold County.
personally appears N. L. Decestow of Cook.
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 Deco. 18 %; that he enlisted in the military service of
the Confederate States (or of the State of) during the war be-
tween the States, and served as a friend in Company o, of 20 th
Regiment of Ga. Cav. Volunteers, of outing 's Brigade; that whilst
engaged in such military service in the State of War, on the
day of 1864, he was wounded, injured or diseased as follows:
By gunshof striking the left eye
causing the entire loss of the
sight of said eye.
Particular de la constant de la cons
Deponent makes application for the pension to which he is entitled for the year
ending October 26th, 1900. I have heretofore under said law as a resident of
County been allowed an invalid pension of Dollars, for the year 189
MAN AND AND AND AND AND AND AND AND AND A
dev of 1900.) POST OFFICE
May Done One
Norm-Note hully the nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease,
,
STATE OF GEORGIA,
County.
I, J. M. Stace Ordinary of said County
do certify that I am well acquainted with W. & Decustace the
applicant in the foregoing affidavit, and am well satisfied that the statements made by him
in his said affidavit are true, and I know 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 MCM 1900
( mail )
Call on
Ordinary County.

# For Applicants Heretofore Allowed Pensions.

	BEORGIA,			
Coor	,Cc	unty.	0.	
Personally ap	X 4.	Dunton	of Coff	
		ily sworn says on o	oath that he is a bona	fide citizen
			ously ever since the	
y of Deep			the military service of	
derate States (or of			) during the war b	
tates and served as			pany C, of 20 th	120
Ha. Cav.	Volunteers,	young	's Brigade; that while	st engaged
such military servi	ce in the State of	4 Va	on the/	er day
Oct.	18624,		jured or discused as fo	llows:
By gun	that the	iting the	left by	ausino
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an error of the second of the	3	* * * * * * * * * * * * * * * * * * * *		<del></del>
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·	sh	heretofore under		
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3	21	County bee	en allowed an invalid ear 1900.	
3	0	County bee	en allowed an invalid ear 1900.	
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Sworm to and sut	bscribed before me	County bee	en allowed an invalid ear 1900.	pension of
Sworn to and sut	oscipled before m	County bee	en allowed an invalid ear 1900. Hogy differe	pension of
Sworn to and sub-	pacetibed before me would be nature of the wound of the wound of the wound of the DRGIA,	County bee	en allowed an invalid ear 1900. Hogy differe	pension of
Sworm to and sut  Gay of  John Saya.—State fully the  rry one extent of the disat  TATE OF GE	pacinited before more than the second of the wound of the wound of the wound of the second of the se	County bee Dollars, for the yee, this the 1901. Postof Object of disease which would or disease.	en allowed an invalid ear 1900. Hogy differe	pension of
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Sworm to and sub  Gay of  John San  Syst.—State fully the  refy the extent of the disal  TATE OF GEN  I,  certify that I am	Described before me described before me described by the	County bee Dollars, for the yee, this the 1901. Postor or disease whis would or disease.	en allowed an invalid ear 1900.  The first of the disability, and ordinary of sai	pension of  Curs 7  explain partic-  d County,  the
Sworn to and suf	oscribed before more property of the wound of the wound of the wound of the wound of the work of the w	County bee Dollars, for the yee, this the 1901. Postor of disease whis would or disease.	en allowed an invalid ear 1900.  The statements many of sai	pension of  Captura T  explain partic-  dd County,  the de by him
Sworn to and sut  day of  June 1  Nym. Bata fully the  try to extent of the disat  TATE OF GEN  I,  cortify that I am  plicant in the foreg  his said affidavit an	nature of the wood of the word	County bee Dollars, for the yee, this the 1901. Postor of disease whis would or disease.	en allowed an invalid ear 1900.  The first of the disability, and ordinary of sai	expluin partic-
Sworm to and suf	nature of the wood of the word	County bee Dollars, for the yee, this the 1901. Postor of disease whis would or disease.	en allowed an invalid ear 1900.  The statements many of sai	expluin partic-
Sworm to and suffer day of July 18 and 19 GEN TATE OF	poscribed before more than the county of the wound of the county of the	County bee Dollars, for the yee, this the 1901. Postor of disease whis would or disease.	Ordinary of sai	expluin partic-
Sworn to and sut  If agy of  State of the state of the disast  TATE OF GE  I,  certify that I am  plicant in the foreg  his said affidavit ar  d that he resides in	pactification of the country of the	County bee Dollars, for the yee, this the 1901. Postor of disease whis would or disease.	Ordinary of sai	expluin partic-
Sworn to and suf	pactification of the country of the	County bee Dollars, for the yee, this the 1901. Postor of disease whis would or disease.	Ordinary of sai	expluin partic-
Sworn to and sut  If agy of  State of the state of the disast  TATE OF GE  I,  certify that I am  plicant in the foreg  his said affidavit ar  d that he resides in	pactification of the country of the	County bee Dollars, for the yee, this the 1901. Postor of disease whis would or disease.	Ordinary of sai	expluin partic-
Sworn to and sut  If agy of  State of the state of the disast  TATE OF GE  I,  certify that I am  plicant in the foreg  his said affidavit ar  d that he resides in	pactification of the country of the	County bee Dollars, for the yee, this the 1901. Postor of disease whis would or disease.	Ordinary of sai	pension of  Captura T  explain partic-  dd County,  the de by him

#### POWER OF ATTORNEY

STATE OF GEORGIA,	
Coll County.	Section 1
1, Le. Suns	hereby authorize John Autra
eldinary	of cobb learnty 3a
mo	by Check
at Amyina Ga	oy. Cree Cyl
IN WITNESS WHEREOF, I ha	ve hereunto set my hand and seal this 2/2/-
day of fan mary 1902.	72.1 8
Executed in presence of	He. J. Dunton [1. 8.]
SLIB (Constant	

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	11	1	
	3.		

JOHN W. LINDSEY,

Disability
Amount, \$30 00

WARRANT HANDED TO

( FOR THOSE ALREADY ENROLLED.)

No. 24 F

#### POWER OF ATTORNEY

STATE OF GROEGIA,
Cabla
County,
· Atamban
hereby authorise
Johnstwhe of
to receive and receipt for the pension paid hereon and request that he remit same
by
** pathodocomodeles estaposes monercial contracta de cont
IN WHINESS WHEREOF, I have hereunto set my hand and seal this
day of 1909.
Hof Dunton [L.
- Johnson [L.
Executed in presence of
Executed in presence of
· ·

# SOLDIER'S PENSION 1903.

County Child
Co. B. Regiment 2C
Disability Ext.
Amount, \$30 m

WARBANT HANDED TO

JOHN W. LINDSEY,

EMPISHER GEWELLA FEORORS THE LINE ALCOME

( FOR THOSE ALREADY ENROLLED. )

No. - ////

SOLDIER'S PENSION

1902.

DISABLED

PUTERORE A DOWED PEASIONS

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,	۸.
County.	•
Personally appears of Colin low of Call	· •
County, State of Georgia, who being duly sworn, says on oath that he is a sone fide	rcitizen
and resident of said State, and has resided therein continuously ever since the	
day of Sec 1852; that he enlisted in the military service of t	he Con-
federate States (or of the State of) during the war between	geen the
States, and served as a private, in Company to , of 20th Re	
of Ma Car Volunteers, Jungs 's Brigade; that whilst	
in such military service in the State of U (Va , on the	day
of Soft, he was wounded, injured or diseased as follow	V.
E. O. H. C. T. T. J.	0
of all proper conting on miss	~
of my program of the state of the	
The second secon	ORGANICA PROGRAMA
According to the second	11 00000
Deponent makes application for the pension to which he is entitled for t	he vear
ending October 26th, 1902. I have heretofore, under said law, as a resid	
. County, been allowed an invalid per	ision of
Dollars, for the year 1901.	-
Sworn to and subscribed before me, this the   To f aluctor	~
13 day of Jan 1902. Post-office myma	
Nove.—State fully the nature of the would or character of disease which causes the disability, an particularly the extent of the disability resulting from the wound or disease.	d explain
STATE OF GEORGIA.	
County.	
Ordinary of said	County,
do certify that I am well acquainted with Y bound on the applicant in the foregoing affidavit, and am well satisfied that the statements n	
him in his said affidavit are true, and I know he is the individual he represents him	
be and that he resides in this County.	
Given under thy official signature and seal, this	
day of fare 1902.	-D
Pour John Owline	is
Ordinary Ordinary	ounty.
Nors.—Fill all blanks and of Commy and Regiments Nova.—All vouchers and affidavite must bear date after January 1, 1902.	
TOWEL THE VINOLINEY	
The state of the s	

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GE	EORGIA.	
	_	
4	County.)	0 21
Personally appears		of Cost
County, State of Georgia	a, who being duly sworn, says on o	oath that he is a bona fide citizen
and resident of said Stat	e, and has resided therein contin	uously ever since the
day of Alice	1852; that he enlisted in	the military service of the Con-
federate States (or of the		) during the war between the
States, and served as a_	Frank in Compa	ny Ce, of 20 th Regiment
of ga con	Volunteers, June	
in such military service	,	on the day
or	he was wounded, inju	ured or diseased as follows :
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the tiff eye	Causing entir	a lon of sight
of van eye		0 0
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		and the same of th
730		en allowed an invalid pension of
7	Dollars, for the	
/_ (	bed before me, this the	- To g Duch
day of	1903. Post-o	office Inyma
Drive	trong	
particularly the extent of the dis	ature of the wound br character of disease.	se which causes the disability, and explain
STATE OF GI	EORGIA )	
Cl	. }	
0.7	County.)	
I, XIII	winny	Ordinary of said County,
do certify that I am well		Nunslon
the applicant in the fores	going affidavit, and am well satis	fied that the statements made by
him in his said affidavit a	are true, and I know he is the ind	lividual he represents himself to
be and that he resides in		
Given	under my official signature and	seal, this 22
day of		3.0 / 5
TAME !	U Os	no stry
your seal	0-4	all!
harand ' Manual Br	Ordinary	County.
Norn.—A		i. Ster January 1, 1908.

#### POWER OF ATTORNEY. . .

STA'	TE OF	Con Ag	of &	Hen	COUNTY.	of	and req				
day of	(/-	n		190	hereunto a	let my hai			24		[L. S.]
(FOR THOSE ALREADY ENROLLED.)	%	DISABLED	SOLDIER'S PENSION	1904.	Name Hoffellular	County ( O 2 de County ( Co 2 de County )	Disability Cree	JAN 25 7 1504.	JOHN W. LINDSEY. Commissions of Pracions.	WARBANT BANDED TO	Geo W Barrison, State Praster, Athata.

#### POWER OF ATTORNEY.

STATE	ohn.	ORGIA,	), a	Sund	barreon, as	off C	here that he re	by authorize
		**			y			
day of	Jam	WHEREOF,		1905	set my his	and and se	al, thin	[1. 8.]
(FOR THOSE ALREADY EMPOLLED.)	No 2 pg	SOLDIER'S PENSION	1905.	Name H. J. Bunton	Co. Co. Regiment 3c b that. Disability Left 14.	Атопи, 5.30 2 1905.	JOHN W. LINDSEY, Commissioner of Pensions.	WARRANT HANDED TO

War to a war the

## FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

	STATE OF GEORGIA
ê	STATE OF GEORGIA,
	level. County.
	To Q 10 + 1 el
	Personally appears the downstoned toobt
	County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen
	and resident of said State, and has resided therein continuously ever since the day of 1852, that he culisted in the military service of the Con-
	federate States (or of the State of) during the war between the States, and served as a ferrale in Company le, of 20th Registrate
	of Lav. Wolunteers Argin 19. 's Brigade; that whilst engaged
	in such military service in the State of ka. , on the / L day
	of Ach 188 H, he was wounded, injured or diseased as follows: By grundroh striking the left
	ingle of causing the entire loss of H
	chapit of early eye
	V
	· · · · · · · · · · · · · · · · · · ·
	The second secon
	Deponent makes application for the pension to which he is entitled for the year
	ending October 26th, 1904. I have heretofore, under said law, as a resident of
	County, been allowed an invalid pension of
	Dollars, for the year 1903.
	Sworn to and subscribed before me, this the
	27 day of Jany 1904. 10 th Winton
	John Anoliny Post-office
	Nors State fully the nature of the wound or character of disease which causes the disability, and explain
	perficularly the extent of the disability resulting from the wound or disease.
	STATE OF GEORGIA.
	County.
	I. John Andry al a Q Ordinary of said County.
	do certify that I am well acquainted with AQ & Mulou
	the applicant in the foregoing affidavit, and am well satisfied that the statements made
	by him in his said affidavit are true, and I know 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
	Cal dola
	Tour Comments of the comments
	Organiary 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,
Coff COUNTY.
Personally appears. He facuston of Obl
County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen
and resident of said State, and has resided therein continuously ever since the
day of 1852; that he enlisted in the military service of the Con-
federate States (or of the State of) during the war between the
federate States (or of the State of ) during the war between the States, and served as a fine in Company C, of 20 th Regiment of No. Con Volunteers for States, and served as a fine of States, and served as a fine of States of States, and served as a fine of States o
in such military service in the Creaters
of 186 he was wounded injured or diseased as follows:
of.  By Sim That was wounded, injured or diseased as follows:  Eye anxion land to was wounded, injured or diseased as follows:
No. of Contract of
en e
No. 1
Deponent makes application for the pension to which he is entitled for the year
ending October 8th, 1905. I have heretofore, under said law, as a resident of
County, been allowed an invalid pension of
Dollars, for the year 1904.
Sworn to and subscribed before me, this the
2/91 Post-office
Norz, fitte fully the nature of the wound or character of disease which causes the disability, and explain particularis the extent of the disability respitting from the wound or disease.
STATE OF GEORGIA,  COUNTY. S  I, John Awhey Condinary of said County
do certify that I am well acquainted with A. J. Sunton
the applicant in the foregoing affidavit, and am well satisfied that the statements made
by him in his said affidavit are true, and I know he is the individual he represents himself
to be, and that he resides in this County.
Given under my official signature and seal, this 2.
day of Jaman 1945
John Jutrey
Ordinary Wood County.

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

Note.—All vouchers and affidavite must bear date after January 1, 1906.

#### POWER OF ATTORNEY.

STATE OF GEORGIA,  County.  1. He families hereby authorize  to receive and receipt for the pension paid hereon, and request that he remit same to		
IN WHITNESS WHEREOF, I have hereunto set my hand and seal, this	Audited 1889.	Maimed Soldiers.  Voucher No 21/14  Amount, \$ 30.  Paid to Hy Desclor.
COOR THOSE ALREADY ENFOLLED.  No. 324  DISABLED  SOLDIER'S PENSION  1906.  Name Affection of Parameter of Par		For Lo 22 of left  E., e.  May 2/ 1889.  Included in Warrons No 155Ned to Treasurer.  1889.  WARRANT CLENK.  W.J. Campbell, Natu Frinter, Constitution Job Office.
		as, blay

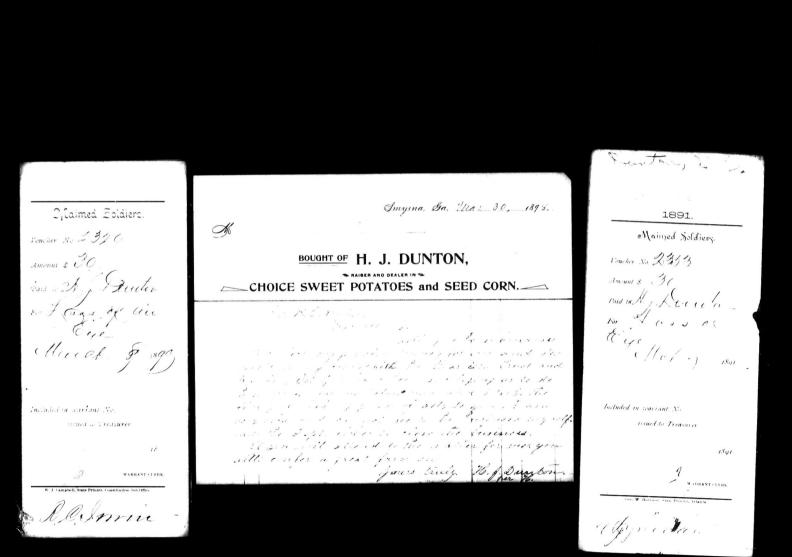
JBE . P. Oa . . . . . TUNG

### FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,	) .
Cobb County.	
_ /	len_of_
County, State of Georgia, who, being duly swo	orn, says on oath that he is a bona fide citizen
and resident of said State, and has resided t	herein continuously ever since the
day of18; that he	enlisted in the military service of the Con-
federate States, (or of the State of	during the war between the
States and served as a	in Company & of 70 gard Batter
of Da, Cov Volunteers	's Brigade; that whilst engaged
in such military service in the State of	on the day
	as wounded, injured or diseased as follows:
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4	
	,
Deponent makes application for the p	ension to which he is entitled for the year
ending October 26th, 1906. I have heret	ofore under said law as a resident of
Coph	County, been allowed an invalid pension of
30	_Dollars, for the year 1905.
	$\sim$
Sworn to and subscribed before me, this	the 1 - 16 - 4 Dunlo
day of tare 1906.	
John Anther	Post-Office
NOTE -State fully the nature of the wound or charge	ster of disease which causes the disability, and explain
particularly the extent of the disability resulting from the wo	ound or disease.
State of Georgia,	
County.	
from on her	Ordingty of said County
do certify that I am well acquainted with	Ha Dunley of said County
the applicant in the foregoing affidavir, and a	um well satisfied that the statements made
by him in his said affidavit are true, and I kno	
to be, and that he resides in this County.	ne is the individual he represents himself
Given under my official signatu	are and seal this
day of Arm	19002
	Thursday Tres
AME	all
here Or	dinaryCounty.

No. 2174 TE OF GEORGIA, EXECUTIVE DEPARTMENT. | Allanta, Ga May 11. 1884. STATE OF GEORGIA. Mr N. J. Dundon Department for an allowance under the Act approved October 24, 1887, as amended by Act, Dec. 21, 1888, and the same having been allowed for He is entitled to receive the sum of Dollars for such disability, the same being the warmer one for the year ending October 24, 1889 The Treasurer will pay the sand and how his receipt on this voucher, and return same to Executive Department for warrant Eggs 23/12 Lordon W N Starnson RECEIVED OF STATE TREASURER, R. U. HARDEMAN, per above voucher, this I of May

A. S. Clay
free R. C. I. vin Dollars.



2320. Allanta, Sa. Mich & 1090.

Mr A. J. Dundon having filed his application in the Executive

Department for an allowance under the Act approved October 24, 1887, as amended by Act, approxed, Dec 24, 1888, and the same having been examined and allowed for

Lupes of an Oise He is entitled to receive the sum of Thirty

for such disability, the same being the allowance due for the year ending October 24, 18 QQ The Treasurer will pay the same and hold his receipt on this you her, and return same to Executive Department for warrant.

In Gardon By the Governor.

CONDIANTINE DEPARTMENT

: 30

STATE OF GEORGIA,

RECEIVED OF STATE TREASURER, R. U. HARDEMAN

8 of march 1890 per above voucher, this

STATE OF GEORGIA.

He is entitled to receive the sum of.

EXECUTIVE DEPARTMENT.

Atlanta, Sa. March 1/1091.

Dollars

Mr. H. S. Leula. of the County 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 Vary 11

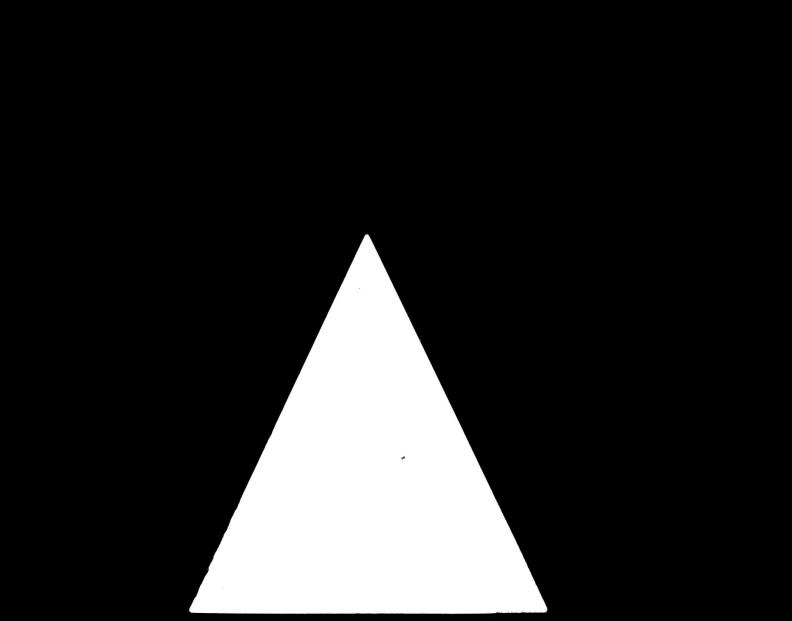
for such disability, the same being the Mowance due for the year ending October 24, 1891. The Treasurer will pay ame and hold his receipt on this voucher and return same to

Executive Department for war

By the Governor. Clax Maniver SEC'Y EXECUTIVE DEPARTMENT

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

per above voucher, this of DILCE 2016 A. p. Danton



No. 442 APPLICATION FOR ALLOWANCE FOR YEAR ENDING, DCT. 28, 1889. County Coff Amount 50 Date of Warrant Hebry 18 Entered on Record, SECRETARY BRIDGE BALLERANDE

deut of said State, and has been such continuously since the, 1828; that he enlisted in the military service of the Confederate States (or of the State of during the war between the States, and served as a in Company A, of of th Regiment of Volunteers Bartones 's Brigade; that whilst engaged in such military service, at the battle of fine manage State of Linginia , on the 21 day of fally wounded as follows: Idy a burn what to grand me the night the freeting in bear the Ball parsery there ghe the high behe roining out men the right Killing citting the Contings of the broatest achuning a large portion ofthe hope lan from Which said I have sufficied restence frain with Permalgia of the from my sufferings have being and v continuend dever since confiring in to my bed for months at a time emfetting one at all times for the deline the from which cange I don't still to great & constant seffores Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and the Act amendatory thereof, approved Dec. 24, 1888, and makes application for the allowance to which he is entitled for the year ending Oct. 26, 1880. Sworn to and subscribed before me, this 6. a. Dunwody the gray of Jet 188? Note.—State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability. me as reputable physicians of spec county, who, being severally sworn, say on oath that they have carefully examined Wallingsonly and after such examination say that the applicant has been injured as follows: Fresh that would instruct of right hip I proceing out at the of hip & chine Sivering hip I detaching in in fran from Join Hines the Verilyes V protruele informing Taigetining of Sund The women of ser in general the said delivery pail that the Middle delviller base vords metine all are Sworn to and subscribed before me, this hand the extent of the wound, and then give facts to show the extent of the

STATE OF GEORGIA.

PERSONALLY appears) C A 1XC

State of Goorgie, who, haine duly sworn, sees on oath that he is a bona fide citizen and resi-

Ordinary of said county, do certify that I am will acquainted with applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and that he is disabled to the extent he claims, and I know he is the individual he represents himself to be, and that he resides in this county. I also certify that the foregoing witnesses, to-wit: are persons of respectability, and that their statements are worthy of full credit and belief. I further certify that before whom the foregoing affidavits were made and power of attorney was signed, is a of said county, and that the said affidavits and signatures thereto are Given under my official signature and seal, this County POWER OF ATTORNEY STATE OF GEORGIA. KNOW ALL MEN BY THESE PRESENTS, That I, county, in said State, do hereby appoint of my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederace States (on 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 (L. S.) Executed in the presence of us: DIRECTION

County, Georgia.

Send money to me as follows, by

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

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

dered 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 togs 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 affi-davits, the amendments must be made under oals, before an officer, and the proofs must the that the smeathers have been duly sworn to.

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

do certify that I am well acquainted with applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and that he is disabled, to the extent he claims, and I know he is the individual he represents timeel to be and that he represents timeel to be and that he represents timeel to be and that he represents the solution of the foreign affidavits were made and power of attorney was signed, is a flowing fully fully and the said affidavits and of said county, and the said affidavits and signatures thereto are genuine. Given under my official signature and seal, this of day of Alby 189 O

Ordinary County.

d affidavit ar	vell acquaint egoing affili- re true, and i	avit, and a	10.N		um		said County,
in the fore d affidavit and idual he repr	egoing affld	avit, and a				ody	,the
d affidavit ar	e true, and		m well sat	isfied that			
idual he repr		hat he is		man time	t the state	ements m	ade by him
idual he repr			lisabled, to	the exten	t he clain	s, and I	know he is
	resents hims	to be, a	d that he	resides in	this Coun	ty.	
rther certify	that	no. K	Prou	id f	vax.		
rhom the fo	repeing aff	idavits we	re made a	nd power	of attor	ney was	signed, is a
Non	Photo						
s thereto are	genuine.						
en under my	official sign	afure and	seal, this_,	1200	day of C	Heby	1891.
		× nu	Sto	wo.		/	
	. 1	•	Ondinana	6	ile	6	County
			Juliary _			(	, County.
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Fer Applicants derototoro Allowed Fer See

#### For Applicants Heretofore Allowed Pensions. STATE OF GEORGIA, PHRSONALLY appears 6 a Summely of Will 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 Frence 18 At 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 1 1 1 1 in Company 24, of 7 th Regiment of Geogra. Volunteers Warterer 's Brigade; that whilst engaged in such military service, at the battle of de day of fully in the State of the form on the day of fully 1861, he was wounded as follows: by the state though right by such and fully such as former for the state of to coming into more the night history, retting the conting of the house moring a large protes of the Sich brack, who we have some thought and the sum of the stand of the stan and still a good I constant or offices Deponent desires to participate to the benefits of the Act, approved October 24, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1890. I have heretofore been allowed a pension Sworn to and subscribed before me, this the 6. a. Dorrewody day of Welmany 1890 } Norm - State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of POWER OF ATTORNEY. STATE OF GEORGIA KNOW ALL MEN BY THESE PRESENTS, That I, county, in said State, do hereby appoint my true and lawful attorney in fact, for me and in my name, to receive and receipt for what ever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit;

For Applicants Heretofore Allowed Pensions.

PERSONALLY appears (Chant)  Personally appears (Chant)  County, State of Georgia, who, being duly sworn, says on oath that he is a bong fide citizen and resident of said State, and has resided therein continuously ever since the day of 18 28; that he enlisted in the military service of the Confederate States (or of the State of 18 24; that he enlisted in the military service of the Constates, and served as a feet of 18 24; that he enlisted in the military service of the Constates, and served as a feet of feet of the constate of feet of feet of the constate of feet of feet of the constate of feet of feet of the constate of feet of	STATE OF GEORGIA,	
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	County, Georgia.	. О.

Harris Marsh Prisis.s.

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STATE OF GEORGIA,

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States, and served as a	. in Company. of the Machinent
tederate states (or of the State of	during the war between the
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STATE OF GEORGIA, 1	
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For Applicants Heret	colore Allowed Pensions.

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Of Record County, State of Georgia, do hereby appoint

STATE OF GEORGIA.

POWER OF ATTORNEY.

For Applicants Heretofore Allowed Pensions.
STATE OF GEORGIA,
County,
PERSONALLY appears C. C. L.
on oath that he is a bona fide citizen and resident of Georgia, who, being duly aworn, says
since the day of Junio 18.2 P, 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 / Leicht in Company H.
of 7 th Regiment of Manager Volunteers 18 - 15-
Brigade: that whilst engaged in such military service at the battle of fine line in the State of on the day of 1861, he was wounded as follows:
in the State of liquida, on the 21 day of
186/, he was wounded as follows: by been about an
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POWER OF ATTORNEY.
STATE OF GEORGIA.
County.
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County, in said State, do hereby appoint
of my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to
my said attories to receive my name for any Warnet thereby arthorizing
IN INTENS WHEREOF, I have hereunto set my hand and seal this day of
[L. s.]
Executed in the presence of us:
DIRECTION.
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to P O

\_County, Georgia.

## For Applicants Heretofore Allowed Pensions.

	STATE OF GEORGIA
	PERSONALLY appears 6, a. Demerody of Coll
	County, State of Georgia, who, being duly sworn, says on eath that he is a bone fide citizen an
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1	day of 1822; that he enlisted in the military service of the Con
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×	the year ending October 26, 1893. I have intretofore been allowed a pension of
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	STAZE OF GEORGIA,
	Color Company
	1, Ordinary of said County
	do certify that I am well acquainted with LO a Munsoyly th
	applicant in the foregoing affidavit, and am well satisfied that the statements made by him in hi
	I was to be to the control of the co
	said affidavit are true, and that he is disabled, to the extent he claims, and I know he is the in
	dividual he represents himself to be, and that he resides in this County.
	ing mill stor of motors which may be coming to the for the terror motor and materials was algored, in
	from the State of Georgia by reason of the injury received. States and the said auggaste and the Confederate States (or of this State), as stated in the States of the Sta
	ally true and total and recoil t for whatever amount of money land
	Given under my official alguature and seal, this day of Male 189
	The State of the s
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	STATE OF GEORGIA,
else .	POWER OF ATTORNEY,
MINE IN LABOUR.	The state of the s

## POWER OF ATTORNEY.

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COUNTY.

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Countr	State of	Georgia,	de born	1	
county,	Saute of	thorgia,	do nere	111	appenn

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 boned by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

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

day of

Executed in the presence of us

DIRECTIONS

Send money to me as follows, by

.P. O.

County, Georgia.

#### POWER OF ATTORNEY.

#### STATE OF GEORGIA,

County.

KNOW ALL MEN BY THESE PRESENTS, That I,\_\_\_\_

County, State of Georgia, do hereby appoint.

my true and lawful attorney in fact, for

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

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

Executed in presence of us

[1.. H.]

DIRECTIONS.

Send money to me as follows, by-

P.O.

County, Georgia.

DIER'S PENS

## For Applicants Heretofore Allowed Pensions.

Personally appears Described of Country, 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 least 1828; that he culisted in the military service of the Con-

) during the war between the

\* STATE OF GEORGIA. County.

federate States (or of the State of

States, and served as a Lieutenant in Company H, of 7th Regiment
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such military service at the battle of / Manna in the State
of bigunea, on the 21 day of taly 1861, he was
wounded as follows: former ist wound withe right hip ball
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entitled for the year ending October 26, 1894. I have heretofore been allowed a pension of
dollars, for the year 1893.
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STATE OF OPODGIA
STATE OF GRORGIA.
Genty
1 / M Stone
do certify that I am well acquainted with CA Dunnovdy the
applicant in the foregoing affidavit, and am well satisfied that the statements made by him
in his said affidavit are true, and I know 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 Moh 1894.
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Me Klone
looph
Ordinary County.
It M. Kemphi is a duly commis -
hem n. in this County. 1
Du Stone
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## For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, County.
personally appears Co. a. Dumwody of Rosmell Goods
County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has resided therein continuously ever since the 6th day of the confederate States (or of the State of during the war between the States, and served as a staff in Company H, of y th Regiment of deorgia. Volunteers, Barbara 's Brigade; that whilst engaged in such military service at the battle of the national in the State of day of the state of day of the state of day of the column of the war wounded as follows: The general content of the oright his entire or health the battle of the transfer of the form of the high bones, common and trans would know a culting the factoring the state of the battle of the battle of the high bone pour whealth was suffered to the state of the battle of
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 testing dollars, for the year 189 1/4.  Sworn to and subscribed before me, this, the Sworn to and subscribed before me, this, the Transfer of the first of the first of the first of the disability, and explain particularly the extent of the disability resulting from the wound or disease.
STATE OF GEORGIA,  County.  I,  do certify that I am well acquainted with applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County.
Given under my official signature and seal, this
day of Mich 1895)  Am  Am  Am  Am  Am  Am  Am  Am  Am  A
- County.

.I,		Co	unty.	of	hereby a	uthorize			2 2 2 1	_
to receiv	ve and rec	eipt for	the pe	nsion pa			equest th	nat he r	emit same	to
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ACT OF 31 OCT., 1887. (For These Already Enrolled.	139	S	•	1	_		HARD TOHNSON	Secretary Executive Depar	2	19
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Dunwoody, C.A. Cobb Co.

Maimed Soldiers.

Audited 7. 18 1889.

voucher No. 21813

Amount & CO.

Paid to C. Y & MINISTERY

For Linea & Control of

The State of 1889

Included in Warrant No

1889

WARRANT CLERK

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

applicant

## For Applicants Heretofore Allowed Pensions.

personally appears to a Dunwody of Coff
Personally appears to a Dunwody of Coff
County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen
and resident of said State, and has resided therein continuously ever since the
day of June 1828; 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 / Leas in Company H, of 7 th Regiment
of Scorgea Volunteers, Beston 's Brigade; that whilst engaged
in such military service in the State of Dirpinia, on the 2/8/-day
of186/, he was wounded, injured or diseased as follows:
Rand a gunshot wound in the right hip cating in
troub the ball halving the one to be to fore & coming
mean the right Kidney conting the coalings of the bounds go comming along
stortion of the hip bone from which cause I have daffered witness
with occupation of the purts. My sufferings have been great contra
wone even since confining me to bed for weeks at a time unfiling m
The active duties of life yam stall a good of constant suffer in
Deponent desires to participate in the benefits of the Act, approved October 24th, 1887,
and the acts amendatory thereof, and makes application for the pension to which he is
entitled for the year ending October 26th, 1896. I have heretofore as a resident of
dollars, for the year 1895
Sworm to and subscribed before any allies of
1) in Il the Dienerade
(day of 41647 1896.)
All 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.
Colly County
FMI Mai
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

STATE OF GEORGIA. Stanta On Mony 13 151/1. Mr. Call County of the County 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 Thursal & ciabelety Lein mount for such disability, the same being the all manuscribe for the year ending October 21, 1889 The Treasurer will pay the same and holy the receipt on this spucher, and return same to Executive Department for warrant. CLERK EXECUTIVE DEPARTMENT. RECEIVED OF STATE THE ASCREE, R. U. HARDEMAN, Dollars pur above voucher, this 13 of 16 14 1880

No. 445

Affix Four mail here. Sunwoody, C. a. 1891. Maimed Soldiers. Maimed Soldiery. Voucher No. 966 Voucher No. 1099 Amount \$ 50 Audited Paid wo A Dunnory Paid to CA Derrison by COMPTROLLER-GENERAL. For Hody morned For Derabled by 1891. Included in warrant No. Included in warrant No. issued to Treasurer. issued to Treasurer. 1891. 18 WARRANT CLERK WARRANT CLERK. Geo. W. Harrison State Printer, Atlanta. applicant

7 1 1 () K N F 7

Audited

1801.

COMPTROLLER GENERAL.

No. 1099 Atlanta, Ba Hely 18 STATE OF GEORGIA. EXECUTIVE DEPARTMENT. Mr. C. A. Dumordy 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 Diry round, He is entitled to receive the sum of Dollars for such disability, the same being the algorithm of the star ending October 24, 1891.

The Treasurer will pay the same and hold the start of this voucher and return same to Executive Department for warrant. H. J. nintur. coll so susur Sec'y Executive Defartment By the Govern 150

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

per above voucher, this of Design 186

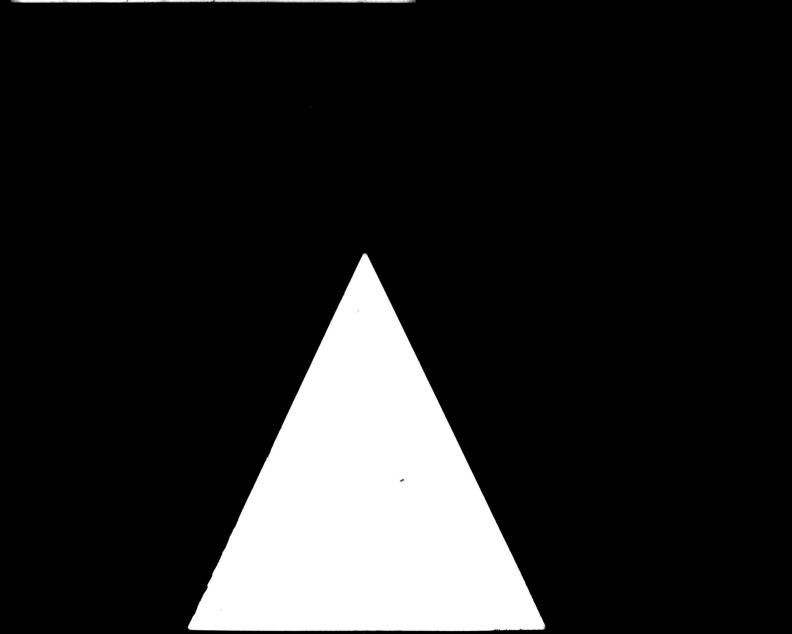
Dollars.

No. 896
Allanta, Ba., Sleby 11 STATE OF GEORGIA. EXECUTIVE DEPARTMENT. Mr. C. A. Dunrooody of 6066 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 Desabled by byof would He is entitled to receive the sum of Highing to of 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 youther, and return same to Executive Department for warrant

Dollars,

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

per above voucher, this



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

oft

Ordinary in and for said County of Sale of Georgia, hereby certify that I am acquainted with Mrs. 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 STATE OF GEORGIA. County of

deceased, and as such has heretofore December 23, 180, and has not lived out of the State since that date, withow of Holers M. Alexander deceased, and as suc been allowed a pension or the year ending Februsy 15th, 1893. this, the

That she is the

and affixed the seal of my office, day of In Witness Thereof, I have hereunto the

ore Ordinary. ATTORNEY. OF POWER

KNOW ALL MEN BY THESE PRESENTS, That I. Hya. I'm GEORGIA,

OF

me, and in my name, to receive and receipt for whatever amount of movey in fact, for titled to from the State of Georgia as a widow of a Confectrate Soldier, as stated in the Warrant that may be issued by the Governor; or for any sum of money to may be encoung to yield the reason aforesaid.

IN ITINESS, WHEREOR, I have bereunto set my hand and seal, this rney in fact, for my true and lawful affor 23 County in said State, do hereby appoint of Uthership

Herry Lys. Matilda C. 424 1894 Executed in the presence of us:

Fratiola E. Demonty

in I have " Agengia

4 Allania 74,00

DIRECTIONS.

ish.

amount by

WARRANT ISSUED

COUNTY.

Certificate of Ordinary of the County of Applicant's Residence

ATE OF GEORGIA, County of Ordinary in and for said County of State of Georgia, hereby vertify that I am acquainted with Mrs. Tilda & Dunmorly the applicant for a pension in this case, and know from my own knowledge (or from positive proof presented to me by reputable with nesses), 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 Herrif & Dunnovely deceased, and as such has heretofore been allowed a pension for the year ending February 15th, 1854.

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

POWER OF ATTORNEY.

STATE OF GEORGIA. KNOW ALL MEN BY THESE PRESENTS,

County in said State, do hereby appoints

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 WYTNESS WHEREOF, I have hereunto set my hand and seal, this

day of

Send amount by

me at

, and oblige

Form No. t

## For Widows' Heretofore Allowed Pensions.

## STATE OF GEORGIA. Dersonally comes Mrs. Matilda & Dunnory County of Could 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 That she is the Widow of Menny H Summords who was a Soldier in Company Regiment of Leave Volunteers, that he enlisted in said Regiment on or about the month of and served in the Army up to Film of his deather 18 6 3 (State here full particulars of the husband's death, when, where and from what cause.) ( & Tolling : On the Second day of July 1863 the Said boldie Honny M. Dunmony agains a mortel derywo in the head while highting in father at the Heights of Yethyling Da from which wound he died immediately on the 22 day of July 1863.

( Resided last year in Chatham lo Ja.) Deponent swears that she was the wife of said deceased soldier during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 185 7 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 1894 - Tuatilda Dumody Oton Ordinary. Post-office Rosmell

## For Widows' Heretofore Allowed Pensions

STATE OF GEORGIA. Cobbi

Watilda & Dunnod

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

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

Volunteers, that he enlisted in said Regiment on or about the month of and served in the Army up to his death 186

at while engaged at the of stysberg Denn he us tilled dead on The attle- field on the 2 m

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 intilde 6 Dum - 1

OF GEORGIA, County of Ordinary in and for said County of State of Georgia, hereby certify that I am acquainted with Mrs.

& Summerly applicant for a pension in this case, and know from my own knowledge (or from positive proof passented 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 Xry M Number deceased, and as such has heretofore been allowed a pension for the year ending February 15th, 1895

SEAT.

#### POWER OF ATTORNEY.

STATE OF GEORGIA. I, Mes. M. E. Summed hereby authorize M. Ste of Merritter The to receive and receipt for the pension paid hereon and request

IN WITNESS WHEREOF, I have bereunto set my hand and seal, this. day of attely 1836.

Matilda & Sunwody [1.8.]

Executed in the presence of 111 Flatering

TE OF CEORGIA, County of

State of Georgia, hereby certify that I am acquainted with Mrs. date drumovedy 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 1) cember 23, 1890, and has not lived out of the State since that date. That she is the widow of Alery

deceased, and as such has heretofore been allowed a pension for the year ending February 15th, 1896.

the

#### POWER OF ATTORNEY.

STATE OF GEORGIA. Matilda & Sumodyrely authorize St. How Moralla La to receive and receipt for the pension paid hereon and request ne bu that he remit same to

IN WITNESS MITERFOR, I have become set my hard and seal, this

Shatilda C. Meing rosy

IDOW'S PENSIO

1897

IT ISSUEI

RICHARD JOHNSON

## For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of

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

State of Georgin, and that she has RENDED in said State

Continuously everyinge

Cont

Volunteers, that he culisted in said regingent on or about the youth of

186 and served in the Army up to Time of his health 186 3. That he lost his life on the.

2 2 day of July 186 3. (State here

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

July 1563 the december Steldistraction of Selly story Denni They batter of Selly story Denni Joom which worked fre died on the said date July 22/863.

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 18 5., that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension as a resident of ... County for the year ending February 15th, 1895, and now apply for the pension provided by law for the year ending February 15th, 1896.

Store Ordinary. Post-office Marietta Ca.

## For Widows Heretofore Allowed Pensions.

County of County of Mate	du E Dunner
continuously eyer since All Fee left 18  Regiment of Volunteers, that culisted in said regiment on or about the groups of	That she is the Widow of ho ways, Soldier in Company
186 and served in the Armycup to Firm of the least life on the 2 21 day of July full particulars of the hadand's death, when, where and from what cause.)	18 6 3 (State here
That while engage battle of Fellysburg () was Mortally worned he is the battle field.	Denny he

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 18 5 2 that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension as a resident of County for the year ending February 15th, 1896, and now apply for the pension provided by law for the year ending February 15th, 1897.

day of the Ordinary Post-office Manute. In

# POWER OF ATTORNEY. In WITNESS WHEREOF, I have hereunto set my hand and seal, this Motilda & Dunimore Executed in the presence of PENSION RICHARD JOHNSON WARRANT ISSUED 1898 3403 CLIDOW'S

#### POWER OF ATTORNEY

Store to r	I.	zu,	ipt for the	pension par	of_	ma	st that he remi	
day	of	A	ly	EOF, I have 1899			Dunwody	s/st
		Executed	in presence	of				
}				Span	W.	81.8	.899.	L
retofore Paid.	99.	260	PENSION AND REPORT AND THE PROPERTY AND	Detrier.	of Maria	RICHARD JOHNSON,	J ISSURD	ATE PANTER, ALLANTA
For Those He		No.	WIDOW'S PE	Min	Vidow of Rea	RICHARI	WARRAN	GEO. WHARRISON, S.F.

## For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of Oob	Natilda & Dunno
continuously ever sign all he formy M. J.	ys on oath, that she is a bona fide resident of said county of  State of Georgia, and that she has RESIDED in said State  18 That she is the Widow of  What was a Soldier in Company  Regiment of
Volunteers, that he enlisted in said regiment on ar about 186	This dist 1863. That he lost his 1863. (State here
Sully perturbates of the quotient a death, when where the file builty bride buttle for day of July 18	in the battle of he was filled on the 200
Deponent swears that she was the wife of said deceased $\theta \hat{\theta}$	oldier, during his service in the army as a soldier, and that
she has never married since his death aforesaid, and that s I have been allowed a pension as a resident of February 15th, 1807, and sox apply for the pension prov	County for the year ending
day of the to the the thing of	matilda E. D
State of Georgia, County of Water & Dung	Ordinary of said County, certify that I am well acquainted
fied that the facts therein stated are true, and I know she has continuously resided in this Mate since the	is the individual she represents herself to be, and that she will be the state of t
Official Seal.	ry of Polt County.

## For Widows Heretofore Allowed Pensions.

STATE OF SEORGIA,	Mersonally Comes Mrs.
continuously servince all free for the form of the Volunteers, that he enlisted in said regiment on or	, 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  18. That she is the Widow of  Regiment of Regime
186 and served in the Army up to	of fleath 188 3 That he lost his of fills 1863 (State here
in the valle	of Lettyster for
swound he	dies on the
she has never married since his death aforesaid, and if have been allowed a pension as a resident of	
Byorn and subscriped before me, this	Post-Office Transle La
	Ordinary of said County, certify that I am well acquainted who made the above affidavit and am satis-
ned that the facts therein stated are true, and I know has continuously resided in this State since the Olven under my official signature and seal thi	or she is the individual she represents herself to be, and that she day of the the day of
{ Official   Beal.	Ordinary of County.

## POWER OF ATTORNEY.

I, M	2000 20 M M M de receipt	EDu	· /	hereby aut	and reque	st that he		
	TNESS V			hereunto s		and seal,	this 9	
				mu 7.	n. E.	Dun	work	_s.]
Exec	Wa Wa	esence of	1 - 0				1	
()		8						
				Pr.				
		<b>O</b> ,	100 pt	O County, UUDOO	Practical	1900		
			4 ¢	~3	- 2		1 !	1
0	8	ENS	ary 18	1.8	DSEY	SSUE	240	74. A
900.	1988	'S PENS	ng February 15s	S. Mym	W. LINDSEY	ANT ISSUE	HANDED TO	eco, State Printer, Aub
1900.	NO. 1988	IDOW'S PENS	For year ending February 18th, 1900. PAID O. ALLLLOOODLY	Coll. S. Widow of Shelly Mi. S.	JNO. W. LINDSEY,	WARRANT ISSUED	ND HANDED TO	ed. W. Harrison, State Printer, Ald

## For Widows Heretofore Allowed Pensions.

County of County
who, being sworn, cays on oath, that she is a bona fide resident of said county of
State of Georgia, and that she has RPSIDED in said State
ntinuously ever since all the life 18. That she is the Widow of
Heury M. Duiwoody who was a soldier in Company
N of the 57% Regiment of Pleargia
olunteers, that he enlisted in said regiment on or about the month of
6. and served in the Army up to time of death _186.3 The lost his
on the 2 day of July 1868 ate here
urticulars of the husband's death, when, where and from what cause)
That while engaged in the battle
of Settysburg Rand, on July 2rd 1863 he was mortally woulded from
which would be died on the 2nd
July 1863
July 1860
appoint awars that she was the wife of said deceased soldier, during his service in the army as a soldier, and that
eponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that e has never married since his death aforessid, and that she became his wife in the year 18
e has never married since his death aforesaid, and that she became his wife in the year 18
e has never married since his death aforesaid, and that she became his wife in the year 18.  I have been allowed a pension as a resident of
e has never married since his death aforesaid, and that she became his wife in the year 18.  I have been allowed a pension as a resident of.  Loudy for the year ending abruary 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  Dhay of The Lett. 1900.
e has never married since his death aforesaid, and that she became his wife in the year 18.  I have been allowed a pension as a resident of.  County for the year ending sebruary 15th, 1899, and now apply for the pension provided by law for the year ending February 15th, 1900.  Sworm to and subscribed before me, this
e has never married since his death aforesaid, and that she became his wife in the year 18.  I have been allowed a pension as a resident of.  County for the year ending schruary 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 pay of the year ending February 15th, 1900.  Post Office
e has never married since his death aforesaid, and that she became his wife in the year 18  I have been allowed a pension as a resident of.  Louby County for the year ending sebruary 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 find the year ending February 15th, 1900.  Post Office  Post Office  State of Georgia,
e has never married since his death aforesaid, and that she became his wife in the year 18  I have been allowed a pension as a resident of.  County for the year ending sebruary 15th, 1899, and now apply for the pension provided by law 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 find the pension provided by law for the year ending February 15th, 1900.  Post Office  Post Office  County, State of Georgia,  Ordinary of said County, certify that I am well acquainted
e has never married since his death aforesaid, and that she became his wife in the year 18  I have been allowed a pension as a resident of.  County for the year ending sebruary 15th, 1899, and now apply for the pension provided by law 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 form the year ending February 15th, 1900.  Post Office  Post Office  State of Georgia, Ordinary of said County, certify that I am well acquainted the Mrs. M. G. Summondy, who made the above affidavit and am satis-
e has never married since his death aforesaid, and that she became his wife in the year 18.  I have been allowed a pension as a resident of.  County for the year ending shruary 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 pay of the year ending February 15th, 1900.  Post Office  Post Office  County, Ordinary of said County, certify that I am well acquainted the Mrs. Mrs. County, who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents hereelf to be, and that she
e has never married since his death aforesaid, and that she became his wife in the year 18.  I have been allowed a pension as a resident of.  County for the year ending shruary 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 pay of the year ending February 15th, 1900.  Post Office  Post Office  County, Ordinary of said County, certify that I am well acquainted the Mrs. Mrs. County, who made the above affidavit and am satisfy that the facts therein stated are true, and I know she is the individual she represents hereelf to be, and that she day of the satisfies th
e has never married since his death aforesaid, and that she became his wife in the year 18.  I have been allowed a pension as a resident of.  County for the year ending shruary 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 pay of the year ending February 15th, 1900.  Post Office  Post Office  County, Ordinary of said County, certify that I am well acquainted the Mrs. Mrs. County, who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents hereelf to be, and that she
e has never married since his death aforesaid, and that she became his wife in the year 18.  I have been allowed a pension as a resident of.  County for the year ending shruary 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 pay of the year ending February 15th, 1900.  Post Office  Post Office  County, Ordinary of said County, certify that I am well acquainted the Mrs. Mrs. County, who made the above affidavit and am satisfy that the facts therein stated are true, and I know she is the individual she represents hereelf to be, and that she day of the satisfies th

#### POWER OF ATTORNEY.

STATE OF GEORGIA,
Bold County.
I. M. E. Sammord, , hereby authorize
John Awhy of Meride, hereby authorize
to receive and receipt for the pension paid hereon, and request that he remit same to
me at his office
In Witness Whereof, I have hereunto set my hand and seal, this
day of Jany 1902. H. E. Sunwordy. [L. S.]
Executed in presence of
J. M. Garne

Modell & Semenals

JOHN W. LINDSEY,
Commissioner of Pensis

Regiment

Widow of

WARRANT ISSUED

Dunwady

WIDOW'S PENSION,

For year ending Dec. 31, 1902.

To Those Heretofore Paid.

1902. No. ARZ

STATE OF GEORGIA,  County.  I. Mis Dinwordy hereby aut  John Lewing of Mercina, La  to receive and receipt for the pension paid hereon and request that he remit sa								horize				
-	IN lay of	wit fic	W Ca	wheri	EOF, I 1 _1901.	at_ nave her	Ma eunto se	t my h	and ar		his	14
	To Those Heretofore Paid.	1901.	No. 162 3-	WIDOW'S PENSION,	For year ending February 15th, 1901.	Off or	y M. Bum	JOHN W. LINDSEY,  Commission: of Person.	WARRANT ISSUED	AND HANDED TO	( Jahrey	Oco. W. Hakitsion, states Printer, Alanda, Ga.

# For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, PERSONALLY COMES MIR. Country of Cold Durwordy
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  contiguously ever since All her left
Journy III Durn wordy who was a soldier in Company of the 5/2 Regiment of Kerrsia
186 and served in the Army up to him of about the month of the state of the back has been seen as a served in the Army up to him of the state of the husband's death, when uphere and from what raws
go gov in the balls of telly two frem on Inly 2 on 1863 he was mortally be welly the frem would for your which would be died on the 2000 July 1863
Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in
the year 18 I have been paid a pension as a resident of Lordo County for the
year ending December 31, 1901, and now apply for the pension provided by law for the year ending December 31, 1902
this John Twilly, Ordinary.) Post-Office Roomer & 9
State of Georgia.  County. Ordinary of said County, certify that I am well
am satisfied that the facts therein stated are true, and I know she is the individual she represents
hereself to be, and that she has continuously resided in this State since the
day of  Given under my official signature and seal, this the Aday of Juny 1902.

## For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, Personally Comes Mrs.  County of Coll M. & Summorely
County of M. M. O. Numroody
who, being sworn, says on oath, that she is a bona fide resident of said County o
State of Georgia, and that she has RESIDED in said State
continuously ever since all her life That she is the Widow o
of the OT Regiment of Blorger
Volunteers, that he enlisted in said regiment on or about the month of
186 and served in the Army up to Line of Clearly 1863. That he lost hi
particulars of the husband's death, when, where and from what cause) That Whill
engaged in the battle of Gettier fung Term
on July 1863 he was mortally wounded and
dild on the 2 and July 1863
### 1987 1987 1987 1987 1987 1987 1987 1987
Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and tha she has never married since his death aforesaid, and that she became his wife in the year 18
I have been allowed a pension as a resident of
February 15th, 1 900, and now apply for the pension provided by law for the year ending February 15th, 1901
Bygn to and subscribed before me, this  What day of Jany. 1901.  John Mary Control of the State
Ordinary. Post Office.
State of Georgia,  1 July Usuring  Ordinary of said County, certify that I'm well acquainted
County.) Ordinary of said County, certary that fam well acquainted with Mrs. M. & Dummersday , who made the above affidavit and am satisfice
that the facts therein stated are true, and I know she is the individual she represents herself to be, and that sh
has continuously resided in this State since theday of18
Given under my official signature and seal, this the // hay of fargy; 1901
Official Beal. Ordinary of County

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

scuts herself to be and she is a Ordinary's Certificate Ordinary of said County, do certify

the Ordinary shall swear applicant and the witness in the rill true asswers make to each of the questions asked you on you lied."

Under Act 1910—as Amended by Act of 1919.

Name Elizabeth Dute

Widow's Pension

Max 1, 1862. Released, It Forgrand 21. d., process june 16.1866

Approved ...

J. W. LINDSEY,

Commissioner of Pensions. Byrd Printing Co., State Printers, Atlanta. 10-30-1919

#### Ordinary's Certificate

		She Same	( D	Ordinary of sa	,	
ħ	is the person she re	presents heiself to b.  November 1908, that	and she is a bena fid	the applies continuing resident ci  Haymus	int for pension. S	
	were duly swam by	me before signing the	foregoing affidavits	hem are now residents and that they both		
	Swo'n under my	atements are entitled that and official seal		9	191	9.
	€SIPAL)	1		Caph	County	у.
	von shall ge Andre conf. 5 Only without 4 All affiday	ve will be the truth. So be affiduals may be attached who married prior to J its most be made before	p you find."  I if blank spaces are instanting to the continuity lat. 1881, are entitle Ordinary of the residue Ordinary of the residue.	applicant and the witness such of the questions asked ifficient, ifficed, the person to be set, processor processor, by some etc.,	d you and the evidence	···
· · · · · · · · · · · · · · · · · · ·	No. Widow's Pension Under Act 1910—as Amended by Act of 1919	Course Cost Section of His Dealer	Company A Bor Affron	paralet he	J. W. LINDSEY. Commissioner of Pensions. Profit Printer O., State Printer, Alman.	10-30-918
			e	giglian later a restaurant for a commentation of	Mensoration - Eric	A 202 10 and

I H Brimer

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

#### Questions for Applicant

STATE OF GRORGIA, COUNTY Elizabish du Tree	
COUNTY COUNTY	
Personally before me comes willist the transfer 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 assection makes to	٦.
the following questions to-wit:	le
1. What is your name, and where do you reside the land th	B
I Jow long and since when have you been a continuing resident of the State of Georgia 1  All my life 75-4 ins	6
(8. When, where and to whom were you married to the form	
a. Have you married since the death of first and soldier husband! MV	
4. When, where and in what Company and Regiment did your husband enlist as a soldier in Con-	
Co. J. H. Ragamunt Sa bol Infling.	
5. When and where did the commands of your husband surrender or discharge from the armyt	
6. Was your husband personally present at the time of the surrender or discharge of this command 1.	
7. If he was not present state clearly where he was the was in You were	
8. Where was his command when he left hear Detrobury by	
a For what cause did he leave his command! Copting	
b. By whose authority did he leave his command 1	
c. For how long was he granted leave of absence?	
e What was his physical condition when he left his command?	
f. What effort did he make to return to his command!	
g In what way was he prevented from going back to Command	
h Was he captured by the enemy at any time?	
april 2 1865. New Autosoury by Garnt Low Control W. S. June 1865	-
j When and where did your mean husband diet Africa 4 - 1969 Golf Co	
k. Were you residing together when he died!	
I If not, how long had you resided apart! We have living loyells.  m. Are you now a widow! He	
9 Have you or your husband heretofore been paid a pension by the State!	
If so, when and for what cause were you or your husband placed on the roll!	
Sworn to and subscribed before me this the	
124 day or Suffitantin 10/9 Chiscoth & Duffee	
January Ordinary	
nt Colls County	
(NKAL)	

Questions for Witnesses as to Service of Husband and Marriage	
TATE ON GEORGIA,  COUNTY S  Personally before me comes II Hory Mun who, as	te
ing duly sworn, true answers to make to the following questions, grawers na follows:  1. What is your name and where the your resides 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	•••
2. How long and since when have you known. Chinacheth Dulock applicant of the state	
3. Now long and since when has she continuously resided in this State! (Give date.)  1. Something the state of the state o	
5. How long and since when did you now It C Duface	ıcı
6. When and where did M. T. Andore. c husband of applicant, die J. M. G.	-
7. Were the applicant and her husband living together as husband and wife at the date of his deat	h!
If not, how long did they live apart before his death?	
When, where and in what Company and Regiment did It & Dubin entire Company in 14th Llorgie Wolunter Sofat	it '
<ol> <li>Were you a plember of the same Company!</li> <li>How long within your personal knowledge did be perform actual military service with his Compa</li> </ol>	
d Regiment! Zassi Jian	
13. Were you personally present when it was surrendered?	re
was an Arvers and how came you there!	
14 Was the hysband of applicant personally present at surrender! If yeere was he had been Captured the first been When, where and for wh	
ne did he leave Command! (Give date) Lafatured By who hority did he leave his Command!	w
g was he granted leave!	n †
5. For what cause, if you know of your own knowledge, was he prevented from returning to his Cor	n-
ndf	- m
wledge or how!	
worn to and subscribed before me this the	
July Garney Ordinary	

(SEAL)

STATE OF GEORGIA, CHEROKEE COUNTY. I hereby certify that W C DuPree and Elizabeth McDaniel were

joined together in the Hely Bans of Matrimony by me, on the

2nd day of January 1876.

P.C. WALDRUP N.P. & J.P.

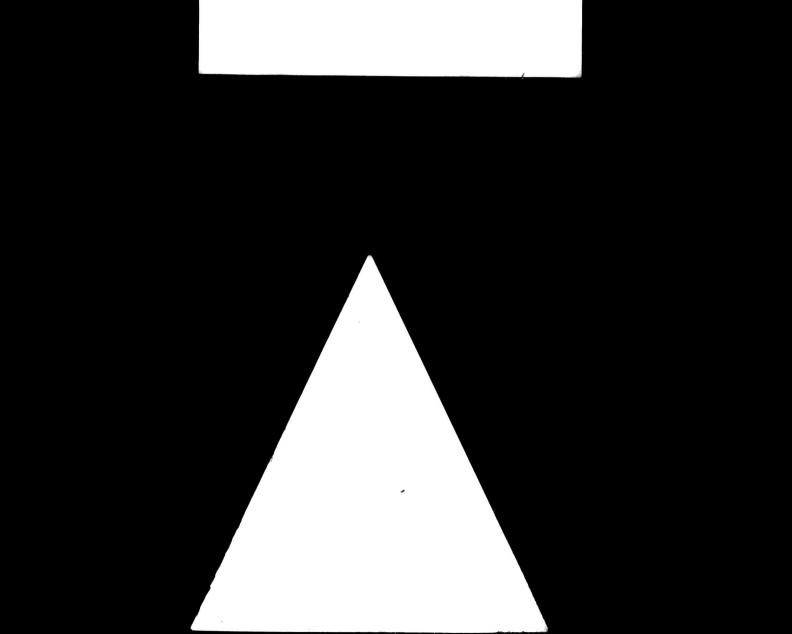
Recorded Dec 30th 1876. C.M. McClure Ordinary.

Georgia Cherokee County I, J.M. Satterfield, Ordinary and Ex Officio Clerk of Ordinary hereby certify that the within writing and printing centains a true and correct copy of the Marriage certificate of W C DuPree

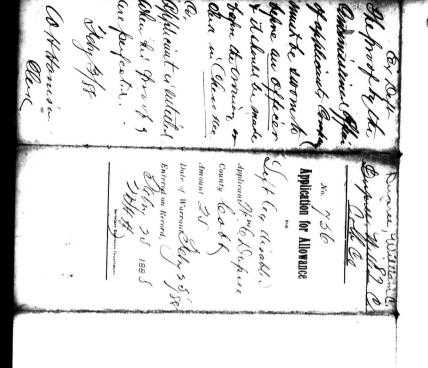
and Eldzabeth McDaniel as the same appears of record in my Office.

Given under my hand and official signature.

This September 24th 1919.



The proof by the aministines officer No. 756. of applicants Compay Application for Allowance must be swom to befine au officer Left leg (lisable) & it should be made Applicant of the Dupree bafore the Oronion or county look Olen in Checo Hee Amount 25 Date of Warrant Stely & 5/50 Opplicant is buteles Entered on Record, When het front 3 Eleby 25 1888 are perfected. Seby 3/58 Co H Homson Olen.



STATE OF GEORGIA,

PERSONALLY appears

1. C. Supple of County.

State of Georgia, who, being duly sworn, says on oath that he is a home field citizen and resident of said.

State, and has been such since the long day of least of the state of during the war between the States, and served as a fundamental state.

4. County of the state of the state of during the war between the States, and served as a fundamental state of the state of the

Agth Regiment of Stors in Volunteers Thomas is Brigade; that whilst engaged in such military service, at the battle of Service Days fight in the State of Vir hund, on the 10 day of friend 1862, he was wounded as follows He tras street Thomas has been as to first the first street the left things the say to a last from friend and the first also short through the the transfer was all of the transfer the first the first through the the substantial function and sin Conspecient to further substantial function and sin Conspecient to further manual Lator

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

Sworn to and subscribed before me, this the

12 day of Jany

1 W. 6 x Duque

So Wilson he st adminy

NOTE. Statefully 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.	
Eurothe County. S of My Mee &	ollun
Personally came before me Thos J. Notes	of the count
of Che stee la State of Georgia, who, being duly	sworn, says that he wa
a commissioned officer in Company 2 , of 14" Regin	ment of Bersz
Volunteers, and that deponent knows A. Co. Defree , and that	he received the wound
(or contracted the disease) in the military service, as stated in his foregoing aff	
(or disease) permanently disables the said.	, as stated by him in said
affidavit. Deponent further states that said. Defice	is a bona fide
citizen of this State, and resides in level county.	
Sworn to and subscribed before me, this 20 day of facey	Feling 188 5
Making	Mune

The foregoing addiski, changed to salt 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.

STA	1 1 1	171:	01:1	111	1 11	

PERSONALLY came

entizens of

county, in said State,

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

and know that he received the wounds for contracted the

disease) in the military service, as stated by him in the foregoing affidavit; that said wounds for disease; permanently disables applicant, as stated by him; that said applicant is a bona fide citizen of this State, and resides in County, and we are well satisfied that all the state-

ments in his affidavit are true

Sworn to and subscribed before me, this

STATE OF GEORGIA,

levot

County.

PERSONALLY comes before me A. M. Hammell Ordinary of said county, and Dr. George Roberto - both known to

me as reputable physicians of said County, who, being severally sworn, say on oath that they have carefully examined It. 6 Duprie and after such examination say, that the applicant has been injured as follows He mas show the righ the the ker ama hig the life leg is slift count and render the leg substantially herters Sworn to and subscribed before me, this

W. M. Mammett

[ a day of face

NOTE: The physicians will state fully the extent of the wound and the disability resulting therefore,

STATE OF GEORGIA.

County.

M. Hammes

6 Ochun do certify that I am well acquainted with

applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be, and that he resides in this county. I also certify that the foregoing witnesses are persons of respectability, and

I further certify that I am Warring affidavits were made and power of attorney was signed, is a

before whom the foregoing

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

Given under my official signature and seal, this

Vo. W. Moour wett

County

POWER OF ATTORNEY

STATE OF GEORGIA

Cube . County.

Know all men by these presents, That I

county, in said State, do hereby appoint

VC & Inin

my true and lawful attorney in fact, for

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

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

11.. S.

Executed in the presence of us

16 M. Vammett

APPLICATION FOR ALLOWANGE

100 Test Etoms Genera & ma.

Annount:
A

STATE OF GEORGIA. 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 1849that he enlisted in the military service of the Confederate States (or of the State of ) during the war, between the in Company , of Iff th Regiment 's Brigade that whilst engaged in such military service, at the battle of 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 20 Sworn to and subscribed before me, this the NOTE. Hate ally nature of wound or character of disease the disability, and explain particularly the extent of the disability. Ordinary of said county,

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.

Sworn to and subscribed before me, this )

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

are persons of respectability, and that their statements are worthy of full credit and belief, I further certify that before whom the foregoing

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

of said county, and the said affidavits and signatures thereto are genuin

Given under my official signature and seal, this /3

POWER OF ATTORNEY.

that the foregoing witnesses, to-wit

Know all Men by these Presents, That I,

me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia 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 reasons aforesaid.

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

DIRECTION :

Send money to me as follows, by

PO

County, Georgia.

#### NOTES.

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

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

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

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 do certify that I am well acquainted with applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and that he is disabled, to the extent he claims, and I know he is the individual he represents himself to be, and that he resides in this county. I further certify that before whom the foregoing affidavits were made and power of attorney was signed, is a of said county, and the said affidavits and signatures thereto are genuine. Given under my official signature and seal, this day of Fleby, 189 P APPLICATION FOR ALLON no Heretofore amoved Person

STATE of GEORGIA,  Consty.  I,  Consty.  I over the foregoing affiliative and an well satisfied that the statements made by hir in his said affidavit are true, and that he is disabled, to the extent he claims, and I know he 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 of said County, and the said affidavits an signatures thereto are genuine.  Given under my official signature and seal, this D day of Mely 189  Ordinary County  Ordinary County  County				Ş-	10.01	
I, Ordinary of said Count do certify that I am well acquainted with The Output the applicant in the foregoing affidavit, and am well satisfied that the statements made by hir in his said affidavit are true, and that he is disabled, to the extent he claims, and I know he 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 of said County, and the said affidavits and	STATE OF GE	ORGIA	1 (.00	À ile		
I, Ordinary of said Count do certify that I am well acquainted with The Dustrie the applicant in the foregoing affidavit, and am well satisfied that the statements made by hir in his said affidavit are true, and that he is disabled, to the extent he claims, and I know he 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 of said County, and the said affidavits and	Coll		-			
do certify that I am well sequainted with AC Auftre 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 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 of said County, and the said affidavits and		110	flan			
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 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  of said County, and the said affidavits and	I,		no	N. h		
in his said affidavit are true, and that he is disabled, to the extent he claims, and I know he the individual he represents himself to be, and that he resides in this County.  I further certify that						the
the individual he represents himself to be, and that he resides in this County.  I further certify that						
I further certify that				3		ow he is
before whom the foregoing affidavits were made and power of attorney was signed, is  of said County, and the said affidavits an						
of said County, and the said affidavits an						
What was the state of the state					,	
Given under my official signature and seal, this Day of Mely 189  Ordinary Colly County				aid County, and	d the said affid	avits and
Given under my official signature and seal, this 2 day of Mely 189  County  Ordinary  Ordinary  Ordinary	signatures thereto are	genuine.		. 5	ar.	
Jun Stom Cooks County	Given under my	official signature a	nd seal, this/	2 day of	Hely	1891
Ordinary Cooks County		12C	Stone		/	
County of the state of the stat		0,	9	for	11	
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For Applicants Heretofore Attoaced Pension

## For Applicants Heretofore Allowed Pensions. STATE OF GEORGIA. 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 186 C that he enlisted in the military service of the Confederate States (or of the State of , .) during the war between the in Company of th Regiment States, and served as a Em an is Brigade; that whilst engaged in such military service, at the battle of Sworn to and subscribed before me, this the in train POWER OF ATTORNEY. STATE OF GEORGIA 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 to from the State of Georgia by reason of the injury received as aloresaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavil; hereby authorizing my said attorney to receipt in my name for any Warrant that may be fasted by the Governtor, or for any sain of money which may be coming to me for the reason. Executed in the presence of us: DIMEOTION. Send money to me as follows, by

P.O.

County, Georgia.

For Applicants Heretofore Allowed Pensions.
STATE OF GEORGIA,
LOOVA Sames of
PERSONALLY appears A.C. Dufre & of Coble
County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and
resident of said State, and has resided therein continuously ever since the
day of 1850; that he enlisted in the military service of the Con-
rederate States (or of the State of) during the war between the
States, and derved as a Grand in Company 1, of 14 th Regiment
Volunteers / 10711 and 's Brigade: that whilst engaged
in such military service at the battle of Janua fight become in the State of the st
wounded as follows: The bullish striking let thing !
Bassing through an Firing que des flesh vo
also by bullet passing through the right hi
from the grad and forming out in the letter
traing the correspond of the lipdomen so the
Detait suplan to producted Niponent is totally
Departed degree 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 evilal-
for the year enging October 20, 1891. I have heretotore been allowed a pension of
Sworn to and subscribed before me, this, the
mi din di
day of Victy, 1891.) ment
Nora Splace July nature of wound or character of disease which gluese the disability, and explain previousless to the disability from the wound or disease.
the disability, resulting from the wound or disease.
POWER OF ATTORNEY.
STATE OF GEORGIA.
COUNTY.
Know all Mop by these Presents, That I, A. C. Dupres
of Color County, State of Georgia, do hereby appoint
XO. Colars
of le obli Canuty 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 easing circles as aforesaid in the military service
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 authoriz-
ing 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
120 day of Hely 10 189 kin 1
[L. 8.]
Executed in the presence of us:
All Ame
VI Diver
Send money to me as follows, by
toP. O.
E - A HE OL CE NEL

Given under my official signature and scal, this 29 day of Sill Ordinary. SOLDIER'S PENSION

1.4 . 603.773.

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

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

STATE OF GEORGIA,

do certify that I am well acquainted with

## For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

resident of aid State, and has resided therein continuously ever since the County, State of Georgia, who, being duly sworn, says on oath that he is a bone fide chizen and

Le in Company L. of Locath Regiment

POWER OF ATTORNEY.

For Applicants Heretofore Allowed Pensions.
STATE OF GEORGIA,
COUCH County 12 A
Personally appears // (C Nully 5)
of CL-UT 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 Auro 1 18 12; 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 Price in Company O.
of 14 th Regiment of Sought Volunteers Thomas.
Brigade; that whilst engaged in such military service at the battle of
in the State of Prijania, on the 10 day of
A Asser 4, 186 The was wounded as follows: By Crelet
Molling night tide traing of book of histo
Copie and grading Trough Grow Oal of
Ul forgents filso by bullet pasp in frage
Lety teg 1 stirsen light him tong the
discless to essentially and bubotintially
Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and
the acts amendatory, hiereof, 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
Dollars for Doi of furnes py 1 91
Sworn to and subscribed before me this the
day of Hely 1892.)
All of the Ordinary.
Norz.—Stafe fully nature of wound or character of disease which causes the disability, and explain particularly the
POWER OF ATTORNEY.
STATE OF GEORGIA, /
Color county.
Know all Men by these Precents, That I,
of look to
County, in said, State, do hereby appoint
of the the fee
me and in my name to receive and receipt for whatever amount of money I may be aviided.
the Confederate States (or of this State) as stated in the foregain and the military service of
of tof any sum of money which may be coming to me for the reason aloresaid.
IN WITHESS WHEREOF, I have hereunto set my hand and seal this.
day of this which
Executed in the presence of us:
9)
Mel Stan Orday
/
DIRECTION.
Send money to me as follows, by
P. O.

- ror approant		Allowed	Pensions.
STATE OF GEORG	IA;	4.6	
10000	in the same	2	A
PERSONALLY appears	OBut	DEN OF	Outelan
County, State of Georgia, who, I	being duly sworn, says	on onth that he is	a bone fiel citizen and
resident of said State, and has re	elded therein continuo	usly ever since the	
day of Alley	18 63 that he en	listed in the militar	y service of the Con-
1-10-22-7000 A TANGGO MARKAN MARKAN SALEMAN SALEMAN SALEMAN SALEMAN SALEMAN SALEMAN SALEMAN SALEMAN SALEMAN SA	of	) during	the war between the
States, and served as a	THAT	in Company	of Left th Regiment
of / Volus	doors aftern	's Brigade ;	that whilst engaged in
such military service at the battle		dayso	In the State
of the last	200	day of	186 the was
wounded as follows:	myn.	19-70	as the
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the acts amendatory thereof, and the year ending October 6, 130	makes application for	the allowance to w	which had and dold
866		of a land	and the state of
Sworn to and abscribed ball	ore me, this, the	m bot	2017
150 day of 911	el 1801		viopris
MI the	7. 9		N. A.
North full Visture of wound or of	$\sim \sim$		
disability, resulting from the wound or disease	County Georgia		paracetary the extent of the
STATE OF GEORG	IA, 1 to	3 m	F 0
2000 Color Color	and)	1919	*
1, 840	Juni?	ON ON	linary of said County,
do certify that I am well acquaint	and with 96 f	O'ALL	Win .
The state of the s	The state of the s		the the
applicant in the foregoing affidavi	is and am well satisfied	that the statemen	ts made by him in his
said affidavit are true, and that he			I know he is the in-
dividual he represents himself to l	CALL TO SELECT THE SEL	STATE OF THE PARTY	A.
I further coffife that MEKT	Control of the contro		and and seal, this?
before whom the foregoing artis	And Age was the	Dower, of attorn	ey) was signed of a
signature thereto are compose an con the State of Georgia by reas he Confederate States (or of this	State), as stated in the	cald County and	the said affidavits and
signatures alternio ere genuine. 30	d receipt for whatever	random of mode,	L may be entitled to be military service of
Given under my official signs	CALLED CO. AND ADDRESS OF THE RESIDENCE	my true and la	1803
A CONTRACTOR OF THE PARTY OF TH	No.	And fore	do hereby appoint
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41 107 1 11 11	CONTRACTOR OF THE PARTY OF THE	TO STAND BE WAS A STAND OF THE	ACCUSATION OF THE PARTY OF THE

STATE OF GEORGIA!

### POWER OF ATTORNEY.

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State of Georgia	giorgia, do hereby concell ame, to receive and ra t by reason of an inju-	eccipt for what	dever amount of a fore-aid in th	f money I in	nay be enti ervice of	the Confedera	he Me
ney to receipt in which may be ea	only name for any Working to me for the r	arrant that meason aforesaic have hereunt	ty be issued by t l. o set my hand a	the Governor			
		The stay	ETIONS.	My	de		
Send money	s te me as follows, b	,	0			P. C	D.
(For Those Already Enrolled.)	Soldięr's Pęnsion.	Min M.C. Buffer	County (Coff)  Description of the of Amount, \$ \( \cdot \)	W. H. HARRISON.	Secretary Executive Impartment.	Con the contract of the contra	

#### POWER OF ATTORNEY.

STATE OF GEORGIA,

County,

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

County, State of Georgia, do hereby appoint

., 8-, ----, ----,

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

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

lay of\_\_\_\_\_\_1895.

Executed in presence of us

be coming to me for the reason aforesaid.

[1.. N.]

.my true and lawful attorney in fact, for

DIRECTIONS.

Send money to me as follows, by

P. O.

County, Georgia.

## For Applicants Heretofore Allowed Pensions.

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STATE OF GEORGI	A. (		
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PERSONALLY appears		of Oob	
County, State of Georgia, who, and resident of aid State, and I			de citizen
		in the military service of	the Con-
federate States (or of the Orne	λr - <del></del>	) during the war be	
States, and served as a	in all	Company , of	Regiment
of Ma Voluntee		's Brigade that whilst er	0.0
such military ervice at the batt	the D day of	/ / .	the State
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//	O - dollars, for the	e year 189	/
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STATE OF GEORGI.	A. 1		
- Cople	inty. 10		
ı, XX	Stone	Ordinary of sai	d County
do certify that I am well acquai		C Augn	the
applicant in the foregoing affida	vit, and am well satisfic	ed that the statements ma-	de by him
in his said affidavit are true, and		ividual he represents him	self to be
and that he resides in this Coun	ity. ander my official signat		20
day of	Mal 189	ure and seal, this	
Ama (	1894	2, 0	
eal bere	1.	Mon	-
	Ordinary	Reobt	County.
, AD		-	County.

# For Applicants Heretofore Allowed Pensions.

County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has resided therein continuously ever since the day of that he enlisted in the military service of the Confederate States (or of the State of that he enlisted in the military service of the Confederate States (or of the State of the Confederate States (or of the State of the Confederate States (or of the State of the Confederate States and sorver as a for the Company of the Regiment of the Confederate States (or of the State of the Confederate States and sorver as a formulation of the State of the Confederate States (or of the States of the Confederate States) and the service at the battle of the Confederate States (or of the States of the Confederate States) and the service at the battle of the Confederate States (or of the States of the Confederate States) and the service of the States of the Confederate States (or of the States of the Confederate States) and the service of the States of the Confederate States (or of the States of the Confederate States of the Confedera	STATE OF GEORGIA, County.
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Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the year ending October 26th, 1895.  Sworn to and subscribed before me, this, the lay of the disability, and explain particularly the extent of the disability, resulting from the senting for the first am well acquainted with the first am well acquainted with the said affidavit are true, and I know 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 1895.  Annual Said affidavit are true, and I know 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 1895.	1.27).
States, and solved as a	
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 dollars, for the year 189  Sworn to and subscribed before me, this, the lay of the disability, send explain particularly the extent of the disability, resulting from the sention of the disability of the first and would or characters at disease which where the disability, and explain particularly the extent of the disability and explain particularly the extent of the disability and am well acquainted with the statements made by him in his said affidavit are true, and I know 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 1895.	
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Ordinary of said County, do certify that I am well acquainted with.  Ordinary of said County, the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 1895.	771 71.
the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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	County.)
applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County.  Given under my official signature and seal, this day of 1895.	
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and that he resides in this County.  Given under my official signature and seal, this day of 1895.	
Given under my official signature and seal, this day of 1895.	
day of Mar 1895.	
Ordinary_ County.	day of 12 /1805.
Ordinary Coll County.	Mc Stone
	Ordinary_ County.

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	County.	ſ
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to receive a	nd receipt for the pension	paid hereon and request that he remit same to
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IN WI	TNESS WHEREOF, I ha	ve hereunto set my hand and seal, this
day of.	The Marie of Marie	
		[L. s.]
Exc	ecuted in presence of	1
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	8	Name County Disability Amount, R1
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# For Applicants Heretofore Allowed Pensions.

For	<b>Applicants</b>	Heretofore	Allowed	Pensions.
STATE	COR GEORGIA	Y		

SOFIX	County	10 /	$\alpha$	1,
Personally appears		Sugar	Co	06
County, State of Georgia, w	ho being duly's	worn says on oat	h that he is a bona	fide citizen
and resident of said State, a	nd has resided	therein continuou	sly ever since the	
day of	184 Othat	he enlisted in th	e military service	of the Con-
federate States (or of the S	are de	<b>*</b>	) during the war b	etween the
States, and saryed as a	bond		any of /41	
		" comes	Brigade; that whi	lst engaged
in such military service in t		va.	, on the	
of June 100	he was wot	inded, injured or	diseased of follows	٠,
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of lif	· ·			3
Deponent desires to par	ticipate in the b	enefits of the Act	approved October	24+1-1897
and the acts amendatory th	ereof, and ma	kes application for	or the pension to s	which he is
entitled for the year ending			eretofore under sa	
resident of	www		allowed an invalid	
1950	Dollars,	for the year 189		
Sworn to and subscribed	before me, this	, the   77	ex	ulance
May of	26	1897. POST OFFIC	IR TRAIL	
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STATE OF GEORGIA	A, )			
(10 fb 1)	County.			
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lo certify that I am well acq		THO.	Ordinan of sai	
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applicant in the foregoing affi n his said affidavit are true, s	and I know he	is the individual	the statements ma	de by him
and that he resides in this Co	untv.	is the individua	ne represents nin	sell to be
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STATE OF	GEORGIA,	1		
	County	. }		
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to receive and	receipt for the pen	sion paid hereon	and request that h	e remit same to
		by		
at_				
IN WITH	NESS WHEREOF,	I have hereunto se	t my hand and seal	, this
day of		1898.		
				[L. S.]
Exec	uted in presence of	Y		
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For Those Aiready Enrolled.	2 2 0	4.00	3/2 3/2 RICHARD JOHNSON	WARRANT HANDED TO COM OF
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(F		Name( County Disability	Amount, R.	1
	8	Name County Disabili	Аш	

POWER OF ATTORNEY.
STATE OF GEORGIA,
I. N. G. Surferel hereby authorize
J. w. Stoul of Quarietta
to receive and receipt for the pension paid hereon and request that he remit same to
as Proprietta
IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 26
day of Freby, 1899. It live upre [i. s.]
Executed in presence of J. Hamby.

Name H. B. Suffers
County Coff Street
Disability Hound

1899.

SOLDIER'S PENSION. (For Those Aircady Enrolled.)
No. 3357 Dupree, W. C. INVALID

RICHARD JOHNSON,

Amount, \$ 50

For Applicants Heretofore Allowed Pensions. STATE OF GEORGIA, Dersonally appears County, State of Georgia, who being duly sworn, ways on oath that he is a bona fide citizen and resident of said State, and has resided therein continuously ever since the 185 Chat he enlisted in the military service of the Confederate States (or of the State of ) during the war between the Company , of th Regiment estres 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 county been allowed an invalid pension of causes the disability, and explain particularly the extent STATE OF GEORGIA do certify that I am well acquainted with. applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County. Given under proofficial signature and seal, this Affix your seal here.

## For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
County.
personally appears It la Despece 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 of1850; that he enlisted in the military service of the Con-
federate States (or of the State of) during the war between the
States, and served as a fraction in Company of the Regiment
of Sa. Volunteers, Thomas' Brigade; that whilst engaged
in such military service in the State of, on the day
of June 1862, he was wounded, injured or diseased as follows:
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Deponent makes application for the pension to which he is entitled for the year end-
ing October 26th, 1899. I have heretofore under said law as a resident of
County been allowed an invalid pension of
Dollars, for the year 1898
Sworn to and bescribed before me, this, the
15th de of thele 1899. POST ORFICE Clackwell P.O.
/ NYC EVILLE
Note-State fully the nature of wound or character disease which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease.
STATE OF GEORGIA,
County.)
I, J. Ow. Stores Ordinary of said County,
do certify that I am well acquainted with 27. 6. Jufue the
applicant in the foregoing affidavit, and am well satisfied that the statements made by him
in his said affidavit are true, and I know he is the individual he represents himself to be
and that he resides in this County.
Given under my official signature and seal, this
down of the bay 1899

Affix your -eal here

County.

#### POWER OF ATTORNEY

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Executed in pres	sence of	County Codd Codd Amount, s. Now Marrant issued M Wh 24 1900.	JOHN W. LINDSEY, Commissions of Prasions,	WARRANG BANDED TO  MOTOR Res Print, Alenn.  The Motor Res Print, Alenn.  T

#### POWER OF ATTORNEY

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STATE OF GEORGIA,	
Colle County.	1
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of Mas	Lully
to receive and receipt for the pension paid hereon and requ	est that he remit same to
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IN WITNESS WHEREOF, I have hereunto set my he	nd and seal this
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Collection of Co	DISABLED SOLDIER'S PENSION. 1901.	Name A Courty County Disability Liver Hurt Amount, \$ 150	JOHN W. LINDSRY.	WARRANT HANDED TO	Gee, W. Harrison, State Pfinter, Atlanta.
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and Mary ofore Allowed Proglons.

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# For Applicants Heretofore Allowed Pensions.

	STATE OF GEORGIA, County.
	personally appears It. C. Dufirel of bobb
	County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen
	and resident of said State and County, and has resided therein continuously ever since the
•	day of 18 00; that he enlisted in the military service of
	the Confederate States (or of the State of ) during the war he-
	tween the States, and served as a furivate in Company of the th
	Regiment of Qu. Volunteers, Thomas Brigade; that whilst
	engaged in such military service in the State of Va., on the
	day of 1862, he was wounded, injured or diseased as follows:
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	- Hereby rendering applicant
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	Deponent makes application for the pension to which he is entitled for the year
	ending October 26th, 1900. I have heretofore under said law as a resident of
	County been allowed an invalid pension of
	Dollars, for the year 189
	Sworn to and subscribed before me, this, the
	15 Tray of March 1900. POST OFFICE Plackwell of
	(M)
	MA Levni Dais
	out - Mate fully the nature of wound or character of disease which causes the disability, and explain particularly the
	STATE OF GEORGIA,
	County.
	1. Stoll Stoll Ordinary of said County
	A County,
	do certife that I am well acquainted with Who Dufire the
	applicant in the foregoing affidavit, and am well satisfied that the statements made by him
	in his said affidavit are true, and I know 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 1800.
1	your And
1	//xn comes
	Ordinary County.
	1 m

# For Applicants Heretofore Allowed Pensions.

STATE OF GE	ORGIA:	· f
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	County.	011
Personally appea	" NC Dup	u of Cott
County, State of Georgia,	who being duly sworn, says o	on oath that he is a bona fide citizen
and resident of said State,	and has resided therein cont	inuously ever since the
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ederate States (or of the		during the war between the
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<i>v</i> .		<u> </u>
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50	County Dollars, for the	been allowed an invalid pension of g year 1909.
Sworn to and subscrib	ped before me, this the	M. Chie uprice
day of A	many 1901. Pos	stoffice morh .
John Sw	ter Bole	
State fully the nature	The state of the s	which causes the disability, and explain partic-
arly the extent of the disability r	esulting from the wound or disease.	which causes the disability, and explain partic-
STATE OF GEORG	ITA )	
The same	·,	
0000	County.	
1,	m Cwhen	Ordinary of said County,
o certify that I am well	acquinted with 0 W6	Dupree the
pplicant in the foregoing	affidavit, and am well satisfie	d that the statements made by him
his said affidavit are tru	e, and I know he is the indi-	vidual he represents himself to be
nd that he resides in this	County.	STATE OF THE STATE OF
	SCO1-1119580 • 05	1-11
. ()	under my official signature	and seal, this
day of		
// \	annery 1901.	
	mery 1901.	The Swhen
The second	Ordinary	The Swhey

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

	STATE OF GEORG	IA,	
	10000	County.	
		Mo Dupra	6.15
ರ್ಷ	Personally appears	Mro . Dupra	of raid Cont
В	County State of Orgia, who	being duly swors, says on oath that he	was born on the 26 day of
H	Quant		itizen and resident of Georgia, and has been
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б	continuously since the	day of	18. 18. that he colleted
O	in the military service of the	Confederate Minter (or the State of	
Ø	John day of	March 140 2	, during the war between the Sintes, and
μ	served in Company	of 14th th Regim	
to	Thomas'		
ğ	Mice	Brigade, and was honorably de	
Ä	vymic	1866 ; that whilst engaged in s	uch military service, and in line of duty in
A	the State of Va	., on the	day of Some186 3
Ŋ	he was disabled or wounded as	ollows At Reven C	Rays fight applicant
otes	was Struck be	Lun That Al	the list he
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8	was he & Prior et	Dt. Lookart How come there?	Disouer of was
ğ	And by whose authority? Stat		0.
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9	**************************************	The second section of the second second	
H		-	The second secon
	Deponent desires to part	scipate in the benefits of Section 1250 of	the Code, and the Acts amendatory thereof.

Deponent desires to participate in the benefits of Section 1250 of the Cote, and the Acts amendatory thereof and makes application for the pension to which he is entitled for the year thereunder pading October 26th, 1906

day of Her Just 1902 Post Office Of

Bate fully nature of sound or character of disease which causes the disability, and explicits portferiorly the disability of claim is based on disease, give full and connected history of disease, fracing it directly

Nors .- The Ordinary will see that all blank spaces are filled when the affidavits are signed

#### Affidavit for Three Witnesses.

## STATE OF GEORGIA. County. PERSONALLY appears before me, the undersigned Ordinary in and for said County\_ personally known to me to be trustworthy citizens, each of whom, being duly sworn according to law, severally say, under oath, that they are personally and well acquainted with 1 whose application is herewith presented for a pension, that he has resided in this State continuously since the 18\_\_\_\_, that he served in Company\_\_\_\_\_ when, where and how the injury happened, or the disease was contracted, and to what extent applicant is disabled from work as a direct result thereof. If he does any labor, or can do any, state what.) Where was applicant's command surrendered?\_\_\_ Were all of you present?\_\_\_\_ Was he with it ?\_ If not, where was he? How do you know the facts you state to be true? We personally know above stated facts. We were with him in the Army and have known him ever since. He was honorably discharged or retired from the service on.\_\_\_\_ 186\_\_\_\_\_. Applicant is permanently disabled as stated and has been so to our certain knowledge ever since 18\_\_\_\_ We have no interest in the recovery of a pension by him. Sworn to and subscribed before me, this 1901.

Nors 1.—The Ordinary will see that the full text of the Affidavit is understood by the witnesses, and that they are legally qualified to the same.

2.—All blant spaces must be filled when signed.

4.—Three witnesses are required.

Ordinary.

Physicians' Affidavit.

STATE OF GEORGIA	A, County
	County 21 Y / At
PHASONALLY comes before	o me What Asherdinary of said
Mas 10 This	and of the News and both
me as reputable physicians of sa	id Granty, who being severally sworn, say on oath, that they have
examined Wile Du	and after such personal examination, say that the
condition of applicant is as follo	Ola Landon Do . / . d
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the got w	6- Land De Dila Landa Con de la
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	efore me, this Charles His A
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Sworn to and subscribed by the day of the da	of ore me, this the state of disability. If disability results from and especially the extent of disability. If disability ventts from and present condition. If from diseases give its nature and character, and its be careful to fill every blank space in oath.
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Sworn to and subscribed by the day of life and subscribed by the physical state is location, character a corigin, as understood by affinent, Sworn 2.—The physicians will STATE OF GEORGIA and the country that I am will acquait applicant in the foregoing affidavit true, and he is disabled, as he resides in this County and has been	of ore me, this  1902  August Hard Hard Hard Hard Hard Hard Hard Hard
Sworn to and subscribed by the state of the physical state is location, character a crygin, as understood by adjunct, where 2—The physicians will STATE OF GEORGIA do certify that I am well acquain applicant in the foregoing affidavit true, and he is disabled, as he resides in this County and has been I also certify that the witnesses, to and	of ore me, this  1902  Ordinary.  cond-bondation and especially the extent of disability. If disability results from and present condition. If from diseases give its nature and character, and its be careful to fill every blank space in oath.  Spunty.  A.  County.  Ordinary of said and with disability that the statements made by him in his said afficiency, and an well satisfied that the statements made by him in his said afficiency, and a suppose the statement of the said said afficiency and its beautiful to be, an a soon a depression times the gay of the said said afficiency and its beautiful to be, an a soon a flag resident since the gay of the said said afficiency and its said said said said said said said sai
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(FOR THOSE ALREADY EMPOLLED No. 306	SOLDIER 1.0	Name (K)	Dissibility Amount, \$	JOHN	Geo. W., Marri

SOLDIER'S PENSION

DISABLED

1903.

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10° (41' (1	County.
	hereby authorize
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to	receive and receipt for the pension paid hereon and request that he remit same t
	by
at_	
	IN WITNESS WHEREOF, I have hereunto set my hand and seal this. 574
	1
day	of the say 1908.
	M. Gix Dufrec [L. 8
	Executed in presence of

JOHN W. LINDSEY,

County.

STATE OF GEORGIA.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
Cool County.
Personally appears N & Dufine 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 of1850; that he enlisted in the military service of the Con-
federate States (or of the State of) during the war between the
States, and served as a fare walk in Company R, of Hth Regiment
of 24 Vomnteers, Showed's Brigade; that whilst engaged
in such military service toode State of , on the day
of _ fruit 1862, he was wounded, injured or diseased as follows:
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Department makes application for the application of the second
Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1902. I have heretofore, under said law, as a resident of
County, been allowed an invalid pension of Dollars, for the week, 1904.
Sworn to and subscribed before me, this the ) Mo Duffer
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day of Jany 1902. Post-office Hochwell
March March Marina
Notes State tully the nature of the would or character of disease which causes the disability, and expluin
STATE OF CEODOLA
STATE OF GEORGIA,
County.
I Ordinary of said County,
do certify that I am well acquainted with the Dufance
the applicant in the foregoing affidavit, and am well satisfied that the statements made by
him in his said affidavit are true, and I know 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 fly 1902
John Nulle
Control Ordinary County.
Nork. All vonchers and affidavits must bear date after January 1, 1902.
POWER OF ATTORNEY.

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF	GEORGIA.	_
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	County.	711
Personally appe		of STA
County, State of Geo	rgia, who being duly sworn, says o	on oath that he is a bona fide citizen
and resident of said	state, and has resided therein con	tinuously ever since the
day of	18.00; that he enlisted	d in the military service of the Con-
federate States (or o	the State of	) during the man between 1
States, and served as	a Verrale in Com	pany of /# th Regiment
of <u>49</u>	Volunteers, Turnas	's Brigade; that whilst engaged
	ce in the State of Ca	on the 10 day
of	186, he was wounded,	injured or diseased as follows:
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,,50.00	County, Dollars, for	ider said law, as a resident of been allowed an invalid pension of the year 100.
Nors.—State fully to	ne nature of the wound or character of dis-	sense which causes the disability, and $explain$ ase.
STATE	GEORGIA.	
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	winny 16	Ordinary of said County,
	well acquainted with // 10/	Vupu
ne applicant in the fe	regoing affidavit, and am well sat	tisfied that the statements made by
iim in his said affiday	it are true, and I know he is the	individual he represents himself to
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	ven under my official signature ar	AND THE RESERVE OF THE PARTY OF
day	of Johnson 1	903
Affix your	1 AVA	michief
here }	Ordinary	(Sept / Country

Novs.—Ffil all blanks and of Company and Regiment. Novs.—All vouchers and affidavits must bear date after January 1, 1908.

### POWER OF ATTORNEY.

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atI day of	N WITNESS		have hereun 1904.	by to set my has		this_/	,	samu to
CODE SECTION 1280.  FOR THOSE ALREADY ENROLLED.)	455	OLDIER'S PENSION	1904.	South State Regiment La 1966	bisability (Lyk lg., mount, \$50°)	JAN 25 1 1904.	Commissioner of Pensions WARRANT HANDED TO	Gro. W. Harrison, State Primers, Athenia.

### POWER OF ATTORNEY.

STATE OF G	hey be	UNTY Dufree	MUNICIPAL	eby authorize
to receive and a	receift for the pe	nsion paid hereon, ar	id request that he	remit same to
at.	. WHEREOF I hav	e hereunto set my ha	and and seal, this.	204
day of AM.	nary  ed in the presence  Cam	1905. + (( ) ( )	Dupus	_[ L. 8·]
(FOR THOSE ALREADY ENROLLED.) No366	SOLDIER'S PENSION 1905.	Name M. Chi. S. C. County Co. Regiment   4	Amount, \$\$ v  JAN 23 1905. JOHN W. LINDSEY, Commissioner of Persions.	WARRANT HANDED TO

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### FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA.
Cobb Gounty
Personally appears O Tupre of OSA
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 1807; that he enlisted in the military service of the Confederate States (or of the State of
States, and served as a Private in Company B, of 14th Regiment
of Volunteers home of Brigade; that whilst engaged
in such military service in the State of 2 , on the day
of
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incompetent to kutton oh ordinary
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Deponent makes application for the pension to which he is entitled for the year
ending October 26th, 1904. I have heretofore, under said law, as a resident of
County, been allowed an invalid pension of
Dollars, for the year 2003.
Sword to and subscribed before me, this the
day of January 1904. Post-office
The though
Nors.—State fully the navire of the wound or character of disease which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease.
STATE OF GEORGIA.
COUNTY County
1, Due Skully And Ordinary of said County,
do certify that I am well acquainted with M.C. Duffle
the applicant in the foregoing affidavit, and am well satisfied that the statements made
by him in his said affidavit are true, and I know he is the individual he represents himself
to be, and that he resides in this County.  Given under my official signature and seal, this 15-46
day of January 1 21904.
Com day of the state of the sta
The seal of the se
Grdinary County.
Norz.—Fill all blanks and of Company and Regiment. Norz.—All vouchers and affidavits must bear date after January 1, 1904.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
COUNTY.
COUNTY.
Personally appears. HC Sufree of bosts
County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen
and resident of said State, and has resided therein continuously ever since the
day of 1850; that he enlisted in the military service of the Con-
federate States (or of the State of) during the war between the
States, and served as a frivale in Company B, of the th Regiment
in such military service in the State of, on the // day
of fine by In that thinking again his
,
(M) (2007)
Deponent makes application for the pension to which he is entitled for the year
ending October 20th, 1905. I have heretofore, under said law, as a resident of
County, been allowed an invalid pension of
County, been allowed an invalid pension of Dollars, for the year 1904.
County, been allowed an invalid pension of Dollars, for the year 1904.  Sworn to and subscribed before me, this the
County, been allowed an invalid pension of Dollars, for the year 1904.
County, been allowed an invalid pension of Dollars, for the year 1904.  Sworn to and subscribed before me, this the
Sworn to and subscribed before me, this the shay of carry 1905.  Post-office Post-office
Sworn to and subscribed before me, this the
Sworu to and subscribed before me, this the day of tanny 1905.  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.
County, been allowed an invalid pension of Dollars, for the year 1904.  Sworn to and subscribed before me, this the day of the year 1905.  Post-office  Note - State fully the nature of the wound or character of disease which causes the disability, and explain state of the wound or disease.  STATE OF GEORGIA,
County, been allowed an invalid pension of Dollars, for the year 1904.  Sworn to and subscribed before me, this the day of the year 1905.  Post-office  Note - State fully the nature of the wound or character of disease which causes the disability, and explain state of the wound or disease.  STATE OF GEORGIA,
County, been allowed an invalid pension of Dollars, for the year 1904.  Sworn to and subscribed before me, this the day of the wound or character of disease which causes the disability and explain particularly the extent of the disability resulting from the wound or disease.  STATE OF GEORGIA,  COUNTY.  1, Thurward of the wound or character of disease which causes the disability and explain the wound or disease.
County, been allowed an invalid pension of Dollars, for the year 1904.  Sworn to and subscribed before me, this the day of the post-office.  Note:—State fully the nature of the wound or character of disease which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease.  STATE OF GEORGIA,  COUNTY.  1, White Working the county of said County, do certify that I am well acquainted with the county of said County, do certify that I am well acquainted with the county of said County,
County, been allowed an invalid pension of Dollars, for the year 1904.  Sworn to and subscribed before me, this the 20 May of Language 1905.  Post-office Post-off
County, been allowed an invalid pension of Dollars, for the year 1904.  Sworn to and subscribed before me, this the 20 May of tanny 1905.  Post-office  Nove—State fully the nature of the wound or character of disease which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease.  STATE OF GEORGIA,  COUNTY.  I. Ordinary of said County, do certify that I am well acquainted with the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself
County, been allowed an invalid pension of Dollars, for the year 1904.  Sworu to and subscribed before me, this the Dollars, for the year 1904.  Sworu to and subscribed before me, this the Dollars, for the year 1904.  Post-office  Nove distance fully the nature of the wound or character of disease which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease.  STATE OF GEORGIA,  COUNTY.  1. 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.
County, been allowed an invalid pension of Dollars, for the year 1904.  Sworn to and subscribed before me, this the 20 day of tanny 1905.  Norn state fully the nature of the wound or character of disease which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease.  STATE OF GEORGIA,  COUNTY.  1. County when a meet a meet of the wound or character of disease which causes the disability, and explain the extent of the disability resulting from the wound or disease.  STATE OF GEORGIA,  COUNTY.  1. County when a meet of the disability and an an an an an an an an an and a meet of the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be, and that he resides in this County.  Given under my official signature and seal, this
County, been allowed an invalid pension of Dollars, for the year 1904.  Sworu to and subscribed before me, this the Dollars, for the year 1904.  Sworu to and subscribed before me, this the Dollars, for the year 1904.  Post-office  Nove distance fully the nature of the wound or character of disease which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease.  STATE OF GEORGIA,  COUNTY.  1. 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.
County, been allowed an invalid pension of Dollars, for the year 1904.  Sworu to and subscribed before me, this the Dollars, for the year 1904.  Sworu to and subscribed before me, this the Dollars, for the year 1904.  Post-office  Nove-state fully the nature of the wound or character of disease which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease.  STATE OF GEORGIA,  COUNTY.  1. 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

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

### POWER OF ATTORNEY.

John Aw	1 8	pri of_	,	h	ereby authorize
IN WITH	receipt for the person of the person of the person of the presence of the pres	by		d seal, this_	
(FOR THOSE ALBEADY ENROLLED.)	DISABLED OLDIER'S PENSION 1906.	and M. R. Bufull.  South Coff.  South Regiment Sailos.	isability Lift ly Civahul.	JOHN W. LLN DSEY. Commissions of Persions.	WARRANT HANDED TO

### POWER OF ATTORNEY.

STATE OF C	1/2	,			hereby author	ze
-		ension paid here		equest that		to
day of sheet	ss Whereor, I hav	907. N~	his		3 U [i	5.]
Constitution (Per Tubes Alberto 120.) No. 205	SOLDIER'S PENSION 1907.	Name II. L. Luple. Coming Carto. Co. A. 4 Th. Regiment So. 10 12.	Disability Amount, \$ 4.7	JOHN W. LINDSEY, CommissiONN Priems A	WARRANT HANDED TO	1

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### FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,	,
Coph County.	}
Personally appears M C Sup	244of
County, State of Georgia, who, being duly swor	rn, says on oath that he is a bona fide citizen
and resident of said State, and has resided the	
day of18; 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 Amiat	in Company , of the Regiment
of Ja. Nolunteers	's Brigade; that whilst engaged
in such military service in the State of	on theday
	as wounded, injured or diseased as follows:
Jeff leg disab	an
	And the second of the second o
30	The state of the s
2.1 - 2.0	
NAME OF TAXABLE PARTY.	
Deponent makes application for the p	ension to which he is entitled for the year
ending October 26th, 1906. I have heret	ofore, under said law, as a resident of
Coffe	County, been allowed an invalid pension of
50	Dollars, for the year 1905.
Sworn to and subscribed before me, this	the W. Church
()	merk
day of 1906.	Post-Office
somothing	
NOTE.—State fully the nature of the wound or charac	cter of disease which causes the disability, and explain ound or disease.
State of Georgia,	1
State of Georgia,  County.	<b>S</b>
John Notrey	Ordinary of said County
do certify that I am well acquainted with	11. 1. 0. 1
the applicant in the foregoing affidavit, and	
by him in his said affidavit are true, and I kn	
to be, and that he resides in this County.	,
Given under my official signat	ure and seal, this
day of	A Q 1908,4 -
	huttw has
ANT I	rdinary Cobb County.

Nors.—Eili all blanks and of Company and Regiment. Nors.—All vouchers and affidavits must bear date after January 14t, 1906.

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of G	eorgia,	-	
Cook	County.		
Personally ap		brus_01	Copa
County, State of Geo	rgia, who, being duly sworn	, seys on oath that he	e is a bona fide citizen
and resident of said 5	State, and has resided there	in continuously ever	since the
day of	.18 ; that he enl	isted in the militar	y service of the Con-
	the State of	during	the war between the
States, and served as		in Company	of th Regiment
of Sa	Volunteers	_'s Brigade;	that whilst engaged
in such military servi	ce in the State of		on theday
of	186 , he was	wounded, injured or	r diseased as follows:
	Lift Ly	Droape	al
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			₹
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	es application for the per		
ending October 20th	1, 1907 I have heretofe		
	3000	Dollars, for the	an invalid pension of
S to I		4 4.	2.1
day of	ubseribed before me, this th	ne) My X	Durine.
1 day of	1907.	man	K
John &	huter	Postoffice	
Nors.—State fully th	e nature of the wound or characte	or of disease which causes	the disability, and explain
particularly the extent of the	disability sulting from the wound	d or disease.	
State of G	County	Ordi	nary of said County,
da		Who De	Real County,
do certify that I am the applicant in the fo	oregoing affidavit, and am v	rell nationed that d	The same is
	davit are true, and I know		
to be, and that he resi		ic is the individual	ne represents ninisen
	under my official signature	and seal this_	14
day of	1	1907.	1.
(	1. 1	Johns	w ben
AMa your enal	Onti	pary the	County.
-m224-1	Nors Fill all blanks and of Comp Nors All vouchers and affidavits	any and Regiment, must bear date after Janus	/ 

Luxoree, U.C. Bolt Niplicates Maimed Soldiers. Maimed Soldiers. 1891. Voucher No. 2/32 Audited Feb. 18 Voucher No. 63 V Maimed Soldiers. Amount & SO Amount \$ 50 Voucher No. 90 2 Paid to 11 (CA cepres Part to MR Dupree Amount \$ 5 ( For Seg K (Eg disubled) For Ley disables mid to It C. Dupies For 13, Dy much Hely 18 March 1 1890 Act .111 Included in Warrant No Included in warrant No. Included in warrant No. issued to Treasurer issued to Treasurer. issued to Treasurer. W. J. Campbell, State Printer, Constitution Job Office. WARRANT CLERK A.S. Clay U.S. Clay, Ost to lay

No. 6311. STATE OF GEORGIA. EXECUTIVE DEFARMENT. \ Allanta, @a ( bby 18 Mr. f & O. Duprec having filed his application in the Executive Department for an allowance under the Act approved October 24, 1887 as amended by Act. Dec/21, 1888, and the same having been allowed for Vat leg desabled Executive Department for warrance By the Governor CLERK EXECUTIVE DEPARTMENT.

18 of Ola by A. S. Colay

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

Atlanta, Sa., McL EXECUTIVE DEPARTMENT. Mr. M. le Dupree having filed his application in the Executive Department for an allowance under the Act approved October 24, 1887, as amended by Act, approved, Dec. 24, 1888, and the same having been examined and allowed for leg desables Dollars for such disability, the same being the allowance the posthe year ending October 24, 1850 The Treasurer will pay the same and hold hip receipt a this voncher, and return same to Executive Department for warrant. Dr HHamser CLERK EXECUTIVE DEPARTMENT.

of march 1890

A. I lok on his ally in fact

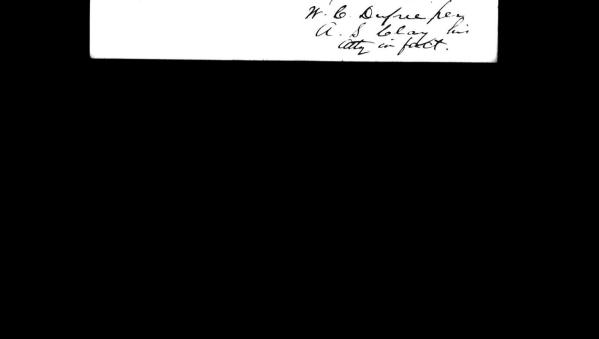
M. C. Dufree per

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

per above voucher, this

STATE OF GEORGIA,

STATE OF GEORGIA.  EXECUTIVE DEPARTMENT:  Mr.  Allanda, Sa. Stell, M. 1891.  Mr.  Allanda, Sa. Stell, M. 1891.  Mr.  Of the Courty having filed his application in the Executive Department for an allowance under the Act approved October 24, 1887, as amended by Acts approved Dec. 22, 1888 and Nov. 11, 1889, and the same having been examined and allowed for the is entitled to regave the sum of for such disability, the same being the disowang due looking year ending October 24, 1891  The Treasurer will pay the same being the disowang due looking year ending October 24, 1891  The Treasurer will pay the same being the disowang due looking year ending October 24, 1891  Executive Department for warrant.  By the Governor  A. 1.  Governor  A. 1.  Governor  A. 1.  Governor  Dollars, per above voucher, this  of Mr. A. J. C. A. 1891.
STATE OF GEORGIA.  EXECUTIVE DEPARTMENT.  Allanda, Ba. Olcla, M. 1891.  Mr. of the County 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 for such disability, the same being the flowance due looking year ending October 24, 1891  The Treasurer will pay the same to have gother on his voucher and return same to Executive Department for warrant.  OFFORM  SECVENORIA  By the GOVERNOR.  PLANTINE DEPARTMENT  Dollars, per above voucher, this.
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 Dollars for such disability, the same being the flowwance due for the year ending October 24, 1891  The Treasurer will pay the same in hole of the year ending October 24, 1891  Executive Department for warrant.  By the Governor.  Set a Executive Department  Set a Executive Department  Dollars.  Dollars.  Dollars.
Department for an allowance under the Act approved October 24, 1887, as amended by Acts approved Dec. 24, 1888 and Nov. 11, 1880, and the same having been examined and allowed for the is entitled to receive the sum of the forward distribution of the State of Control of the State of Control of the State of Governor.  By the Governor.  By the Governor.  Sec y Executive Department for warrant.  Sec y Executive Department  Covernor.  Dollars.  Dollars.  Dollars.
He is entitled to receive the sum of Dollars for such disability, the same being the mowane due for this year ending October 24, 1891  The Treasurer will pay the same and hollest the properties of his voucher and return same to Executive Department for warrant.  By the Governor.  See y Executive Department  See y Executive Department  Received of R. U. HARDEMAN, Treasurer of the State of Georgia.  Dollars, per above youther, this
He is entitled to receive the sum of the Results of such disability, the same being the Rowange due for the year ending October 24, 1891  The Treasurer will pay the same and holidate rectar on his voucher and return same to Executive Department for warrant.  By the Governor.  She'v Energine Department  Received of R. U. HARDEMAN, Treasurer of the State of Georgia  Dollars, per above youcher, this
Executive Department for warrant.  By the Governor.  See a Executive Department of Governor.  See a Executive Department of Governor.  Governor.  See a Executive Department of Governor.  Departmen
By the Governor  The Manager  Secve Energine Department  Received of R. U. HARDEMAN, Treasurer of the State of Georgia  Dollars, per above youther, this
RECEIVED OF R. U. HARDEMAN. Treasurer of the State of Georgia  Dollars.  per above voucher, this
RECEIVED OF R. U. HARDEMAN, Treasurer of the State of Georgia.  Dollars, per above voucher, this
Dollars.  per above voucher, this of the the 1891.
W. C. S. Clay his caty in fact.



Alsomay Maj.

In witness whereof, of hereunde affix my official Signature

Certificate of Release of Prisoner of War.

Prisence of War having the day token the Cath of - Megianee to the UNITED STATES, as presented by the Brendent in his proclumation of December 8th. 1860, is in conformity with instructions from the War

I hereby Certify, That

Department, hereby released and descharged

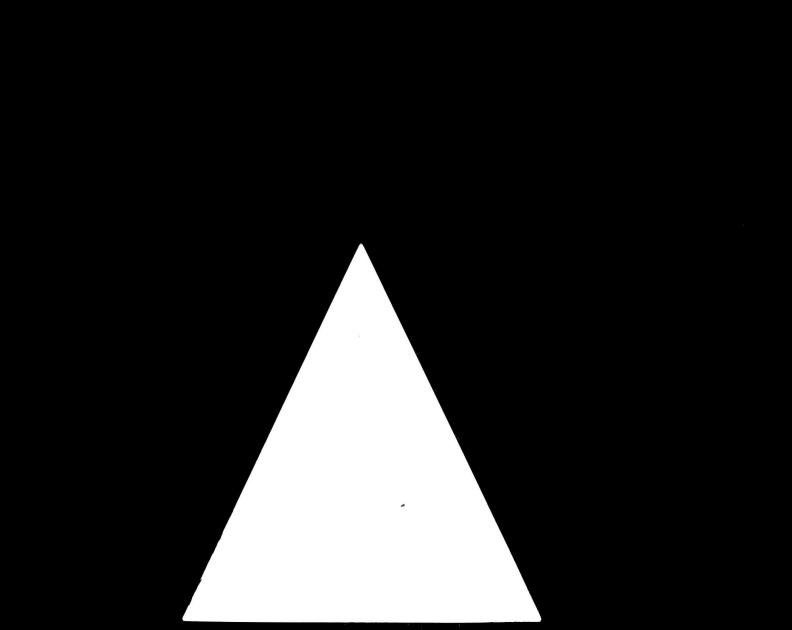
WEAD QUARTERS, POINT LOOKOUT, MD.

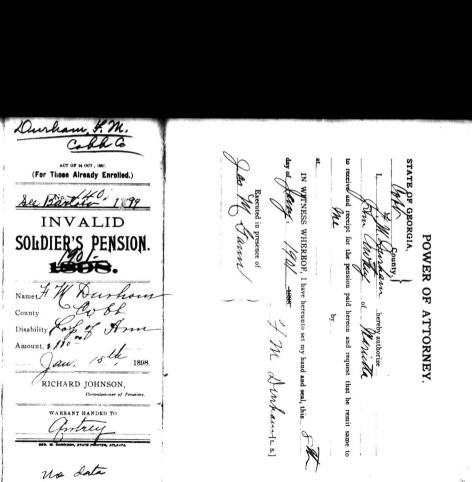
A upor

Maj. and Provost Marshal.

### OATH AND PAROLE.

I do solemnly swear, in presence of Almighty God, that I will beneficit faithfully support, protest and defend the Constitutes of the United States, and the Union of the States thereunder, and that I will in like memore abide by and baithfully support all notes of Congress passed during the existing rebellion where references to slaves, so long and so far as no repealed, modified or held void by Congress, or by decision of the Supreme Court, and that I will in like magner abide by and baitofilly support all preclamations of the President made during the existing rebellion, having reference to slaves, so long and so far at not modified or declared void by decision of the Supreme Court.—Shelp time God, and I give my solemn partie of home to be enforced according to indicate have that I will high no correspondence with, or afford any all or combet to any encuries or opposers of the United States, such go an act of humanty, it admission to the necessity of individuals, who are misckness or distress, and I selemnly declare that this Oathand Pande is then and given treely and willingly, without any mental reservation or evasion whatever, and with tall intention to keep the same.





### POWER OF ATTORNEY.

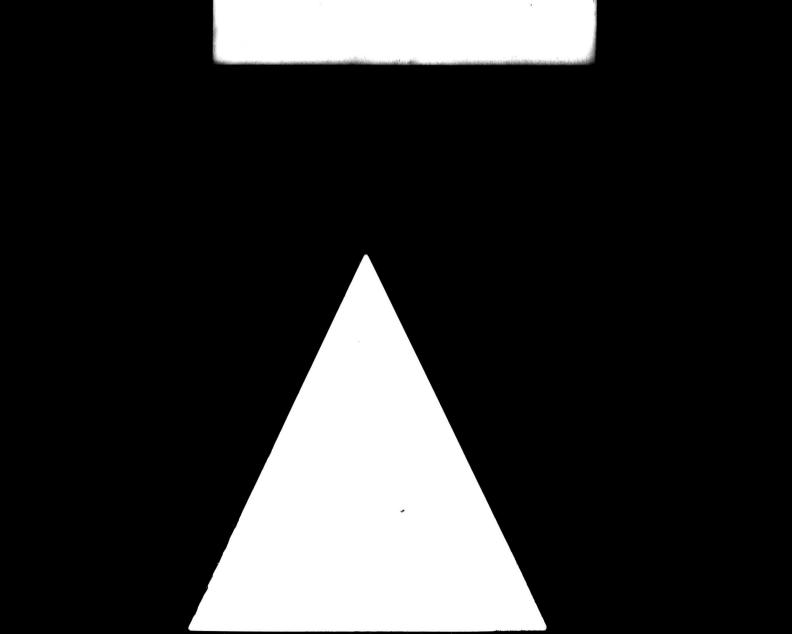
STATE OF GEORGIA	County,	
John I	why of Marita	
to receive and receipt for	the pension paid hereon and request that	he remit same to
//	EREOF, I have hereunto set my hand and se	eal, this &
	901 1008. 7 m De	wham[L. S.]
Las M. Gas		
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and the second s		
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Enrolled I I I I I I I I I I I I I I I I I I I	W SON,	ED TO
(For Those Aiready Eurolled  (For Those Aiready Eurolled  (For Those Aiready Eurolled  INVALID  INVALID	THE CANAL CANAL STORY OF ST JAM. OF THE STORY OF THE RICHARD JOHNSON	MARKANT RANDED TO FORTHAME TO THE TOTAL TO T
IN V OIER	BICHA A STATE OF THE PARTY OF T	WARRA
5 7 7	1 12 7 1 1 0 1	
SOLI	Name of County Disability Amount, 8	

I have paid we

County.

# For Applicants Heretofore Allowed Pensions.

SIMILEYUE	GEORGIA,
COP	County.
Personally	appears A. M. Durham of both
	f 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	184/2; that he enlisted in the military service of the Con-
	(or of the State of) during the war between the
	ved as a Minal jn Company II, of Leth Regiment
of Ja	Volunteers, North of Mers 's Brigade; that whilst engaged
in such military	service in the State of Virginia on the 13th day
of Dien	when 1862, he was wounded, injured or diseased as follows:
At hat	the of Andricohny applicant received a gree
Al of live	
ONOL WILL	the contract of the contract o
ann w	he amputed above the clow
	The state of the s
	Management and the second seco
	Control of the Contro
Management of the second of th	
Deponent de	esires to participate in the benefits of the Act, approved October 24th, 1887,
and the acts ame	endatory thereof, and makes application for the pension to which he is
entitled for the y	rear ending October 26th, 1898. I have heretofore under said law as a
	Bartan county been allowed an invalid pension of
# 1000	Dollars, for the year 180- 1900.
Sworn to an	id subscribed before me, this, the
Th-	1 - Markan
day	of Jany. 1901 BOOK. POST-OFFICE
John	Stutter only
Nort-Hate fully t	the nature of wounder character of discounting
of the disability, resulting	the nature of wound of character of dispase which causes the disability, and explain particularly the extent
STATE OF	GEORGIA.
	ADDITION,
COP,	County.)
I. X	Thu Dwan
' //	am well acquainted with M. Durham the
applicant in the id	oregoing affidavit, and am well satisfied that the statements made by him
in his said amdavi	it are true, and I know he is the individual he represents himself to be
and that he reside	es in this County.
	Given usder my official signature and seal, this
	day of 1901 1808
AMX	0 1 11
seal here.	John swhie
~~	



No. 962 Application for Allowance Regita Ley awabled Applicant of P. Durham County Cook Amount 21 Dute of Warrant June 1/55 Entered on Record, June 1 1888 My 16
Secretary Executive Department.

Application for Allowance

No. 162

No.

## STATE OF GEORGIA, 1

PERSONNEL appears Jus P. Durham & look State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has been such since the 2" day of Deptember enlisted in the military service of the Confederate States (or of the State of during the war between the Stages, and served as a friendle in Company 9, of Volunteers & Hofferd's Brigade : that 18 th Regiment of 92 whilst engaged in such military service, at the battle of I therefore the State of June on the 2" day of June on the 2" day of July 1863 , he was wounded a tollow the was that its ought the logicley right leg, the bone was broken allto pieces it was one a year before the lag could be used, the frist was made slift the log were applicant was discharged from the veryused a content. The leg was revolved substantially and is sentially useless to swells up in a and is a him in the benefit of the Act, applying 14, 1887, and makes application for the allowance to which he is entitled thereunde Sworn to and subscribed before me, this the A P. Durham day of May

#### COMMISSIONED OFFICER'S AFFIDAVIT

STATE OF GEORGIA. County.

& W. Comments Orang

Prisonally came before me as the ferries of the county of both State of Georgia, who, being duly sworn, says that he was a commissioned officer in Company of the County of Regiment of Georgia, who, being duly sworn, says that he was a commissioned officer in Company of the Regiment of Georgia, who, being duly sworn, says that he was a commissioned officer in Company of the Compa

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

STA	TE (	)F	GEORGIA,		
	6			1	'ounty

PERSONALLY came

entizens of

county, in said State,

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

and know that he received the wounds for contracted the diseases in the inditary service, as stated by him in the foregoing allidavit; that said wounds cor disease) permanently disables applicant, as stated by him; that said applicant is a hour fide crizen County, and we are well satisfied that alithe states of this State, and resides in

Sworn to and subscribed before me, this

nents in his affidavit are true

STATE OF GEORGIA. 10001 County.

Prison very comes before me & it Hamistell Ordinary of said and v. Dr. A. A. Bote E. S. Silve means reputable physicians of said County, who, being sever divisioning say on ooth that they have arcture examined fas P. Dierhain and after such examination six that the applicant has been mured as solour the was ofer through the night beg the bone was broken the second as beening some the les in slift and 4 ceedings wear and wentill a substantially usiless-16 day of May I Sitze The.

STATE OF GEORGIA,	
lest	Count

I. 142	well acquainted with	a,	Ordinar of s	aid county,
do certify that Lam	well acquainted with	Jas P. Di	wha	the
applicant in the foreg	oing affidayst, and am we	Il satisfied that the stat	ements made by him	in his said
affidavit are true, an	d I know he is the undi	vidual he represents h	imself to be, and that h	ie resides in
this county. I also	certify that the foregoin	g witnesses are perso	ons of respectability, an	d that their
statements are worth	s of full credit and belief.	Lev Do Coal	livo	

attidavits were made and power of attorner was signed, is a Corners of Watery Public of said county, and that the said affidavits and signatures thereto are genuine

Given under my official signature and seal, this

Counts

#### POWER OF ATTORNEY

#### STATE OF GEORGIA

6086

Know all men by these presents, That I fas P. Durham

county, in said State, do hereby appoint

Cook les 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 many mains 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 becenite set my hand and seal, this

day of May

of & Durkann

Executed in the presence of us-

& M. Commett

PPLICATION FOR ALLOWANG

PERSONALLY appears

Personally appears

State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and residence of said State, and has been such continually since the day of 1836, that he enlisted in the military service of the Confederate States (or of the State of Auring the war between the States, and served as a homeometry of the Regiment of Volunteers homeometry of the State of the States of the Company of the State of the States of the State

STATE OF GEORGIA,

County

Pressonative syncy before me

and left fills both known to me as reputable physicians of said county, plo, being severally sworn, say on oath that they have carefully examined

examination say that the applicant has been stifured as follows:

The line the line of the

Sworn to and subscribed before me, this hay of March 1889 — & Jack 1: 4. ORDINARY.

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

STATE OF GEORGIA do certify that I am well acquainted with applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and that he is disabled to the extent he claims, and I know he is the individual he represents himself to be, and that he resides in this county. I also certify that the foregoing witnesses, to-wit are persons of respectability, and that their statements are worthy of full credit and belief. I further certify that before whom the foregoing affidavits were made and power of attorney was signed, is a of said county, and the said affidavits and signatures thereto are genuized Given under my official signature and seal, this

#### POWER OF ATTORNEY

STATE OF GEORGIA . 10066 County.

Know all Men by these Presents, That I.

county, in said State Ao hereby appoint

me and in my name, to receive and receipt for whatever amount of money I may be entitled Ito 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

Murch

(L. S.)

Executed in the presence of us:

DIRECTION

Send money to me as follows, by

P.O.

County, Georgia.

ya boot be the fusher since that have Carefully yanusud J. P. such am the applicant he dies money Last beagen ous entitied for fina pa, and is non unders . The apple & and uses a confer

#### 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 statement. obstoring. It appreciates the second production of the second production of the service.

2. The law makes no allowance for an arm or leg, unless the arm or leg has been rendered edistantially

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

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

<b>6</b>	STATE OF GEORGIA,  County:  I,  Ordinary of said county.  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  I. Howard 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 day of Toby.  Ordinary  Ordinary  County.		I. Grdinary of said County.  I. Grdinary 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 further certify that of said County, and the said affidavits and signatures thereto are genuine.  Given under my official signature and seal, this day of McClay, 1891.  Ordinary Collection County.	
Edith Co.	APPLATION FOR ALLOWANCE.  APPLICATION FOR ALLOWANCE.  A COMING. ALCOMANCE.  Amount. J. Becker.  Coming. J.	Both B.	Application for Allowance  The Man and the State of State of Warrant, The Last of State of St	
*	My Control of Control		the land of the desired of the lands of Pening.	

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,	
County.	
PERSONALLY appears J. P. Durham of both	1.1128
Since Continue appears y	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
to be that he canada in the initiary service	of the Con-
federate States (or of the State of ) during the war	
States, and served as a friend in Company A, of /8 t	h Regiment
of Georgia Volunteers Wofford 's Brigade; that wh	ilst engaged
	in the State
of Pennsylvania on the 220 day of luly 18	63, he was
wounded as follows: fing struck in light and le	4 Himmi
hall and tearing out leaders and past of bone &	
four caned by this wound part of flech	19
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suff and thereby come said the	2 Bankers
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Deponent desires to participate in the benefits of the Act, approved Octob	
and the acts amendatory therest, and makes application for the allowance to entitled for the year ending October 26, 1890. I have heretofore been allowed.	which he is
of dollars.  October 26, 1890. I have heretofore been allowed dollars.	d a pension
Sworn to and emberrised before me, this the	
11 day of Felly 1800 & Durhai	n
11 day of The Thinks	*
NOTE. State fully nature of wounder parties or distantishing the disability, and explain particular	do the extent of
the disability	Ty the extent of
POWER OF ATTORNEY,	
STATE OF GEORGIA	
6.46	
County.	
KNOW ALL MEN BY THESE PRESENTS, That I,	~
of look	
county, in said State, do hereby appoint W. N. Perkinson	_
of Chardru County Through my true and lawful attorney me and in my name, to receive and receipt for what ever amount of money I may to from the State of Georgia by reason of the injury received as aforesaid in the	in fact, for
me and in my name, to receive and receipt for what ever amount of money I may	be entitled
service of the Confederate States (or of this State)	
hereby authorizing my said attorney to receipt in my name for any Warrant the	nat may be
aforesaid	the reason
IN WITNESS WHEREOF, I have hereunto set my hand and	seal, this
day of Februs 1800	
	6. 21
Executed in the presence of us:	my si
D. Power	
118 11 Paron L 1/2 O. h	N/C
- Court	
Studenous to me se follows by	
SIVIE (II "CEOBCIV")	
	P. O.
County, Georgia.	

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA
PERSONALLY appears P. Durilliff of (
County, State of Georgia, who, being duly sworn, says on oath that he is a hour fide is
resident of said State, and has resided therein continuously over the state of the said State, and has resided therein continuously over the said State.
day of Colors y 1830; that he enlisted in the military service of the Confederate States (or of the Spate of
States, and served as a first in Company of the Regiment
s Brigade: that whilst engaged
LI in the State
of day of 1862, he was
wounded as follows: 134 Marine Call finition a stig
tigring up the works of said leg sets
to frechised that quitien arrecomposite
much he as arily with they all the
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Depotions desired to participate in the Centents of the Age approved October 24, 1857, and the acts smendatory thereof, and makes application for the allowance to which he is entitled for the very centing Orthory of 1861. I have been considered to the allowance to which he is entitled
and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1891. I have heretofore been allowed a pension of
dollars, for v ceel (Cose Gillett)
Sworn to and subscribed before me, this, the
131 day of 190 (1/1, 180)
1/11. (10/11.)
Norm State fully nature of wound or character of disease which causes the disability, and enplain particularly the extent of the disability, resulting from the wound or disease.
the disability, resulting from the wound or disease.
POWER OF ATTORNEY.
STATE OF GEORGIA.
County.
Know all Men by these Presents, That I.
ofCounty, State of Georgia, do hereby appoint
The Confidence of the confiden
of Chilippe ( Circuity and my true and lawful attorney in fact, for
me and in my name, to receive and receips 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 Confedence News and the state of
of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing my said autorney to receipt in my name for any Warrant that may be issued by the Governor of the state of the
not, of for ally suin of money which may be coming to me for the reason aforestid
IN WITNESS WHEREOF, I have hereunto set my hand and seal, this
day of 1 67 1891.
Executed in the presence of us:
110 Mora
AV a
M. Down
Send money to me as follows, by
to P.O.
County, Georgia.

STATE OF GEORGIA. do certify that I am well acquainted with. applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and that he is disabled, to the extent he claims, and I know he is the individual he repesents himself to be, and that he resides in this county. Given under my official signature and seal, this 32 day of 1110 K ordinary. County. SOLDIER'S PENSION

POWER OF ATTORNEY. County, Georgia. evident of set d State, and has resided therein continuous. STATE OF GEORGIA. For Applicants Heretofore Allowed Pensions.

For Applicants Heretofore Allowed Pensions.
STATE OF GEORGIA,
of LCCC Lounty, 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 CALAST 18 AS: 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 figure company A.
of th Regiment of Volunteers Control is Brigade: that whilst engaged in such military service at the battle of
in the State of Point , on the day of
186 3, he was wounded as follows
Can Committee Silver The night
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to a f to perform the continuent that the proof
Depoyent desires to participate in the benefits of the Act approved October at 189- 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
Dollars for Daid levens
Sworn to and subscribed before me this the
day of 1606 1892 A P Cherhan
Nutr -State fully moure of wound or character of disease, which causes the disability, and explore particularly the extent of the heability.
POWER OF ATTORNEY
STATE OF GEORGIA.
Know all Men by these Presents, That I.  County, its said State, do hereby appoint of the Period Per
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me and in my name, to receive and receipt for whatever amount of manny I will be
the Confederate States (or of this State) as stated in the foregoing affidavit, bank and the confederate states (or of this State) as stated in the foregoing affidavit, bank and the confederate states (or of this State) as stated in the foregoing affidavit, bank and the confederate states (or of this State) as stated in the foregoing affidavit, bank and the confederate states (or of this State) as stated in the foregoing affidavit, bank and the confederate states (or of this State) as stated in the foregoing affidavit, bank and the confederate states (or of this State) as stated in the foregoing affidavit, bank and the confederate states (or of this State) as stated in the foregoing affidavit, bank and the confederate states (or of this State) as stated in the foregoing affidavit, bank and the confederate states (or of this State) as stated in the foregoing affidavit, bank and the confederate states (or of this State) as stated in the foregoing affidavit, bank and the confederate states (or of this State) as stated in the foregoing affidavit, bank and the confederate states (or of this State) as stated in the foregoing affidavit, bank and the confederate states (or of this State) as stated in the foregoing affidavit bank and the confederate states (or of this State) as stated in the confederate states (or of this State) are stated in the confederate states (or of this State) are stated in the confederate states (or of this State) are stated in the confederate states (or of this State) are stated in the confederate states (or of this State) are stated in the confederate states (or of this State) are stated in the confederate states (or of this State) are stated in the confederate states (or of this State) are stated in the confederate states (or of this State) are stated in the confederate states (or of this State) are stated in the confederate states (or of this State) are stated in the confederate states (or of this State) are stated (or of this State).
or for any sum of money which may be coming to me for the reason aforesaid.
IN WIENESS WITEREOF, I have hereunto set my hand and seal this
day of Markani [L. s.]
Executed in the presence of us:
1111 11- 11
Ill Tom Colly
DIRECTION.
Send money to me as follows, by
P. O.

FOR Appl	icants Heret	otore allow	red Pension	08.
STATE OF GI	EORGIA, )	Ameng Lang.	And the section of	THE STATE OF THE S
200	CO Cours So	0	1 1	1
PERSONALLY appear	of I au	tham of	look	6
County, State of George	id, who, being duly sw	orn, says on oath the	at he is a bona fide	citizen and
resident of said State, a				
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States, and served as a	Christ	the state of the s	during the war b	
of Ya	Wolunteers LL	The second second	rigade ; that whilst	11.7
such military service at	the battle of	Tellyshi		in the State
of Jenn	, on the	May of	118	3, he was
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Maria	Chachic	10 100	- Wite	+74
Dan for	BV The	delina	The	S. S.
arhave	trong ox	left !	٠ ٧	
Deponent desires	o praticipate in the be	nefits of the Act, app	roved October a4th	h, 1887, and
Deponent desires the acts amendatory the the year ending October	r 26, 1893. I have he	ation for the allowa retolore been allowe	nce to which he is o	entitled for
Z V	O L do	llars, for Was	a dis	bilit
etto	ribed before me, this, the	3 7 121	Turham	
day o	189	3.)		
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Nora-State fully nature of disability, resulting from the wo	wound or character of disease and or disease,	which ecuses the disability,	and <i>enplain particularly</i> ti	ne extent of the
STATE OF GE	ORGIA,	1 4		
Cook	County &	_		
I,	THE STU	Person.	Ordinary of se	ald County.
do certify that I am wel	l acquainted with	To a win	ham	the
•	(/	ll satisfied that the s	tatements made by	31
applicant in the foregoin 1 260 to 1 10 the b said affidavit are true, a	icreuce of in:	a the extent he claim	e and I know he	in the in
dividual he represents h				is me in-
I firsther certify the		ave becoming set	uik er sun	N 97 - 910
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any said atterney to as	Tor of this State), 4. si		nty and the said af	
signatures thereto are g		r whatever wif <del>loant</del> jury received as afor	esaid in the mine	O Section of
	ficial signature and seal	A 16000	mad	
Siven under my pr	treem of training and like	XZIOX	1	1893.
vnou all Men	M (rese ) Lesont			·L. ant
	In these Present	nary C		County.
IVLE OF CE	SORGIA, I			

POWER OF ATTORNEY.

# POWER OF ATTORNEY.

POWER OF ATTORNEY.	DOWEL OF ACCOUNT
STATE OF GEORGIA,	POWER OF ATTORNEY.
County.	STATE OF GEORGIA,
KNOW ALL MEN BY THESE PRESENTS, That I	COUNTY, SO
of. Clark	Know all Men by these Presents. That I,
County, State of Georgia, do hereby appoint	County, Staple of Georgia, do hereby appoint of Will Bener
me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the	of Woodstock The my true and lawful attorney in fact,
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	me and in my name, to receive and receipt for whatever amount of money I may be putitled to form
in my name for any Warrrant that may be issued by the Governor, or for any sum of money which may	State of Georgia by reason of an injury received as aforesaid in the military service of the Confeder States (or of this State), as stated in the foregoing affidavit; hereby authorizing my said Atte
be coming to me for the reason aforesaid.  IN WITNESS WHEREOD, I have hereunto set my hand and seal, this	ney to receipt in my name for any Warrant that may be laused by the Governor, or for any aum of mon which may be coming to me for the reason aforesaid.
111 1/2	IN WITNESS WHEREOF, I have hereunto set my hand and seal, this.
Excepted in presence gous	day of
1211 Star 19	Executed in the present of us
JAN June	All Alon !
DIRECTIONS.	Unity!
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PENSION  PENSION  PENSION  PENSION  PPENSION	1881 1891 Z
For Those Already Enrolled.  DIER'S PENSIG.  1895.  CLUCCOS.  S. 50  P. CLUCCOS.  S. 50  S. 50  WARRAY BARD TO TO  WARRAY BARD TO  S. 50  S	1 2 3 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1
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# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
personally appears & Durken of Look
personally appears to Miradu of Cook
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 Co. 1935; that he enlisted in the military service of the Con-
federate States (or of the State ) during the war between the
States, and secret as a in Company, of the Regiment of Volunteers, Wolfford 's Brigade; that whilst engaged in
such milhary service at the battle of (Mysling) in the State
of Juny, open I, day of Suly 186 3 he was
wounded as follows: By bullet thinks the
night ankle and leg Growtha
Did leg Do that definit
is resident proctions liconstate
to perform, the preling menual ovo -
this of life.
Deponent desires to participate in the benefits of the Act, approved October 24th, 1887,
and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26th, 1895. I have heretofore been allowed a pension.
of dollars, for the year 189
Sworn to and subscribed before me, this, the A. P. Ofurhum
May of Ma
Norse State fully the nature of wound or character of disease which causes the disability, and explain particularly the extent
of the distriby, resulting from the wound or disease.
STATE OF GEORGIA.
(
County.
I. Ordingry of said County,
do certify that Yam well acquainted with the
applicant in the foregoing affidavit, and an well satisfied that the statements made by him
in his said affidavit are true, and I know he is the individual he represents himself to be
and that he resides in this County.
Given under my official signature and seal, this
ину от 1895.
Affix South
here here

# For Applicants Heretofore Allowed Pensions.

**
STATE OF GEORGIA.
Coo Journey O
PERSONALLY appears & Wurham of Cook
County, State of Georgia, who, being duly sworn, says on oath that he is a bona flde citizen
and resident of said State, and has resided therein continuously ever since the
day of Carrothe 183 I that he enlisted in the military service of the Con-
federate States (or of the State of A. ) during the war between the
States, and served as a in Company, of the Regiment of Volunters Volunters 's Brigade; that whilst engaged in
such mittary service at the battle of Heitzaling in the State
of the on the day of July 1863 he was
wounded as follows: 19
Di by gunshot stilling the
light offer and leg tristing of
Ayres & Musques to that dans
tag is who has penales away
The tracks deformed grackery
Deponent desires to participate in the benefits of the Act, approved October 24th, 1837,
and the acts amendatory thereof, and makes application for the allowance to which he is
entitled for the year ording October 26, 1894. I have heretofore been allowed a pension of
dollars, for the year 189 3
Sworn to the subscribed before me, this, the
6 T day of Med 1894.
All the
North-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
STATEOF GEORGIA.
Cooler con
MIN ALTERNATION OF THE PARTY OF
1, Ordinary of said County.
do certify that I am well acquainted with the applicant in the foregoing affidavit, and an well satisfied that the statements made by him
in his said affidavit are true, and I know he is the individual he represents himself to be
and that he resides in this County.
Given guder my official signature and seal, this
day of Mehr. 1804
AME A
here
V labe

POWER OF ATTORNEY.	POWER OF ATTORNEY.
STATE OF GEORGIA, County County hereby authorize H. H. Genson of Tookstock Ju.	STATE OF GEORGIA.  County.  I. County.  of Attanta Ya
at  IN WITNESS WHEREOF, I have hereunto set my hand and seal, this day of  Executed in presence of us    Compared to the pension paid hereon and request that he remit same to by Trim    Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim   Trim	to receive and receipt for the pension paid hereon and request that he remit same to the s
SOLDIER'S PENSION,  1896  Name Cobaty  Disability Might Person  St. 1886  RICHARD JOHNSON,  Serving Encuring Engenties Department.  WARRANT HANDED TO  WARRANT HANDED	FILLS ARM THE STATE OF STATE OF THOSE AIRCRAFT STATE OF THOSE AIRCRAFT STATE OF THE

Durham. P.P.

# For Applicants Heretofore Allowed Pensions.

**
STATE OF, GEORGIA,
County.
Dersonally appears & Surhams 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 Od F. 183 that he collisted in the military service of the Con-
federate States (or of the State of) during the war between the
States, and derved as a Company of Sth Regiment
s brigade, that whilst edgaged
of July 1862 he was wounded, injured or diseased as follows:
1 1 Jan quishot Shirty the
right law between the Burn
and Carkle chartunia
bones the one Same
and Hish ow account of
which defout is Knows Three
Tically bucoms tent to Dectorn
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 unding October 26th, 1896. I have heretofore as a resident of
Neounty been allowed a pension of
Sworn to and subscribed before me, this, the
The same of the sa
1800.)
NOTE—State fully the nature of wound or character of disease when a ways the list life.
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,
Gover gounty.
I, Ordinar of said County,
do certify that I am well acquainted with
applicant in the foregoing affidavit, and am well satisfied that the statements made by him
in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County.
Given under my official signature and seal, this
day of_ 726y. 1896.
AMIL A
ber. Stone
and Cold
Ordinary County.

For Applicants Heretofore Allowed Pensions.

STATE O'CONTRACTOR
Dolol gounty.
personally appears & Musham Col
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 DCK, 183 that, he enlisted in the military service of the Con-
federate States (or of the State 1) during the war between the
States, and served as a Chron Company of Sth Regiment
of Volunteers, Wolfer 's Brigade; that whilst engaged
of 1862 have swounded, injured or diseased of follows;
The season of topows:
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- Ayr.
Deponent desires to participate in the benefits of the Act, approved October 24th, 1887,
and the acts amendatory thereof, and makes application for the pension to which he is
entitled for the year ending October 26th, 1897. I have heretofore under said law as a
resident of county been allowed an invalid pension of
Dollars, for the year 189
Sworn to and subscribed before me, this, the 1. 2. P. Durhami
May of of thy 1897. POST OFFICE The distract
the trongong
Nors-State fully the nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease.
STATE OF GEORGIA,
County.
1, 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 1897.
(AMIX)
ead here.
Ordinary County.

POWER OF ATTORNEY.	
STATE OF GEORGIA,	
I. J. P. D. whave hereby authorize I'll denson, of I wonditock, Ga.	
to receive and receipt for the pension paid hereon and request that he remit same to	
by state him	
IN WITNESS WHEREOF, I have hereunto set my hand and seal, this	
day of 1. Chy 1898.	
? Tushine [L. s.]	
Executed in presence of	
A. J. Handy.	
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SOLD Soll D Solis D S	

POWER OF ATTORNEY.
STATE OF GEORGIA,
1. J. P. Deishaw tereby authorize 91: 91: Busow of Woodstock, Sa.
,
to receive and receipt for the pension paid hereon and request that he remit same to
as Hoodstock
IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 20
day of Heby. 1899.
of pourham [L.s.]
Executed in presence of
J. J.

Name J. P. Sunh. County Loofs

1899.

SOLDIER'S PENSION. (For Those Aiready Esrelled.) Ginham, 1.0. INVALID No. 3357

RICHARD JOHNSON, Disability Less
Amount, \$ 50.

WARRANT HANDED TO

	POWE	R OF ATT	ORNEY		
le	GEORGIA, OOBO County P. Durke		authorize	M.	Stone Ga.
to receive an	d receipt for the pe			,	
	uu	_by	him	,	(
IN WIT	NESS WHEREOF	, I have hereunto	set my hand a	nd seal, t	his 6th
J. J.	ited in presence of IH according.				
(For Those Already Enrolled.)	SOLDIER'S PENSION.	Name & Durhaus County Coll	Amount, \$ 50. Warrant issued // (2. 7 1900.	JOHN W. LINDSEY, Communicate of Practions.	Oce W Harrow, Bees Prints, Alaba.

POWER OF ATTORNEY.
STATE OF GEORGIA,
with County.
I & Dunham hereby authorize Whn Awh
STATE OF GEORGIA,  Who County.  I. J. P. Durhom hereby authorize John Awh  of Morecia
to receive and receipt for the pension paid hereon and request that he remit same to
4
at Manuth  IN WITNESS WHEREOF, I have hereunto set my hand and seal this 12
IN WITNESS WHEREOF, I have hereunto set my hand and seal this 12
O STATES WHEREOF, I have nerenito set my hand and seal this
day of Johnson 1901.
D. O. Ducham [L. 8.]
in Witness Whereof, I have hereunto set my hand and seal this /2 day of Jumay 1901.  [L. s.]
Executed in presence of

(For Those Already Enrolled.)

No. 189

SOLDIER'S PENSION. Name of Burnenn County JOHN W. LINDSEY. DISABLED WARRANT HANDED TO 1901. Amount, \$ Disability

# For Applicants Heretofore Allowed Pensions.

11
STATE OF GEORGIA,
Godd County.
personally appears & P. Durham of Coob
County, State of Georgie, 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 Catober 1835; that he enlisted in the military service of
the Confederate States (or of the State of ) during the war between the States, and served as a wiwate , in Company of /8 th
tween the States, and served as a frivale, in Company of, of 8th
Regiment of Leorgia Volunteers, Haffald 's Brigade; that whilst
engaged in such military service in the State of Reccus, on the 2 ""
day of feely 1843, he was wounded, injured or diseased as follows: By years took Striking right ankle and
fractioning bour thereby rendering
applicant incompetent to
arbeations of life.
activations of siege.
Deponent makes application for the pension to which he is entitled for the year
ending October 20th, 1000. have heretofore under said law as a resident of
County been allowed an invalid pension of
Sworn to and subveribed before me this the very life the
Sworn to and subscribed before me, this, the 1 Aparhana 6 th day of the before me, this, the 1 Aparhana
May of Personal 1900.) Post office 7/00 dslock, So
181 - Smuson
Note -State folly the nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease.
STATE OF GEORGIA.
County.
I. J. W. Stace , Ordinary of said County,
do certify that I am well acquainted with I Durkau the
applicant in the foregoing affidavit, and am well satisfied that the statements made by him
in his said affidavit are true, and I know 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 1800/1.
) ami ( uay of V C C C C C 1800 )
Con Cont
Ordinary County.
•

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Coff County.
Personally appears & Durham of Coff
County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen
and resident of said State, and has resided therein continuously ever since the
day of Uel. 1838; that he enlisted in the military service of the Confederate States (or of the States of Lands of Lands) during the war between the
States, and served as a Minak in Company A, of 18 th Regiment
of ta Volunteers, William 's Brigade; that whilst engaged
in such military service in the State of Perm., on the 2 day of they
by Jun that hadding aight auth and
fracturing bone, thereby reddering applicant
In Competent to perform the Ordinary man
wal avocations of life
The second secon
Deponent makes application for the pension to which he is entitled for year end-
ing October 2011, 1901. I have heretofore under said law as a resident ofCounty been allowed an invalid pension of
Dollars, for the year 1900.
Sworn to and subscribed before me, this the
1901. Postoffice
John Awty, Ordinary
NOTE.—State fully the nature of the wound or character of disease which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease.
STATE QE GEORGIA,
Cow County.
1, John Swhey D Ordinary of said County,
do certify that I am well acquinted with I. P. Dusham the
applicant in the foregoing affidavit, and am well satisfied that the statements made by him
in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County.
.7
Given under my official signature and seal, this /2
day of January 1901.
Ann John Delivery

POWER OF ATTORNEY.
STATE OF GEORGIA, County.
1. Durhen hereby authorize
to receive and receipt for the pension paid hereon and request that he remit same to
by.
at
IN WITNESS WHEREOF, I have hereunto set my hand and seal this
day of \( \alpha - \mu \) 1902.
S. B. Rusham [1.8.]
Executed in presence of
y. Oil Game
SOLDIER'S PENSION  No. 300  DISABLED  SOLDIER'S PENSION  1902.  Name A. B. B. L. R. A. L. B. B. L. R. A. L. R. Egiment   E. M. B.

nobate

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to	receive a	nd receipt	for the	pensi	on paid h		nd requ	est th	at he re	mit same	to 
at											77
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đ	ay of Le	ny		1903.	11	P. A	urha	2117		_[r. s	. 1
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in a	HOSE /	DISABLEI	$\Xi$	3	\$ 16	30	G		JOHN	WARRANT HANDED (20.7. Barrison Stde Printer.	
23	FOR THOSE ALREADY ENDO	•   -			X	\$	llity_ nt, \$		70	* 8	
1/0		Ì	3		Name	County	Disability Amount,				
2.1	II.	11			, 4		_	1.1		E : 3	

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
Costo County.
Personally appears & Port frame of Call
reisonally appears
County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has resided therein continuously ever since the
day of O C + Cu 1853; 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 Thrivate in Company v , of /8 th Regiment
of In Volunteers, It offers 's Brigade; that whilst engaged
in such military service in the State of Peace , on the 2 milday
of 186 3 , he was wounded, injured or diseased as follows:
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night anthe and fracturing for
Thirty rendering applicant man-
kilist to perform the ordingry
namual avocation of life!
(0.7) (000)
Deponent makes application for the pension to which he is entitled for the year
ending October 20th, 1902. I have heretofore, under said law, as a resident of
County, been allowed an invalid pension of
Sugar to and subscribed before me this the
the state of the s
day of far. 1802. Post-office Fordalian
North State fully the nature of the wound or character of disease which causes the disability and criticis
North.—State fully the nature of the wound or character of disease which causes the disability, and exploin particularly the extent of the disability resulting from the wound or disease.
STATE OF GEORGIA.
County.
do certify that I am well acquainted with I Durham
the applicant in the foregoing affidavit, and any well satisfied that the statements made by
him in his said affidavit are true, and I know he is the individual he represents himself to
be and that he resides in this County.
Given under my official signature and seal, this
day of Jen 1902.
John Markey
Ordinary Co Bh County.
Norg.—Fill all blanks and of Company and Regiment Norg.—All vouchers and affidavits must bear date after January 1, 1902.

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
County.
Personally appears Quantum of work
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 18.35; 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 Therafy in Company of of & th Regiment
of Volunteers, hopened 's Brigade; that whilst engaged
in such military service in the State of the , on the 2 day
of
An your shot striking right
indle and Frostering time There's
sendering besieved mountalent
to perform the Ordinory manual avocation
I de
The same of the sa
and the second s
Deponent makes application for the pension to which he is entitled for the year
ending October 26th, 1903. I have heretofore, under said law, as a resident of
County, been allowed an invalid pension of
Dollars, for the year 1902.
Sworn to and subscribed before me, this the
day of they 1903. Post-office Novels wat
Fran Suiter Over
Nova.—State fully the nature of the wound or character of disease which causes the disability, and explain particularly the extent of the disability esulting from the wound or disease.
particularly the extent of the disability desulting from the wound or disease.
STATE OF GEORGIA, )
County.
I Some Antre
do certify that I am well acquainted with Jaurnau
the applicant in the foregoing affidavit, and am well satisfied that the statements made by
him in his said affidavit are true, and I know he is the individual he represents himself to
be and that he resides in this County.
Given under my official signature and seal, this 18th
day of Jumas 1988.
My Autur
Affine your years and the seal of the seal
here Ordinary County.

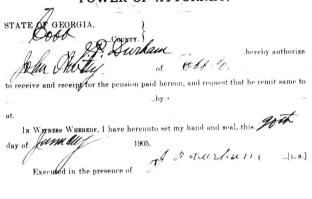
Nors.—Fill all blanks and of Company and Regiment.

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

### POWER OF ATTORNEY.

at.	Reserved to the	pension paid	by		at he rem	by authorize
Executed	in presence of		.0			
(FOR THOSE ALREADY ENROLLED.)	SOLDIER'S PENSION	Name (1) Burken	Country 18th Regiment H. 1860. Disability Wight Carkle	Amount, \$50	JOHN W. LINDSEY. Commissioner of Program	WARRANT HANDED TO  O-W BATTOON SHAP PY AFF ANDALS

## POWER OF ATTORNEY.



SOLDIER'S PENSION DISABLED 1905. CODE SECTION 128 (FOR THOSE ALREADY No. S

no date

HANDED TO

JOHN W. LINDSEY,

Disability

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

TOW HIT PROPERTY DESCRIPTION OF THE PROPERTY.
STATE OF GEORGIA,
lett County.
Personally appears & Caburhamy Levob
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
federate States (or of the State of
States, and served as a known of the company of the war between the
of Sa Wolunteers Lafford 's Brigade; that whilst engaged
in such military service in the State of Curry, on the 2
of fully. 186 3, he was wounded, injured or diseased as follows:
Of anathor striking water and
spirit fracturing bout thereby
renderna applicant incontrelier
to telitoriste the ordinary manual
arreating of life of
Deponent makes application for the pension to which he is entitled for the year
ending October 26th, 1904, I have heretofore, under said law, as a resident of
County, been allowed an invalid pension of
Dollars, for the year 1903.
Sworm to and subscribed before me, this the / A. D. Ducham
The Strate Care Post-office
, and
NOTE - State fulls the nature of the wound or character of disease which causes the disability, and explain perticularly the extent of the disability resulting from the wound or disease
STATE OF GEORGIA.
1. / The Aules (2) Ordinary of said Country
I. Auctify that I am well acquainted with Sushau
the applicant in the foregoing affidavit, and am well satisfied that the statements made
by him in his said affidavit are true, and I know he is the individual he represents himself
to be and that he resides in this Co
Given under my official signature and seal, this

Nork.—Fill all blanks and of Company and Regiment. Nork.—All vouchers and affidavits must bear date after January 1, 1994.

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
Cost COUNTY.) Personally appears. LA Durham of Cost
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
file Comments of the Comments
federate States (or of the State of ) during the war between the States, and served as a Wwatt - in Company A of 8 th Regions.
a 11 her megimen
7 D
of July Sun that Thirting night ander freetung wone
n
Deponent makes application for the pension to which he is entitled for the year
ending October 26th, 1905. I have heretofore, under said law, as a resident of
County, been allowed an invalid pension of
-50 - Dollars, for the year 1904.
Sworn to and subscriped before me, this the
De Hostoffice Post-office
Note -State fully the nature of the wound or character of disease which causes the disability, and explain particularity the extent of the disability resulting from the wound or disease.
Nove - State fully the nature of the wound or character of disease which causes the disability, and explain purificularly the extent of the disability resulting from the wound or disease.  STATE OF GEORGIA,  Journal  Ordinary of said County  1, PM Javall 180 () Ordinary of said County
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,  I,  Ordinary of said County, do certify that I am well acquaints with figure and with a policant in the foregoing authorit, and am well satisfied that the statements made the applicant in the foregoing authorit, and am well satisfied that the statements made
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  I,  Ordinary of said County, do certify that I am well acquaints with full wound or disease.
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  I,  Ordinary of said County, do certify that I am well acquaints with full wound or disease.
Nove - State fully the nature of the wound or character of disease which causes the disability, and explain purificularly the extent of the disability resulting from the wound or disease.  STATE OF GEORGIA,  Journal  Ordinary of said County  1, PM Javall 180 () Ordinary of said County

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

NOTE—All vouchers and affidavits must bear date after January 1, 1905.

### POWER OF ATTORNEY.

Jo	In	GEORGIA,	7	hor					authorize
				by					
at					**				_
ï	In Watn	ESS WHEREOF	, I have he	ereunto set	my band	and se	al, this	11	7
day of		in the presen	t	A. C. 65)	urh	an	1		[L. S.]
CODE SECTION 1200	No. 7 J	DISABLED LDIER'S PENSION	1906.	aty of the Reciment of	bility descendent	1906.	JOHN W. LINDSEY. Commissions of Persions.	WARRANT HANDED TO	Peaks North on Panded Co., Co. W. Harman, Ste.

## POWER OF ATTORNEY.

John Gutley	COUNTY. Surface.  of  he pension paid hereon, and by	, hereby authorize
		and seal, this //
SOLDIER'S PENSION	1907.  Name Manham.  County Coft.  Co. G. 18 Regiment Se. 10%  Disability Let deadles.  Amount, 15 D 1111.	JOHN W. LINDSEY.  Commissioner of Persions.  WARRANT HANDED TO  O  The W. BLERRON, PRINTER ALLETT.

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

Marin and American Control of the Control of	
State of Georgia,	
Cosh County.	(74
Personally appears & P Durhum	. 011
County, State of Georgia, who, being duly sworn, says	
and resident of said State, and has resided therein co	
day of	
federate States, (or of the State of	
States, and served as ain Con	during the war between the
ofVolunteers	's Point of the Regiment
in such military service in the State of	s Brigade; that whilst engaged
of 190 t	ded, injured or diseased as follows:
Right by disables	ded, injured or diseased as follows:
ag acsident	
No. 1	
900	
Section 10 100 100 100 100 100 100 100 100 100	
Deponent makes application for the parallel	N. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
Deponent makes application for the pension t	
ending October 26th, 1906. I have heretofore, u	
	been allowed an invalid pension of s, for the year 1905.
The state of the s	
Sworn to and subscribed before me, this the	Post-Office
day of the 1906.	
Will Anthe	Post-Office
Note.—State fully the nature of the wound or character of dis	
particularly the extent of the disability resulting from the wound or dis-	ease which causes the disability, and explain
State of Georgia,	
County.	
, John dry Trees	· Order of oth G
do certify that I am well acquainted with	Ordinary of said County
the applicant in the foregoing affidavit, and am well	satisfied that the satisfier
by him in his said affidavit are true, and I know he is	
to be, and that he resides in this County.	the individual ne represents himself
Given under my official signature and	real this 17
day of	and
day of the second	Loton de Ja
Tanta 1	a comment
eral Ordinary_	County.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

•	Georgia,	
		ham of Coth
County, State of		, says on oath that he is a bona fide citizen
		in continuously ever since the
day of		isted in the military service of the Con-
federate States (o	r of the State of	during the war between the
States, and serve	d as a	in Company 4 , of /8 The Regiment
of	Volunteers	's Brigade; that whilst engaged
in such military	service in the State of	on theday
of		wounded, injured or diseased as follows:
	(Right Le	2 Disables
		<b>.</b>
	4.2	
	Contractor ( )	AND AND ADDRESS OF THE PARTY OF
Sworn to a	nd subscribed before me, this to	
John Du	tuffledy.	Postoffice
Note.—State fur particularly the extent of	lly the nature of the wound or character the disability resulting from the wound	or of disease which causes the disability, and $explain$ d or disease.
^	Georgia,	Ordinary of said County,
do certify that I	m well acquainted with	IN Burham
		well satisfied that the statements made
by him in his said	affidavit are true, and I know	he is the individual he represents himself
	resides in this County.	in it
	ven under my official signature	and seal this 17 1 1967.
Affix your seal here	0	Coss
	Norn.—Fill all blanks and of Comp	

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

Nors.—All vouchers and affidavits must be a date after danuary 1st, 1906.

surham, Maimed Soldiers. Maimed Soldiers. 1891. Audited Jun 26 1889. Voucher No. 26/2 Voucher No. 2413 Maimed Soldiers. Amount \$ 30 Amount \$ 50. Part to & P Durham Paid of Durham For Right log For Jeg desabled. Acrabled Here 28 Mar Included in Warrant No -Included in warrant No. issued to Treasurer issued to Treasurer. WARRANT CLERK W. J. Campbell, State Printer, Copellitation Job Office W CRRANT CLERK HA Per Kinson RE demin A H Porkusus

No DUAS

State of Glorgia. Allanta, Bafelle 25.

of the County

GOVERNOR

Mr J. P. Rusham.

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

Meanh lea desabled

He kentitled to receive the sum of Fifty & of Dolla: for such disability, the same being the allowance dus for the year ending October 21, 1889.

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

By the Governor 111 14 Marriven

CLERK EXECUTIVE DEPARTMENT

RECEIVED OF STATE TOTASURER, R. U. HARDEMAN.

dirty or col

Dollars per above voucher, this 25 of Hilliam P. Chroim

2610

Atlanta, Ba, McL 26 1890. STATE OF GEORGIA. EXECUTIVE DEPARTMENT.

Mr. J. P. Durham

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

Les acrabbel o He wentitled to receive the sum of for such disability, the same being the allowance due for the year ending October 24, 1890

to Executive Department for warrant. helordon

The Treasurer will pay the same and hold his receipt on this youcher, and return same

By the Governor, EXECUTIVE DEPARTMENT

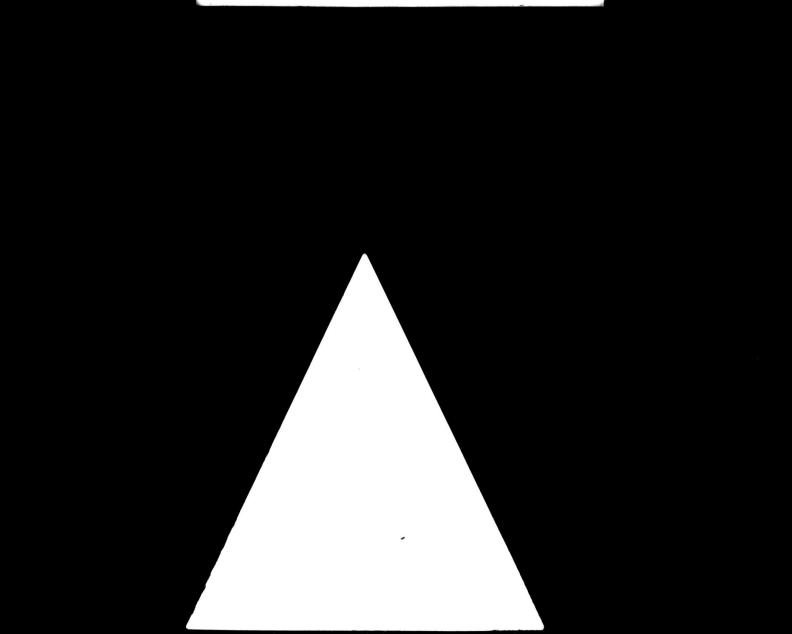
RECEIVED OF STATE TREASURER, R. U. HARDEMAN.

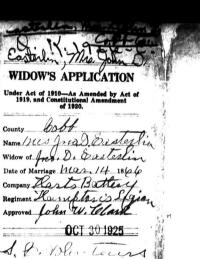
per above voucher, this 26 Thof mek

Dollars.

MA BETKETSON by

Allanta, Ba Dehg 26 STATE OF GEORGIA. EXECUTIVE DEPARTMENT. IP Durham of the County 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 Jeg der He is entitled to receive the sum of the light Dollars for such disability, the same bear the slowance due for the year ending October 24, 1891 The Treasurer will pay the me and hold his receipt on this voucher and return same to Executive Department for warrant. By the Governor. RECEIVED OF R. U. HARDEMAN, Treasurer of the State of Georgia Dollars,





Certificate

esents herself to be, and that she has been, continuously, a bona fide resi arten COUNTY , Ordinary of said County, do certify

the applicant for per

ion; that

County and were duly sworn by me before signing the foregoing affidavits, and that they the witness who swears to the service of husband; that both of them are now residents of said

dent citizen of said State since January 1st, 1920; that I also know

ful and trustworthy and their statements are entitled to full faith and credit.

County

(SEAL OF ORDINARY)

Given under my hand and official seal of office this

ed the Ordinary shall awear applicant and the witness will true answers make to each of the questions asker truth. So help you God." tached if blank spaces are martificient. to January 1st, 185 i.ar estitled.

ts may be attached if blank spees any monificient.

married prior to January 1st, 1881, are entitled.

le made before the Ordinary of the County in which
by such Ordinary
pies of marriage license if obtainable. If not, prove
pies of marriage license if obtainable. or by gen-

ck of the application carefully. solky form of Marriage Certificate in

10-29-25-6

#### Ordinary's Certificate

COUNTY Ordinary of said County, do certify the applicant for pension; that she is the person she represents herself to be, and that she has been, continuously, a bona fide resident citizen of said State since January 1st, 1920; that I also know the witness who swears to the service of husband; that both of them are now residents of said County and were duly sworn by me before signing the foregoing affidavits, and that they are truthful and trustworthy and their statements are entitled to full faith and credit. Given under my hand and official seal of office this (SEAL OF ORDINARY)

#### Instructions:

1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words:
"You do golernly 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. The property of the questions asked you and the evidence,
you shall give will be the whole truth.
2. Only widows who married prior to January 1st, 1881, are antitled.
3. Only widows who married prior to January 1st, 1881, are antitled.
4. All affidavit must be made before the Ordinary of the County in which the applicant or witness resides and
must be certified byte Ordinary of the County in which the applicant or witness resides and
must be certified byte Ordinary of the County in which the applicant or witness resides and
must be certified byte Ordinary of the County in which the applicant or witness resides and
must be certified byte Ordinary of the County in which the applicant or byte of the county in which the applicant or byte ordinary of the county in which the applicant or byte ordinary of the county in which the applicant or byte ordinary of the county in which the applicant or witness resides and
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must be certified byte ordinary of the applicant or witness in the county in which the applicant or witness in the certified byte of the applicant or the certified byte of the applicant or an applicant or the certified byte of the applicant or the certified byte or the applicant or the certified byte of the applicant or the certified byte or the certif

County

- easier to handle

#### APPLICATION FOR PENSION BY A WIDOW

Under Act of 1910, as Amended by Act of 1919, and Constitutional Amendment of 1920

#### QUESTIONS FOR APPLICANT TO ANSWER:

STATE OF GEORGIA

COUNTY. Personally appears before me. of said State and County and hereby applies for the pension allowed by the Act of 1910, as amended by the Act of 1919 and the Constitutional Amendment of 1920, and submits testimony to support the same, and after being duly sworn true answers to make to the questions propounded, answers as follows, to-wit: 1. What is your name, and where do you reside? (Give Post Office and County) hup mo. D. Exasterlin, mariella ga. les 66 6. 2. How long and since when have you been, continuously, a bona fide resident citizen of the State 35 years an ristre 3. When, where and to whom were you married? It for. J. Eustalia. a. Have you married since the death of first and soldier husband? 4. When, where and in what Company and Regiment did your husband enlist as a soldier in Confederate Army or Georgia Militia? (State the arms and class of Service and give name of Golongi and Captain.) Dans Balley, Hamplons Region S 5. When and where did the commands of your husband surrender or discharge from the Service? 6. Was your husband personally present with his command when it was surrendered or dis-Les charged? 7. If he was not present, state specifically and clearly where he was? 8. When did he leave the Command? a. For what cause did he leave? b. By whose authority did he leave? c. For how long was his leave of absence granted? In what way? Nasmal e. What was his physical condition when he left his command? f. What effort did he make to return to his Command? g. In what way was he prevented from going back to Command? h. Was he captured by the enemy at any time? i. If so, when and where? In what prison was he held and when was he released? j. When and where did your first husband die? Manuella La. 1904 k. Were you residing together when he died? I. If not, how long had you resided apart? m. Are you now a widow? 9. Have you or your husband heretofore been paid a pension by the State?

Sworn to and subscribed before me, this the

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

1921. mm J. J. Cashestin

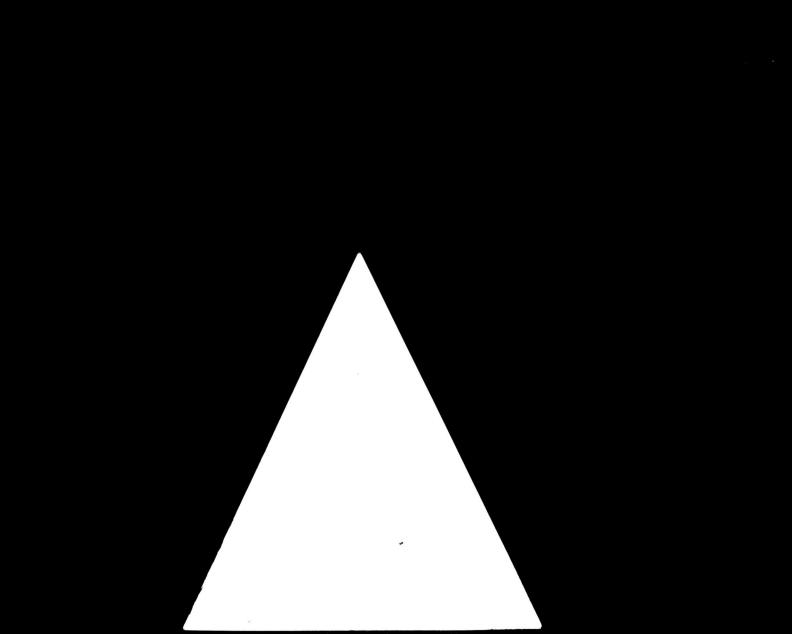
SEAL OF ORDINARY)

### STATE OF GEORGIA. COUNTY. of said State and County is hereby presented as a witness in support of the application of for the pension provided by the Act of 1910, as amended by the Act of 1919 and the Constitutional Amendment of 1920, in said State, who, after being sworn true answers to make to the questions propounded, answers as follows, to-wit: 1. What is your name and where do you reside?... 2. How long and since when have you known 3. Where does she now reside, and since when has she been, continuously, a bona fide, resident citizen of this State? 4. When and to whom was she married? Sealest How do you know? 5. How long and since when did you know husband? 6. When and where did the husband of applicant, die? Manutta Ga. Feb. 17. 170 L. 7. Were the applicant and her husband Tiving together as husband and wife at the date of his 8. If not, how long did they five apart before his death? Were they divorced? 9. When, where and in what Company and Regiment did Herryto Ballery (Give date and place) 1863. 12 demiliery 10. How did you obtain your information of this service? 11. How long within your personal knowledge did he perform actual military service with this Company and Regiment? (Give dates.) From 1863 to close of Wa 12. When and where was his Command surrendered or discharged? (Give date and place) 18. 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? and how came him there?... If not where was he? 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 16. What effort did he make to return to his Command and how do you know this? 17. Was he captured as a prisoner? //O If so, when and where? and when released? In what prison was he held? Sworn to and subscribed before me, this the , 192. (Witness) Ordinary County.

(SEAL OF ORDINARY)

Questions for Witness as to Service of Husband and Marriage

In what prison was he held? and when released? Sworn to and subscribed before me, this the (Witness) (SEAL OF ORDINARY) Brusua S. C. no with with it. I do Dear June : (3) out know any thing about mr Lastique the eith & Ponce I am ic mo in Cerlando Flinda\_ returning the Hankthe Rnow it he is still am un. wry & True Cining - loury & Connela Do- also that - in doing give you not men in amotion ? un Ale to give non the mes \$ 16 Barning. desired tinfushain asked. I Know your husband war This letter is from in the same commend with my hust and "Harlo Baling Bu will of Bineal Fore while, Kampowit, frank blumberg de is a veri Command has It Bunchery Sity Home of JVD Diolestin in surice with the come of in nor but I think Know won ling your musuand



and								(
Ordinary will write name of Applicant, Company Regiment on back as indicated above.  Geo. W. Harrisos, State Printer, Alianta, 68,	WARRANT HANDED TO	JOHN W. LINDSEY,  Commissioner of Pensions.	Co. I The Inf Regt. Approved 190	Name IN Eatin	190	INDIGENT PENSION.	(O. K. Jan 1910	cohha
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reby authorize	her	,		COUNTY.	EORGI	OF G	STATE OF GEORGIA	
	Ķ.	ATTORNEY.		POWER OF	-			

STATE OF G.	EORGIA,	ER OF AT	TORNE	<b>Y•</b> •	
I	C	ounty.			
			of		hereby authorize
to receive and receipt	for the pension allowe	ed and request that		7	
Witness my ha	nd and seal, this	day of			
Executed in p	resence of				[L. 8.]
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9	Na Na	3 3 4		3.5	. 5

## OUESTIONS FOR APPLICANT.

-	COPETY. Of said State and County, desiring
to tru	avail bimed. As Pendio Act (Section 1984 Code), hearby athents fit proofs, and after being doly sworr engines to principle to the following reaction, depiene and answers as follows: That is your name and whereas you reade? (G) we State, County and Restoffice.)
2.	How long and since when have you been a resident of this State? And by English year
3.	When and where were you born? Limit Cu. 94, hrs 2 m 1839
C	When and where and in what company and regiment did you callet or serve? They /86/
5.	How long did you remain in such company and regiment? Multi april 10 4 1865-
_	The state of the s
L	When and where was your company and regiment currendered and discharged? April 10 186.
7.	Were you present with your company and regiment when it was surrendered? 4
8. by	If not present, state specifically and closely where you were, when you left you command, for what cause and whose authority?
9.	How much can you earn (gross) per annum by your own exertions or labor? Marthury
10.	What has been your occupation since 1865? Therein c
11.	Upon which of the following grounds do you base your application for pension, viz: first, "age and poverty."
seco	ond, "infirmity and poverty," or third, "blindness and poverty?" age Infirmity For
12. por	If upon the first ground, state how long you have been in such condition that you could not earn your sup-
2	e whother you are totally blind and when and where you lost your gight. I have treen to
a	in laber
•	The state of the s
18.	What property, real and personal, or income, do you possers, and its gross value? 2 Mining
14.	What property, real or personal, did you possess in 1901, 1902, 1908, 1904, 1905, 1906 and 1907, and what
S	oution, if any by sale or gift, have you made of same? I have a known and in
4	pro debti
y	In what County did you reside during those years, and what property did you then return for taxation?
1	How were you supported during the years 1901, 1902, 1908, 1904, 1905, 1906 and 1907? By Your
7.	How much did your support cost for each of those years, and what portion did you contribute thereto by your labor or income? They for your labor or income? They for your labor or income?
18.	What was your employment during 1901, 1902, 1908, 1904, 1905, 1809 and 1907? What pay did you
9.	Have you a family? If so, who composes such family? Give their means of support. Have they a home-
L	go other property? Their ages and boy employed these. Wife a same and grown what the transfer of the same and grown what the same and grown when the s
0.	Are you receiving any pension? If so, what amount and for what disability?
1. 2.	Have you ever made an application for pension before?
2	Sworn to and subscribed before me this the S. W. Ka low
	A ppuloaut.

### OUESTIONS FOR WITNESS

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	11 714	mon	Q 24 E.	f raid State and C	ounty, having	
as a wi under s	ection 1254, Code,	he application of and after being dyna	sworn true answe	re to make to the fo	ollowing question	ons, deposes and
nswers	as follows:	V	71.4	Andron	Tille	with for
1. 11	hat is your name a	nd where do you re			1 00142	win w.
2. A	re von acquainted s	IN Ea	lon		. the applic	ant: if so, bow
ong he	ve you known him	. Uyer. En		nt 31 1861.		19781
1 W	of ma abt		nce when has he be	een a resident of th	in Htaté?	
1. 11	hen, where and in	what company and r	egiment did he en	list, and how do you	u know ;	
THE	ny 31 1861	Mushoed a	er in allow	4. 6 9. 7	Ta Suf. I	was with
ā. W	ere you a member o	f the same company	and regiment?	Jes 10	401.0	
6. H	ow long did he pert	orm regular military	y duty? Unti	10 1865-	7/10	11.1
L	hen and where was	his command surrer	ndered?	1 / 1000	holon	racing con
	ere you present wh	en it surrendored?	Yes			
	as applicant present	21				and the K
		where was he? }	u mas for	resent		
	id he leave his con		emende		was son	u over
		40			low do you ke	now all of this?
ly Tha	t authority be by	Leysalley				
1	van Hila	Lysallin			, , , , , ,	
Ju.	vas Hin	e manualine line the m	applicant? Give			
J. W	hat property, e bors	to meetic has the a		your means of know	wledge	
1 W	hat property, e bors	or meone has the a		your means of know	wledge	1906 and 1907,
1 W	hat property, effects	or meome did the	npplicant possess i	your means of know	wledge	1906 and 1907,
W W	hat property, elect- hat property, effects t disposition, if any	or mesone did the	npplicant possess i	your means of kno a 1901, 1902, 1903	wledge 1904, 1905, 1	у.
1 W 2 W	hat property, elect- hat property, effects t disposition, if any	or meome did the	npplicant possess i	your means of kno a 1901, 1902, 1903	wledge 1904, 1905, 1	у.
1 W 2 W and what	hat property, effects that property, effects t disposition, if any us he conveyed away	or mesone did the	npplicant possess i une * r in the last four y	your means of kno n 1901, 1902, 1903 ears; if so, what wa	wledge 1904, 1905, 1	у.
1 W 2 W and what	hat property, effects that property, effects t disposition, if any us he conveyed away	or income did the	npplicant possess i une * r in the last four y	your means of kno n 1901, 1902, 1903 ears; if so, what wa	wledge 1904, 1905, 1	у.
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1 W 2 W and wha 3 H 4 W	hat property, elects hat property, elects t deposition, if any ts he conveyed away hat is the applicant	or mesone did thedid he make of sa any of his property is occupation and p	applicant possess i ime? r in the last four y	your means of kno n 1901, 1902, 1903 care; if so, what we	wledge 1904, 1905, 1	у.
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1 W 2. W 2. W 3.3 H3 4 W	hat property, elsers hat property, elsers t disposition, if any is he conveyed away hat is the applicant the applicant unable	or mesone did thedid he make of sa any of his property is occupation and p	applicant possess is ume? r in the last four y obysical condition? If by labor of any	your means of kno n 1901, 1902, 1903 ears; if so, what was sort; if so, why?	wledge ,	у.
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## AFFIDAVIT OF PHYSICIANS.

of said County, who, being severally evorn, say on eath that they have examine such personal examination say that his precise physical condition is as follows and that we have no interest in said pension being allowed.  Sworn to and subscribed before me, this the day of	ler Section 1254, Code, and after
of said County, who, being severally evore, say on each that they have examine such personal examination say that his precise physical condition is as follows.  and that we have no interest in said pension being allowed.  Sworn to and subscribed before me, this the day of	TE.
and that we have no interest in said pension being allowed.  Bworn to and subscribed before me, this the day of	FE.
and that we have no interest in said pansion being allowed.  Bworn to and subscribed before me, this the	TE.
Sworn to and subscribed before me, this the day of 190 Ordinary.  ORDINARY'S CERTIFICA  STATE OF GEORGIA.  County.  1. Ordinary, in an that the applicant day of and that the witnesses, viz.	d for said County, hereby certify
Sworn to and subscribed before me, this the day of	d tor said County, hereby certify
Sworn to and subscribed before me, this the day of	d tor said County, hereby certify
Sworn to and subscribed before me, this the day of	d tor said County, hereby certify
Sworn to and subscribed before me, this the day of	d for said County, hereby certify
Sworn to and subscribed before me, this the day of	d for said County, hereby certify
ORDINARY'S CERTIFICA  ORDINARY'S CERTIFICA  STATE OF GEORGIA.  County.  I	d for said County, hereby certify
ORDINARY'S CERTIFICA  STATE OF GEORGIA.  COUNTY.  COUNTY.  1	d for said County, hereby certify
ORDINARY'S CERTIFICA  STATE OF GEORGIA.  COUNTY.  1Ordinary, in an that the applicantbeen a hora fide resident of this State since the day of and that the witnesses, viz	d for said County, hereby certify
STATE OF GEORGIA.  COUNTY.  1Ordinary, in an that the applicant been a bona fide resident of this State since theday of and that the witnesses, viz.	d for said County, hereby certify
COUNTY.  I	resides in said County, and has
COUNTY.  I	resides in said County, and has
I	resides in said County, and has
that the applicant day of and that the witnesses, viz	resides in said County, and has
been a bona fide resident of this State since the day of and that the witnesses, viz.	
and that the witnesses, viz.:	
are of trustworthy character, and that their statements are entitled to full faith an	
	d credit.
I further certify that before answering the foregoing questions the applica-	nt and each witness took the outh
hereon prescribed, and that the full text of the affidavits was read to the applicant a	
I further certify that the tax digest of	
	Dollars of
	Dollars of property; in 1903
	Dollars of property; in 1904
AND AND AND AND AND AND AND AND	Dollars of property; in 1905
	Dollars of property; in 1906
The state of the s	Dollars of property; in 1907
the same of the sa	Dollars of property.
In my opinion the foregoing claim ismade i	n good faith.
Witness my hand and seal of office, thisday of	190

MOTE.

.). Before any questions are smawered, the Ordinary shall swear applicant, and the witnesses in the following mode: "You shall true smake to each of the questions asked of you, and the evidence you shall give will be 2. Additional suffacts may be attached if thinks paper are insufficient.

2. Additional suffacts may be attached if thinks paper are insufficient, and as to the execution of the proof as above set out.

#### OUESTIONS FOR WITNESS

	QUESTIONS FOR WITHESS:
T	ATE OF GEORGIA,
******	COUNTY.)
	It founds or grant State and County, having been presented
	witness in support of the application of the applic
net	er section 1254, Code, and after being duty sworn true answers to make to the following questions, deposes and
1.	What is your name and where do you reside? Wy Hudson, Wanglia To.
	A Company of the Comp
2.	Are you acquainted with M Ealon the applicant; if no, how
ong	have you known him? Mys. Ever Since april 31 186/ to april 9 78
3.	Where does he reside, and how long and since when has he been a resident of this State?
4	When, where and in what company and regiment did he enlist, and how do you know?
Z	May 31 1861. Ween leved in in allow to 40 D. 7 to Int. I was with
5	Were you a member of the same company and regiment? The
6.	How long did be perform regular military duty? Wishin alaris 9 7865
7	When and where was his command surrendered? April 9 1865 - Appounable line
X	lime ta
8.	Were you present when it surrendered? Yes
0	Was applicant present? Yes
0.	If he was not present, where was he? He was present
	ou did be leave birgrommand at Summer For what cause! War was over
	That authority he be Deyrolles . How do you know all of this?
,,,,	man there
	The second secon
1.	What property, effects or income has the applicant? (Give your means of knowledge.)
2.	What property, effects or income did the applicant possess in 1901, 1902, 1903, 1904, 1905, 1906 and 1907,
	A. P. Saleta (C. Saleta H. L. Saleta C. Saleta H. Saleta C. Saleta H. Saleta
nd	what disposition, if any, did he make of same?
3.	Has he conveyed away any of his property in the last four years; if so, what was it, and to whom?
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4.	What is the applicant's occupation and physical condition?
5.	Is the applicant unable to support himself by labor of any sort; if so, why?
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6.	How was he supported during the years 1901, 1902, 1903, 1904, 1905, 1908 and 1907?
7.	What will after some for the form and add to the source of
7.	What portion of his support for these four years was derived from his own labor or income?
8.	Give a full and complete statement of the applicant's physical condition that entities him to a pension under
eoti	on 1254, Code
	name and the state of the state
9.	Who composes family? What property have they? Children's ages and their earning capacity?
	and the state of t
	The state of the s
Ł0.	What interest have you in the recovery of a pension by this applicant?
_	Sworn to and subscribed before me, this the
2	dig of OS 100.8
	John States Ordinary

## AFFIDAVIT OF PHYSICIANS.

## STATE OF GEORGIA,

applicant for passion under Section 1254, Code, and after applicant and section 1254, Code, and after such personal examination say that his precise physical condition is as follows:  and that we have no interest in said possion being allowed.  Sworn to and subscribed before me, this the day of	Courte	
applicant for personal examination say that his precise physical condition is as follows:  and their we have no interest in said pession being allowed,  Bwarn to and apheribed before me, this the  day of	Personally ceme before me	harmalishan and all the same and a same and a same and a same and a same a same a same a same a same a same a
applicant for personal examination say that his precise physical condition is as follows:  and that we have no interest in said pession being allowed,  Bwarn to and sphedribed before me, this the  day of  Ordinary.  Ordinary, in and for said County, hereby certificate.  Tresides in said County, and has the applicant condition of this State since the  day of  Ordinary, in and for said County, hereby certificate in said County, and has the applicant  resides in said County, and that the witnesses, viz  re of trustworthy character, and that their statements are smittled to full faith and credit.  I further certify that before answering the foregoing questions the applicant and each witness took the out of the special certification in his name in 1901  Dollars of property in 190		oth known to me as reputable physician
not here we have no interest in said pecision being allowed.  Sworn to and apherited before me, this the day of	of said County, who, being severally sworn, say on oath that they hav	osamined carefully
ORDINARY'S CERTIFICATE.  Ordinary.  ORDINARY'S CERTIFICATE.  Ordinary, in and for said County, hereby certificate in said County, and has the applicant of this State since the day of least or further certify that before answering the foregoing questions the applicant and each witness took the out of the full text of, the said and the applicant and witness took the cast of the state of the text of the state of the said to the applicant and witness took the cast of the certify that the full text of, the said and the state of the applicant and witness took the cast of the said o	such personal examination say that his precise physical condition is as	
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ORDINARY'S CERTIFICATE.  Ordinary.  ORDINARY'S CERTIFICATE.  STATE OF GEORGIA,  COUNTY.  I. Ordinary, in and for said County, hereby certiff hat the applicant		Andrew Administration of the Control
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COUNTY.  I. Ordinary, in and for said County, hereby certify that the applicant	Ordhiary.	
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COUNTY.  I	TATE OF GEORGIA	1
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hat the applicant		To Marie Marie
oeen a bona fide resident of this State since the		inary, in and for said County, hereby certify
and that the witnesses, viz.:  If our there oer if y that before answering the foregoing questions the applicant and each witness took the output of the property of the property of the the tax digest of the applicant and witness before ame was signed.  If our there oer if y that the full text of the affidavits was read to the applicant and witness before ame was signed.  If our there oer if y that the tax digest of the applicant and witness before ame was signed.  Dollars of property; in 190 and the property of the property of the property of the property.  In my opinion the foregoing claim is the property of the property.  Withere my hand and seal of office, this day of day of 190 and 190	•	resides in said County, and ha
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I further certify that before answering the foregoing questions the applicant and each witness took the out reverse prescribed, and that the full text of the affidavits was read to the applicant and witness before same was signed.  I further certify that the tax digest of	and that the witnesses, viz.:	
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recon prescribed, and that the full text of the sffidavits was read to the applicant and witness before same was signed.  I further certify that the tax digest of	re of trustworthy character, and that their statements are entitled to f	full faith and credit.
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Dollars of property; in 190 In my opinion the foregoing claim is	roperty; and in 1902	Dollars of property; in 190
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In my opinion the foregoing claim ismade in good faith.  Witness my hand and seal of office, thisday of100		
Witness my hand and seal of office, thisday of	The second secon	Dollars of property; in 190
		Dollars of property; in 190
Ordinary.		Dollars of property; in 1900  Dollars of property; in 1900  Dollars of property.
	In my opinion the foregoing claim is	Dollars of property; in 1900Dollars of propertyDollars of propertymade in good faith.

d; the Ortinary shall swear applicant, and the witnesses in each of the questions saked of you, and the cylence you shall

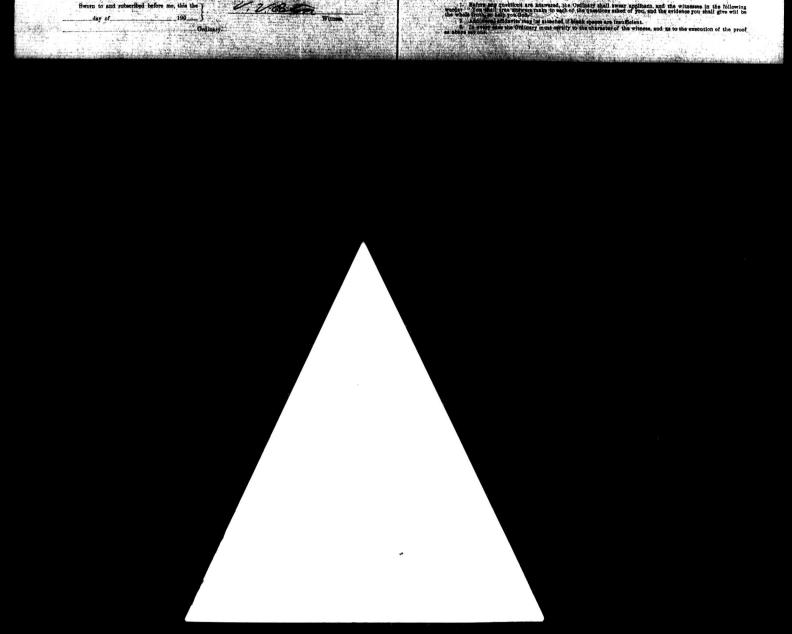
8. In every case the Ordinary must certify to the character of the witness, and as to the execution of the p as above usk out.

### OUESTIONS FOR WITHE

QUESTIONS FOR WITNESS.
STATE OF GEORGIA,
Cute County.
TO WE
of said State and County, having been presented
as a witness in support of the application of
under section 1254, Code, and after being duly sworn true answers to make to the following questions, deposit and answers as follows:
1. What is your name and where do you reside?
Cold Count Ta
2. Are you acquainted with 9 17 Calon, the applicant; if so, how
long have you known him? I yes, all Truy
8. Where does he reside, and how ong and since when has he been a resident of this State?
4. Whan, where and in what company and regiment did he earlist, and how do you know?
5. Were you a member of the same company and regiment?
6. How long did he perform regular military duty?
7. When and where was in command surrendered?
7. WHEN AND WHILE WAS LIFTCOMMAND SUFFED COLOR TO THE COLOR OF THE COL
8. Were you present when it surreported?
9. Was applicant present?
10. If he was not present, where was he?
When did he leave his command?
How do you know all of this?
The state of the s
11. What property, effects or income has the applicant? (Give your means of knowledge.)
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12. What property, effects or income did the applicant possess in 1901, 1902, 1908, 1904, 1905, 1906 and 1907.
home, I time with & her him put 10 40
12. What property, effects or income did the applicant possess in 1901, 1902, 1908, 1904, 1905, 1906 and 1907.
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## AFFIDAVIT OF PHYSICIANS.

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	, both known to me as reputable physician
of said County, who, being severally sworn, say on oath that the	ey have examined carefully
Spelloan	s for pession under Section 1254, Code, and after
such personal examination say that his precise physical condition	on to an follows:
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John Gerfaring Com	a limmon south
(4) 1.11	in which
A STATE OF THE STA	wit face (m)
and that we have no interest in said pension being allowed.	
Sworn to and subscribed before me, this the	In Junio mi
20 day of 1808	
Jim How me Ordina	D
ORDINARY'S CER	TIFICATE.
STATE OF GEORGIA	
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helen derte	
to fay during	_Ordinary, in and for sald County, hereby certif
that the applicant I taken	Ordinary, in and for said County, hereby certif
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When wikerale Widow's Pension UNDER ACT 1910. County bobb Name Mrs M. L'Edward Widow of J. R. Edu and Tension Office, 11/21/1. Application must constinuous pension. Ü

Pension Office, 11/21/10.
Application must conatin every fact to be proven to make out claim or pension. J.W. Lindsey, Com. of Pensions.

for Applicant.
STATE OF GEORGIA,
Cost. County.
. 7
Personally before me come deed that the county, and after being the on on the county of said State and County, and after being the on oath says that she desires to apply for a pension allowed under the Act
of
lowing questions to wit:
1. What is your name, and where do you reside mo M & Edward More
2. How long and since when have you been a continuing resident in the State of Georgia?
3. When, where and to whom were you married? Allaut 1868 Down B VR &
4. When, where and in what Company and Regiment did your husband enlist as a soldier in Con-
gelerate Army or Georgie, Militia? (State, the arms and class of Service.)
5. When and where did the commands of your husband surrender or discharge from the army?
Was your husband personally present at the time of the surrender or discharge of this Command?
If he was not present state clearly where he was? At Arto January
8. Where was his Command when he left?
a. For what cause did he leave his command?
b. By whose authority did he leave his Command?
c. For how long was he granted leave of absence?
e. What was his physical condition when he left his Command?
f. What effort did he make to return to his command?
g. In what way was he prevented from going back to Command?
h. Was be captured by the enemy at any time?
<ol> <li>If so, when and where captured and where held as a prisoner, and when and for what cause re- leased?</li> </ol>
COOCUTE TO THE PROPERTY OF THE
j. When and where did your husband die? Were you residing together when he died? If not,
how long had you resided apart? kneed 3 7878 dearen Co. Se. Lee
9. What property of my description did you own, hold or control or your use and its cash value,
Nov 1. 1908. (State same postems.)
10. What property of any kind have you sold or given away since Nov. 4, 1908? What was received
for it and what did you do with the proceeds thereof? (Give items and cash value.)
Home
11. What property of any description of any value have you now?
Give list and cash value? 80 acres of Lucy Dawson Go 49 Value 800
What are your annual earnings of income and their value?
13. Have you heretofore been paid a pension by the State!
If so, when and for what cause were you struck from the Roll? Those hevel apple
, and the state of
9 1911 8 O and subscribed before me this the Nary Lo Edward
1 17" D Peny deloillagent 180
Ordinary.
County.

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

Questions for the Witnesses as to Service of Husband and Marriage. STATE OF GEORGIA, Cawson .....County. who after

Personally before me comes. Janus 91. Band being duly sworn true answers to make, to the following questions, answers as follows:

along

2. How long and since when has you known 1. 2. County.  2. How long and since when has she control to you known 1. 1. 1545 CCT CLL CLL CLL CLL CLL CLL CLL CLL CLL	6 (6)			10 0.	
3. How long and since when has she continuously resided in this States! (Give date.)  4. When and to whom was she married? How do you know it is the state of the same of the same company.  5. How long and since wheey did you know it is the state of the same company.  6. When, where and in what Company and Regiment did. It is the state of the same company.  7. Were you a member of the same Company!  8. How long within your personal knowledge did he perform actual military service with his Company and Regiment?  9. When, and whery did his Command surrender, and was discharged?  10. Were you personally present when it was surrendered?  11. Was the husband of applicant parsonally present at surrender?  11. Was the husband of applicant parsonally present at surrender?  12. For what cause, if you know of your own knowledge was he prevented from returning to his command?  13. What effort did he make to return to his Command and how you know this? Of you wan knowledge or flow?  Sworn to and subscribed before me this the sworn to and subscribed before me this the fail of your own here was an and how have the sword of said County and finat they know III for the sword of said County and finat they know III for the sword of said County and know what property she owned on 4th Ny. 1908, and its cash value to be as set out by Note and accounts due. Alt. 1.  15. We also know what property she has now in her possession, use and control to wit:  16. Acres of land worth.  17. Schedule (2).  18. We know the property and or given away since Nov. 4th 1908, its cash value to be as follows:  18. Personal property. It is not the subscribed before me this the subscribed before me this the state.  18. We know the property and or given away since Nov. 4th 1908, its cash value to be as follows:  18. Personal property. It is not her possession, use and control to wit:  18. Other property. It is not here.  19. Other property. It is	1. W	hat is your name and where do	you reside?	Gazzel Regio	la Marinari
4. When and to whom was she married? How do you know the state of the same and a married and the whole and a married and the state of the same and the property and the proper	2. Ho	ow long and since when have y	ou known	Ochwards	applicant?
5. How long and since where did you know the husband of Mr. The Live of Mr. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.				his State? (Give da	te.)
nusband? M. T. Addition of the same Company and Regiment did. Additional control of the same Company?  7. Were you a member of the same Company?  8. How long within your personal knowledge did he perform actual military service with his Company and Regiment?  9. When, and whey did his Command surrender, and was discharged?  10. Were you personally present when it was surrendered?  11. Was the husband of applicant personally present at surrender?  11. Was the husband of applicant personally present at surrender?  11. Was the husband of applicant personally present at surrender?  12. For what cause, if you know of your own knowledge was he prevented from returning to his Command?  12. For what cause, if you know of your own knowledge was he prevented from returning to his Command?  13. What effort did he make to return to his Command and how do you know this? Of you wan knowledge or flow?  Sworn to and subscribed before me this the day of Command?  13. What effort did he make to return to his Command and how do you know this? Of you wan knowledge or flow?  Sworn to and subscribed before me this the day of Command?  14. County and know what property she owned on 4th Npv. 1908, and its cash value to be as set out by Nethedule (A) as follows Fr. County.  Personally before me comes J. V. Burd A. J. Ruffer who on poath says that they are freeholders of said County and hat they know M. J. J. County.  Personal property J. L. J.	4. Wh	nen and to whom was she married	? How do you know?	Suprage Ta	2. 11 Zedan
0. When, where and in what Company and Regiment did The State of the same Company of the same of t	5. Ho	w long and since when did	you know J	Medura	
7. Were you a member of the same Company?  7. Were you a member of the same Company?  8. How long within your personal knowledge did he perform actual military service with his Company and Regiment?  9. When, and where did his Command surrender, and wes discharged?  10. Were you personally prepent when it was surrendered?  11. Was the husband of applicant personally present at surrender?  11. Was the husband of applicant personally present at surrender?  11. Was the husband of applicant personally present at surrender?  12. For what cause did he leave his Command?  13. What effort did he make to return to his Command and how you know this?  14. To what cause did he make to return to his Command and how do you know this?  15. What effort did he make to return to his Command and how do you know this?  16. What effort did he make to return to his Command and how do you know this?  17. Sworn to and subscribed before me this the day of County.  18. What effort did he make to return to his Command and how do you know this? Of you own knowledge or flow?  19. Sworn to and subscribed before me this the day of County.  19. County.  AFFIDAVIT OF TWO FREEHOLDERS.  STATE OF GEORGIA,  19. County.  19. County.  19. County.  19. County.  19. County.  19. County and how what property she owned on 4th Nov. 1008, and its cash value to be as set out by Notes and accounts due.  19. County and know what property she owned on 4th Nov. 1008, its cash value to be as follows:  19. Personal property.  11. List.  10. Schedule (B).  10. We know the property sold or given away since Nov. 4th 1908, its cash value to be as follows:  10. Personal property.  11. Money, Notes and accounts.  11. Money is he has now in her possession, use and control to wit:  10. Acres of land. worth.  11. How the same this the property and effects.  12. What and country and this the property and effects.  13. What effort did he has the p					
8. How long within your personal knowledge did he perform actual military service with his Company and Regiment? **Light August 1.0.** When, and where did his Command surrender, and was discharged? **Light August 1.0.** When, and where did his Command **Light August 1.0.** When, and where did his Command **Light August 1.0.** If not where was he? **Light August 1.0.** When, where and how came you there? **Light August 1.0.** If not where was he? **Light August 1.0.** When, where and for what cause did he leave Command? (Give dide.) **By whose authority did he leave his Command? (Give dide.) **By whose authority did he leave his Command? (Give dide.) **By whose authority did he leave his Command? (Bive dide.) **By whose authority did he leave his Command? (Bive dide.) **By whose authority did he leave his Command? (Bive dide.) **By whose authority did he leave his Command? (Bive dide.) **By whose authority did he leave his Command? (Bive dide.) **By whose authority did he leave his Command? (Bive dide.) **By whose knowledge or five? Sworn to and subscribed before me this the day of August 1.0.* **Build A.J. Right who on oath says that the; are freeholders of said County and flat they know **If the dide. **If the d	James	my 1862 at many	with water	22 ga H	enlist?
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were you gersonally pregent when it was surrendered?  11. Was the husband of applicant personally present at surrender?  11. Was the husband of applicant personally present at surrender?  12. When where and for what cause did he leave his Command?  13. What effort did he make to return to his Command and how you know this?  14. To what cause, if you know of your own knowledge was he prevented from returning to his Command?  15. What effort did he make to return to his Command and how do you know this?  16. When the order of flow?  17. Sworn to and subscribed before me this the day of County.  18. What effort did he make to return to his Command and how do you know this? Of you own knowledge or flow?  19. Sworn to and subscribed before me this the day of County.  19. County.  AFFIDAVIT OF TWO FREEHOLDERS.  STATE OF GEORGIA,  County.  County.  Personally before me comes \$1.17. Build A. Regue who on oath says that they are freeholders of said County and that they know \$11.5.  Total Schedule (A) as follows \$2. County and know what property she owned on 4th Npv. 1008, and its cash value to be as set out by Nehedule (A) as follows \$2. County and accounts due \$1.0.1  Notes and accounts due \$1.0.1  Schedule (B).  We know the property sold or given away since Nov. 4th 1908, its cash value to be as follows:  Personal property \$1.0.1  Money, Notes and accounts \$1.0.1  Money, Notes and accounts \$1.0.1  Money Notes and house \$1.0.1  Cows and Hogs \$2.0.1  Least \$2.0.2  Least \$3.0.2  Other property \$1.0.6  Total Value of all property and effects \$3.0.2  Sworn and subscribed before me this the cash value to be as follows:  Total Value of all property and effects \$3.0.2  Sworn and subscribed before me this the cash value to be an follows:  Total Value of all property and effects \$3.0.2  Sworn and subscribed before me this the cash value to be an follows:  Total Value of all property and effects \$3.0.2  Sworn and subscribed before me this the cash value to be an follows:	11 (4	Maniadas Gant	Harre 11 a.		
authority did he leave his Command? (Give date.)  and how long was he granted leave?  Bo you state if of your own personal knowledge? (State all you know fully, and how you know it.)  12. For what cause, if you know of your own knowledge was he prevented from returning to his Command?.  13. What effort did he make to return to his Command and how do you know this? Of you own knowledge or line?  Nown to and subscribed before me this the day of Grant of the first of the day of Grant of Grant of the day of Grant of	10. We	re you personally present when	t was surrendered?	440	If not where
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authority did he leave his Command?  In Mow do you know all this?  Bo you state if of your own personal knowledge?  (State all you know fully, and how you know it.)  12. For what cause, if you know of your own knowledge was he prevented from returning to his Command?  13. What effort did he make to return to his Command and how do you know this? Of you own knowledge or line?  Sworn to and subscribed before me this the day of Character.  101  Ordinary.  County.  AFFIDAVIT OF TWO FREEHOLDERS.  STATE OF GEORGIA,  **County.**  Personally before me comes \$1.1V Band \$1.5 Band	where was hel	1 14 1100 12	exens		
Long was he granted leave?  Do you state if of your own personal knowledge? (State all you know fully, and how you know it.)  12. For what cause, if you know of your own knowledge was he prevented from returning to his Command?  13. What effort did he make to return to his Command and how do you know this? Of you own knowledge or flow?  Sworn to and subscribed before me this the day of Characteristic flow.  AFFIDAVIT OF TWO FREEHOLDERS.  STATE OF GEORGIA,  **County.**  Personally before me comes \$1.11. Butted A. I. Registe who on oath says that they are freeholders of said County and that they know \$1.5 \tau. County and that they know \$1.5 \tau. County and that they know \$1.5 \tau. County and know what property she owned on at how. 1008, and its cash value to be as set out by Notes and accounts due \$1.61.1  Total Schedule (B).  We know the property sold or given away since Nov. 4th 1908, its cash value to be as follows:  Personal property \$1.62.1  Money, Notes and accounts \$1.62.1  Money, Notes and accounts \$1.62.1  Money, Notes and accounts \$1.62.1  **Cows and Hogs.**  Other property. \$1.62.1  Lord \$1.62					,
Do you state if of your own personal knowledge? (State all you know fully, and how you know it.)  12. For what cause, if you know of your own knowledge was be prevented from returning to his Command?.  13. What effort did he make to return to his Command and how do you know this? Of you own knowledge or line?  Sworn to and subscribed before me this the day of Grand of the command of the command?  AFFIDAVIT OF TWO FREEHOLDERS.  STATE OF GEORGIA,  **County.**  Personally before me comes **1. ** Bound And Register who on oath says that they are freeholders of said County and that they know **M* ** Doducted**  If said County and know what property she owned on 4th Npv. 1908, and its cash value to be as set out by Schedule (A) as follows **5.*  Personal property ** 16.5.*  Notes and accounts due **A16.*  ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1. ** 1.					
Command?  13. What effort did he make to return to his Command and how do you know this? Of you own knowledge or flow?  Sworn to and subscribed before me this the day of Charles.  191  AFFIDAVIT OF TWO FREEHOLDERS.  STATE OF GEORGIA,  **County.**  Personally before me comes \$1.11. But of A. I. Registe who on oath says that they are freeholders of said County and that they know \$1.55.  Personally before me comes \$1.11. But of A. I. Registe who on oath says that they are freeholders of said County and know what property she owned on at how. 100.8, and its cash value to be as set out by Nehedule (A) as follows \$1.50.  Personal property.  Notes and accounts due.  **Total**  Schedule (B).  We know the property sold or given away since Nov. 4th 1908, its cash value to be as follows:  Personal property.  Money, Notes and accounts.  **Money, Notes and accounts.  **Money Notes and accounts.  **Describedule (C).**  We also know what property she has now in her possession, use and control to wit:  **Describedule (C).**  **We also know what property she has now in her possession, use and control to wit:  **Describedule (C).**  **Total Value of all property and effects.  **Sworn and subscribed before me this the strength of	Do you state it	f of your own personal knowleds	re? (State all you kno	w fully, and how ve	ou know it )
STATE OF GEORGIA,  County.  AFFIDAVIT OF TWO FREEHOLDERS.  STATE OF GEORGIA,  County.  Personally before me comes 1-W. Build 1-Rights who on oath says that they are freeholders of said County and that they know MI I before me comes 1-W. Build 1-Rights who on oath says that they are freeholders of said County and that they know MI I before me comes 1-W. Build 1-Rights who on oath says that they are freeholders of said County and finat they know MI I before me comes 1-W. Build 1-Rights who on oath says that they are freeholders of said County and know what property she owned on 4th Npv. 1008, and its cash value to be as set out by Schedule (A) as follows 50. Carry Notes and accounts due Alders  Notes and accounts due Alders  Sehedule (B).  We know the property sold or given away since Nov. 4th 1908, its cash value to be as follows:  Personal property Mich 1  Money, Notes and accounts Most.  Schedule (C).  We also know what property she has now in her poweession, use and control to wit:  60. Acres of land worth Schedule (C).  Cows and Hogs Michael Schedule (C).  Total Value of all property and effects Sworn and subscribed before me this the Sworn and subscribed before me this the States of the Sworn and subscribed before me this the States of the Sworn and subscribed before me this the States of the Sworn and subscribed before me this the States of the Sworn and subscribed before me this the States of the Sworn and subscribed before me this the States of the Sworn and subscribed before me this the States of the Sworn and subscribed before me this the Sworn and subscribed before me t	Command?				
day of Charles 1911  AFFIDAVIT OF TWO FREEHOLDERS.  STATE OF GEORGIA,  County.  Personally before me comes 1-IV. Build 1-Indicate who on oath says that they are freeholders of said County and fhat they know 11 - Indicate who on oath says that they are freeholders of said County and fhat they know 11 - Indicate who on oath says that they are freeholders of said County and know what property she owned on 4th Nov. 1908, and its eash value to be as set out by Schedule (A) as follows 50. Cate of the county of said County and know what property.  Personal property.  Sehedule (B).  We know the property sold or given away since Nov. 4th 1908, its eash value to be as follows:  Personal property.  Money, Notes and accounts.  Schedule (C).  We also know what property she has now in her possession, use and control to wit:  O Acres of land worth.  Horses and Mules.  Other property.  Total Value of all property and effects.  Sworn and subscribed before me this the  Sworn and subscribed before me this the	own knowledg	at effort did he make to return ge or how?	to his Command and	how do you know	this? Of you
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STATE OF GEORGIA,  County.  AFFIDAVIT OF TWO FREEHOLDERS.  STATE OF GEORGIA,  County.  Personally before me comes 1-W. Build A.J. Region who on oath says that they are freeholders of said County and finat they know M.J. Dollar are freeholders of said County and know what property she owned on 4th Npv. 1908, and its cash value to be as set out by Nehedule (A) as follows 5-P. County and know what property who were done to the county of the county and know what property.  Notes and accounts due Aldel 1  We know the property sold or given away since Nov. 4th 1908, its cash value to be as follows:  Personal property M.G. 1  Money, Notes and accounts M.G. 1  Schedule (C).  We also know what property she has now in her possession, use and control to wit:  6.0 Acres of land worth Schedule (C).  Cows and Hogs M.G. 1  income and earnings M.G. 1  Total Value of all property and effects Sworn and subscribed before me this the Market M.G. 1 1066	24 /	day of August	.1910 9	, Joan	<i>a</i>
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We know the property sold or given away since Nov. 4th 1908, its cash value to be as follows:  Personal property  Money, Notes and accounts.  Schedule (C).  We also know what property she has now in her possession, use and control to wit:  O Acres of land worth  Horses and Mules.  Cows and Hogs.  Other property.  M. 6-2.2.  income and earnings.  Miller.  Total Value of all property and effects.  Sworn and subscribed before me this the		Total	· · · · · · · · · · · · · · · · · · ·		torio en como a
Money, Notes and accounts. 11 G-27 \$  Money, Notes and accounts. 11 G-27 \$  Schedule (C).  We also know what property she has now in her possession, use and control to wit:  6.2. Acres of land. worth. \$1.0.0.0  Horses and Mules. 1.1.44-7. \$  Cows and Hogs. 2.1.44-7. \$  Other property. 11.46-7. \$  income and earnings. 214-2. \$  Total Value of all property and effects. \$  Sworn and subscribed before me this the 2.1.44-9. \$  Sworn and subscribed before me this the 3.4.44-9. \$  Sworn and subscribed before me this the 3.4.44-9. \$  Sworn and subscribed before me this the 3.4.44-9. \$  Sworn and subscribed before me this the 3.4.44-9. \$  Sworn and subscribed before me this the 3.4.44-9. \$  Sworn and subscribed before me this the 3.4.44-9. \$  Sworn and subscribed before me this the 3.4.44-9. \$  Sworn and	Wa bass				
Money, Notes and accounts.  Schedule (C).  We also know what property she has now in her possession, use and control to wit:  6.0.  Acres of land worth \$1.0000  Horses and Mules.  1.6.66.7.  Cows and Hogs.  Other property.  Income and earnings.  Access  Total Value of all property and effects.  Sworp. and subscribed before me this the	We know				follows:
Schedule (C).  We also know what property she has now in her possession, use and control to wit:  60 Acres of land worth  Horses and Mules  60 Acres of land worth  60 Acres o					· · · · · · · · · · · ·
We also know what property she has now in her possession, use and control to wit:  6.2. Acres of land worth \$1.0.000 Horses and Mules 1.1.1647.  Cows and Hogs 3.1.1647.  Cows and Hogs 4.1.17.  income and carnings 2.1.1627.  Total Value of all property and effects \$1.0000 Sworn and subscribed before me this the 2.1.18.				\$	
Acres of land worth Horses and Mules 1.1.1417  Cows and Hogs 1.2.1417  Cows and Hogs 1.2.1417  Superior 1.2.1417  Total Value of all property and effects  Sworp and subscribed before me this the  Land Company 1.1418  Sworp and subscribed before me this the	We also			and control to wit:	
Horses and Mules A. L. LATT.  Cows and Hogs. As a core.  Other property. M. 62.17.  Income and earnings. A. L. L. L. 1.  Total Value of all property and effects.  Sworp. and subscribed before me this the					
Cows and Hogs. 22.64.2. \$ Other property. 12.64.2. \$ income and earnings. 21.64.2. \$  Total Value of all property and effects. \$ Sworn and subscribed before me this the 2.44. \$ Sworn and subscribed before me this the 2.44. \$ Sworn and S					None -
Other property					
income and earnings. Alice 1.  Total Value of all property and effects.  Sworp and subscribed before me this the				<b>8</b>	
Total Value of all property and effects.					
Sworn and subscribed before me this the		Total Value of all	property and effects	810	v
LH day of /14/2444 10/6	Sworn	_ ^	the / W	N	
1 Transaction (10 ) 10 10 10 10 10 10 10 10 10 10 10 10 10	24	day of august 19/	6 7 4 6	D MIL	
Ordinary	······································	I token	Ordinary A. &	00 0000	

### ORDINARY'S CERTIFICATE.

SIA	TE OF GEORGIA.
W	County.
	1. 1
	I Ordinary of said County do certify
that,	I knife v
is the	person she represents herself to be and she is a bonafide continuing resident citizen of said
Count	y and was in the 4th Nov., 1908
	That I also know Tarness T Banch the witness who
****	whom amustice and that they all, are truthful, trustworthy and their statements are antitled
full fa	ith and credit.
full fa	ith and credit.
full fa	the and credit.  That the Tax Returns for 1910 s. 44.
full fa	the and credit.  That the Tax Returns for 1910 s. 44.
full fa	the and credit.  That the Tax Returns of for 1910 \$ 14.0 \$ Returned for Tax is for \$1.0 \$ 1.0 \$ Returned for Tax is for \$1.0 \$ 1.0 \$ Returned for Tax is for \$1.0 \$ 1.0 \$ Returned for Tax is for \$1.0 \$ 1.0 \$ Returned for Tax is for \$1.0 \$ 1.0 \$ Returned for Tax is for \$1.0 \$ 1.0 \$ Returned for Tax is for \$1.0 \$ 1.0 \$ Returned for Tax is for \$1.0 \$ 1.0 \$ Returned for Tax is for \$1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0
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full fa 1908 191 <b>Q</b> .	the and credit.  That the Tax Returns of for 1910 \$ 14.0 \$ Returned for Tax is for \$1.0 \$ 1.0 \$ Returned for Tax is for \$1.0 \$ 1.0 \$ Returned for Tax is for \$1.0 \$ 1.0 \$ Returned for Tax is for \$1.0 \$ 1.0 \$ Returned for Tax is for \$1.0 \$ 1.0 \$ Returned for Tax is for \$1.0 \$ 1.0 \$ Returned for Tax is for \$1.0 \$ 1.0 \$ Returned for Tax is for \$1.0 \$ 1.0 \$ Returned for Tax is for \$1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0
full fa 1908 191 <b>Q</b> .	the and credit.  That the Tax Returns of for 1910 \$ 14.0 \$ Returned for Tax is for \$1.0 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
full fa 1908 191 <b>Q</b> .	the and credit.  That the Tax Returns of South County (SEAL.)  Returned for Tax is for Sworn under my hand and official seal of office this 2 H day of Aryuna County (SEAL.)
full fa 1908 191 <b>Q</b> .	the and credit.  That the Tax Returns of for 1910 8. H
full fa 1908 191 <b>Q</b> .	the and credit.  That the Tax Returns of for 1910 8. H
full fa 1908 191 <b>Q</b> .	the and credit.  That the Tax Returns of South County (SEAL.)  Returned for Tax is for Sworn under my hand and official seal of office this 2 H day of Aryuna County (SEAL.)

Every of Soid Servery of Soid Control of Soid Chang Certify that him m & Estavores in more a desident of Buin Carrier any francist for Caralin in Bain Carrier for Jant three years of Milyand Ox19 1910

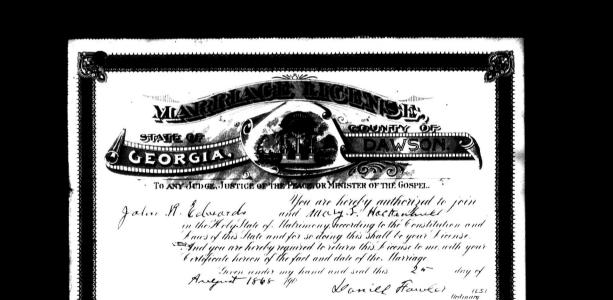
I herly Certyy that the 92thin is a And lappy of the Married Siens of Jalon 18 advento and Min Mary & Hackenhall according to the Accords of Scamen County Jand in Book A Page 25 to This August 24 th day 1910 En asdray Marriage License

MARRIAGE LICENSE

OF

Interest 24 Marriage Licenses.

Ordinary.



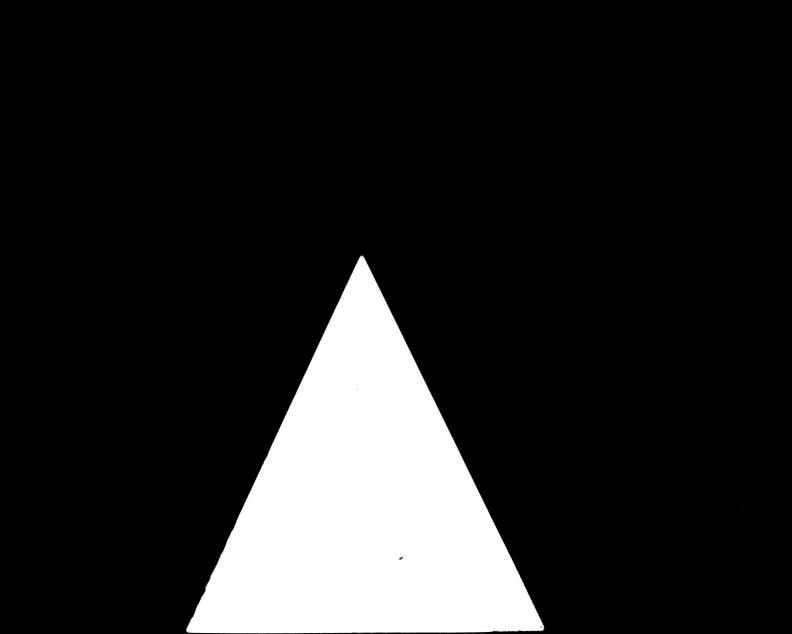
I ( irlify that of when A Golverale and MI & Halkenhall were joined in Matrimony by me this 2 th day of Arenat 1866 I toucher Hamited and Brast H Dage 20 to 190

DAWSON COUNTY.

Danie Facele, writing

STATE OF GEORGIA, CORTINGATE

I. Lo. Anthony Mily.



Code Section 1250. 7/30-1908 Not vieletitul & increse OF INVALID. Soldier's Pension, 1901./902 Name Rd. Edward County Cort of Regt. Attorney. Disability Am Leg Amount, 8 ... ... 1901. JOHN W. LINDSEY, & WARRANT HANDED TO Ordinary will write Name of Applicant, Company and Regiment on back as indicated above.

#### Power of Attorney.

STATE OF GEORGIA,	ounty.
	hereby authorize
of	to receive and receipt for the pension allowed and
request that he remit same to	by
IN WITNESS WHEREOF, I be	ave hereunto set my hand and seal, this
day of.	.1901.
	[L. 8.]
Executed in the presence of	

WARRANT HANDED TO JOHN W. LINDSEY, &

Pension,

Soldier's

INVALID

# For Use of Applicants Who Have Not Heretofore Drawn

	TIE
	STATE OF GEORGIA,
	County.
	$\mathcal{D} \cdot \mathcal{P}$
್ದ	PERSONALLY appears of said
Ó	County, State of Georgia, who being duly sworth, says on oath that he was born on the
bserv	day of
Ħ	18 60, that he is a bona fide citizen and resident of Georgia, and has been
ŏ	// // 90% // .
Ö	continuously sing the day of January 1840, that he enlisted
Ö	to the officer content of the Conten
~	in the military service of the Confederate States for the State of
g	day of 186/, during the war between the States, and
μ	R ZOT
	served in Company Of th Regiment of Volunteers
To	Lodow's Brigade and my broadle distance
7	Brigade, and was honorably discharged on the day of
ű	186 3; that whilst engaged in such military service, and in line of duty in
Ž	Pa
•	the State of Plus, on the day of //ay 186 3
Ø	he was disabled or wounded as follows: At Battle of Gatter but applicant
ø	
otes	was color mares, he was provided by grushot thisking
ř	lett hand harabies some delle rendelle
н	allie a Wild and I have a sure of the sure
•	assucers best arm practically and essentially
ង្វ	redeline At The same bottle befolion I was t
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d	left he bust alone the auxe treated the
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8	Mellock In almost it is a little of the
U	want for and an arms and that
Ø	it he increased to 1000 on account of
ď	total for at hair membras
••	and the same of th
9	Where was command surrendered?
Й	A. //
9	Was applicant present ? V/ 0 - If not, where
H	was he? Juneusure at Kingson, How come there? These at home on fun
H	The come there?
5	And by whose approprity? State folly: the authoris of Commanding M
ħ	This bear has been wester and a distill
g	The water water water white
Н	Whilest was a resident of the south and
н	Depotent desires to participate in the benefits of Section 1250 of the Odde, and the Acts amendatory thereof,
m	and makes application for the pension to which he is added as a second time dots, and the Aris amendatory thereof,
ď	and makes application for the pension to which he is entitled for the year thereon,
	Sworn to and subscribed before me, this the
П	29th West P. C. X b durando
	Carry of the same
	Post Office Marretta
	Offinary.
	Notz.—State fully nature of wound or character of disease which causes the disability, and explain particularly to the series of the disability. If claim is based on disease, give full and connected history of disease, trading it directly to the series.
	Nors.—Do not trouble to mention wounds which do not disable.  Nors.—The Ordinary will see that all blank spaces are filled when the affidavits are signed.

#### Affidavit for Three Witnesses.

STATE OF GEORGIA,	
PERSONALLY appears before me, the undersigned O	rdinary in and for said County
, 1	and
personally known to me to be trustworthy citizens, each of	whom, being duly sworn according to law, severally say
under oath, that they are personally and well acquainted whose application is herewith presented for a pension, the	with
day of18	, that he served in Companyof th
Regiment of.  While in line of duty, was injured by the service as follows when, where and how the injury happened, or the diseas abled from work as a direct result thereof. If he does a	e was contracted, and to what extent applicant is dis
	-
Was he with it ? Were	all of you present?
If not, where was he?	
Where were you all?	The second secon
and the same of th	
How do you know the facts you state to be true?	
We personally know above stated facts. We were	with him in the Army and have known him ever since.
He was honorably discharged or retired from the service on	day of
186 Applicant is permanently disabled as stated and	
Sworn to and subscribed before me, this	Horizon (III) ( )
day df1901. \	

Note 1.—The Ordinary will see that the full text of the Affidavit is understood by the witnesses, and that they are legally qualified to the same.

2.—All blants spaces much be filled when signed.

3.—All blants spaces much be filled when signed.

4.—There witnesses are required.

Ordinary.

#### Physicians' Affidavit.

		7.	 Sicialis	Amaavi
TP	OP	OPOBOLA		

		045
PERSONALLY comes before	Dre me	Ordinary of said County
	and	, both known to
me as reputable physicians of	said County, who being severally swor	n, say on oath, that they have carefully
examined		h personal examination, say that the present
condition of applicant is as fo	į.	
	•	
and that such condition is perm	ment. Said condition arises from the fo	ollowing facts :
	arise from hereditary or congenital cause	_years, and his condition, as above stated s, or from vicious or intemperate habits.
day of	1901. }	
Note 1.—State fully the phy njury, reate its location, character rigin, as understood by affants. Note 2.—The physicians wi	Ordinary.  veical condition and especially the extent of and present condition. If from disease, gi  ll be careful to fill every blank space in ca	disability. If disability results from wound or we its nature and character, and its causes or th.
I, John occupied to certify that I am well acquipplicant in the foregoing affida	County.	Ordinary of said County,  Ordinary of said Gounty,  the sects made by him in his said saffidavit are
resides in this County and has be	en a bona fide resident since the	day of Good that the left to be, and that the day of that their statements are worthy of full understood by hem before they signed
Ae same. Given under my official s	The spinion fold read to the	ing of Pour 1902

All amending proofs must be executed with the same formality as original proofs, and the Ordinary muste

		POW	ER OF	OTTA	RNEY.		
	STATE OF O	EORGIA,	inty.	hereby		in s	4,
-	to receive and	receipt for the	pension p	aid hereon an	id request the	at he ren	nit same to
	day of Jan	ESS WHERE	DF, I have -1903.		P		(L. S.]
)	(FOR THOSE ALREADY ENROLLED.) No. 2274	SOLDIER'S PENSION	1903.	County Color Segment 69. 206	Disability of which was Amount, \$57 cm	JOHN W. LINDSEY,	WARRANT HANDED TO

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
County.
Total Control of the
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 of18.3.7; 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 forward Company 3, of 38 th Regiment
of 19 a Volunteers, Swidows 's Brigade; that whilst engaged
in such military service in the State of Penns, on the 3 day
of July
Owning to gun shot evenus
through the hard and long is by Strikery
by from which wounds definent
has never recovered and his lig is
Still ministing he is venderely procline
incompetent to perform the usual and
Cations of Fel
Deponent makes application for the pension to which he is entitled for the year
ending October 26th, 1902. I have heretofore, under said law, as a resident of
Horsyth to gy been in willdanty, been allowed an invalid pension of
Dollars, for the year 1994
Swarn to and subscribed before me this the 1 P Jacobsonds
Sworn to and subscribed before me, this the day of January 1902. Post office municipality
Carl Quelle
NOTE - Set of fully the nature of the wound or character of disease which causes the disability and crowing
Note.—See 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.
<b>1</b>
County.
I. Ordinary of said County,
do certify that I am well acquainted with P.S. Edwards
the applicant in the foregoing affidavit, and am well satisfied that the statements made by
him in his said affidavit are true, and I know he is the individual he represents himself to
be and that he resides in this County.
Given under my official signature and seal, this
day of January 1902.
your John Mulley
Ordinary Ow bo County.
Nors.—Fill all blanks and of Company and Regiment. Nors.—All vouchers and affidavits must bear date after January 1, 1902.
the state of the s
POWER OF ATTORNEY

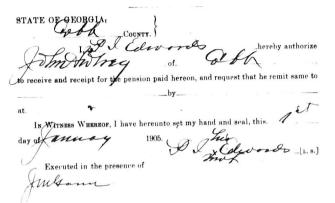
### FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

amund an arangu	
STATE OF GEORGIA,	
County.	
Personally appears F. V. Educated of 0000	
County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citize	n
and resident of said State, and has resided therein continuously ever since the	_
day of1838; 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 wat in Company of of th Regimes	
of A. Volunteers, Wollow's Brigade; that whilst engage in such military service in the State of Va on the	
in such printery service in the state of	ıy
of 180 3, he was wounded, injured or diseased as follows:	
He was wrunded by Jun that wound in befollound lend	my
left arm granticell and countries. Also, by the	in
Not wound in left he stove the andle all	un
Tave age up naencary xersunally usicus	_ 0
	·
The state of the s	
2.000	
Deponent makes application for the pension to which he is entitled for the year	ar
ending October 26th, 1903. I have heretofore, under said law, as a resident	of
County, been allowed an invalid pension	of
Dollars, for the year 1902.	
Sworn to and subscribed before me, this the	1
The day of the 1908. Post-office Maritie,	29.
John Awky Ordina,	
Norm.—State fully the name of the wound or sharacter of disease which causes the disability, and exp particularly the extent of the disability resulting from the wound or disease.	lain
STATE OF GEORGIA,	
County.	
I John Hailing Ordinary of said Coun	ty,
do certify that I am well acquaints with fill, admards	
the applicant in the foregoing affidavit, and am well satisfied that the statements made	by
him in his said affidavit are true, and I know he is the individual he represents himsel	to
be and that he resides in this County.	
Given under my omcial signature and seal, this	
day of Jamon 1903	
AME To the thilling	_
eal here Ordinary Cool Cour	ıty.
Norn.—Fill all blanks and of Company and Regiment.	

#### POWER OF ATTORNEY.

the pension paid hereon and request that he remit same to VHEREOF, I have hereunto set my hand and sal, this. Executed in presence of

#### POWER OF ATTORNEY.



# DISABLED

no late

WARRANT HANDED TO

JOHN W. LINDSEY.

SOLDIER'S PENSI

1905.

JOHN W. LINDSEY,

Disability.

WARRANT HANDED

Quarke, O.

CODE SECTION 1250.
(FOR THOSE ALREADY ENROLLED.)

SOLDIER'S PENSI

1904.

DISABLED

## FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
County.
Personally appears . I. Educado of Gold
County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen
and resident of said State, and has resided therein continuously ever since the
day of [1838]; that he enlisted in the military service of the Con-
during the war between the
the Cympany to , old the Regiment
in such military service in the State of
, on the day
Ny was wounded injured or diseased as follows:
In left bank, rendimine lair left arm hearth "
Assentally usedess! Also by Jun shot wire
in lat leg Carone the will roudising Rais 612
ug modely and executally useliss
The second secon
Deponent makes application for the pension to which he is entitled for the year
ending October 26th, 1904. I have heretofore, under said law, as a resident of
County, been allowed an invalid pension of
Dollars, for the year 1903.
Sworn to and subscribed before me, this the
day of Language 1904.
Post-office
Nora - State fully the nature of the wound or character of disease which causes the disability, and explain
perficularly the extent of the disability resulting from the wound or disease
STATE OF GEORGIA.
Committee Country
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 of1904.
(AMI)
your ( ) Neal ( ) bere (
OrdinaryCounty.
Note. — Fill all blanks and of Company and Regiment.  Note. — All youthers and affidavits much based and the

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

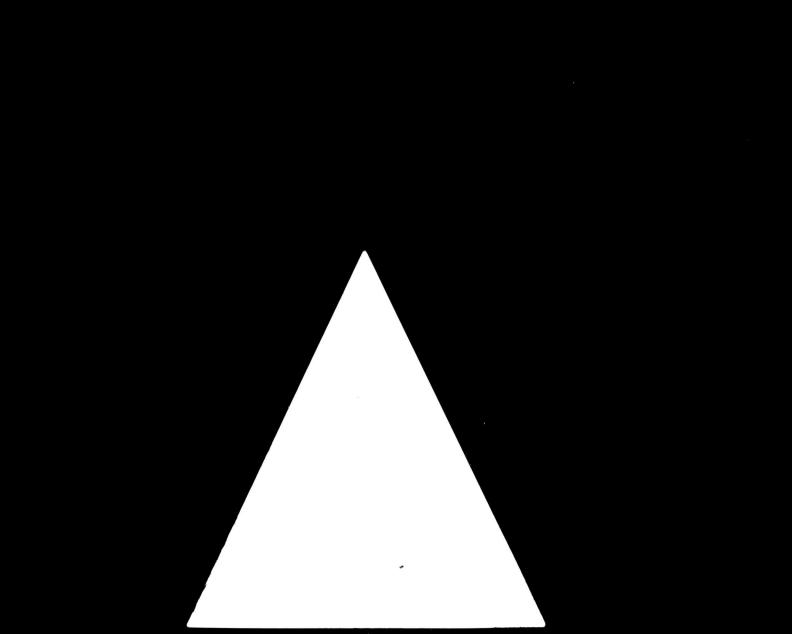
STATE OF GEORGIA,
Cold COUNTY.
Personally appears of Edwards of Ell
County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen
and resident of said State, and has resided therein continuously ever since the
day of 1828; that he enlisted in the military service of the Con-
federate States (or of the State of) during the war between the
States, and served as a in Company B, of 38 th Regiment of Volunteers Invan's 's Brigade; that whilst engaged in such military service in the State of
in such military service in the State of
, on the day
, he was wounded, injured or diseased as follows:
Disabled hand & foot
· · · · · · · · · · · · · · · · · · ·
Deponent makes application for the pension to which he is entitled for the year
ending October 20th 1905. I have heretofore, under said law, as a resident of
County, been allowed an invalid pension of
Dollars, for the year 1904.
Sworn to and subscribed before me, this the
1 Aday of Jany 1905, Wallowers
white my Post-office
Norse—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.
Coth COUNTY. }
do certify that I am well acquainted with I Edward
the applicant in the foregoing affidavit, and am well satisfied that the statements made
by him in his said affidavit are true, and I know 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.
( ams)
Beal here. Ordinary Office

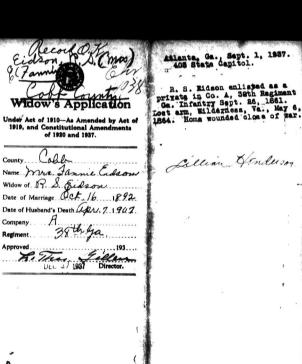
Norz.—Fili all blanks and of Company and Regiment. Norz.—All vouchers and affidavits must bear date after January 1, 1905

O. T. NOLAN, M. D. MARIETTA, GEORGIA. MARIETTA, GA., Mil 26 1902 t . This centifies that I am a practicine, phydician and as such have as animal the P. J. Edwards of Mariella Gen. and find that he how two (2) would which the olleges to fore received in the mor between the states The injury of left hand consist in supertalian of motor fing is at first foint the other three (3) finger of rome hours are partially posalized - that is the Extensor tendous do not ack, and the usult is an mability so upen hand. The second in July is to last unkle and leg. The foot has a long sear while showing, result of infuly. There is and all wound on less les above awhite lukish is red and tender and ut lines discharges a third pus this sort is claimed & home been there since the infuny in 1760. There are also several very large voices weint of some lay Both of these my ung to the hand and foot majaic day Twenth ( ) materially the usefullness of each member Sworn to asuka cubed defor me of a contract was Gilbert Vennent 169 The state of the s c. de and and sold and 1.6.7: 42000 CL

1. 1904.

C. C. Thirty ( ) securios nos O. T. NOLAN. M. D. 1 .. , 2 30.00 - 0000 MARIETTA, GEORGIA. 14 Courselle MARIETTA, GA., Mpil 26 1902 This to office that I am a practicing physician and as B. Columnia such have an amined the P. J. Edwards of Maciella Isu. and find that he has two (2) wounds which the alley as to force received in its was between the states. The injury of left 10/28-1901 faint the wither three (3) finger of none hand are Pf Celrounds apply fraing to the Comment of the pain in 1902 Thinks partially posselized - that is the extensor tentions do not ack, and the woult is an making so ofen hand The second inducy is to left unkleded leg. The foot hor a long sear on it showing result of impuly, Three is and all wound on life lef above ankle likely is red and tender and ut lines discharges a third pus this sail is claimed & home here there since the infuny in 1868. There are despresent very large varieous wains of some lay Both of these infury to the hourd and foot impair sery materially the usefuliness of each member Sworn to asubscubed after me this Spil 26th 1902. Awing le. J. Nolun us Gilbert Jennet 160





Ordinary's Certificate

STATE OF GEORGIA

Fannia. Daniell Eidson Ordinary of said the applicant

she represents ary 1st, 1920; that I also know herself to be,

Given under my hand and seal of office were duly by titled to full faith 是一种

ORDINARY

make to each of the qu INSTRUCTIONS

nable. If not prove which the applicant or by some person by

AUG 13 19

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on; that

that both of them they

and the

County.

tilanta, Ga., Sept. 1, 1987.
405 State Capitol.
R. S. Etdson enlissed as a rate in Co. A. Seth Regiment rate in Co. A. Seth Regiment a Infantry Sept. Ed. 1861.
F. Inm. Wilderness, Va., May

Widow's Application
Under Act of 1910-As Amended by Act of 1919, and Constitutional Amendments

County

County

Coll

Name Mylara, Flance Coller

Widow of R. S. Enlara.

Date of Husband's Death (Apr., 7.1907)

Company

Regiment

Approved

Approved

Maria of Maria

#### Ordinary's Certificate

STATE OF GE	ORGIA
-------------	-------

Cobb

COUNTY.

I. Jas. J. Daniell

, Ordinary of said County, do certify

that I know Mrs. Fannie Eidson

the applicant for pension; that

she is the person she represents herself to be, and that she has been, continuously, a bona fide resident citizen of said State since January 1st, 1920; that I also know By y, greer

the witness who swears to the service of husband and/or the marriage; that both of them are now residents of said County and were duly sworn by me before signing the foregoing affidavits, and that they are truthful and trustworthy and their statements are entitled to full faith and credit.

Given under my hand and seal of office this (SEAL OF ORDINARY)

5th day of August 193.7

#### INSTRUCTIONS

- Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "Yo 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 belp 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 tified by such Ordinary.
  - 6. 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.)

#### OUESTIONS FOR APPLICANT TO ANSWER:

Personally appears before me. Mrs. Fannie Eidson, of sold State and C

QUESTIONS FOR APPLICANT TO AN STATE OF GEORGIA, COUNTY.

and hereby applies for the pension allowed by the Act of 1910, as amended by the Act of 1919 and the	
Constitutional Amendments of 1920 and 1937, and submits testimony to support the same, and, after	
being duly sworn, true answers to make to the questions propounded, answers as follow, to wit:	
SECTION I.	
1. What is your name, and where do you reside? (Give Post Office and County)	
2. How long and since when have you been, continuously, a bona fide resident citizen of the State of Georgia? . Que	
Give date, or year, of your birth. May 10, 18,62 Ager. 77  37 (1) When, (2) where and (3) to whom were you married? Set. 16, 1892.	
Cheroker ba R. S. Eidson	
a. Have you married since the death of first and soldier husband? Tho-	
b. When and where did your first husband die? Tusuwasaw. La. apr. 7, 1907	
c. Were you residing together when he died?	
d. If not, how long had you resided apart?	
e. Are you now a widow? Yes!	
f. Have you or your husband heretofore been paid a pension by the State? Wes - Rusband	
f. Have you or your husband heretofore been paid a pension by the State? Here Kushand g. If so, when and for what cause were you or your husband placed on the roll? Gobb Co. 1590.  SECTION II.	. 1
SECTION II. Soctarm, Wilderness, Va. May 6, 186	4
Answer the following questions if your husband was not a pensioner:	•
I. 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.	
The state of the s	
200   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100	
2. When and where did the Commands of your husband surrender or discharge from the Service?	
3. Was your husband personally present with his Command when it was surrendered or discharged?	
The second second of the second secon	
4. If he was not present, state specifically and clearly where he was?	
5. When did he leave the Command?	
n. For what cause did he leave?	
b. By whose authority did he leave?	
c. For how long was his leave of absence granted? d. In what way?	
e. What was his physical condition when he left his Command?	
f. What effort did he make to return to his Command?	
g. In what way was he prevented from going back to his Command?	
h. Was he captured by the enemy at any time?	
i. If so, when and where? In what prison was he held and when was he released?	
Sworn to and subscribed before me this the	
Sworn to and subscribed before me, this the	
and the chia 1937 & mm R. S. Eiden	
my danielle	
Applicant.	
(SEAL OF ORDINARY)	
ODER OF ORDINART)	

#### An Affidavit

(Read carefully before making this affidavit.)

State of Ge			

State of Georg

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:
- That her deceased husband was not a pensioner of the State of Georgia at the time of his death, and, therefore, his Confederate military service has not heretofore been proven in connection with an application for pension;
- 3. That she is unable to obtain from any person or source evidence as to the Confederate military service of her deceased soldier husband;
- 4. That this affidavit is being made to authorize the use, as evidence, of any official record of said Confederate military service as may be preserved either at the Capitol in Atlanta, or in the office of the Adjutant-General, Washington, D. C.

Sworn to and subscribed before me, this the

day of

, 193

, Ordinary,

County.

Questions for Witness as to Marriage and Service of Husband. COUNTY. of said State and County is hereby presented as a witness in support of the application of Mrs. R. & Eilan, 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 What is your harde and where do you reside? (Give Post Office and Con reer marietta 2. How long and since when have you known Wwo, It. S. about to spars - Since 1896 01/897 3. Where does she now reside, and since when has she been, continuously, a bona fide resident sitizen of this State? R. T. S. 4 Warrette, January all time I have known How do you know? many and mile 1896 4. When and to whom was she married? T.S. Cia 5. How long and since when did you know ... husband? allow ten years 6. When and where did apr. 1907 at Kennes the husband of applicant, die? 7. Were the applicant and her husband living together as husband and wife at the date of his death 8. If not, how long did they live apart before his death? Were they divorced? x 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? 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 speci-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? In what prison was he held? and when released? Sworn to and subscribed before me, this the

#### STATE DEPARTMENT OF PUBLIC WELFARE

#### HURT BUILDING

ATLANTA

Honorable James J. Daniel, Ordinary, Cobb County, Marietta, Georgia.

WHEREAS:

MRS. FANNIE EIDSON, WIDOW OF R. S. EIDSON,

has filed in this office an application for the Georgia pension allowed to widows of Confederate veterans; and it appearing that the late husband of this applicant performed actual military service as a Confederate soldier and was honorably separated from such service; and that applicant was married to said soldier prior to January 1st, 1920, and that she was not remarried; it is, therefore,

#### ORDERED .

That said applicant be admitted to the pension roll of the State of Georgia for the month of January , 19 38 , and thereafter; and that a copy of this order be sent to the Ordinary of said County.

This, the 27th day of December 19 37.

Director, Confederate Division State Department of Public Wolfaro



AND VIVE

#### Fannie Freeman

WERE UNITED IN THE HOLY BONDS OF MATRIMONY

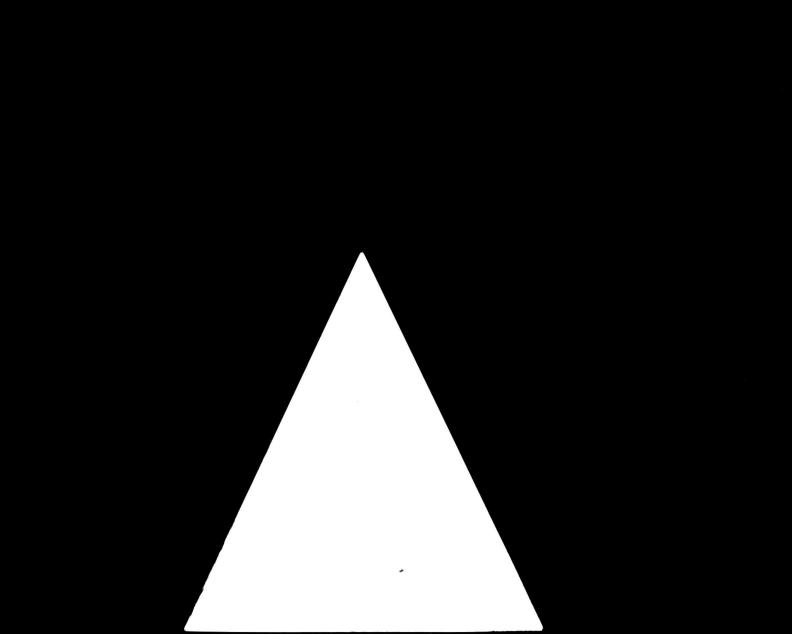
W.A.Babb, M.G.

On the 10 day of October , in the year of our Lord 1932 1892 as appears of record in my office in Marriage Record, book F

. This 2:

Jack Massey

THE TOTAL TO THE TOTAL THE



NEIDEAN G.B. No. COARA  INDIGENT PENSION 1898.	to receive and receipt for the pend Witness my hand and ead Executed in presence of
Name G. B. Edson County O & C.	COUNTY.
Approved1898.	of request that he read aby of
RICHARD JOHNSON, Commissioner of Pensions.	by sue to
WARRANT HANDED TO	
SEO, W. HARRIBON, STATE PRINTER, ATLANTA.	y authoris 8.

# POWER OF ATTORNEY. STATE OF GEORGIA, COUNTY. . 1. hereby authorize of the receive and receipt for the pension afflowed and request that he remit same to at the witness my hand and seal this day of 1808.

Executed in presence of

E. derie

4

RICHARD JOHNSON

HANDED

[L.S.]

loo a, get Batto Be artillery Questions for Applicant/Leyden's flow STATE OF GEORGIA, County. \ J. B. Oulson ot 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.) V. B. Eulson. Smyma Georgia 2. How long and since when have you been a resident of this State?

3. When and where were you born? 18241 Eghthorfee County for 2 1824 get ta Balation of artilling 6. How long this you remain in such company and regiment? What I have Closed race (ablured)

and Confirm at Camp Storage and

this long a period did you discharge regular military duty? 7. When, where and under what circumstances were vour discharged from service? March Strom Camp Tough and The Close of the man 8. What is your present occupation. Farmer 9. How much can you carn (gross) per annum by your gyen exertions or labor? Fruitly Dolling
10. What has been your occupation since 1865? Carrier 11. Upon which of the following grounds do you base your application for pension, yiz: first "age and poverty," second "infirmity and poverty" or third "blindness and poverty" " 498 " Frve ely, 12. If upon the first ground, state how long you have been in such condition that you could not earn your support? If upon the second, give a full and complete history of the infirmity and its extent? If upon the third, state whether you are totally blind and when and where you lost your sight? for the part & year applicant has bern unoible to win a support is 44 years red and very Jebber 13. What property, effects or income do you possess and its gross value? None 14 What property, effects or income did you possess in 1894, 1895, 1896 and 1897 and what disposition, if any, did you make of same? In 1895 I owned a piece of Anglity wollich was under a mortgan Co fa = None How were you supported during the years 1896 and 1897 3 or 1896 by my own and 1897 by my down law ofmide 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? Arthy Doel are, applicant answering don't 20 does 18. What was your employment during 1896 and 1897? What pay did you receive in each year? Farmer would about to sould 19. Have you a family? If so, who composes such family? Give their means of support? Have they n homesten of fairing. Wife children all married

20. Are you receiving any pension, if so, what amount and for what disability? (I alreaux) is not recurry any pursuon

Ordinary.
County.

Applicant.

Sworn to and subscribed before me this the

#### QUESTIONS FOR WITNESS.

STATE OF GEORGIA,
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
(County.)
7:6 - 199 ta ) Mo Digara , of said State and County, having been presented
as a witness in support of the application of
under the Act approved December 15th, 1894, and after being duly sworn true answer to make to the following questions, deposes and answers as follows:
1. What is your name and where do you reside? 26 cegg 44.
Mais Minul Amonno Coop Co gal
2. Are you acquainted with I B decision the applicant, if so
how long have you known him? alout 40 years
3. Where does he reside, and how long and since when has he been a resident of this State?
Every sicie 214 have Throwhing tom 40%
4. When, where and in what company and regiment did he enlist, and how do you know? The Ja
Bulation & arrely to A. Ladurg alling The
6. How long did he perform regular military duty, and what do you know of his service as a Confed-
orgic suldier, and the time and circumstances of his discharge from the service? Afficant sulveyed to the forther of which the survey as the forther of which are the first than the first that the first than the first
nas cunfined with its at Camp Douglass Il.
muche close of the man and week is mas
7. What properly, effects or income has the applicant? (Give your means of knowledge.) None
MI 1895 1116 r ( 110 p) roug sous goed meder a
M. What property, effects or income did the applicant possess in 1800 and 1807, and what disposition, if
any, did be make of same? Had none of rome property souls
under morrage 1895
9. Has be conveyed away any of his property in the last three years, if so, what was it and to whom?
Has not what he had more sold willing the said
10. What is the applicant's occupation and physical condition?
is ald tringin is 74 years of age
and is a very fuble old man
and as said applicant unable to support himself by labor of any sort, if so, why? The end
is 14 yes old andraw Jude
12. How was he supported during the years 1896 and 1897? by his own as sales
and by contributions from this Precent french
13. What portion of his support for these two years was derived from his own labor or income?
Down a residentity Dollars mount to all that he live a fill and complete statement of the applicants physical condition that entitles him to a pension
14. Give a full and complete statement of the applicant's physical condition that entitles him to a pension
under the Act of December 15th, 1894, as all ready stated applicant
much all has no property and is madele
make a lively hood and is a very fuble
15. What interest have you in the recovery of a pension by this applicant? None, malure
Sworn sq and subscribed before me, this
the n day of Witness. Witness.
tone Ordinary. Of Jegiors

#### AFFIDAVIT OF PHYSICIANS

AFFIDAVIT OF PHYSICIAN	18.
STATE OF GEORGIA,	
County.	
Perfoundly come before me	- MIN
// .	as reputable physicians
of shill County, who being severally sworn, say on each that they have examined	
such personal examination say that his precise physical condition is as follows:	ie Act of 1894, and after
the nad articilection of sidney a	I be a la
association this central de	
decline	<i>f</i>
r i	
We further say on oath that the physical condition of applicant renders his	
work or calling sufficient to earn a support for himself, and that we have no inter- allowed.	est in said pension being
. 58 / 11/2	(4) J. E.
	Na Con VI
( 1898.) X. (X.)	(a Con ) /
Ordinary.	
J	
ORDINARYS' CERTIFICATE	Ε.
STATE OF GEORGIA	
Colola Contraty	
I. Ordinary in and for sai	10
, Ordinary in and for sai	in said County, and has
been a bone fide resident of this State since the	in said County, and has
and that the witnesses, viz.:	THE THE
1/4 7/1 2 1 2 1 1 1 1 1 1 1 1	negers
are of rust worthy character and that their statements are antitled to full faith and	Loredit .
UI further certify that before answering the forgoing questions, the applican	t and each witness took
the oath hereon prescribed, and that the full text of the affidavits was read to the	e applicant and witness
before same was signed.	_
I further certify that the tax digests of returned for taxation in his name in 1896. With the tax	nty show that applicant
7,	Dollars
of property, and in 1897. William &	Dollars of property.
In my opinion the foregoing claim ismade in good faith.	
Witness my hand and seal of office, this day of	127 1898
1 ne goy	Ordinary
of Mc Coory	Ordinary County.

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 widence you shall give will be the whole truth, so help you God."

God."

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

8. In avery 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.

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

Witness my hand and seal this

Executed in presence of

B. Executed in presence of

Control of the pension of

#### POWER OF ATTORNEY.

STAPE OF GEORGIA,

County,

When Aucting of Marinella
to receive and receipt for the pension allowed and request that he remit same to

my hand

Witness my hand and seal, this 4 day of Jan 1902.

J B Elder 10.

Executed in presence of

# indigent Soldier's Pension,

No. 2497

Name County

County

WARRANT ISSUED

BRICHARD JOHNSON,
Commissement of Promein

WARRANT HANDED TO

WARRANT H

FOR THOSE ALREADY ENROLLED.

No. 156 d

M. M. INDIGENT

SOLDIER'S PENSION

Atom Regiment Outilities, WARRANT ISSUED

WARRANT ISSUED

JOHN W. LINDSEY,
COMMENT OF THE WARRANT HANDED TO

In Extended

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
COUNTY COUNTY
Personally appeared to Cidensi Cook
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 G. h day of 1844, that he is 700 years ald and
by occupation a day of that he enlisted in the military service of the Confed-
erate States (or of the State of ) during the war between the States.
and served for the term of 3 45. in Company of 9 th the smell of
follows: O Production is as
skinnt and doors in the
is unable to support "dringely
that his property consists of the following items
tolling
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 heretyfore as a resident of
Sworn to and subscribed before me, this, the
10 day of - Asily 1800
Drussia ya
Ordinary.
State of Georgia,
Coupty
I. Ordinary of said County,
do certify that I am well abquainted 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 wheler my official signature and seal, this
day of Ary 1899.
(me S
here. None
Ordinary County.
NOTE The blank spaces must be filled.

#### FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
County.
Personally appears AN Eisson of Cooth
County, State of Geoogia, who being duly sworn, says on oath that he is a bona fide citizen
and resident of said County and State, and has resided in said State continuously ever
since theday of 1821; that he is 72 years old and
by occupation a farmer that he enlisted in the military service of the Con-
federate States (Ir of the State of
that his physical condition is as
follows on account of age infirmly
up povert he is worke & buffort
union !
that his property consists of the following items
while
J.
of the value of Dollars, that by reason of his physical
condition and poverty he is unable to susport himself by his own exertion or labor, and
that he receives no pension but the on 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 resion to which he
is entitled for the year 1902. I have heretofore as a resident of Thullon
county been allowed a pension for the year 190/
Sworn to and subscribed before me, this the
the day of Jan 1902
Teller Butter and
James and - Ordinary.
STATETOF GEORGIA,
County
The Sutter 1 Ordinary of said County
I. The New York Country, do certify that I am well acquainted with the B Eidson
the applicant in the foregoing affidavit, and am well satisfied that the statements made by
him in his said affidavit are true, and I know he is the individual he represents himself to
be and that he resides in this County.
Given under my official signature and seal, this
day of Jany 1902.
for the tunky
Ordinary_ County.
Norm.—The blank spaces must be filled.
Norg.—Affidavit should not be attested before January 1st, 1902.

# POWER OF ATTORNEY.

County.
John Antry of
receive and receipt for the pension allowed and request that he remit same
at
~ 0
Witness my hand and seal, this day of 1903.
ly B Eidson [1. 8
Executed in presence of
Inlama

3	0				/				
Eider A.B.	(FOR THOSE ALREADY ENROLLED.)	No. 642	INDIGENT	SOLDIER'S PENSION	1904.	Name & B. Girlson	Co I Bellecturante II	WARRANT ISSUED	

#### POWER OF ATTORNEY.

STATE OF GEORGIA,	}
B. Eidson	herebwauthorize
Alle Autry	of Mainta
to receive and receipt for the pens	sion allowed and request that he remit same
by haud	0
Witness my hand and seal, this	day of Jan 19 G.B. Eicksva 11
Executed in presence of	
- form Willia	7

(FOR THOSE ALREADY ENROLLED.)

No. 439

SOLDIER'S PENSION

INDIGENT

1903.

JOHN W. LINDSEY,

WARRANT ISSUED

WARRANT HANDED TO

JOHN W. LINDSEY, Commissioner of P.

WARRANT HANDED TO

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

	· · · · · · · · · · · · · · · · · · ·
STATE OF GEORGIA,	)
Cost Cour	ntv
11/10	delle delle
Personally appears	of the state of th
County, State of Georgia, who, being duly	sworn, says on oath that he is a bona fide citizen
	nd has resided in said State continuously ever  1824; that he is 78 years old and
	that he enlisted in the military service of the Con.
federate States (or of the State of	during the war between the
States, and served for the term of	in Company , of The Sparket Lynnie
follows: On acet of	that his physical condition is as
	age with the
ne is mara - la	
	The second secon
that his property consists of the followin	items:
J/V 0	
and the second s	
of the value of	Dollars, that by reason of his physical
	pport himself by his own exertion or labor, and
that he receives no pension but the one h	
	he benefits of the Act, approved December 15th,
1894, and the Acts amendatory thereof, an	ad makes application for the pension to which he
is entitled for the year 1903. I have he	
county been allowed a pension for the ye	
Sworn to and subscribed before me, the	· ·
day of	1903. S & B Evidson
John Anny	Ordinary.
STATE OF GEORGIA,	)
Dobby o Cour	my.
1 She Shorte	Ordinary of said County,
do certify that I am well acquainted	
	nd am well satisfied that the statements made by
him in his said affidavit are true, and I k	now he is the individual he represents himself to
be and that he resides in this County.	, - ,
Given under my offic	cial signature and seal, this
day of	A 1968. 1
Affix your Meal	to her chyling
hre	Ordinary County.
Nors.—The blank spaces m	ust be filled.
Nors Affidavit should no	t be attested before January 1st, 1908.

## FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA
STATE OF GEORGIA,
County.
Personally appears SA Eidens of English
County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen
and resident of said County and State, and has resided in said State continuously ever
since the day of 1824; that he is 79 years old and by occupation a that he enlisted in the military service of the Con-
and the war perweed the
tollows: all recording are interesting are
The state of the s
( Ithinge To
that his property comsists of the following items:
- Ciclet Cq.
4
of the value of Dollars, that by reason of his physical
condition and poverty he is unable to support himself by his own exertion or labor, and
that he receives no pension but the one herein applied for.
Deponent desires to participate in the benefits of the Act, approved December 15th,
1894, and the Acts amendatory thereof, and makes application for the pension to which he
is entitled for the year 1904. I have heretofore as a resident of County been allowed a pension for the year 1205
Sworn to and subscribed before me, this the day of Lass 1904.
11 11 11 11
Oldinary.
STATE OF GEORGIA,
County
and 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
(ini) John Weller
Ordinary of County
Ordinary County.

Nord - Affidavis divuid not be attented before samuary lat, 1904

#### POWER OF ATTORNEY.

No.	OF GEORGIA,	to wille		l:erel:	y authorize
	and receipt for the p	.of		Commence of the late of the late of	
	and receipt for the p	pension allowed,	and request	that he rem	it same to
by.					
Witt	NESS my hand and seal,	, this	day of . %	- 4	1905.
Exec	uted in the presence of	5, 0, 4	Nown		[L. S.]
	7,6		7		
(FOR THOSE ALREADY EMBOLLED.)	SOLDIER'S PENSION 1905.	Name - 1/2 (1.16) County Co. Regiment	WARRANT ISSUED	JOHN W. LINDSEY, Commissioner of Prissions, WARRANT HANGED TO	GIO W MARION, MANAGE, DISTANT PRINTE, ALLANTA,

#### POWER OF ATTORNEY.

-	Sohn	ECORGIA, Co I, Co receipt for the	UNTY.		. 1	hereby author
_	Teceive and	receipt for the p	at			
ь		s my hand and seal	, this	_day of_	Jan Eidh	71906,
	1 1	d in the presence of	6 <b>/</b>			
1	Coas Section 134. (FOR THOSE ALREADY EMPOLLED.) No. U. U. U.	SOLDIER'S PENSION 1906.	Name I 14 Cipper. County Sott	WARRANT ISSUED	. 8	WARRANT HANDED TO

#### FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

	STATE OF GEORGIA,
	County.
	Decreagelly appeared 18 Eilson of Coth
	Personally appears 1/9 alsoy of Th
	County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen
	and resident of said County and State, and has resided in said State continuously ever
	since the day of 1824; that he is 78 years old and
	by occupation a frame, that he enlisted in the military service of the Con-
	federate States for of the State of) during the war between the
L	State and served for the term of & ye are in Company 9, Tuldredopinent
	of ny len willing on that his physical condition is as
	follows: and layer Infinity and
	pourly !
	that his property consists of the following items:
	In Thur,
	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
	Ordinary.
	STATE OF GEORGIA,
	STATE OF GEORGIA,
	County.  Ordinary of said County,
	I, Alline Choling Ordinary of said County,
	do certify that I am well acquainted with List Eil 200
	the applicant in the foregoing affidavit, and am well satisfied that the statements made
	by him in his said affidavit are true, and I know 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
	Jung Thurstofity
	{ Affix }
	here Ordinary OTA County.
	Norg.—The blank spaces must be filled.  Norg.—Affidavit should not be attested before January 1st, 1905.

#### FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State A	of Georgia,	
W	lly appears A County.	ran of Coffee
County, State	of Georgia, who, being duly swort	, says on oath that he is a bona fide citize
and resident o	f said County and State, and ha	s resided in said State continuously ev
since the	day of	18; that he is 87 years old as
by occupation	1, that he e	ulisted in the military service of the Co
federate States	(or of the State of	during the war between t
States and ser	ved for the term of 3 4/V.	in Company 9 99 of Ballettel
of Zayde	at art Ha On	that his physical condition is
follows:		/
	age	1 dufinies
·		
that his prope	ty consists of the following items	4
	according to the second	
of the value of		Dollars. I am now earnin
		ollars per month. That by reason of h
physical condi	tion and poverty he is unable to	support himself by his own exertion of
	he receives no pension but the o	
		efits of the Act approved December 15th
1894, and the A	cts amendatory thereof, and mak	es application for the pension to which h
is entitled for	the year 1906. I have heretofore	, as a resident of
County, been a	llowed a pension for the year 190	5. 1) h D . 11
Sworn to	and subscribed before me, this th	of & B Eidson
1 d	1906.	> 1
124	mx m	"Ordinary.
//		
State o	f Georgia.	
Cos	County.	
. 12	he Autica	
I, //	in viving	Ordinary of said Count
	I am well acquainted with	10 Eldron
		well satisfied that the statements made
		he is the individual he represents himse
o be, and that	he resides in this County.	_
	Given under my official signature	and seal, this
	day of Ameny	7 1906.
		Me 1/1 /

Affix your seal here

Nors.—The blank spaces must be filled.

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

#### POWER OF ATTORNEY.

9.8.

STATE OF GEORGIA,	
Caff County.	
1, LA Eilson hereby authorize	
John howey of	
to receive and receipt for the pension allowed, and request that he remit same to	4
atat	
by	
WITNESS my hand and seal, this day of Rece, 1907.	,
& B Gidson / [1. s.]	
Executed in presence of	
- HXLALLL	
	1
INDIGENT  INDIGE	
PENY ERROR INC.  S. PENY  S. PENY  CENT  CHARGE  CHARG	
CENTER PER TANKER TANKE	
1905E ALREADY ERROR  NO.  1NDIGENT  1DO 7.  1 DO	
ER'S ALL STATE OF THE STATE OF	10
NI SOUND OF THE SO	. 8
	1
SOL South	4

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,
County.
Personally appears & B Eidson of Cobh
County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen
and resident of said County and State, and has resided in said State continuously ever
since theday of; that he isyears old
and by occupation a, that he enlisted in the military service of the Con-
federate States (or of the State of) during the war between the
States, and served for the terms of in Company of the Resemble of g. Har Batter Logdier at Sother his physical condition is as
follows: My o Dufaming & pavery
that his property consists of the following items:
Lux.
of the value of Z Dollars. I am now earning
by my labor, Dollars per month. That by reason of his
physical condition and powerty 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
County, been allowed a pension for the year 1906.  Sworm to and subscribed before me, this the
Sworn to and subscribed before me, this the day of 1907.
built whey ordinary.
ordinary.
State of Georgia,
Cat ( County.)
County.)
I, Ordinary of said County,
do certify that I am well acquainted with
the applicant in the foregoing affidamit, and am well satisfied that the statements made
by him in his said affidavit are true, and I know 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 12 2 1907.
OrdinaryCounty.

	GEORGIA	County.	34 M	
	that I personally	111 1 6 4	dinary of said county, do certify	
	she is the lawful	12 M C. 1	, the applicant, and that	
	the Sidings	- 0	county, and was	-
	paid a Pension fr	010	ounty for 190, and at the time	- 3
	of his death on t	in a (/	190_ <b>S</b> , there was	
	due to him and to	unpaid his Pension of Meenty	dollars from the State	
		s of a truthful and trustworthy character	,	- 9
		my hand and seal thisday	(/ • 0	7
		- John	Acothey Ordinary.	
		/	Coh County.	
				4
				ì
		-	Seator .	
-		And the state of t	TO THE PARTY OF TH	
		er   1   er	Vols,	
		Periodication for Pension  UNDER ACT 1991.  Receive Editory  Bor of HAL Editory  County	3 5	
		Per Son 1 3 3		
	作	Deceased Onceased Onc	Regt. Approved and Paid J. W. LINDS	
	8008	t vo	Regr.	1
Ţ	9 %		a per	
Moon	<u>-</u>	.=   \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	¥	
9	3	Appli Due Midow o		A
			<b>ತ</b> ∥ ∥	
		and the second s	Thomas was Committee or programmer server continues	
		Annual Committee and Committee	A COLUMN TO THE PROPERTY OF TH	- palading
	GBORGIA,	orize and constitute	of said county, my	-
		collect and receipt for me in my name the Pens		1
	deceased husband		, who was on	-1
	Pension Roll and p	aid from	for 100	A

Witness my hand this... Attested before me:

#### Application for Pension Due Deceased Soldier

UNDER ACT APPROVED OCTOBER 9, 1891.

	3
STATE OF GEORGIA, County.	
Personally before me comes Mrs. Roena Eilen, of said county,	
fter being duly sworn, on oath says that she is the widow of 4. B. Eister	
tho was duly enrolled as a a Prolegent Pensioner from the county	
and was paid a Pension of Sixty	
county for 190, and that the said	
MB Ellon died in Cold county on	
he 29 day of 190 %, and at the time of his death a Pension	
2 June 7 third question & due him from Cabb county	•
nd unpaid for 190 %. Applicant further swears that she married the said	
on the 15 day of September	
892, in Cabb county and State of Gronger and	
esided with him from the date of marriage to his death as his lawful wife, and is now	
is dependent widow, and she asks that the Pension so due and unpaid be paid to her.	
Sworn to and subscribed before me this day of July 1908.	
Ordinary, Winax Ordson [L. S.]	1
County.) Moule	
AFFIDAVIT OF WITNESS.	
EORGIA, Cobb County.	
Personally before me comes, who	
oath says that he knew SB Eileon while in life	
d that he knows Mrs. Roena Eichon	
e above applicant; that he knows that the said 4.13 Euler	
d Ruena Herring were in due form of they married in the county	
in the State of Larry on	
e day of september 1892, and that they resided	1
gether as husband and wife from date of marriage to the day of his death on the 29	- 7
y of 180 %, and I now know that she is his dependent widow.	-
Sword to and subscribed before me this day of 190 \$	. 1
My Hamly Ordinary, JA Hamly	. 9
Cost County.	- 3
NOTE 1st — This form can be used by meeding and the state of the state	- 5

2d.—Ordinary must send in all cases certified copy of marriage license attached

#### GEORGIA. COBB COUNTY.

Court of Ordinary of said County.

1, J. M. Gann, Clerk of the Court of Ordinary of said County, in said State, do hereby

certify that the foregoing is a correct transcript of the record in the matter of ... Topy of marriage Leave and Certificate

and I further certify that I have compared said transcript with said record and that the same is a correct transcript therefrom. I further certify that under the laws of Georgia I am the keeper and sustodian of said records and the proper party to make and certify transcript therefrom and that I am the duly appointed and qualified Clerk of said Court.

> In witness whereof I have hereunto set my hand and seal of office in the City of Moretta, County of Cobb, State of

STATE OF GEORGIA. COBB COUNTY.

Court of Ordinary of said County.

I. John Awtrey, Ordinary and Judge of the Court of Ordinary of said County, in said State, hereby certify that [ , M, Gyxx is the duly appointed and qualified Clerk of said Court of Ordinary, and as such Clerk is the custodian of the records and files of said Court, I further certify that the attestation made by him is genuine and in due form of law and by the proper officer, and that the scal thereto attached is the scal of said Court.

In witness whereof I have hereunto affixed my name

This & H day of July

# MARRIAGE LICENSE.



STATE OF GEORGIA, COBB COUNTY.

TO ANY MINISTER OF THE GOSPEL, JUDGE OF THE SUPERIOR COURT,

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

Eccording to the Rites of pour Church, provided there be no lawful cause to

obstruct the same, according to the Constitution and Laws of this state; and for so doing this shall be your sufficient License.

Given under my band and seal 14 day of Liphunder 1892

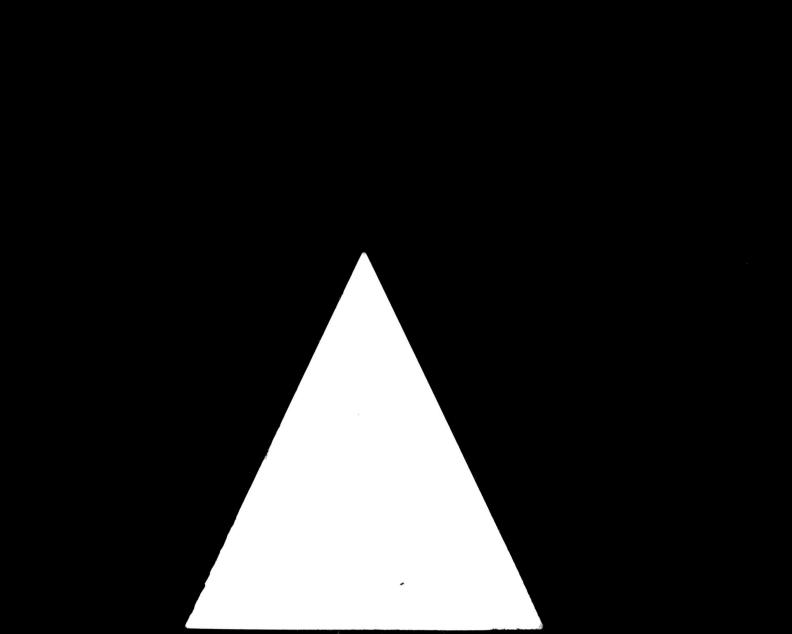
1 Hereby Tertify that

J. M. Strue ORDINARY. (MEN)

Mrs Roun Herring were solned together in

on the 15th day of Supelinder 18692, by me.

Tot It West my &



No. 233 Coll Co APPLICATION FOR (Am Sounty looft
Limb Am below elfin ELLEAN R. S.

S. 253 Part C.

APPLICATION FOR

CAPPLICATION FOR

Applican R. S. Edd. 2000.

Applican R. S. Edd. 2000.

Amount L. Do. H.

Timb. U.S. D. M. Kelant S. L. Sim.

Anione Marmada. L. Z.

Proc. A. 38 H. P. J.

Proc. A. 38 H. P.

Proc. A. 48 H. P

STATE OF GEORGIA.
Calify 1
County.
( ) ( ) biling
Personally appeared before med
the county of
and says that he was on the 20th day of September, 879, a bona fide resident of this State; that he
enlisted in the military service of the Confederate States, or of this State, as a
in Company W. Regiment of
that while engaged in such military service, to wit: at the battle or engagement of Addellillity
in the State of Wyllia on the day of
May 1864 howas wounded in the Wift allet and
that the same was amputated the the Ellow
that he has not received the payment allowed him for such limb under an Act entitled an Act to carry into
offect the last clause of Paragraph I, Section 1, Article 7 of the Constitution of 1877, approved September
20th, 1879; that he has. Man. supplied himself with an artificial
done so, he prefers to supply himself with an artificial CALLY.
Sworn to and subscribed before me this.
day of Moren Con 1879 C. S. Colson
10 m. Manualt Offy
NOTE.—The above affidavit must be made before some officer authorized to administer oaths, a Judge of the Superior or County Court, Justice of the Peace, Clerk of the Superior Court, or Ordinary.
COMMISSIONED OFFICER'S AFFIDAVIT.
STATE OF GEORGIA,
$C, \ell O$
younty younty
1/ (1) Wandshie's
Personally came before me find the first the f
the county of
and says that he was fill y first in Company a 3. T. S.O. Rogiment
and that the above deponent, A and Alle to
in said Company and that this deponent knows that said,
lost a W. Aldelin the military service as said in the above affiguret.
Sworn to and subscribed before me this.
day of Movember 218:49 1 1 1 1 1 1 1 1
16 M. Kammer a Order of Mumphines Mar
NOTE -If the addard of the commissioned officer is not obtainable the following affidavit of three responsible citizens,

#### AN ACT

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

Section I. Be it concretely the General Assembly of the Niste of Georgia, That any person now a bone fide resident of
this Niste who emission in the military service of the Confederate Nistes, or of this Niste, who, while engaged in said military
service, but a limb or limbs, may formed to the Governor of the State proof that such applicant has supplied himself with such
needful articleal limb or leafs, and the Governor, on reception of such proof, is hereby authorized to draw his warrant on the
Treasurer of the State in favor of such applicant for either amount hereinafter mentioned, to wit. For a leg extending above
the kner, one hearitest distants. For a leg not extending above the kner, one hearitest distants. For a leg not extending above
the close, saxty dottars, for a leg not extending above the ellow, forty dollars. Previded the said amounts of money may be
allowed to any one contribut to the benefits of the Act who may prefer to supply knowed with the said amounts of

Six. If their further enacted by the said authority. That such application shall contain proof of such applicants being certitied to do benefits of this act and shall further state whether arm or leg has been supplied. If an arm, whether extending above the efflow or not, if a leg, whether extending above the knee or not, and the Governor shall decide the sufficiency of the proof submitted.

Siz. III. Be it furthing enacted by the said authority. That no applicant shall receive the sum allowed under this act offener than once in five years.

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

Henry R. Goetchies, Serving House Representatives WM A. Harrin, Serving Separte Approved, September, Oth. 1879. A. O. BACOR, Speaker House Representatives RUFUS E. LESTER, President Senati

ALFRED H COLQUITT, Governor

#### STATE OF GEORGIA.

#### County.

Personally came
who, being duly sworn, depose and say they are acquainted with
that said
citizen of this State, and we are well satisfied that the facts stated by him in the above affidavit are true.
Sworn to and subscribed before me this
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
STATE OF GEORGIA,
County,  1. Mr. M. S. A. M. M. T. M. Ordinary of Co. b. b.  county, do certify that I am well acquainted with N. N. S. S. C. S
County,
Mc Wy Vocamonott
Ordinary of Ordina
the applicant for an
affidavit are true, and that I am well acquainted with.
affidavit are true, and that I am well acquainted with DX J. W. J. S.
stated by them are true.
Given under my hand and official seal, this
day of
. Me Ma Me communatt
Gray

STATE OF GEORGIA,		
PERSONALLY appears. R. S. Sidson of	٠.٠٠,	. `
PERSONALLY appears R. S. Sideres of .	16 00d	county,
state of Georgia, who, being duly sworn, says on oath that	he is a bona fide citizen	and resi-
ent of said State, and has been such continuously since th	ie ///	day of
Acc 1849; that he enlisted in the mil		nfederate
States (or of the State of) during t	he war between the S	tates, and
erved as ay private in Compa		
Volunteers fordons		t engaged
n such military service, at the battle of the hilds	unua	in the
state of Dirginia on the 6" day of rounded as follows: The replit drim 2	May 1864	, he was
rounded as follows: The reglit arin 1	cas Three the	rough
the bonce hunt below the	ellono cu	a ha
inspectated from the	thrint 1	721_
account of the normal	o'll 7" da	ァイ
May following to 18614_	/	0

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

Sworn to and subscribed before me, this A. S. E. doon the 9 day of Fight 1889

Note: Nate fully nature of wound or character of things which causes the disability, and explain particularly the extent of the disability.

STATE OF GEORGIA, Ordinary of said , both known to me as reputable physicians of said county, who, being severally sworn, say on oath that they have carefully examined . S. & Carefully examination say that the applicant has been injured as follows: He has short the regular than the high arm the own the librer and the regular arms are pertained at that point, apparently the sound and the same arms are pertained at that point, apparently the sound arms.

	400	Var.	
STATE OF GEORGIA,	(1	. CHOS.	STATE O
loop con	inty.	1	· Q
do cereby that I am well acquainted wi applicant in the foregoing affidavit, and in his said affidavit are true, and that he the individual he represents himself to	am well satisfied that is disabled to the exte	t the statements	made by him I know he is
that the foregoing witnesses, to-wit	oc, and that he resides	in this county.	1 also certify
are persons of respectability, and that to I further certify that affidavits were made and power of actor of said county, and that the said affidav Given under my official signature a	ney was signed, is a its and signatures the	before whom	the foregoing
	1 6		
POWER	OF ATTORNEY		
STATE OF GEORGIA.	. ( :	H	
% (on	u.y. (		
KNOW ALL MEN BY THESE PRESE	NTS, That I,		
	of		
county, in said State, do hereby appoint			
me and in my name, to receive and recei to from the State of Georgia by reason of vice of the Confederate States (or of this authorizing my said attorney to receipt the Governor, or for any sum of money w In witness whereof I have hereunto	pt for whatever amou the injury received as State), as stated in th in my name for any W high may be coming t	aforesaid in the e foregoing affid arrant that may o me for the rea	ay be entitled military ser- lavit; hereby be issued by
day of	188		to project
			(T. C)
Executed in the presence of us:		* 5	(1. 5.)
			. A. Ne
nu.	RECTION	t 6 m	. 10*
Send money to me as follows, by_	Lation:		
menty to me an jollows, by	and the same of th	T. I.	

County, Georgia.

#### MOTES.

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

2. The law makes no allowance for an arm or leg, unless the arm or leg has been ren-

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, ste." 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 singuity 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 singers or toes the proofs must be not be used to show the number, and points where amputated.

6. If papers are returned for correction, and singuishments are ested to any of the affidavits, the smendments must be made under oath before an officer, and the proofs must show that the genediments have been duly sword before an officer, and the proofs must show that the genediments have been duly sword to be fore an officer, and the proofs must show that the genediments have been duly sword to be fore an officer, and the proofs must show that the genediments have been duly sword to be fore an officer, and the proofs must show that the genediments have been duly sword to be fore an officer, and the proofs must show that the genediments have been duly sword.

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

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

Given under my official signature and spal, this y day of Tebrif 1892

Ordinary

County. signatures thereto are genuine.

STATE OF GEORGIA,  County, A  I, Ordinary of said County,
County 1
I, Ordinary of said County,
do certify that I am well acquainted with A CICO on 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 IC day of Heley, 1891.  Ordinary Conf. County
16 (1010)
Ordinary Conf. County
A STATE OF THE PROPERTY OF THE
8 8
Hillowan Course
1. for Allo
M 72 10 2 1 1 1 2 2 2 2 2 3 X 1 3 0 1 3 1
0 70 0 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
No. C. Worrant.
1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2

rot Applicants riefetotote Anowed Pensions.
STATE OF GEORGIA,
(Comp. A)
Personally appears 1) Cocom of (1816) 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
1830; that he enlisted in the military service of the Con-
States, and served as a all in Company 4, of it Regiment
States, and served as a Solician Company A, of 35 th Regiment in such military service, at the battle of day of Malife 1864 be were
in the State
wounded as follows: 12 kg 1 k
Salin & zight haved and splitting the bons so my area chen decide in shout half
N' me aren chen Convindente
tation 1x right wine about hall
town between ellore and wiek
Demonstrate designs to constitute to the total constitution to the constitution to the constitution to the constitution to
Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is
and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year cycling October 26, 1800. I have heretofore been allowed a pension of
day of 1/1/4 1890 , S. (010 2000)
aga correp in the
day of 1890 1890 R. S. Cord Serving disability and explain particularly the extent of disability.
POWER OF ATTORNEY,
STATE OF GEORGIA
County
KNOW ALL MEN BY THESE PRESENTS, That I.
of
county, in said State, do hereby appoint
of my true and lawful attorney in fact, for
me and in my name, to receive and receipt for what ever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military
to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing my said attorney to receipt in my name for any Warrant that may be
issued by the Governor, or for any sum of money which may be coming to me for the reason
aforesaid.  IN WITNESS WHEREOF, I have hereunto set my haud and seal, this
day of 189
[L. 8.]
Executed in the presence of us:
1
<u> </u>
Send money to me as follows, by
to P.O.
County, Georgia.

For Applicants Heretofore Allowed Pensions

and approaches heretolore Attoried religious.
STATE OF GEORGIA,
Cell ( Comply. 8
PERSONALLY APPEARS KIND OF CORE
County, State of Georgia, who, being duly sworn, says on oath that he is a bong fide citizen and
resident of said State, and has resided therein continuously ever since the
day of
federate States (or of the State of
States, and derved as a 1010 15 in Company 1, of 35th Regiment
Volunteers Volunteers 's Brigade: that whilst engaged
in such military service at the battle of
of Ultitude to another to
the right It ino and langing the
The Blanch of Chin & Cony Apletting
of hond thim cherry to during
first vilon clie il tor
Deponent desires to participate in the benefits of the Act, approved October 24, 1887,
and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1891. I have heretofore been allowed a pension of
dollars, for Jaid Com
Sword to and subscribed before me, this, the
10 1 day of 1/10 (1) 1891.
Flet Stown Ording.
Nork - State fully nature of wound or character of disease which course the disability
the disability, resulting from the wound or disease.
POWER OF ATTORNEY.
STATE OF GEORGIA,
County. \
Know all Men by these Presents, That I,
ofCounty, 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
ing my said attorney to receipt in my name for any Warrant that may be issued by the Course
nor, or for any sum of money which may be coming to me for the reason aforesaid
IN WITNESS WHEREOF, I have hereunto set my hand and seal, this
day of1891.
Executed in the presence of us:
Executed in the presence of us:
AND CAMPAGE OF A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Annual San Marie III and Annual San Marie III and Annual III and A
Send money to me as follows, by
toP. O.
County, Georgia.
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do certi applican said affic individua	fy that I are to all the repes	m well acqueregoing aff	idavit, and at he is di if to be, an signature a	am well:	satisfied the satisfied $x \in \mathbb{R}^d$ resides in this. $\mathbb{Z}^d$	nat the staten ont he claims on this county	nents made to s, and I kno !! (u. c.	said county, the by him in his w he is the 189 > County.
200 - (69)	SOLDIER'S PENSION.	1892. FOR THE VEAR EXPLYS OF TORDED 36, 1993	Name ( .) (	County	Disability & 0 & o of (1min-	Entered on record  Fig. 2. 1892.	W. H. HARRISON.  Company of Banner Professional  Company of Section Profession Professional  Company of Section Profession Profession Profession Profession  Company of Section Profession	CAML o' a c. t.

do certi applican said affi individu	ify that I are it in the fordavit are translational he repes	m well acquiregoing affirme, and the	uainted with idavit, and a at he is di. If to be, and signature a		fied that it extent ides in this	he stateme	nts made	by him in now he is	the his
Ato.	SOLDIER'S PENSION.	1892 POR THE YEAR EXDING OUTDRES 26, 1891.	Name (P. R. Collex	County (Cellel	Amount \$ 10 A	Entered on record	W.A. HAKKISON, Service Deprime.	Chellau !	One W Harring, Shie Printer, Admin, in.

ror Applicants Heretofo	re Allowed Pensions.	For Applicants Heretofore
STATE OF GEORGIA,		STATE OF GEORGIA.
Coph County		Colla County
PERSONALLY appears R. Leede		Personally appears
of Cash County, St	tate of Georgia, who, being duly sworn, says	of Could County, State o
on oath that he is a bona fide citizen and resident of	of Georgia, and has been such continuously	on oath that he is a bona fide citizen and resident of Ge
since the day of $\Delta \Sigma$	Clace Ge c 1839 that he enlisted	since theday of
		in the military service of the Confederate States (or of t
during the war between the States, and served as a	Private in Comment a "	during the man between the Confederate States (or of t
of 38 th Regiment of Georgia	Volunteers Handan	during the war between the States, and served as a
Brigade : that whilst engaged in such military service	ce at the battle of the Hilds	of 38 th Regiment of Euro gid
in the State of fire end on	the Sixth	Brigade; that whilst engaged in such military service at
in the State of Marie and on Miller 1860, he was a strong of the was a first by Strong of the strong	wounded as follows as	in the State of Liegenia, on the
army by Grown & the	woulded as follows: 127 7 7 23	1264, he was wou
to Your world am for a	we had a	tall sinked luck of right h
		hand and glas after arm up
		and Ellow of Raid as on and f
		about mills way between wie
	į.	work mide wing alliveen wire
Deponent desires to participate in the benefits	of the Act. approved October 24, 1887, and	Deponent desires to participate in the benefits of the
the acts amendatory thereof, and makes application the year ending October 26, 1892. I have heretofo		the acts amendatory thereof, and makes application for t
evilledica ( Dollars	to been allowed a pension of	the year ending October 20, 1802/ I have heretofore be-
Swore to and when he like the like the	for love of vaid and	the fundred Dollars for
Sworn to and subscribed before me this the and subscribed before me this the angle of Miller of 1892.	R. J. Cidson	Sworn to and subscribed before me this the
2 day of Millich 1892.		180 day of 7401
1711 St. Ordinary	1	day of Might 1892.)
Note - State toffe nature of wound of haracter of disease vertent of the disadding	which causes the disability, and or, but outdoubtely the	
	Table 1	extent disability.
POWER OF A	TTOENEY.	POWER OF AT
STATE OF GEORGIA.	*	,
County		STATE OF GEORGIA,
		. County. )
Know all Men by these Presents, That I.		Know all Men by these Presents, That I,
of Control		"of
County, in said State, uo hereby appoint		County, in said State, do hereby appoint
or me and in my name, to receive and receipt for what	my true and lawful attorney in fact, for	of
		me and in my name, to receive and receipt for whatever
		from the State of Georgia by reason of the injury receive the Confederate States (or of this State), as stated in the
or for any sum of money which may be coming to m	are for the reason aforestid	my said attorney to receipt in my name for any Warrent
IN WITTNESS WITEREOF, I have hereunto	set my hand and seal this	or for any sum of money which may be coming to me for
day of 1892	, and the time	IN IVIT. VESS WHEREOF, I have hereunto set n
,-	51	day (f1892.
Executed in the presence of us	[t s ]	P It is
		Executed in the presence of us:
ſ		ļ .
j		
DIRECTIO	214.	DIRECTION.
Send money to me as follows, by		Send money to me as follows, by
to	P. O.	to
*	-County, Georgia.	

For Applicants Heretofore Allowed Pension	s.
STATE OF GEORGIA.  County.  PRESONALLY APPOARS.	
Personally appears R. S. Cecles	
of County, State of Georgia, who, being duly aworn, on oath that he is a bona fide citizen and resident of Georgia, and has been such continuo	says
, that he enti	sted
in the military service of the Confederate States (or of the State of Lear girld during the war between the States, and served as a hill all in Company.	1
of 38 th Regiment of Georges Volunteers Gordons	_ A.,
Brigade; that whilst engaged in such military service at the battle of The Wilderne	
in the State of I de a	
111 ay 1864, he was wounded as follows: a min	y 01
Lack sirketh lock of right hand while and of the art arm top to had and of the arter arm top to had any detinant or and allowed to the arm said from the effect of soil to could had been a with the arter arm had from the effect of soil to could had to know band right arm happeter about mills very between which a tellow,	Wit
hand and the after arm top to heafter ay between wi	· +1
and allow of raid as see and from the effect of son	d
about will were between with a 5 th	led
meet actour,	1.2
Deponent desires to participate in the benefits of the Act, approved October 24, 1887, the acts amendatory thereof, and takes application for the allowance to which he is entitled the year ending October 26, 1892. I have heretofore been allowed a pension of the hundred Dollars for The Heavy Ital	and for
Sworn to and subscribed before me this the	
Sworn to and subscribed before me this the 1 R.S. Eidson 1891  S day of 1984	
Nord-State fully nature of wound or character of disease which causes the disability, and explain particularly attent d.fb. dishate.	
extent de disability.	the
POWER OF ATTORNEY	
STATE OF GEORGIA,	
.County.	
Know all Men by these Presents, That I,	
of	
County, in said State, do hereby appoint.	
my true and lawful attorney in fact, no and in my name, to receive and receipt for whatever amount of money I may be entitled from the State of Georgia by reason of the injury received as aforesaid in the military service as Confederate States (or of this State), as stated in the foregoing affidavit; hereby authority said attorney to receipt in my name for any Warrant that may be issued by the Govern for any sum of money which may be coming to me for the reason aforesaid.	to of
IN WITNESS WHEREOF, I have hereunto set my hand and seal this	-
ay (f 1892.	
Executed in the presence of us:	s.]

County, Georgia.

POWER OF ATTORNEY.
STATE OF GEORGIA.
COUNTY
Know all Men by these Presents. That I,
of
County, State of Georgia, do hereby appoint
of my true and lawful attorney in fact, for
me and in my mane, 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 a afore-aid in the military service of the Confederate States (or of this States, as stated in the foregoing affidavit; hereby authorizing my said Attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason afore-aid.  IN WITNESS WHEREOF, I have hereunto set my hand and seal, this, day of
[L, s,]
Executed in the presence of us
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was of a constant
DIRECTIONS. Send money to me as follows, by
to P. O.
County, Georgia.
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S PRPSION SD A.  SD A.  SD A.  SO A.  NO. S. C. C.  NO. S.
ISO Z. S. C.
ICT'S PRP ICS PRP ICS PRP ICS C. L. C. L. L. HARRISON. Secondary Exemptor M. H. HARRISON. Secondary Exemptor M. M
SOA PROPERTY EN AND PROPERTY SECURITY S
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Sold Sold
I <b>00</b>

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 atted in the foregoing affiliati; hereby anthorizing my said Attorney to receipt in my name for any Warrrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.  IN WITNESS WHEREOF, I have hereunto set my hand and scal, this
day of
Executed in presence of us
DIRECTIONS.
Send money to me as follows, by
- to P.O.
County, Georgia.
DIER'S PENSION,  1895.  1895.  RICHARD JOHNSON.  Secretary Exerutive Department.  1805.  1805.  1805.  1805.  1805.  1805.  1805.  1805.  1805.  1805.  1805.  1805.

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA.
Crocec oury.
PERSONALLY appears R & Endson of Colle
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 See ?. 18"0; that he enlisted in the military service of the Con-
federate States (or of the State of federate States for other st
federate States (or of the State of ) during the war between the States, and served as a Privale in Company Roof 3 th Regiment
of Volunteers Gordai. 's Brigade; that whilst engaged in
of Vergenne, on the 6th day of 711 are 1864 ho was
in the State of Virginia on the 6th day of 711 ay 1864, he was wounded as follows. 124 grant between 8 think of 1864, he was wounded as follows. 124 grant between 8 and 1864, he was the Ellowin Carrow 8 and 1864, he was the Ellowin Carrow 8 and 1864, he was the Ellowin Carrow 8 and 1864, he was the first the 1864 and 1864, he was the first the 1864 and
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until Ellow Cansing Said
Wing to du Rempulated 9
mache whom the hand-
Deponent desires to participate in the benefits of the Act, approved October 24th, 1887,
and the acts amendatory thereof, and makes application for the allowance to which he is
entitled for the year ending October 26, 1894. I have heretofore been allowed a pension of
dollars, for the year 189 3
Sworn to and subscribed before me, this, the
14 day of March 1894. ) C. D. aldoon
( M. Stone Order
AGE. State fully the nature of wound or character of dispace which causes the dealolds and capture particularly the extent
The sound of disease
STATE OF GEORGIA, I
STATE OF GEORGIA.  Colle route  1
Ordinary of said County.
do certify that I am well acquainted with 12. S. En 2022 the
applicant in the foregoing affidavit, and am well satisfied that the statements made by him
in his said affidavit are true, and I know 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 M on A 1894.
Ana (
( M. Thone
Ordinary CY !!

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Color County.
personally appears I.O. Eichen of Soll
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 0 2 a 1; 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 My Will in Company of 36th Regiment
of Volunteers, Volunteers, 's Brigade; that whilst engaged in
such military service at the battle of little russ in the State
of Ia, on the 6 day of May 1864 he was
wounded as follows:
hight apple on a conting
troot about.
Deponent desires to participate in the benefits of the Act, approved October 24th, 1887,
and the acts amendatory thereof, and makes application for the allowance to which he is
entitled for the year ending October 26th, 1895. I have heretofore been allowed a pension
of dollars, for the year 189
Sworn to and subscribed before me, this, the day of 1895.  Nove-type fath the nature of wound or character of disease which succes the disability, and explain particularly the extent of the disability, resulting from the wound or disease.
STATE OF GEORGIA,
I. Ordinary of said County,
do certify that I am well acquainted with Reilow the
applicant in the foregoing affidavit, and am well satisfied that the statements made by him
in his said affidavit are true, and I know he is the individual he represents himself to be
and that he resides in this County.
Given under my official signature and seal, this
day of Mah 1800
J.H. Stone
OrdinaryCounty.

# POWER OF ATTORNEY. STATE OF GEORGIA, County. \_hereby authorise\_\_\_\_ to receive and receipt for the pension paid hereon and request that he remit same to IN WITNESS WHEREOF, I have hereunto set my hand and seal, this\_\_\_\_\_ day of\_\_\_ Executed in presence of us SOLDIER'S PENSION 1896.

### POWER OF ATTORNEY.

STATE	OF G			htv. }						
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# For Applicants Heretofore Allowed Pensions. STATE OF GEORGIA. Personally appears (4) Daidson of County, State of Georgia, who being duly sworn, says on oath that he is a bone fide citizen and resident of said State, and has resided therein continuously ever since the day of 18 that he collisted in the military service of the Confederate States (or of the State of 's Brigade; that whilst engaged Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 26th, 1896. I have beretofore as a resident of county been allowed a pension of 1000 causes the disability, and explain particularly the extent STATE OF GEORGIA. Ordinary of said County, do certify that I am well acquainted with applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County. Given under my official signature and seal, this

For Applicants Heretofore Allowed Pensions. County, State of Georgia, who being duly sworn, says on oath that he is a bone fide citizen and resident of sale State, and has posited therein continuously ever since the 18e That he enlisted in the military service of the Con-) during the war between the Markin Company , of Soth Regiment 's Brigade; that whilst engaged Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 26th, 1897. I have heretofore under said law as a .....county been allowed an invalid pension of OO Dollars, for the year 189 Sworn to and subscribed before me, this, the causes the disability, and explain particularly the extent STATE OF GEORGIA. 入 County. Ordinary of said County, do certify that I am well acquainted with applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County. Given und my official signature and seal, this

	TOWER	OF ATTORNE	••
STATE OF	GEORGIA,	Į.	
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I,		_hereby authorize	
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o receive and	receipt for the pens	ion paid hereon and reques	t that he remit same to
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IN WITH	NESS WHEREOF,	I have hereunto set my hand	and seal, this
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			[L. S.]
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(For Those Aiready E. No. 3/63	I G	Name County Disability Amount. 3	<b>d</b>
_		Name (County Disabil	

POWER O	F ATTORNEY,
STATE OF GEORGIA,	
1,	hereby authorize
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	on paid hereon and request that he remit same to
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	nave hereunto set my hand and seal, this
day of	1899.
	_ [L. s.]
Executed in presence of	•
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SOLDIER'S PENSION. INVALID 1899.

CODE SECTION TEA (For Those Aircady Esraded.)

16 77 on

Eidson, 12. S. Coke Co.

Name B. D. Eiden Disability

RICHARD JOHNSON, 2/15

Ашоппт, \$ 100

WARRANT HANDED TO

For Applicants Heretofore Allowed Pensions. personally appears N. D. Colour of County, State of Georgia, who being duly sworn, says on oath that he is a tona fide citteen and resident of said State, and has resided therein continuously ever since the 1839 that he enlisted in the military service of the Confederate States (or of the State of ) during the war between the in Company , of 38h Regiment in such military service in the State 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 county been allowed an invalid pension of and subscribed before me, this, the 1898. POST-OFFICE Messer aul La causes the disability, and explain particularly the extent Ordinary of said County, do certify that I am well acquainted with applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County. Given under my official signature and seal, this your scal here.

# For Applicants Heretofore Allowed Pensions. STATE OF GEORGIA, County. Dersonally appears D. S. Solow 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 1857; that he enlisted in the military service of the Confederate States (or of the State of 1857; that he enlisted in the military service of the States, and served as a in Company of 30th Regiment of Volunters, 1857; that while tengaged

Deponent makes application for the pension to which he is entitled for the year ending October 20th, 1809. I have heretofore under said law as a resident of

County been allowed an invalid pension of

Dollars, for the year 189 8.

Sworn to and subscribed before me, this, the

1899. POST ORFICE Connection

North-State only the nature of would or character of disease, which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease.

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

Given under my official signature and seal, this day of County Ordinary County

Affix your seal here

STATE OF GEORGIA.

and that he resides in this County.

STATE OF GEORGIA,  County.  I,  bereby 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. a.]	POWER OF ATTORNEY.  STATE OF GEORGIA,  County.  I. hereby authorize  for Marida  to receive and sceipt for the pension paid hereon and request that he remit same to  at his office  IN WITNESS WHEREOF, I have hereunto set my hand and seal this John day of Juny.  Recuted in presence of  Jas M. Gamm.				
Fidnow, R. L.  Too These Already Enrolled.)  No. L. L. D.  Name Already Envelled.)  Name All Could all Could Disability Amount, s. 100.  Warrant issued Mal. (2, 1900.  JOHN W. LINDSBY,  JOHN W. LINDSBY,  Commission of Parison.  The All Could Disability Amount, s. 100.  Marrant issued Mal. (2, 1900.  Marrant issued Mal. (3, 1900.  Marrant issued Mal. (4, 1900.  Marrant i	First Mass Airasty Enrolled.)  No. 144  DISABLED  SOLDIER'S PENSION.  IDOL.  Name X. Codary  County  Disability Effect  Mancut, S. 100  Amount, S. 100  Amount				

Applicants Herelofor 1 routed Pensions.

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,  County.  Dersonally appears R. S. Eidsow 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 Dect. 1839; that he enlisted in the military service of
the Confederate States (or of the State of) during the war be-
tween the States, and served as a frivale in Company of, of 38 th
Regiment of Georgia Volunteers, Gordow's Brigade; that whilst
engaged in such military service in the State of Wa., on the
day of May , he was wounded, injured or diseased as follows:
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artin and causing Ithe said arm
to be audustated, about half
way between the wrist and ellow
The second secon
The self-self-self-self-self-self-self-self-
and the second s
Deponent makes application for the pension to which he is entitled for the year
ending October 26th, 1900. I have heretofore under said law as a resident of
County been allowed an invalid pension of
Dollars, for the year 1899.
Sworn to and subscribed before me, this, the   & Gidson
dev of March 1900. POST OFFICE
/ Me cone try
Nort -State fully the nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease.
STATE OF GEORGIA.
County.
I. S. W. Stower Ordinary of said County.
do certify that I am well acquainted with R. S. Gidsau the
applicant in the foregoing affidavit, and am well satisfied that the statements made by him
in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County.
1 Attack
Given under my official signature and seal, this
day of March 1990
Tour Sheer.
Ordinary County.

# For Applicants Heretofore Allowed Pensions.

STATE	OF GEOR	GIA,	)	
66-H.S.	itson	_ County,	}	011
Personal	ly appears	N. B. 61	dson of	6000
County, State	of Georgia, who	being duly sworr	, says on oath that	t he is a bona fide citizen
	A .			er since the
day of	? <i>!</i> ?	18.39; that he	enlisted in the mil	itary service of the Con-
,	(or of the State			ing the war between the
of kg.	(Impactive)	teers, Bozdo		de; that whilst engaged
in such militar	America d	State of_ U		on the 6 th day
of May				diseased as follows:
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	in a company of the second sec		1	
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Sworn to a	and subscribed to	Dollars before me, this t	, for the year 1900	ed an invalid pension o
	micy	my, ou	The same of the sa	
Norn. State	fully the nature of the	ne wound or character of	of disease which causes : disease.	the disability, and explain partic
I,	GEORGIA John Imm well acq	County.	A. S. Eid	rdinary of said County
			satisfied that the	statements made by hin
in his said affid	avit are true, a	nd I know he is	the individual he r	epresents himself to be
	ides in this Cor		1 1 1 1 1 1	1111
24	Given	der my official sig	gnature and seal, t	his 10th
	day of	very.	1901. 1 0	0 ,
Ame		0 -	John	Murky
here	1010	Ordina	rs Co	County

STATE OF GEORGIA,	a set of extra		
County.	hereby authoria	N.	in fair
I, IL. O. Erdoon	hereby authoriz	ze	
John Awary	of		
to receive and receipt for the pension			t same to
	by		
at	A state of		
IN WITNESS WHEREOF, I have	e hereunto set my hand	and seal this	×
day of Laury, 1902		,	
	R. W. E.	door	[L. S.]
Executed in presence of			

no bath

JOHN W. LINDSEY,

### POWER OF ATTORNEY.

STATE OF GEORGIA,	2.54
John Awkey	hereby authorize
	paid hereon and request that he remit same to
	e hereunto set my hand and seal this
day of January 1903.	R. S. Eddon [L. S.]
Executed in presence of	R. S. Eddson [i

Coft County (FOR THOSE ALIEAD)	No. 62	SOLDIER'S PENSION	1903.	Name A. S. College County County Regiment 38	Amount, \$100 \\ \( \alpha \)	JOHN W. LINDSEY,	WASHINGT HANDED TO

- GEORGIA.

SOLDIER'S PENSI

DISABLED

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No. 309

FOR APPLICANTS HERETDFORE ALLOWED PENSIONS

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
County
Personally appears RS Enlang of Obb
County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen
and resident of said State, and has resided therein continuously ever since the
day of 1839; that he enlisted in the military service of the Con-
federate States (or of the State of) during the war between the
States, and served as a friend in Company A, of 3 L th Regiment
of Storgen Volunteers, Woodsn's Brigade; that whilst engaged
in such military service in the State of On , on the day
of May 186#, he was wounded, injured or diseased as follows:
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DE DOMINIO DE LA COMPANIO DEL COMPANIO DE LA COMPANIO DEL COMPANIO DE LA COMPANIO DEL COMPANIO DE LA COMPANIO DE LA COMPANIO DE LA COMPANIO DEL COMPANIO DE LA COMPANIO DEL COMPANIO DEL COMPANIO DE LA COMPANIO DEL COMPANION DEL COMPANION DEL COMPANIO DEL COMPANIO DEL COMPANIO DEL COMPANION
Deponent makes application for the pension to which he is entitled for the year
ending October 26th, 1902. I have heretofore, under said law, as a resident of
County, been allowed an invalid pension of
Dollars, for the year 1901.
Sworn to and subscribed before me, this the R. S. Edean
day of Jan 1902. Post-office terresan
Nove - Hale fully the natural the wound or character of disease which causes the disability and explore
Norn.—State fully the nature of the wound or character of disease which causes the disability, and explain
STATE OF GEORGIA.
Cobo County.
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do certify that I am well acquainted with W with sort
him in his said affidavit are true, and I know 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 1908, P
( All Charles
Ordinary Co Ph Compty
Nors.—Fill all blanks and of Company and Regiment. Nors.—All vouchers and affidavits must bear date after January 1, 1902.
POWER OF ATTORNEY
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# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
County.
Personally appears R & Eideon of Chad
County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen
and resident of said State, and has resided therein continuously ever since the
day of that he enlisted in the military service of the Con-
federate States (or of the State of fried ) during the war between the
States, and served as States and in Company of 28 at Paris
of Non Val Volunteers Mortons's Brigade; that whilat engaged
in such military service in the State of, on the day
of May 1864, he was wounded, injured or diseased as follows:
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and and Change St. S. V.
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The second secon
Deponent makes application for the pension to which he is entitled for the year
ending October 26th, 1903. I have heretofore, under said law, as a resident of
County, been allowed an invalid pension of
Dollars, for the year 1902.
Sworn to and subscribed before me, this the
day of 1903. Post-office
- Sustain
Norm.—Biate fully the nature of the wound of character of disease which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease.
STATE OF GEORGIA, (
County.
1 Dan Awher
do certify that I am well acquainted with 12 School 2
the applicant in the foregoing affidavit, and am well satisfied that the statements made by
him in his said affidavit are true, and I know he is the individual he represents himself to
be and that he resides in this County.
Given under my official signature and seal, this 24
day of 1908
100 De 10
your and
Ordinary County.
Nors.—Fill all blanks and of Company and Regiment.

to receive and receipt for the		
	ve hereunto set my hand and seal, this 9	at d
(FOR THOSE ALREADY EMPOLLED.)  No. 300/	Name R. S. G. C. County Co. R. Regiment. 38 Disability Set Un. Amount, \$100 JOHN W LINDSEY. Commissions of Products WARRANT HANDED TO  ***********************************	no lote idoon, R. L.

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CODE SECTION (FOR THOSE ALREAD	No. 300	DISABLED DISABLED	190	Spise.	SA Regin	in the	JAN 23	JOHN W. LINDSEY Commissioner	WARNT HA	Passen Province and Valle of W. Valle of V. Valle of Vall
FOR TH		OTOS		Name /	County Co. M. 3	Disability	1		Δ	Ĭ.a

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# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

STATE OF GEORGIA.	)
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Personally appears (2)	dron of all
county, State of Georgia, who being duly s	sworn, says on oath that he is a bona fide citizen
nd resident of said State, and has resided t	therein continuously ever since the
ay of Alic 1839; that	t he enlisted in the military service of the Con-
ederate States (or of the State of	during the war between the
	in Company A, of 38 th Regiment
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such military service in the State of	on the day
	e was wounded, injured or diseased as follows:
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impulated between	the voust and elbors
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	Company to the control of the contro
	pension to which he is entitled for the year
nding October 26th, 1904. I have he	eretofore, under said law, as a resident of
8.000	County, been allowed an invalid pension of
1100	Dollars, for the year 1903.
Sworn to and subscribed before me, th	his the i
9 day of	904.
John Arotra	Post-office
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erficularly the extent of the disability resulting from the	e wound or disease.
STATE OF GEORGIA.	4 0 0 .
County.	R. S. Eciolson
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certify that I am well acquainted with	
se applicant in the foregoing affidavit an	d am well satisfied that the statements made
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y him in his said affidavit are true, and I k	know he is the individual he represents himself
y him in his said affidavit are true, and I k b be, and that he resides in this County.	2
y him in his said affidavit are true, and I k	2
y him in his said affidavit are true, and I k b be, and that he resides in this County.	2
y him in his said affidavit are true, and I k o be, and that he resides in this County. Given under my official sign	nature and seal, this 9
y him in his said affidavit are true, and I le be, and that he resides in this County. Given under my official sign day of	nature and seal, this 9

# FOR APPLICANTS HERETOFORE ALLOWED DENGLANG

TOW WILL HOUSE OF THE WALL AND A PROPERTY.
STATE OF GEORGIA,
Cost COUNTY.
Personally appears. R. Eidson of Cost
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 Secs. 1839; 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 minute in Company a, of 38th Regiment
of Ja, Volunteers bracon 's Brigade; that whilst engaged
in such military service in the State of Va , on the 6 day
of May Line Shot taking off right arm
I true shot taking off right arm
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Deponent makes application for the second of 1111 to 1111 to
Deponent makes application for the pension to which he is entitled for the year ending October 28th, 1905. I have heretofore, under said law, as a resident of
County, been allowed an invalid pension of
Dollars, for the year 1904.
Community and subscribed by Community at the state of
19th Aday of American 1905.
Post-office
A was foundly
Nort.—State fully the nature of the wound of character of disease which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease.
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STATE OF GEORGIA,
COUNTY.
I, The Holly do certify that I am well acquainted with L. S. Sidson
do certify that I am well acquainted with. L. D. Ocasou

Affix your Beat bere.

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

Given under my official signature and seal, this

Ordinary.

County.

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

1	STATE OF Col	L co	lson		1	nereby au	hori
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		Sam		<b>.</b> J. M (	8°	ı ı	1
	COOM SECTION 1280. (FOR THOSE ALREADY EMPOLLED.) No. £ v 9	OLDIER'S PENSIO 1906.	me R & Eighn	sability for Ayk Comment of Ind.	JOHN W. LINDSEY. Commissions of Parties.	WARRANT HANDED TO	Top Parents Perent   And Panisms Co., Onc. IL Insuppe, Stat.

### POWER OF ATTORNEY.

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STATE OF GEORGIA,	)		
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1850	COUNTY. )		
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John butter	of TH		
to receive and receipt for the	pension paid hereon,	and request that	he remit same t
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IN WAYNESS WHEREOF, I h.	ave hereunto set my ha	ad and seal, this	15
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# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

County.  Personally appears
Personally appears
County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has resided therein continuously ever since the lay of
and resident of said State, and has resided therein continuously ever since the lay of 18; that he enlisted in the military service of the Confederate States, for of the State of 18 in Company 22, of 22 in Regiment of States, and served as a 10 in Company 22, of 22 in Regiment of 180 in such military service in the State of 180 in such military service in the State of 180 in such military service in the State of 180 in such military service in the State of 180 in such military service in the State of 180 in such military service in the State of 180 in such military service in the State of 180 in such military service in the State of 180 in such military service in the State of 180 in such military service in the State of 180 in such military service in the State of 180 in such military service in the State of 180 in such military service in the State of 180 in such military service in the State of 180 in such military service in the State of 180 in such military service in the State of 180 in such military service in the State of 180 in such military service in the State of 180 in Company (180 in such military service in the State of 180 in Company (180 in such military service in the State of 180 in Company (180 in such military service of the war between the State of 180 in Company (180
Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1906.  Deponent makes application for the pension to which he is entitled for the year ending of the subscribed before me, this the last of the year 1906.  Sworn to and subscribed before me, this the last of the year 1906.  Deponent makes application for the pension of the pension of the year 1906.  Sworn to and subscribed before me, this the last of the year 1906.  Post-Office
Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1906.  Sworn to and subscribed before me, this the day of from the State of Lord County, been allowed an invalid pension of Doltars, for the year 1906.  Post-Office  July 1906.
States, and served as a
Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1906.  County, been allowed an invalid pension of Dollars, for the year 1905.  Sworn to and subscribed before me, this the day of from 1906.  Post-Office  Post-Office
Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1906. I have heretofore, under said law, as a resident of County, been allowed an invalid pension of Dollars, for the year 1905.  Sworn to and subscribed before me, this the day of frequency 1906.  Post-Office
Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1906. I have heretofore, under said law, as a resident of County, been allowed an invalid pension of Dollars, for the year 1905.  Sworn to and subscribed before me, this the day of free 1906.  Post-Office
Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1906. I have heretofore, under said law, as a resident of County, been allowed an invalid pension of Dollars, for the year 1905.  Sworn to and subscribed before me, this the day of Lucy 1906.  Post-Office
Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1906. I have heretofore, under said law, as a resident of County, been allowed an invalid pension of Dollars, for the year 1906.  Sworn to and subscribed before me, this the day of Leisham Post-Office
Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1906. I have heretofore, under said law, as a resident of County, been allowed an invalid pension of Dollars, for the year 1905.  Sworn to and subscribed before me, this the day of Long 1906.  Post-Office
Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1906. I have heretofore, under said law, as a resident of County, been allowed an invalid pension of Dollars, for the year 1905.  Sworn to and subscribed before me, this the day of Long 1906.  Post-Office
Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1906. I have heretofore, under said law, as a resident of County, been allowed an invalid pension of Dollars, for the year 1905.  Sworn to and subscribed before me, this the day of Long 1906.  Post-Office
Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1906. I have heretofore, under said law, as a resident of County, been allowed an invalid pension of Dollars, for the year 1905.  Sworn to and subscribed before me, this the day of Long 1906.  Post-Office
County, been allowed an invalid pension of Dollars, for the year 1905.  Sworn to and subscribed before me, this the day of frequency 1906.  Post-Office
country, been allowed an invalid pension of Country, been allowed an invalid pension of Dollars, for the year 1905.  Sworn to and subscribed before me, this the day of fragge 1906.  Post-Office
day of July 1906.
day of July 1906.
Post Office
All My Mily
NOTE.—State fully the nature of the wound or character of disease which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease.
State of Georgia,
County.
I James Mey Ordinary of said County of certify that I am well acquainted with I Statistics
the applicant in the foregoing affidavit, and am well satisfied that the statements made
by him in his said affidavit are true, and I know he is the individual he represents himsel
o be, and that he resides in this County.
Given under my official signature and seal, this
day of 1908.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,	}		
Personally appears 2 8 E		_ or _ C	200
County, State of Georgia, who, being dul	y sworn, says on oa	th that he is a be	na fide citizen
and resident of said State, and has reside			
day of		-	
federate States (or of the State of		(5)	
States, and served as a			
ofVolunteers			
in such military service in the State of _			
of186 ,			
	Tarr		
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and the same of th		c.	
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Deponent makes application for ending October 29th 1997. I have	heretofore, under County, been	said law, as	a resident of
	County, been Dollars, for	said law, as allowed an inve	a resident of
Sworn to and subscribed before me	County, been Dollars, for this the Postoffice	said law, as a allowed an investor the year 1906.	a resident of
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Sworn to and subscribed before me day of the wound of the state of Georgia,  State of Georgia,  County of the state of the wound of the state of Georgia,  County of the state of the state of Georgia,	County, been Dollars, for this the 1907.  Postofficor character of disease very the wound or disease.	said law, as a allowed an inverted to the year 1908	a resident of
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Sworn to and subscribed before me day of Manufactural the wound on sicularly the galaxy of the wound on sicularly the grant of the dyability resulting from State of Georgia,	County, been Dollars, for this the 1907.  Postofficor character of disease via the wound or disease.  It was a well satisfied in the wound with the wound wi	said law, as a allowed an inverted and inver	a resident of alid pension of ability, and explain

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

Eiden, R.S. Soll Maimed Soldiers. Maimed Soldiers. 1891. Voucher No. 306 Voucher No. 906 Maimed Soldiers. Amount 8 10 0 Amount \$ 100 Voucher No. 530 Paid to R. Steider Paid R.S. Eldson Amount & 100 Good op Right For Gossof am Paid to Kil Coldson\_ For Consof am Stely 9 Tely 11 Dely 11 1891. Included in Warrant No Included in warrant No. issued to Treasurer Included in warrant No. issued to Treasurer. issued to Treasurer. WARRANT CLERK W. J. Campbell, Mate Printer Constitution Job Office WARRANT CLERK appleoant chfile aut.

Allanta, Ja Hebry STATE OF GEORGIA, EXECUTIVE DEPARTMENT. Mr. R. S. Edwar aca 66 having filed has 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 baying been allowed for AND of Hight Clim He is entitled to receive the sum of Cul Mundred x & af for such disability, the same being the Markhal duktor the year ending October 24, 1889 The Treasurer will pay the same and the treasurer will pay the same to Executive Department for warrant. By the Governor CLERK EXECUTIVE DEPARTMENT

No. 306

RECEIVED OF STATE THEASURER, R. U. HARDEMAN,

Cuc Hundred & car

Allanta, Sa., Flely 11 1090 EXECUTIVE DEPARTMENT. Mr. R.S. Eidson 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 Los of arm He is entitled to receive the sum of One Alluare 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 you her, and return same to Executive Department for warrant. or don GOVERNOR.

Dollars.

STATE OF GEORGIA.

\$ 100

per above voucher, this

RECEIVED OF STATE TREASURER, R. U. HARDEMAN.

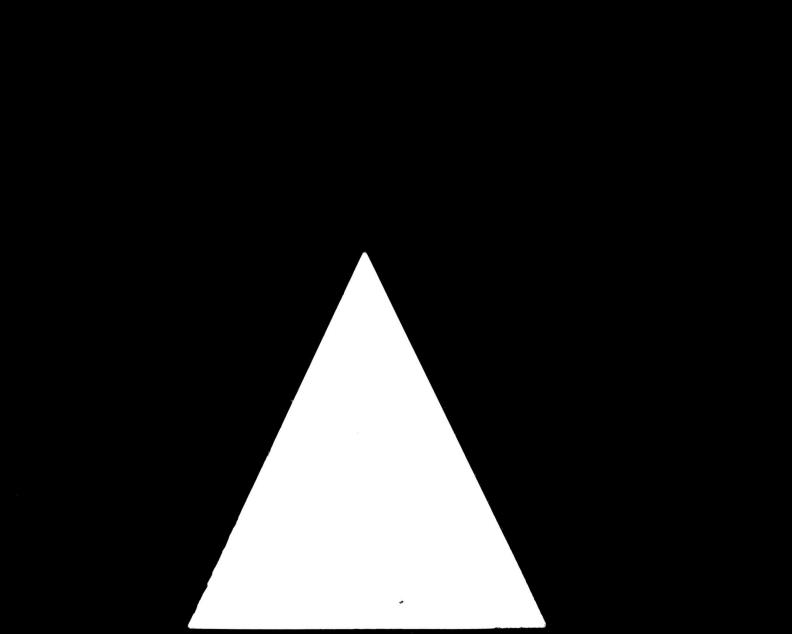
Dollars.

1889

1891. No. 5 <sup>-3</sup> 0	
STATE OF GEORGIA, EXECUTIVE DEPARTMENT. \ Allanta, Ga. Fl. 6. 11. 1891.	
Mr. J. Oldsen of the County	
of Mr. of the Courty of the Courty of the Courty of Mr. 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 ON ON ON ON ONE CONTROL OF THE SUM OF CHILD NEUROLES — Dollars	
He is entitled to receive the sum of CULTY UULUL Dellars for such disability, the same being the allowance due for the year ending October 24, 1891.	
The Treasurer will pay the same and hold his receipt on this voucher and return same to  Executive Department for warrant.	
By the Governor. Governor. Governor.	
IN W. Harrison Sec'y Executive Department.	
s/00 a	

Dollars,

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



STATEOF GEORGIA.

you to Colour Coupy, in said State, do parcing appoint 'the Class of Class of Octool of Class of Mylle of He my true and lawful attorney in lact, for me and in my name, to receive and freceipt 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 any said attoriey 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 ree for the reason Know all Men by these Presents. That I.

csaid

IN WITNESS WHEREOF, J. have hereun

day of M. C. (

day of M. C. (

C.) E. V. (

C.) E. V. (

hand and

CKG doon [LS] Executed in the presence of us

If allowed, send amount by

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and oblige,

1891. Mo. 2/36

1891

Warrant Issued

AND HANDED TO

# STATE OF GEORGIA.

Know all Men by these Presents. That I,

County, in said State, do horeby appoint.

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

IN WITENESS WITEREOF. I have hereunto set my hand and seal, this day of May Strange & William [L.s.]

If allowed, send amount by



# Warrant Issuec

### Affidavit to be Made by the Widow.

STATE	OF	G	EOF	RGIA
Cou	ntv	of	60	66

In person came before me, the undersigned Ordinary in and for the County of Go 6 4

Mrs. Sirsua le Cidva. , who being sworn according to law, says under outh that she is the widow of facces It leich a . . the service of the Confederate States, and served as a member of Company

Volunteers; that he enlisted in said service on or about the Confidente Army up to about the se Army, he was on the 20

taken bereauch heer Mener & an Manuta. he Copy Counte theory's and her keen. - Asponent has all sevace & in have he it call on secon . for do of tone. Catherin - Wor Continue are or about te since the while in live to date or degreent

In all, dependent Juster that her daid husband which a cino derord in comy

Vitamed Thome nor has ever been heard ox dines the work

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  $184\ \mathcal{G}$  , and that she has resided in Georgia continuously since the 1830; 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. Serena Coxleidson

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

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

STATE OF GEORGIA.

1, J. M. Stone Ordinary in and for said County of Cobb

State of Georgia, hereby certify that I am acquainted with Mrs. Serena & Eddo oc 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. (1 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 tully 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

J. Ill. Stone ordinary.

Form No. 4.

The pension is only payable to certain classes of widows

Those whose husbands were killed in service.

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

Those whose Lusbands 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 hasbands contracted discuse in the section, 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 average out of the State of Georgia, or who did not live in the State at the date of the Art

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 acmy are not entitled,

There is no need of employing a lawyer or other agent to atpend to these claims. They Department will family half 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 restrict. The attestation of a Justice of the Peace or Notary will not answer.

Fallout Power of Affairney authorizing some one was can call at Treasurer's office in Atlanta and to cive the money, to recept for same,

Fill our the  $t(d)v \neq uv''$  below Pawer of Atterney, so that your Agent will know where and how

By order of the Governor,

W. H. HARRISON.

Sec. Ex. Department.

### Affidavit for Three Witnesses.

### STATE OF GEORGIA.

County of losh

In person came before me, the undersigned Ordinary in and for said County, witnesses J. M. Daniell

(each known to said Attesting Officer as truthful, reliable and reputable citizens), who severally say under oath, that, from their own personal knowledge, Mrs. Vinna a Cerdvace , of the County of Good State of Georgia, is the widow of Much St aids and Company. 6. Regiment of Troped That said soldier enlisted in the service of the Confederate States (or the Georgia State Troops) on or 186 J That while in said service, or by reason of said service in the Army, he lost his life as follows: - Wor Capliand service Memerson Mountain on or acoul the 20" June 166 White we love by dute and her het Since where I sponent queter doctor Jail Entron hed just themed your tained. pilot and are such will where Coghers & How signer he and he de inter fire , . Deformato Sind that the Said ras. N. Willown wroud in the army to about Stoled, were that he have herer returned home lines the work, no han he list lesso feller of Dine atter want

J. 16. Daniel, To, E Voice and Susan d. Hanch We further swear that Mrs. Sersier & Endron soldier during the service, and that she has not intermirried since his death, and that she resides in County of the State of Georg

Sworn to and subscribed before me, this, the 1 10 a day of SIA

1) /x Walleyall

Ordinary Haralson work

Candy Exacertify that I N Dame enter legon menty Ton & This is and Wastone ording

Certificate of Ordinary of the County of Applicant's Residence. EORGIA. County of Ordinaryfit and for said Contity of State of Georgia, hereby certify that I am acquainted with Mrs. the applicant for a pension in this case, and know, from my own knowledge (or from positive proof presented to me by reputable witnesses), that she resides in this County, and that she resided in the State of Georgia on December 27, 1850, and has not lived out of the State since that date. That she is the tas 76 Dislow deceased, and as such has heretofore been allowed a pension for the year ending February 15th, 1893. In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this, the ...L Form No. 2. POWER OF ATTORNEY. STATE OF GEORGIA. KNOW ALL MEN BY THESE PRESENTS, That County in said State, do hereby appoint of Manutta Ye. 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 Whereor, I have hereunto set my hand and seal, this Executed in the presence of us : DIRECTIONS Send amount by ... and oblige 894

# For Widows Heretofore Allowed Pensions.

		LIF OF HE FERA	Tel 1
STATE OF CE	ORGIA,	Dersonally comes M	
County of	000	D. Eidson	_
who being sworn, says on o		de resident of said County of	
Low	State of Georgia,	and that she has resided in said Sta	ite .
continuously ever since	Man	18. 30 That she is the Widow	of
Jas 10	Quelon	who was a Soldier in Compar	ny
of the	687- Reg	giment of	
Volunteers, that he enlisted	d in said Regiment on or	about the month of	,
186 <b>3</b> and served in the A		186 That he lost h	in
life on the	day of	.18 (State he	re
full particulars of the husbo	and's death, when, where	and from what cause.) (	
must w	till in	the Confede	et
anny at	Kennes	aw Klouta	ini
Ma tu	yvas	zither Kill	۵.
or taken	Prison	er and he	-
never &	in he	< 1 1.	10.
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and subscribed before me, this day of the 1894.

Mrs 8. Cx acidon

Number of the 1894.

Post-office Smyrma La

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

STATE OF DEORGIA, County of Oob
1, All Cloru Ordinary in and for said County of
State of Georgia, hereby certify that Lam acquainted with Mrs.
the applicant for a pension in this case, and
know, from my own knowledge, (or from positive proof presented to me by reputable witnesses).
that she resides in this County, and that she resided in the State of Georgia on December 23,
186d, and has not lived out of the State since that date. That she is the widow of Aw. Ho. D'ulsam 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
day of Stely . 01893.
aux Stone Ordinary.
Form No. B.
POWER OF ATTORNEY.
1
STATE OF GEORGIA. County, County,
KNOW ALL MEN BY THESE PRESENTS, That I, Mrs DC. Oulson
of the same of the
County, in said State, do hereby appoint Ill. Down Ordny,
of lowbounty of my true and lawful attorney in fact, for
me and in my name, to receive and receipt for whatever amount of money I may be entitled to
from the State of Georgia as a widow of a Confederate Soldier, as stated in the foregoing affi- davit; 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 WITHINGS WHEREOF, I have hereunto set my hand and seal, this
day of H WY 188 3 DI Grale
The sold of the
Executed in the presence of us:
D. Drives
DIRECTIONS.
Send amount by
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Marrant Iss

Certificate of Ordinary of the County of Applicant's Resignice.
Heretofore Atlewed Pension.
STATE OF GEORGIA, County of
I, Ordinary in and for said County of
State of Georgia, hereby certify that I am acquainted with Mrs.
the applicant for a pension in this case, and
know from my own knowledge (or from positive proof presented to me by reputable wit-
nesses), that she resides in this County, and that she resided in the State of Georgia on
December 23, Asgo, and has not lived out of the State since that date. That she is the
widow of tas. It. Eilson deceased, and as such has heretofore
(/ .
been allowed a pension for the year ending February 15th, 1854.
In Witness Whereof, I have hereunto set may hand and affixed the seal of my office,
this, the day of Joseph 1895.
(mail) Ordinary
(mail) Ordinary.
POWER OF ATTORNEY.
FOWER OF ALTORNEY.
STATE OF GEORGIA. County.
KNOW ALL MEN BY THESE PRESENTS, That I. Miss & C. Eddse
of Carth
County in said State, do hereby appoint
of Conty Ya my true and lawful attorney in fact, for
me, and in my name, to receive and receipt for whatever amount of money I may be en-
titled 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 WITTERS WHEREOF, I have hereunto set my hand and seal, this.
day of 1895. 211. & Pass.
My De Color [1.1]
Executed in the presence of us:
Executed in the presence of us.
My plung
Mark (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (199
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1895.

NO. 443

WIDOW'S PENSION

for year ending February 15th, 1895.

PAID TO

MARRANT ISSUED

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WARRANT ISSUED

T 4 4 4 4 1 189

AND MARRANT 189

WARRANT ISSUED

T 4 4 4 4 1 189

WARRANT 189

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

\_18 That she is the Widow of

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

186 3 and served in the Army up to

life on the

(State here

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

That Daid Confederate tolding while in Service was Captured. by the Federal Tropo, and has never been heard from Disnerhas he ever ortuned dince

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 1844; that Georgia is her home and she resided in this State 23d day of December, 1890, and his not lived in any other State or locality since that date. I have been allowed a pension for the year ending February 15th, 1892, and now apply for the allowance provided by law for the year ending February 15th, 1893

Sworn to and subscribed before me, this day of lely 1893.

Mustin Ordinary. Post-office Simpmalla

# Widows' Heretofore Allowed Pensions.

STATE OF	EGRGIA,	Dersonally Comes Mrs.
County of	cou	& O. Eils in
who being sworn, says		fide resident of said county of
ever	State of Georgia	and that she has resided in said State
continuously eyer since	March	18.30 That she is the Widow of
Jas.	It. leidson	who was a Soldier in Company
of the	63 TR	who was a Soldier in Company
	sted in said Regiment on or	
186 3 and served in th	ne Army up to	186 4 That he lost his
life on the	day of	18 64 (State here
full particulars of the hi	usband's death, when, where	and from what cause.)
That	while is	the Confesti

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 18 49, that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension for the year ending February 15th, 1894, and now apply for the allowance provided by law for the year ending February 15th, 1895.

home after the wol

more nor did he ever orhum

was Captured by the Federals

Sworn to and subscribed before me, this

Lon Ordinary.) Post-office Any ma /a

STATE OF GEORGIA, County of

\_Ordinary in and for said County of

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

the applicant for a pension in this case, and know from my own knowledge (or from positive proof presented to me by reputable witnesses,) that she resides in this County, and that she resided in the State of Georgia on December 25, 1890, and has not lived out of the State since that date. That she is the widow of XAD. Weilson

deceased, and as such has heretofore been allowed a persion for the year ending February 15th, 1895.

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

Tell Harriordinary.

### POWER OF ATTORNEY.

Mrs & Creidon hereby authorize The flone Misseetts yes to receive and receip for the pension paid hereon and request remit same to the witness WHEREOF. I have hereunto set my hand and seal, this

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

Mrs. & C. X Eachson [L.S.]

Executed in the presence of

in M Filming

TATE OF GEORGIA, County of

Coble

Ordinary in and for said County of

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

know from my own knowledge for from positive proof presented to me by reputable witnesse, ) that she resides in this County, and that she resided in the State of Georgia on December 23, 1890, and has not lived out of the State since that date. That she is the widow of Iguesse deceased, and as such has heretofore been allowed a pension for the year ending February 15th, 1896

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

### POWER OF ATTORNEY.

RICHARD JOHNSON

Mrs & Ch Eiden

1211 Africa ....

IDOW'S PENSIO

Derganalin Camea Mrs

# For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

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

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 eyer since

18 30 That she is the Widow of

who was a Soldier in Company

of the 3 Registent of

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

186 Fint be lost his

life on the day of 186 Fint be lost his

life on the day of 186 Fint be wath

full particulars of physioband's death, plan, where and from what cause.)

Authorized the fine wath

Authorized the fine what was the form of fine what cause.

Authorized the fine wath

Authorized the fine

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 18 that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State probability since that date. I have been allowed a pension as a resident of County for the year ending February 15th, 1895, and now apply for the pension provided by law for the year ending February 15th, 1896.

Sagern to and subscribed before me, this Mr & C X Godson

day of July 1896.

Delinery Post-office Any prince I July

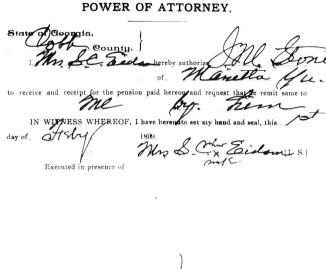
## For Widows Heretofore Allowed Pensions.

STATE OF GEOTEGIA.

00 \$.	C Sidson
eing sworn, says on oath, that she is a	that she has RESIDED in said State
7. Eiden 63 Regiment of	18 30 That she is the Widow of who was a Soldier in Company
regiment on or about the month of	186 4 That he lost his
dny "of	1864 (State here
Eu Ry W	the service
at den	usaw Mr.
and we so	noan Mt.
	State of Georgia, and  State of Georgia, and  Regiment of regiment on or about the month of ay up to  day of reath, where and from what come  while in  whil

Snorn to and subscribed before me, this | Mrs & X & Cidson | Mrs & Decidson | Post office Anymalya.

POWER OF ATTORNEY. Executed in the presence of Those Heretofore Paid WARRANT ISSUED CLIDOW'S



1899

ALIDOW'S PENSION

RICHARD JOHNSON,

WARRANT ISSUED

# For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of Cobb	Sc	Personally Comes Mrs.
Colob who, being		a bona fide resident of said county of
continuously for since	nch.	nd that she has RESIDED in said State
C 163	Regiment of	who was a Soldier in Company
Volunteer-, that he collisted in said regiment of	-	July
186 Zand served in the Army up to	day of Bobs	1864. That he lost his
lite on the july protaculary of the lastand's degree, who	n. schere and from what cause	7
what he	was Ca	thing of
Ha by the was new	Tegleru	es and
was nev	er hear	( from
any more		
7.0		
$\mathfrak{A}_{\widehat{\mathbb{Q}}}$ . Deponent swears that she was the wife of said d		
Deponent swears that she was the wife of said do sae has never married since his death aforesaid,	becased soldier, during his servi	ice in the army as a soldier, and that
Deponent swears that she was the wife of said d sae has never married since his death aforesaid.  I have been allowed a pension as a resid	deceased soddier, during his servi	the year 18
Deponent swars that she was the wife of said of sae has never married since his death aforesaid.  I have been allowed a pension as a resid February 15th, 1897, and now apply for the pension, and the same of the	leceased soldier, during his servi and that she became his wife in ent of Comments of the year usion provided by law for the year	the year 18
Deponent wears that she was the wife of said of soc has never married since his death aforesaid.  I have been allowed a pension as a resid February 15th, 1897, and now appry for the pe	levensed soldier, during his servi and that she became his wife in ent of level by law for the ye this	ce in the army as a soldier, and that the year 18 #  County for the year ending ear ending February 15th, 1808.
Deponent wears that she was the wife of said of some has never married since and death aforesaid.  I have been allowed a pension as a reside February 15th, 1897, and now apply for the pension of the pe	levensed soldier, during his servi and that she became his wife in ent of level by law for the ye this Post-Office T	County for the year ending car ending February 15th, 1898.
Deponent swears that she was the wife of said of soc has never married since his death aforesaid.  I have been allowed a pension as a resid February 15th, 1897, and now apply for the pension of the pen	leveased soldier, during his service and that she became his wife in cent of the control of the cent o	ce in the army as a soldier, and that the year 18 4 5 County for the year ending car ending February 15th, 1898.
Deponent swars that she was the wife of said o	leveased soldier, during his service and that she became his wife in cent of Colombion revoked by law for the years.  Post-Office Colombio Creditary of seld County.  Ordinary of seld County who me	County for the year ending car ending February 15th, 1898.
Deponent swears that she was the wife of said of some has never married since his death aforesaid.  I have been allowed a pension as a reside February 15th, 1897, and now apply for the pension of the p	levensed soldier, during his service and that she became his wife in cent of Colombion revoked by law for the years.  Post-Office Colombio	County for the year ending car ending February 15th, 1898.  County for the year ending February 15th, 1898.
Deponent swars that she was the wife of said o	leveneed soldier, during his service and that she became his wife in ent of the constant of th	County for the year ending car ending February 15th, 1898.  County for the year ending February 15th, 1898.
Deponent wears that she was the wife of said of some has never married since in death aforesaid.  I have been allowed a pension as a reside February 15th, 1897, and now apply for the pension of the pen	leveneed soldier, during his service and that she became his wife in ent of the constant of th	County for the year ending car ending February 15th, 1898.  County for the year ending car ending February 15th, 1898.  County for the year ending february 15th, 1898.  County for the year ending february 15th, 1898.  County for the year ending for the year ending february 15th, 1898.  County for the year ending february 15th, 1898.  County for the year ending february 15th, 1898.

# For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, Personally Comes Mrs. County of Sold S. C. Sidsow
who, being sworn, says on oath, that she is a bona fide resident of said county of State of Georgie, and that she has RESULDED in said State Continuously ever since.  Jas, K. Eidsow  of the 6344  Regiment of Scloracia
Volunteers, that he collisted in sail regiment on or about the month of July 180.45 and served in the Army up to.  180.45 That he lost his life on theday of 18.644 (State here)
life on theday of 1864 (State here full particulars of the husbufft's death, where and from what function of the husbufft's death, where and from what function of the husbufft's death, where and from what function of the husbufft's death, where and from what function of the husbufft's death of the husbufft's death, where and from what function of the husbufft's death, where and from what function of the husbufft's death, where and from what function of the husbufft's death, where and from what function of the husbufft's death, when husbufft's death, when husbufft's death, when husbufft's death of the husbufft's death, when husbufft's death of the husbufft's death of
Time in June 1864, and
words they did het ever
Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that s've has never married since his death aforessid, and that she became his wife in the year 18 49.  I have been allowed a pension as a resident of County for the year ending
February 15th, 1898, and now apply for the pension provided by law for the year ending February 15th, 1899.  Sworn to and subscribed before me, this day of Gelly 1899.  Post-Office Longuero P. S. Control of the Contr
State of Georgia,  County. Officery of said County, certify that I am well acquainted with Mrs. S. County. County who made the above affidavit and am satis-
fied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the day of Duranch 1830.  Given under my official signature and seal this the day of Felby 1890.  Official Seal.  Ordinary of Official

	- 7	6061 8. C. C	oid for the		of QU.	arie	M. S. tta, La st that he remi	it same to
đ,	day of	elebra	cary.	1900. 		1.53	and seal, this	(L. S.
Eideon S.C. (me)	To Those Heretofore Puid.	48 / ON	WIDOW'S PENSION,	For year ending February 18th, 1900. 7704. A. C. Addoll	Coll Courty, Widow of Jad. H. Ciddow	JNO. W. LINDSEY, Communicate of Persons.	WARRANT ISSUED	es. W. Barrines, State Priner, Atlanta.

### ATTORNEY. POWER OF

John away of Maria	
Veceive and receipt for the pension paid hereon and reques  At this of  IN WITNESS WHEREOF, I have hereunto set my ha	t that he remit same to
Bxecuted in presence of	lorn [L. S.

To Those Heretofore Paid.

1901.

WIDOW'S PENSION, No. 1264

Widow of Les. R. Eiten

WARRANT ISSUED

JOHN W. LINDSEY,

130. AND HANDED TO Outrue

# For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,	Personally Comes Mrs. S. C. Cidsou
continuously ever since March  Jas. M. Gidsou  of the 63 M  Volunteers, that he enlisted in said regiment on or about 180 man and served in the Army up to	_186.4 That he lost his
particular of the husband's death, when, where and  Now was taken  Mountain some to  was never hear  nor did he ever  after the war	firisour at Kumsaw ine in June 1864 and d of afterwards
she has never married since his death aforesaid, and tha  I have been allowed a pension as a resident of	County for the year ending
Sworn and subscribed before me, this country of the control ordinary  State of Georgia,  Cobb County.	Post Office Suryrua, Sa  1. J. W. Slave Ordinary of said County, certify that I am well acquainted
has continuously resided in this State since the  Given under my official signature and seal, this  Official :	who made the above affidavit and am satistic is the individual she represents herself to be, and that she day of the day of 1850 day of 1900.

# For Widows Heretofore Allowed Pensions.

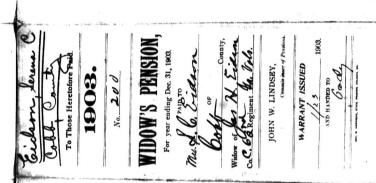
STATE OF	GEORGIA	Personally Comes M	irs.
County of	Cobb	1 Dlo Gidson	
		,	
	who, being sworn, a	ays on oath, that she is a bona fide resident of said	County of
	Coff	State of Georgia, and that she has RESIDED in	raid State
continuously ever since	march	1836 That she is the	Widow of
James SY	Gidson	who was a soldier in	Company
6 of the	63	Regiment of Georgia	
Volunteers, that he enlist	ted in said regiment on	2	
1863 and served in t	he Admy up to.		ne lost his
life on the	day	of 18.64 (	
particulars of the husba		here and from what cause) He was	- 4
,	/	saw Int Some Tim	· · · · · · · · · · · · · · · · · · ·
Anna 1864	4 and w	as never herd of al	0
my die	for each	as never herd of af	1
war	ru aver	war home ugu	1 14
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		The second secon	
Denoment among that she	man the mile of sold does	eased soldler, during his service in the army as a soldle	
			r, and that
		nd that she became his wife in the year 18 4 9	
	ed a pension as a reside	, , , , , , , , , , , , , , , , , , , ,	
February 15th, 1 900	, and now apply for the	pension provided by law for the year ending February 1	5th, 1901.
	becribed before me, th	1 (6 4)	
25th day of	erry, 190	1. M. W. KULLEVI,	
John Ch	They Ordinar	y. Post Office	1 2 1 2 1 2 2
		0 0 0	_
State of Geo	rgia,	John Swh	ey
Coff	County	Ordinary of said County, certify that I am welld	oquainted
with Mrs. & C	Eidson	who made the above affidavit and a	m satisfied
hat the facts therein state		she is the individual she represents herself to be, an	
nas continuously resided in		day of18	a vone one
	ficial signature and sea		1001
orren adder my or	and against and sea	Why Court	190t.
Official		0.14	7
		Ordinary of COM	County.

to receive a	Lobo La lui	Ein		of	and rec	quest tha		oy authorize
day of A	uted in pro	7	hereunto 1902.			neal, this_	n	[L. S.]
oce Paid.	10)	NSION,	1487	County.		DSEY, instance of Pensions.	SUED 1972	7 D
To Those Heretoloce Paid	No. 23	WIDOW'S PENSIO	m. N. C. Ci	G. R. R.	Co. Regiment	JOHN W. LINDSEN	WARRANT ISSUED	AND HANDED OF A

To Those Heretofore Paid.

edson, Jevens (

COUNTY.	
John Roter of	hereby authorize
o receive and receip for the pension paid herec	name a remainderable (Management et en en entre et et en
1. 1274 1471	
In Wilness Whereof, I have hereunto set	my hand and seal, this



## For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,	PERSONALLY COMES MRS.
	1 1 5
County of	& Cilianon
who being enough and the con-	1
O . o l l	The is a bona fide resident of said County of
State of Georg	gia, and that she has RESIDED in said State
continuously ever since March 183	1
Las N Eidson	. That she is the Widow of
///	who was a soldier in Company
06 of the 63 20	Regiment of Georgia
Voluntoors that he will a to	
Volunteers, that he enlisted in said regiment on or about	the month of
186 ${\mathcal J}$ , and served in the Army up to	186 . That he lost his
life on the day of	
particulars of the husband's death, where where and from what	(cause)
	A was taken
finance of Stenesand;	Mountain Dona
heart of any more	and was mine
heard of any more	nor dis he
ever Detunh hom	Old The
ever wellish home	e agus no vor
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Deponent swears that she was the wife of said deceased so	oldier, during his service in the Assurace
soldier and that the bas now and it is a second	
soldier, and that she has never married since his death	aforesaid, and that she became his wife in
the year 18 49 %	2
I have been paid a pension as a resident of	rough .
	County for the
year ending December 31, 1901, and now apply for the pen	sion provided by law for the year ending
December 31, 1902	
Sworn to and subscribed before me.	0.0
1, - 1, 5	forest in
this gray of Jan 1902	O'Must calson
John Work Repreditary Post Off	cn C
4	
U	0.1 17.75
State of Georgia, I. County   Ordinary	John awhen
Cold County J Ordinary	
	of said County, certify that I am well
acquainted with Mrs. 8 6 CCC C	y, who made the above affidavit and
am satisfied that the facts therein stated are true, and I	know who is the individual share
humanif to be and that about	and the the marviation who represents
hereself to be, and that she has continuously resided in th	is State since the
day of 18	6
Given under my official signature and seal, this the	4
and a sear this the	6 day of 1902.
Official /	To hu the hee
Seal: 1	Coll )
NOTE All blank	County.

Voucher and affidavit must bear date after January 1st, 1902.

STATE OF GEORGIA.  County of Cult.  STREED, ST
State of Georgia, and that she is a bona fide resident of said County of  State of Georgia, and that she has RESIDED in said State  continuously ever alone  That she is the Widow of
who was a soldier in Company of the 63  Regiment of Regiment of
Volunteers, that he enlisted in said regiment on or about the month of  188
particulars of the husband's death, when, where and from what cause. Any year lake freaher at Steeles and My John Jain John John John John John John John Joh
Thomas after the war he ever return
Deponent awears 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 44.  I have been paid a pension as a resident of
year ending December 81, 1902, and now apply for the pension provided by law for the year ending December 81, 1908.  Sworn to and subscribed before me.
2
December 81, 1908.  Sworn to and subscribed before me, this pay of the pay of
December 81, 1908.  Sworn to and subscribed before me, this lay of lay o
December 81, 1908.  Sworn to and subscribed before me, this lay of lay of least 1908.  Post-Office They are continued to the lay of lay of least 1908.  State of Copreja County. Ordinary of said County, certify that I am well acquainted with Mrs.

John	E GEOR S. C.	Eid	in		of					by authoriz
receive a	nd receip	t for th	e pension		hereon, a	nd rec	quest t	hat I	he rem	it same to
IN WIT	NESS WHE	ereof, I	have here			and se	eal, this	6	Z	
y of fa	ma	7	_1904.							
	/				B. 6	Eu	Loo	re		[L. S.
Execute	ed in prese	ence of								
U		~		,	s.	: 11		1		
110.	3.	NO!	1904	,	Sounty.		NAIONA.		. 1904,	
B FAIU.	**************************************	NOISI	1 31, 1904	,	County,	Ints.	of Penaiona.			acts.
KONE FAID.	43	ENSION	IBER 31, 1904	, ,	County,	40. Ins.	SEY.	UBD	To 1904,	rer, Atlanta
<b>14.</b>	A. S.	PENSION	R SCEMBER 31, 1904 TO	don	Up County,	ni Ga. Pols.	LINDSEY.	ISSUED	7 € 5	de Prater, Atlasta
BO4.	A S S S S S S S S S S S S S S S S S S S	'S PENSION	FOR G DECEMBER 31, 1904 PAID TO	lidan .	18th County.		W. LINDSEY. Commissioner of Pensions.	RANT ISSUED	12 5 HANDED TO	SON, STATE PLONEY, ANIMANA.
BO4.	No. A.J. A.	W'S PENSION	FOR DING DECEMBER 31, 1904	le vietora	Conty.	Regiment See. 126.	₩.	WARRANT ISSUED	AND HANDED TO	Harrison, State Printer, Atlanta
1905k HEKETOFORE PAID.	No. A. S. A.	OW'S PENSION	FOR FYDING DECEMBER 31, 1904	6. Vietor	HAT & COUNTY. COUNTY.			WARRANT ISSUED	AND HANDED TO	(Pret. ) Bartuso, State Printer, Atlanta.

	10.11; AH	ranar sina	M. Mil	114		CHIN	BY.		
STAT	TE OF CE	ORGIA,			}				
-	I,	le Ei	lov	COUNTY.	)			hereby	authorize
y 4 - 4 - 4	John	Awh	Ey	of.					
to rece	eive and re	ceipt for		sion paid					
***************************************	114701771			at .					
	In Witnes	8 Whereof	f, I hav	e hereunt	o set my	hand a	nd seal	, this	31
day of	Lan	ney							
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(	Executed		e of						
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H	7 , 4	00	ding	2	2	Regiment N W. L.	8	HAN	1 1
Those Hereton	No.	Ê	year ending Dec. 31, 1906	$\beta$	4	Regiment OHN W. LINDSEY		AND HANDED TO	1
F   1	<b>~</b>   ^	6	Z 0	-	3	HO	1	•	1
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For Widows Heretofore Allowed

WIDOW'S PER

#### FORM No. 1.

## FOR WIDOWS HERETOFORE ALLOWED PENSIONS.

	PERSONALLY COMES MRS.
STATE OF GEO	GA,
County of	15
who, being swe	orn says on oath, that she is a bona fide resident of said County of
_ 000	State of Georgia, and that she has RESIDED in said State
continuously ever since	/83 6 That she is the Widow of
Lav A a	A soldier in Company
	Beginnent of Levyin
Volunteers, that he enlisted i	n said regiment on or about the month of
186 , and served in the	Army up to 186 44 That he lost his
life on the	day of 18 4 (State here
particulars of the husband's dec	ith, when, where and from white vause.)
10 h	on to be beioner at traces
The Some	Time in home 1864 and was
never hea	nd of glana no he went
relumes a	fles the war
•	is the wife of said deceased soldier, during his service in the Army as a
	ever married since his death aforesaid, and that she became his wife in
the year 18 4 4	2 44
I have been paid a pen	sion as a resident of Cobu
year ending December 31.	1903, and now apply for the pension provided by law for the year ending
December 31, 1904.	
Sworn to and subscrib	ed before me,
this 6th day of f	any 1904 . O. C. Eidson
John sters	Post Office
four spor	Ordinary.
	1. John Shuting
State of Georgia,	} /
Cooo	County. Ordinary of said County, certify that I am well
acquainted with Mrs. 2)	le. Volton who made the above affidavit and
am satisfied that the facts	therein stated are true, and 1 know she is the individual she represents
herself to be, and that she	as continuously resided in this State since the
day of Many gr	artis
Given under my officie	al signature and seal, this the 64 day of Jacuy 1904
~~	Sky Olivery
Official	and the
	Ordinary of County

NOTE.—All blank spaces must be filled.

Yougher and Affidavit must bear date after January 1st, 1904.

	w.
STATE OF GEORGIA.	PERSONALLY COMES MRS.
County of Cobb	Slo Einean
, ,	
(0)	e is a bona fide resident of said County of and that she has RESIDED in said State
continuously ever since Mural 1888	
	who was a soldier in Company
The Three	Regiment of
Volunteers, that he enlisted in said regiment on or about t	
186 <u>3</u> , and served in the Army up to	186 6 4 That he lost his
life on the day of	1864. (State here
particulars of the husband's death, when, where and from who	
	·
Tukung prisoner as	Theresand and
hosp never tidand of an	more
A CHARLES OF THE PARTY OF THE P	The second secon
Y A.1	
Deponent swears that she was the wife of said deceased so	ldier, during his service in the Army as a
soldier, and that she has never married since his death afe	oresaid, and that she became his wife in
the year 18#9	<i>a</i>
I have been paid a pension as a resident of	Cost County for the
year ending December 31, 1904, and now apply for the pe	nsion provided by law for the year ending
December 31, 1905.	
	. C. Eidson
this day of January 1905.	
John Andry Odinary. Pos	t-Office
#	100
State of Georgia,	1. John Anthry
/	ary of said County, certify that I am well
() 6. 6.	, Who made the above affidavit and
am satisfied that the facts therein stated are true, and I k	
herself to be, and that she has continuously resided in this	State since the
day of18	0
Given under my official signature and seal, this the	3 day of 1905.
	The Star
Official	Beel
Ordinary o	County.

to receive and receipt for the pension paid hereon, and request that he remit same to In Wijness Whereof, I have hereunto set my hand and seal, this S. C. Eidson [L. 8.] Executed in presence of To Those Heretofore Paid

POWER OF ATTORNEY.

STATE OF GEORGIA,

STATE OF GEORGIA,

County of

to County C.	Those Heretofore(Paid.	No. 1446	OW'S PENSION	fear ending Dec. 31, 1907.	all warm	get Edwar	Regiment	OHN W. LINDSEY, Commissioner of Pensions.	WARRANT ISSUED	AND HANDED TO	
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		hereby auth
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	mg son), this	4.1.4.1.1.1.1
es	B. Eidso	• .
100 Billion Sec.		
	paid hereon, and  at:  at:  annto set my head s  1907.	S. B. Eidso

## For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, BERSONALLY COMES MRS. County of Cold
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 ince
Jan 36 Celsur who was a soldier in Company
le of the 63 Ty Regiment of
Volunteers, that he enlisted it said regiment on or about the month of
186 and served in the Army up to
life on the
complete for the historials death, when, where and from what gause.)
cipt me 1864 herer there of
did in pris on Suppose.
The second secon
The state of the second control of the secon
ment of a second
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
the year 18
the year 18
I have been pail a pension as a resident of County, for the
I have been paid a pension as a resident of County, for the year ending December 31, 1905, and now apply for the pension provided by law for the year ending December 31, 1906.
I have been paid a pension as a resident of 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
the year 18
I have been paid a pension as a resident of 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
Thave been paid a pension as a resident of 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 flay of May 1906.  Post Office
There been pail a pension as a resident of 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 fany of the year ending December 31, 1906.  Sworn to and subscribed before me this fany of the year ending December 31, 1906.  Sworn to and subscribed before me this fany of the year ending December 31, 1906.  Sworn to and subscribed before me this fany of the year ending December 31, 1906.  Sworn to and subscribed before me this fany of the year ending December 31, 1906.  Sworn to and subscribed before me this fany of the year ending December 31, 1906.  Sworn to and subscribed before me this fany of the year ending December 31, 1906.  Sworn to and subscribed before me this fany of the year ending December 31, 1906.  Sworn to and subscribed before me this fany of the year ending December 31, 1906.
Thave been paid a pension as a resident of 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 flay of May of May 1906.  Post Office  State of Georgia,  County, Ordinary of said County, certify that I am well
Thave been pail a pension as a resident of 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 that I am yell acquainted with Mrs. S. C. County. Ordinary or said County, certify that I am well acquainted with Mrs. S. C.
Thave been pail a pension as a resident of 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 that I amy of the year ending December 31, 1906.  Sworn to and subscribed before me that I amy of the year ending December 31, 1906.  Sworn to and subscribed before me that I amy of the year ending December 31, 1906.  Sworn to and subscribed before me that I amy of the year ending December 31, 1906.  Sworn to and subscribed before me that I amy of the year ending December 31, 1906.  Ordinary of the year ending December 31, 1906.  Sworn to and subscribed before me that I amy of the year ending December 31, 1906.  Ordinary of the year ending December 31, 1906.  Sworn to and subscribed before me that I amy of the year ending December 31, 1906.  Ordinary of the year ending Decemb
Thave been paid a pension as a resident of 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 that I am yell plan and plan of the year ending December 31, 1906.  Sworn to and subscribed before me that I am yell plan and 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
Thave been paid a pension as a resident of 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 that I am yell plant of the year ending December 31, 1906.  Sworn to and subscribed before me that I am yell plant of the year ending December 31, 1906.  State of Georgia, Post Office  State of Georgia, Ordinary of said County, certify that I am well acquainted with Mrs. S. C.
Thave been paid a pension as a resident of 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 flay of They 1900.  State of Georgia, Post Office  State of Georgia, County Ordinary of said County, certify that I am well acquainted with Mrs. See Cicles of County, who made the above affidavit, and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the day of 18  Given under my official signature and seal, this the ign of the search of the searc
Thave been paid a pension as a resident of 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 that I am yell plant of the year ending December 31, 1906.  Sworn to and subscribed before me that I am yell plant of the year ending December 31, 1906.  State of Georgia, Post Office  State of Georgia, Ordinary of said County, certify that I am well acquainted with Mrs. S. C.

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Voucher and Affidayits must bear date after lanuary set, 1906.

## For Widows Heretofore Allowed Pensions.

County of Cook	86 Edown
1///6.	oath, that she is a bona fide resident of said County of
Strans	ate of Georgia, and that she has RESIDED in said State
continuously ever since	That she is the Widow of
Jot Eilson	who was a soldier in Company
//	Regiment of
Volounteers, that he enlisted in said regiment	on or about the month of
186, and served in the Army up to	That he lost his
life on theday	
purticulars of the husband's death, when, where	•
particulars of the nasournes account, whose	2
hever w	no heard of
The state of the s	
Deponent swears that she was the wife of said	d deceased soldier, during his service in the Army as a
soldier, and that she has never married since	e his death aforesaid, and that she became his wife in
the year 18	0
I have been paid a pension as a reside	nt of County, for the
year ending December 31, 1906, and now app	ly for the pension provided by law for the year ending
December 81, 1907.	
Sworn to and subscribed before me	
. (/-	of & Einterna
this day of 1907.	
which whey ordinary.	Dest Office
	Post Office
	(of distance
State of Georgia,	1. Shu Acotrey
State of Georgia,	I. Shu Shottey Ordinary of said County, certify that I am well
County.	) Shu Histray
acquainted with Mrs. J. C. County.	1. Shu Hobber Ordinary of said County, certify that I am well
acquainted with Mrs. L. County.	Ordinary of said County, certify that I am well true, and I know she is the individual she represents
acquainted with Mrs. L. County.  am satisfied that the facts therein stated are therself to be, and that she has continuously r	Ordinary of said County, certify that I am well true, and I know she is the individual she represents
acquainted with Mrs	Ordinary of said County, certify that I am well , who made the above affidavit, and true, and I know she is the individual she represents esided in this State since the
acquainted with Mrs	Ordinary of said County, certify that I am well , who made the above affidavit, and true, and I know she is the individual she represents esided in this State since the
acquainted with Mrs. L. County.  am satisfied that the facts therein stated are herself to be, and that she has continuously ready of	Ordinary of said County, certify that I am well , who made the above affidavit, and true, and I know she is the individual she represents esided in this State since the

NOTE.—All blanks must be silled.

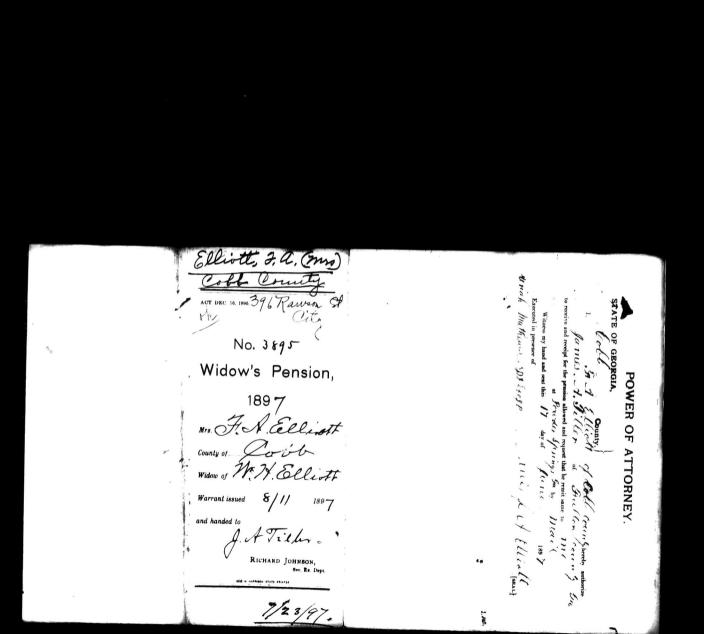
Vouchers and liftidavits must bear date after January 1st, 1907.

State of Genes Personable Julton Co. 3 Offerd S. T. Marbus Before me as Ordinary of Fullow Co. loto on out Lays to 1000 a Munder of led. 6. 630 Geo Regiment Of the Confederate army. and that he was pursandle acquisited with yes A Eichon to for los a Minden of Sauce Company and he further States hat. In Compay was Engager in a fight an or aboutthe 20 of June 64- Ot Kenson Mountain in This Hote Cent The desarent further Succes has he has seene twood of Jas H Eichour Since that Balle and hat The bestiones he was rether Kello in that bill on love coplained Sumt and received byon mushe & . Marbeed-214 1891 m & locuehano Onum on

Alate of Secreta & Personally Came Fullow Ct. Plufort nie the including mil redencing in and for said county heat fell a cilipen of Said county who upides outh Says that he was a musilior of campany Out the 63 the regiment Bearges Personally ne yourinder with fames of Eidson who was a member of the Same Company Mountain will the Company was singrand in rather on a shoul the roof fune 1964 in this still deponent fully swears that he had never heard any there of James 195 Endson Sence that days hight and he believes he was either Rilled in that Sundo and one and Mille Swould and only and before m. spice 2200 891 mis to alkino Osecon

lenvoll Courty, Came before mes I the undersigned Isdinary in and for Said County, D. McDaniel a citizen of Laid County, who says under outh that he was as member of Campany les of the 63 nd Regiment Georgin Volunturo, and that he was pursunally acquainted with James H, Eidson, who was a mumber of the Same Campany, and that he was with said Company at Kunnsaw Mountain and knows that Suit James H. Eidson was cuftured about the 20the day of June 1864 while in line of duty, and that The Said James H. Eidson has not returned since, nor been hiard from by deportered, who has lived in the caunty from which said James H. Eidoon enlisted till March 1891, when he manul to, this learsoll Country, you, Swam to and Dis Mc Daniel me, This 18th day of April 1841 S. J. Brown ording lele, Gn,

S. J. Brown, ordy lele, Gn,



## POWER OF ATTORNEY. STATE OF GEORGIA, County of Coll County hereby authorize Filler of Fuller County On at Perceder Strong, Sa by Maci ( Witness my hand and seat this 17 day of feeter 189 Executed in presence of wind Matheway Springer , the Let Elliall

1. 141.

Widow's Pension

## WIDOW'S AFFIDAVIT.

STATE OF GEORGIA, Personally came Mr.	a. V. 1 Clicoll.
COUNTY OF Call	who says on oath she is the
widow of W71 Eller H	to whom, in the County of
_ Floyd State of Georges	, she was married on the
16 th day of Africa 1852, that she res	mained his wife up to the
day of Nev 1895 , at which time he died,	
At the time of his death he was a resident of	County, in said State of
Georgia, and was on the invalid pension roll of the State of Georgia	a, having been allowed a pension of
per annum on account of thefe state the grounds of his	disability)
Being disabled frame	deing rigular work
from a wound received de	ering his servis
in the confederate arms	

Said wound was by being shet in the scretum which produced dropsy of sorotum of which he did

tinuously resided in the State of Georgia since the 6 day of Afri!

She applies for the pension provided by Act of the General Assembly, approved December 16th, 1895.

Sworn to and subscribed before me sain 77 day of fine 1887 Miriah Mathews A X Etapp Ordinary

4 1 111 11

#### AFFIDAVIT FOR THREE WITNESSES.

STATE OF GEORGIA, Personally came	
COUNTY OF Cell S 11. 11; See # and Mi, 11; Hunt	
known to me to be reputable and truthful persons who severally say on oath that from	
their own personal knowledge Mrs. F. J. Ellio!! , who made	
the foregoing affidavit is the widow of HHE Ellie HH, who died	î
in Coll County and State of Georgies on the 5 "	
day of the 1895, and that she has not since married, that she became his wife	1
on the 10 day of April 1852, and so remained up to the time of his death,	1
and that she has resided in this State continuously since the $\mathcal{L}^{\frac{H}{2}}$ day of $\mathcal{L}^{\frac{H}{2}}$ 1834.	
Deponents further say that the cause of his death was as follows there set out fully the facts connected with and causing both, groung your opportunities for knowing such facts.	
Soud DI H : Toll was wounded while in the series of the	1
competent saring by being shot in the seratum	
Som wound producing drops; of Serotem of which	
h dad	1
Al Sichon	1
Willest (	
We have no personal interest in the pension asked for	
Sworn to and subscribed before me this 17 day of Jeense 1897	į.
Miria's Malhour spx Soul	
Ordinary	
Physicians' Affidavit.	
STATE OF GEORGIA. Personally came before me R.R. Murray	
COUNTY OF COLL I and J. S. lang han	
both of whom are known to me to be reputable physicians, who say on oath that they personally knew	
and the group and the transfer of the transfer	
died on the $S={ m day}$ of ${ m of}$ ${ m t}$ 1855, and that the cause of his death was as	
follows state disease, time of treatment, etc.	,
the having been wounded while in the series of the	1
confederate army by being that in the Serolam	
the services the distance of the Services	,
said wound producing drops, of the Sorotern shick was the direct cause of his death	
n 141 (1/1/2)	
Sworn to and subscribed before me this 17 day of fuse 1897	

Misiah Matheman, Spt 8409P Ordinary of

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

STATE OF SEORGIA.

COUNTY OF

In and for said County of

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

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

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

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

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

State of Georgia, hereby certify that she resides in this Junty, and that she has resided in the State of Georgia continuously since the day of Junty, and that she has resided in the State of Georgia continuously since the day of Junty, and that she has resided in the State of Georgia continuously since the day of Junty, and that she has resided in the State of Georgia continuously since the State of Georgia continuously

#### NOTES.

have hereunto set my hand and affixed the seal of my office, this, the

The pension is only payable to those widows whose husbands were on the Invalid Pension Roll (Act of 1887 and Amendments) at the time of death, and who died from the injuries or diseases for which they were pensioned. The marriage must have existed at the time the injury was received or disease contracted for which the pension was granted, and the widow must have remained unmarried since the death of such husband.

Proofs by less than three witnesses and two physicians will be accepted when it is shown that the same can not be furnished, but in all cases the best proof accessible will be required and it is incumbent on the applicant to make out a clear case covering the above points.

Low gin loob County:

Long to be County:

County do hereby Cartify that Unich

Wathero before whom these afficient
an made is a Hotory Public and

Ext Officio & of this County—

and is duly Commissioned as

Inch Officer. Logs to

State of Go I,	Canilla	Hu to reco	by authorize	Goun Me penylon p	Stone	iost
In Witness Wa	EREOF, I have her	1898.	and seal, this	f-4	l Ellin	tt
Executed in	the presence of		Pay	to	R.C.	Amis
			100 m	ni.	Inly Inly	14/9 Stone
\$					*	
	IQN,	th	County,		1898.	<b>Y</b> E
	DOW'S PENSIO	Ell.	H.H. ELL RICHARD JOHNSON,	ISSUED	SANDED TO	TE PRINTER, ATLA
1898 38/2	OW'S	H. C. C.	Н. Н.	WARRANT	1/1/5 Le 9	. MARRISON, STA
NO.	E C	Mence	Widow of			**

#### POWER OF ATTORNEY

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State of Bo	orgia.	}		^	<u>,</u>
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3.	<b>3</b> * *	S. S.	Pennet	188	ANIA
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SINTE OF HEOLGIA.

IN WITHING	Heorgia,  Maritia  to  Pereor, I have here	Yu to rec	. /	Courte pendon	pald hereon and request
Executed	in the presence of	1898.	Mu Pay	to ne.	R.C. July 1.
1898. 10.38/2.	DOW'S PENSION, or year ending February 15th, 1898.	F. S. Ellist	of H. H. Geller H. RICHARD JOHNSON,	WARRANT ISSUED	AND HANDED TO R.C. STATUM.

#### POWER OF ATTORNEY.

	hereby authorize Morietta Ha
IN WITNESS WHEREOF, I have	e hereuato set my hand and seal, this

WARRANT ISSURD

RICHARD JOHN

CLIDOW'S PENSION, For year ending February 15th, 1899.

## For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of	Personally Comes Mrs.
continuously ever since	sys on oath, that she is a bona fide resident of said county of State of Georgia, and that she has RESIDED in said State  18-27. That she is the Widow of
, , ,	who was a Soldier in Company Regiment of Georgea
Volunteers, that he enlisted in said regiment on or also  186 — and served in the Army up to  the day of day of	at the month of Jeeree  After 1864 - That he lost his
full particulars of the husband's death, when, where	
war by being Shot which was the direct	was wounded in Said in the Scrolum Court of his death on the 8 " day of New 1885"
	A Manufacture state of the Control o
she has never married since his death aforesaid, and that I have been allowed a pension as a resident of	Ooll County for the year ending
State of Georgia,  County.  With Mrs. H. A. Ellist.	Ordinary of said County, certify that I am well acquainted who made the above affidavit and am satis-
fied that the facts therein stated are true, and I know sh	e is the individual she represents herself to be, and that she
has continuously resided in this State since the  Given under my official signature and seal this th	Me Stone
Seal. Ordin	county.

STATE OF CHEORGIA,	Personally Comes Mrs.
County of Cabo	I A Elliott
1 del	n oath, that she is a bona fide resident of said county of
_	ate of Georgia, and that she has RESIDED in said State
continuously ever since 1 36 500	18 That she is the Widow of
C of the 323	Regiment of Hay.
Volunteers, that he enlisted in said regiment on or about the	
186 and served in the Army up to About	april (86 4 That he lost his
life on theday of	21
<i>U_</i>	
full particulars of the heand's death, when, where and	from what cause.
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was worned	and are the
was in the	to yours -
Bearing, 4	n maleu
Dension of	Daid Jerne
with to anto	Low 1895-
he died from Fo	id wound Hory 87
Deponent swears that she was the wife of said deceased sold	er, during his service in the army as a soldier, and that
she has never married since his death aforesaid, and that she	became his wife in the year 18.
I have been allowed a pension as a resident of	County for the year ending
February 15th, 1898, and now apply for the pension provide	ed by law for the year ending February 15th, 1899.
Sworn to and subscribed before me, this	mas L. S. Elliatt
day of 1899.	A I BI
Ordinary.	Post-Office Fordy Opring
State of Georgia.	All Form
( ) Marie (	I por some
J 60 5 700 1 7	dinary of said County, certify that I am well acquainted
with Mrs.	who made the above affidavit and am satis-
fied that the facts therein stated are true, and I know she is	the individual she represents herself to be, and that she
has continuously resided in this State since the	1887
Given under my official signature and seal this the_	May of # 807 1899.
COMMITTE	// wie
Official Seal. Ordina	ry of County.

STATE OF GEOF	County.	uthorize J. M. Stow
me	for the pension paid hereon water  WHEREOF, I have hereunto	and request that he remit same to
Executed in pr		[L. S.
To Those Beretofore Paid.  1900.	MIDOW'S PENSION, For year ending February 18th, 1900. The A. Chillioth Coll. C	JNO. W. LINDSEY, Commissions of Parions, WARRANT ISSUED AND BADDED TO AN

## POWER OF ATTORNEY.

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19	To Those Heretofore Paid		2	For year ending February 15th, 1901	3 💆	٠,٠		8
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				18	¥.			į į

## 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 filde resident of said county of  State of Georgia, and that she has RENDED in said State  continuously ever since  18.37. That she is the Widow of  who was a soldier in Company  of the  Regiment of Liorgia  Volunteers, that he colleted in said regiment on or about the month of
186 and served in the Army up to About Affail 1864 That he lost his life on the grate day of November 1895 (State Acre
The said W. St. alliott was wounded during the war in the scrotum -
received an Invalid function for said wound up to and for 1895.
He died from said wound
Deponent awears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that
she has never married since his death aforesaid, and that she became his wife in the year 18
I have been allowed a pension as a resident of 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  3.20 day of Shaby, 1900.  Post Office Land Shaby Shaby Ordinary
State of Georgia, 1. J. W., Staw
with Mrs. A. Calliott ,, who made the above affidavit and am satis-
fied that the facis therein stated are true, and I know she is the individual she represents herself to be, and that she
has continuously resided in this State since the day of
Given under my official signature and seal, this the day of the bruary 1900.
Official Ball Ordinary of County.

STATE OF GEORGIA,	Personally Comes Mrs.
who being amorn as	iye on oath, that she is a bona fide resident of said County of
40 00	
Colb	State of Georgia, and that she has assetned in said State
continuously ever since. 18 3 7	That shie is the Widow of
I N & Elliott	
Q	who was a soldier in Company
of the	Regiment of Sevigen
Volunteers, that he enlisted in said regiment on o	r about the month of
186/ and served in the Army up to. A	eracl 1804 That he lost his
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	ere and from what cause) _ The Road
WN Ellial was n	rounded during the war
in the Scrolum -	received an Invalid pen
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our fir dans to	and who to and including
for 1895 to died	from said wound
Nov 8th 1895	<i>P</i>
	The second secon
Deponent swears that she was the wife of said decessies has never married since his death aforesaid, an	
February 15th, 1 900, and now apply for the p	ension provided by law for the year ending February 15th, 1901.
Smorn to and superibed before me, the	X pr Dellett
State of Georgia,	Ordinary of said County, certify that I am well sequented
	.)
with Mrs. H. A. Ollvott	, who made the above affidavit and am satisfied
that the facts therein stated are true, and I know	she is the individual she represents herself to be, and that she
has continuously resided in this State since the	day of18
Given under my official signature and seal,	this the Mayor Jan 1901.
	wom away
Official	O Compa
( 1000)	Ordinary of County.

for	hu	Un	liot true	of	n, and re	quest th		authorize
				. at			13	4
0		reof, I ha	ave hereun	to set my	hand and	seal, this		
y of	an		1902.	6	011	lein	.11	[L. S.]
Ever	uted in pr	esence of		1.6-				[14. 0.]
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		N,	<i>*</i>	ounty,		Crasions.	1902	i j
	10	SION,	1902.	County,		Y, r of Persions.	5 <b>D</b>	£ 8
	N	ENSION,	. 31, 1902.	County,		DSEY,	SSUED ///61902	324
1902.	Bly	PENSION,	For year ending Dec. 31, 1902.	County,	Regiment	JOHN W. LINDSRY, Commissioner of Pensions	WARRANT ISSUED	STO HANDED TO

# STATE OF GEORGIA, COUNTY. I, hereby authorize of to receive and receipt for the pension paid hereon, and request that he remit same to at In Witness Whereof, I have hereunto set my hand and seal, this duy of 1903. A flavelleast [L. 8.] Executed in presence of

WIDOW'S PENSION,

No. 201

No.

# For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,	PERHONALLY COMEN MEN.
County of Wbb	4 A Elliott
who, being sworn, says on	oath, that she is a bona fide resident of said County of
102~	ate of Georgia, and that she has RESIDED in said State
H H Elliott	. That she is the Widow of
a of the 324	who was a soldier in Company Regiment of
Volunteers, that he enlisted in said regiment	
186 / , and served in the Army up to	Unil 1804 That he lost his
life on the 8 H da	you hoveman 1490 ( Minte here
particulars of the hashand's death, when, where a	nd from what cause)
. Ivas harmented	The fair It A Ellips
Goroling occurrent	and Invalid Sension
for Said fround	who to and for 1895;
We died from Da	il hound how 8th 1899
Deponent swears that she was the wife of said	deceased soldier, during his service in the Army as a
	e his death aforesaid, and that she became his wife in
the year 1s 50	
I have been padd a pension as a reside	County for the
	for the pension provided by law for the year ending
December 31, 1902	
Sworn to and subscribed before me,	Fed Ellente
11 11 - 1	(Pontomer Gawdel Springs
1 mainary	Postomer Valla Sinning
State of Georgia,	John Awford
College County,	Ordinary of said County, certify that I am well
noquainted with Mrs. Fi A Ell	who made the above affidavit and
am satisfied that the facts therein stated are	true, and I know she is the individual she represents
hereself to be, and that she has continuously i	
day of .18	il o
Given under my official signature and seal	this the 13 day of Jan 1902
Official /	John Milling
	Ordinary of County.

NOTE.—All blank spaces must be filled.

Voucher and affidavit must bear date after January 1st, 1902.

## For Widows Heretofore Allowed Pensions.

	Attaches a second secon
STATE OF GEORGIA,	PERSONALLY SOMES MRS.
County of County	JA Cleal
who, being sworn s	says on oath, that she is a bona fide resident of said County
Copp	State of Georgia, and that she has RESIDED in said Sta
ontinuously eyes sines 83	That she is the Widow
MA Clint	who was a soldier in Compa
Cof the 3	Regiment of Survey
olunteers, that he enlisted in said reg	iment on or about the month of
86 and served in the Army up to	186 That he lost h
ife on the	day of State h
articulars of the husband's death, when,	where and from what cause
alliott was	1 mounday our
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from Dail	Down
Deponent swears that she was the wife	of said deceased soldier, during his service in the Army a
	d since his death aforesaid, and that she became his wife
he year 1860	000
I have been paid a pension as a re	esident of County for t
ear ending December 81, 1902, and no	w apply for the pension provided by law for the year endi
ecember 81, 1908.	_
Sworn to and subscribed be	fore me,
hisday of	1908.
, 0	Ordinary. Post-Office Dwder Son
	1-1-1-1
State of Georgia	1. Shudrike
Com	County of said County, certify that I am w
equainted with Mrs	, who made the above affidavit a
m satisfied that the facts therein state	ed are true, and I know she is the individual she represen
	ously resided in this State since the
ay of18	
Given under my official signature	e and seal, this theday of
	e and seal, this theday of196
Given under my official signature  Official   Seal.	o and seal, this theday of19  Ordinary ofCoun

Voucher and Affidavit must bear date after January 1st, 1903

STATE OF GEORGIA.  COUNTY.  I. I a collected berein and request that he remit san at the wirness Whereof, I have hereunte set my hand and seal, this day of the presence of the county and the county are the county and the county are the county and the county are	
I. I a allow hereby aut to receive and receipt for the pension paid hereon, and request that he remit san in Witness Whenever, I have hereunto set my hand and seal, this day of the followith Executed in presence of the Cartelland of the Cartellan	
I. I a allow hereby aut to receive and receipt for the pension paid hereon, and request that he remit san in Witness Whenever, I have hereunto set my hand and seal, this day of the followith Executed in presence of the Cartelland of the Cartellan	
to receive and receipt for the pension paid hereon, and request that he remit san at	
IN WITNESS WHEREOF, I have hereunto act my hand and seal, this day of Array 1904. Here Ellevit Fixed in presence of Array 1904.	orize
IN WITNESS WHEREOF, I have hereunto act my hand and seal, this day of Array 1904. Here Ellevit Fixed in presence of Array 1904.	
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## POWER OF ATTORNEY.

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Ja Coll	COUNTY. )	, here	by authoris
to receive and receipt for the	pension paid hereon,	and request that he	remit same t
In Witness Whereof, I	C. dilling	y hand and seal, this	164
Executed in presence of	· · · · · ·		[L. 8.
94. VV. 7120 2000		•	4

WIDOW'S PENSION,
For year ending Dec. 31, 1906.
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Co. L. S. Regiment La. Pela.
Commissioner of Prationa.
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For Widows Heretofore Allowed

## FOR WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,	FRESONALLY COMES MRS.
who being sworn says on oath, State continuously eyer since.  Of the  Of the  Volunteers, that he enlisted in said regiment of 186 and served in the Army up to  day of  particulars of the husband's death, when, where we  Mu Lucy to Mu Lucy to Comment of the control  Mu Lucy to Mu Lucy to Comment of the control  Comments of the husband's death, when, where we can be control  Mu Lucy to Mu Lucy to Comments of the control  Mu Lucy to Mu Lucy to Comments of the control  Mu Lucy to Mu Lucy to Comments of the control  Mu Lucy to Mu Lucy to Comments of the control  Mu Lucy to Mu Lucy to Comments of the control  Mu Lucy to Mu Lucy to Comments of the control  Mu Lucy to Mu Lucy to Comments of the control  Mu Lucy to Mu Lucy to Comments of the control  Mu Lucy to Mu Lucy to Comments of the control  Mu Lucy to Mu Lucy to Comments of the control  Mu Lu	Life it 1889 That he lost his 18/89 (State here in strong what course.)
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	deceased soldier, during his service in the Army as a e his death aforesaid, and that she became his wife in
	y for the pension provided by law for the year ending  J. Char Ellevelt  Post Office
State of Georgia,  County sequainted with Mrs  am satisfied that the facts therein stated are herself to be, and that she has continuously r day of	who made the above affidavit and true, and I know she is the individual she represents esided in this State since the
Ometal   Beat	Ordinary ofCounty

For Widows Heretofore Allowed Pensions.

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To Those Heretofore Paid.	DOW'S PENSION	T B	1	EY,	۸ ۸	
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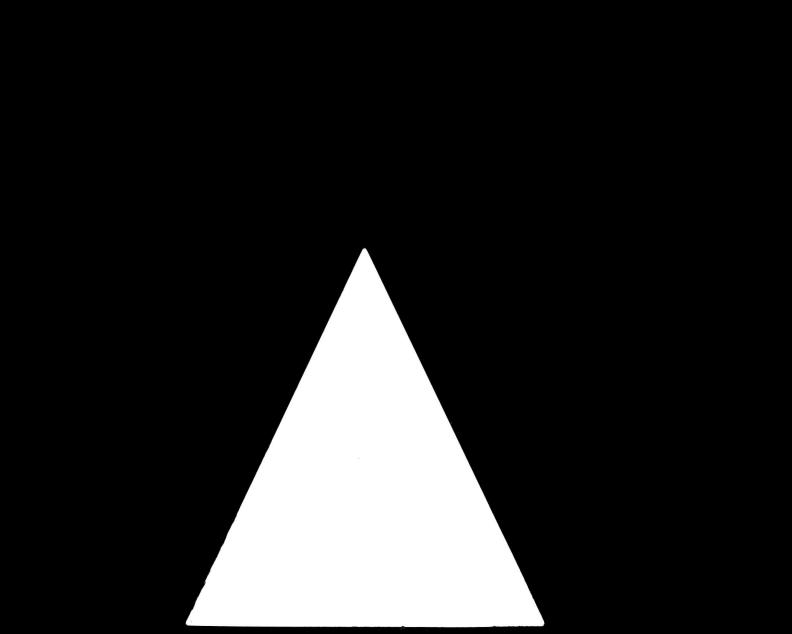
STATE OF GEORGIA. For Widows Heretofore Allowed Pensions.

# For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,	F a Elliva
	at she is a bona fide resident of said County of
continuously ever since where the	eorgia, and that she has RESIDED in said State
MA Edioa	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 ab	
186 and served in the Army up to	
life on theday of	18 (State here
particulars of the husband's death, when, where and from	n what cause.)
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Deponent swears that she was the wife of said decease	ed soldier, during his service in the Army as a
soldier, and that she has never married since his deat	h aforesaid, and that she became his wife in
I have been paid a pension as a resident of_	2
year ending December 31, 1905, and now apply for the	
December 31, 1906.	
Sworn to and subscribed before me	7.a. Elliota
The Away Ordinary.	Post Office
State of Georgia,	Johnstwiney
acquainted with Mrs. Fa Collist	dinary of said County, certify that I am well
am satisfied that the facts therein stated are true, and	, who made the above affidavit, and
herself to be, and that she has continuously resided in	ble State since the individual she represents
day of18	inis State since the
Given under my official signature and seal, this ti	Q
	7 -1 1906.
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STATE OF GEORGIA,	}		LY COMES MRS.
		he is a bona fide re	sident of said County of RESIDED in said State
continuously ever since		The	st she is the Widow o
of the	<u>u</u>	who was	a soldier in Company
Volcunteers, that he enlisted in said regim			
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Deponent awears that she was the wife of			
I have been paid a pension as a resi ear ending December 31, 1906, and now a		eion provided by is	County, for the
December 81, 1907.			•
Sworn to and subscribed before r	×1.	A Ellin	Y
John Horning, Ordinar	7.		
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equainted with Mrs. & a Ell	oll		certify that I am well se above affidavit, and
n satisfied that the facts therein stated ar	e true, and I kn		
erself to be, and that she has continuously			
ay of18		0	
Given under my official signature and	seal, this the	A day of	My 1907.
Official )	John	www.	u
Heal }	Ordinary of	Cash	County.
NOTE All blanks must be filled	No. 10 Black	CITATE Y	

OFFICE OF ORDINARY, OFFICE OF ORDINARY. J. M. STONE, J. M. STONE, . . . . . . COBB COUNTY, GA. COBB COUNTY, GA. Ordinary 3 Judge Probate. Ordinary 3 Judge Probate. To Richard Johnson what I have from from varion any thing of my own Knowledge as to the shearts of Mrs. Eslication Sources that this man died from and on account of the wound and disability for which he was drawing a Dansion. Cunt please not the objections right to a panding these Contrases are all honorable and send book to me and Offizing and I believe an I mily look after and see nothing as they understand into the mirits of the case and obtain the necessary proxo told me the facts as he States in his Certificate. Mr. Elliott was fen which I Mongo Buly Oney think was in the spring of 1895 that he appeared to be in a bad condition the should his pants It was quit a long top for this old lady and there for this old xay my have hence they went before Mr. Mathews M.D. of at former springs Il. S. from this parotiem was enloyed - It fremed to be larger than a hat Crown. of believe spom



In order to avoid unnecessary delays to applicable, and to deathe all parties interested to understand the laws granting allowances to distibled volding, all walf as the rules adopted by the Governor touching the parents provided in the following approprious or a culmitred.

1. It ar applicant has been excluded, the description of the wood should be carefully and all the fact that the propriets and followed by a plain astronect of font showing the order of the distribution. It applicant chirac distribution from disease contracted in the service, a full and carefully and all this order of the distribution of the description of the de S. It will not answer to say that an arm is "substantially useless for ordinary pursuits of like, e.c." re is no qualification to the clause of the Act in reference to the arm or leg, but the limb sense for all ones be "substantially not essentially useless."

A. If the application is for a wounded leg, it would seem to be a fair construction of the Act, and the fact by the principle of the principle of the substantial NOTES.

cation must be certified by the Ordinary of the county of the residence of the y other will not be received in the case.

prested to call the

ents are added to any of the affidavits, proofs must show that the amend

No. 2350

APPLICATION FOR ALLOWANGE

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Date of Warrant Hul 6

1884

SECRETARY EXECUTIVE DEPARTMENT.

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## NOTES.

In order to avoid unnecessary delays to applicable, and to chable all parties interested to understand the laws granting allowances to disabled soldiers, acknowledges the rules adopted by the Governor touching the payments provided, the following suggestions are submitted.

1. If an applicant has been wounded, the description of the wound should be carefully and fully set forth by applicant and physician, and followed by a plain statement of facts showing the catent of the disability. It applicant claims disability from disease contracted in the service, a till and carefully state that the statement of facts are to the service.

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

2. The law makes no allowance for an arm or leg, unless the arm or leg has been rendered substantiatly 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 olaws of the Act in reference to the arm or leg, but the limb must for all purposes be "substantially and essentially useless."

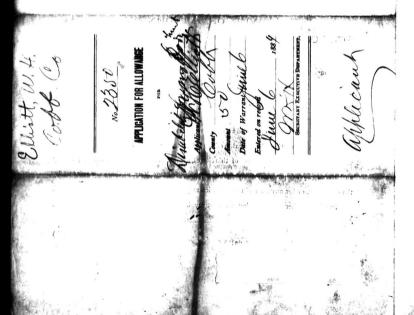
4. If the application is for a wounded leg, it would seem to be a fair construction of the Act, and the words above quoted, to say that unless the injury is such as to require the constant use of oration or stock, that the leg is not "substantially and essentially useless."

5. If papers are returned tor correctionly, and supendurents are added to any of the affidavits, the amendments must be made under outh before an officer, and the proofs must show that the amendments have been able sergen to

oeen duty sworn to.

6. Every application must be certified by the Ordinary of the county of the residence of the applicant.
The certificate of any other will not be received in aby case.
The Ordinaries of the several countries are specially requested to call the attention of the physicians.

and applicants to these points.



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

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STATE OF GEORGIA,
PERSONALLY Appears I A Collisto Conference
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 theday of
6 dente State ( Single State ) That he enlisted in the military service of the Con-
federate States (or of the States of
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www. Mart Color on Marie base in the benefits of the Act, approved October 24, 1887,
and the Act amendatory thereof, approved December 24, 1896, and makes application for
the allowance to which he is entitled for the year thereunder ending October 26, 1889.  Sworn to and subscribed before me, this the
Merich mother Al Leyp
Mercali Mathew up & Lett
Norm.—State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability.
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Commissioned Officer's Affidavit.
STATE OF GEORGIA.
STATE OF GEORGIA, County
PRABONALLY came before me f. J. Monfron of the county
State of Georgia, who, being duly sworn, says that he was
commissioned officer in Company , of Regiment of Sa
volunteers, and that deponent knows W. Helliott , and that he received the
wounds (or contracted the disease) in the military service, as stated in his foregoing affidavit, and that wounds (or disease) permanently disables the said ####################################
as stated by him in said affidavit. Deponent further states that said
is a bona fide citizen of this State and resides
n County. 1 44
My Spores a DO Phanelson 201
The Complete Marie of Complete
the amdayit of such an officer is not obtainable, the folia ring amdays; of three responsible diffusers should be furnished:

STATE OF GEORGIA,	County.	ij, · , . ·	1,11 ***
Personally came			
		The second section of the second section section of the second section	
citizens of		county, in	enid State
who, being duly sworn, say that t	hey are acquainted with	(50)	said State,
		ived the wounds (or cont	
disease) in the military service, as			_*
(or disease) permanently disables			
fide citizen of this State, and resi			
			ty, and we
are well satisfied that all the state		re true.	
Sworn to and subscribed before	re the, this		
day of	188		
	)		2 2 2 2
NoteAbove affidavit must be made by	three citizens of the county of	applicant's residence.	
			***
STATE OF GEORGIA,	county.} J. M. Strue and R. R. M.	Ordinary of sa	d county, known to
me as reputable physicians of sai they have carefully examined	d county, who, being	severally sworn, say on	oath that
examination say that the applican	t has been injured as fo	m with swoll	und
pacement in Sente enkinger mile st province his will	im lulielu !	hm beenne	- gr. '-
endurged mulie D	ue Serolam	being six is	ches in
provins his me	King he any	extendition de	sabling"
him from the wid	muly every a	mounts of	life. '
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Sworn to and subscribed before	1889 R.R. N. Onderany.	Sutrier Ms	£

BEAD NOTE.—The physicians will state fully this system of the wound, and then give facts to show the ends the disability resulting therefrom.

STATE OF GRONGIA,
T, Ordinary of said county,
de cartify that I am well acquainted with MAT Collists the
applicant in the foregoing affidavit, and am well satisfied that the statements made by him
in 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 William Walthows M. before
whom the foregoing affidavits were made and power of attorney was signed, is a further such that the said affidavits and signa-
tures thereto are genuine.
Given under my official signature and seal, this of day of
tel Sym
Ordinary County.
Power of Attorney.
STATE OF GEORGIA,
County.
Know all Men by these Presents, That I,
of
county, in said State, do hereby appoint
ofmy 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
o from the State of Georgia by reason of the injury received as aforesaid in the military ser-
rice 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
he Governor, or for any sum of money which may be coming to me for the reason aforesaid.
In witness whereof I have hereunto set may hand and seal, this.
ay of188
(L. S.)
Executed in the presence of us:

STATE OF GEORGIA, STATE OF GEORGIA, Cololin 1, 111. Virile Ordinary of do certify that Yam well acquainted with WH Collist do certify that I am well acquainted with applicant in the foregoing affidavit, and am well satisfied that the statements made by him 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 in his said affidavit are true, and that he is disabled, to the extent he claims, and I know the individual he represents himself to be, and that he resides in this County. he is the individual he represents himself to be and that he resides in this county. Uriah Mathews I further certify that Mr. R VVVV I further certify that before whom the foregoing affidavits were made and power of attorney was signed, is a whom, the foregoing affidavits were made and power of attorney was signed, is a Notary Public of said county, and the said affidavits and Motary Dublic of said County, and the said affidavits and signatures thereto are genuine. signatures thereto are genuine. natures thereto are genuine.

Given under my official signature and scalethis day of Gebry 1890

Odinary

County. Given under my official signature and seal this 19 day of Helry 1891.

Ordinary Colly County.

APPLIED FOR MIDWINE.

No. 1204

Applied of Warran, Cliff

Const., Co.

Date of warran, Cliff

Entered on record

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For Applicants Heretofore Allowed Pegate STATE OF DECISORA

## For Applicants Heretofore Allowed Pensions.

is approants reference amoned rensions.	1
STATE OF GEORGIA,	
100/01/4	
	1
Personally appears A. Elliott of ODD county,	1
State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and	1
resident of said State, and has been such continually since the day of	
Congress t 1826; 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 pricate in Company , of / th Regiment	1
of Merigina Volunteers Phuson 's Brigade; that whilst engaged	1
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of leever on the day of 1860, he was wounded as follows: By receive bull fassing through	1
wounded as follows: My here we that fasting hrough	1
the acrotime thereby causine a en largement	ľ
At same to about 6 mondo in deameter	ı
between the is recedered practically mount	
Detent to perform the ordinary manual	1
Bacations of life	1
	1
Deponent desires to participate in the benefits of the Act, approved October 24, 1887,	1
and the acts amendatory thereof, and makes application for the allowance to which he is	1
entitled for the year ending October 26, 1890. I have heretofore been allowed a pension of dollars.	ı
Sworth to and substituted defore me, this the	ı
Sworn to and subscribed before me, this the day of February 1890	P
Ma Power a R. A.	
Nors. State fully nature of wanter of the country of the disability, and explain particularly the extent of	
Vie disability	ı
POWER OF ATTORNEY.	
STATE OF GEORGIA	ı
County.	
KNOW ALL MEN BY THESE PRESENTS, That I,	1
of	ı
county, in said State, do hereby appoint	
of my true and lawful attorney in fact, for me and in my name, to receive and receipt for what ever amount of money I may be entitled	
to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing my said attorney to receipt in my name for any Warrant that may be served by the Georgia 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 served by the Georgia of the confederate States and the same of the same	
hereby authorizing my said attorney to receipt in my name for any Warrent that may be	
issued by the Governor, or for any sum of money which may be coming to me for the reason	1
IN WITNESS WHEREOF, I have hereunto set my hand and seal, this	l
day of 189	
Executed in the assessment of the second of	
Executed in the presence of us:	
$\frac{I}{2}$	
	l
DIRECTION.	
Send money to me as follows, by	l
to P.O.	
County, Georgia.	

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,	
CONO County	
PERSONALLY appears (O) 20 Cellioth of	Corbla
County, State of Georgia, who, being duly sworn, says on oath that he is	
resident of said State, and has resided therein continuously ever since the	1/
day of Access 1826; that he enlisted in the militi	ary service of the Con-
States, and served as a An 11/4/2 in Company	of 27th Regiment
States, and served as a State of Company of	de that whilst engaged
in such military service at the battle of Mushee Isu	recept in the State
of Junivari on the day of	186_, he was
wounded as follows: By 744 inglie (rall,	Ihilling h
Go the forathern thereby represent	dring daid
the Deroturn & tradicted : from	corp. of my
depend to squalle to do any north	a la conte.
about - is practically incompeten	to be gely
the Quelickey Manual Wingston	Pila t
Deponent desires to participate in the benefits of the Act, appro-	oved October 24 1887
and the acts amendatory thereof, and makes application for the allowed a for the year ending October 26, 1891. I have heretofore been allowed a property of the second and	e to which he is entitled
\$50. dollars, for Daid (1	100 bilety
Sworn to and subscribed before me, this, the	16:11
15 th day of Hel 1891 ma, K	CCO
Mercah Mathen JAX Stoff	
NOTE,- State fully nature of wound or character of disease which causes the disability, and ea	aplain particularly the extent of
the disability, resulting from the wound or disease.	
POWER OF ATTORNEY	<b>/</b> .
STATE OF GEORGIA.	
County.	
Know all Men by these Presents, That I, 1/ 16	Welliath
of County State of Georgie	
LICEDUCE	a, do noteby appoint
of Acoult Co. Samy true and lav	vful attorney in fact, for
me and in my name, to receive and receipt for whatever amount of me to from the State of Georgia by reason of the injury received as aforesai	d in the military service
of the Confederate States (or of this State), as stated in the foregoing affi	davit : hereby authoriz-
ing my said attorney to receipt in my name for any Warrant that may be nor, or for any sum of money which may be coming to me for the reason	issued by the Gover- i aforesaid.
IN WITNESS WHEREOF, I have hereunto set my	
18 11 day of 31Ch 1891.	1 . 4
Executed in the presence of us:	[L. S.]
A	
Mach (Mathew) . 15 & Exoft	1
Janes, 16 Dulland	34.7 a
DIMEGUON.	
Send money to me as follows, by	р. С
County, Georgia	P. O.

said affidavit are true, and that he	d with M. K. Ellis and am well satisfied that the statemer is disabled, to the extent he claims, is e, and that he resides in this county.	dinary of said county,  the the to made by him in his and I know he is the
SOLDIER'S PENSION.  1892. POR THE VEAR EXDING OTTORER B., 1892.	Names f. 10. Level.  County Level.  Disability Big? Morre.  Amount, \$ 50  Entered on record  Mek f. 1892.  W. H. HADDSON	* * *(D)

ATTENDED

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	OF GEORGIA.	1 .		100	1
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Know a	ll Men by these Pi	resents, That	MIN	Eller)	County
of	Coff		ity, State of Ge	orgia, do herel	by appoint
of Circo in	w with the state of	6 Auffa		Aug.	21202
	A CONTRACT CONTRACTOR OF THE C	receipt for what		lawful attorney	
from the State	of Georgia by reason to States (or of this St	of the injury re	ceived as aforesai	d in the militar	y service of
my said attorn	by to receipt in my na money which may be	me for any War	rant that may be	issued by the G	overnor, or
Tor any sum of	money which may be	coming to me I	or the reason ald	resaid.	med in a
4.4.3	MESSIT WHEREO	have h	ereunto set m	y hand and	seal, this
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aid affidavit ar	in the bresence of us:	Handlen + M	wind &	day flow po	4. [L. 6]
Pill cant pill	foregoing affidavit, an	dam well sates	d tu. 'pe stitet	men made by	him in his
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Unial	mathew M	082000	S. S	State of the same	i de la compania
	A	DIRECTI	ow.	Or Unary, of sui	a contra
Send mor	ney to me as follows, E	hy)			
	H. OFOHILL				P. O.
disability, resulting 1	, w the wound or disease.	County, Georg	gia.		
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government administration was the	Your toers	1.77		c; that whilst c	
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lay of A				ing the war be	
	State, and has resided		Bated in the mili		the Con
14,000	State and has resided				A.

For Applicants Heretofore Allowed Pensions.
STATE OF GEORGIA,

Sund

For Applicant's Hereto	fore	Allowed	Pensions.
STATE OF GEORGIA.			
Cololo County.		Elliott	
			Marroles Francisco Marroll Mar
of Col. C. County,	State of	Georgia, who, bei	ng duly sworn, says
on oath that he is a bona fide citizen and resider	nt of Geo	rgia, and has bee	en such continuously
in the military service of the Confederate States	uyus/		4; that he enlisted
during the war between the States and served a	(or of the	, , ,	in Company
of 3 "th Regiment of Jeer qui	16	olunteers of	in Company 6
Brigade; that whilst engaged in such military se	rvice at th	e Battle of Men	Theolynough
in the State of January	on the	/	4
Accombe, 1862 he	was wound	ded as follows :	
By about Shot with a har Scrotten show that disable with a start with the start wi	A Tha	Justen !	hrough the
extent the of has disables him	geria	the lestactes	le duck un
mak a deep fest for him a	Diane.	el labor	which we made
make a duplest for him a	cly &	jam: ky	//
Deponent desires to participate in the benefit			
the year ending October 20, 1892. I have herete	ofore beer	allowed a pensio	n of
Sworn to and subscribed before me this the	lars for A	Said desat	alery.
3 day of . 1/a, 6 1892.	11	. 11×66	to II
Luck h. R wh			
Note.—State fully nature of wound or character of disease	se which ca	uses the disability, an	d explain particularly the
POWER OF	ATI	ORNE	Y.
STATE OF GEORGIA.			
County	i		/ "
Know all Men by these Presents, That I, of County, in said State, do hereby appoint.	. //	11,60	in H
County, in said State, do hereby appoint.	lami	o IL Bu	Hand
me and in my name, to receive and receipt for we from the State of Georgia by reason of the injury the Confederate states for of this State of the s	whatever a	imount of money	I may be entitled to
the Confederate States (or of this State), as states my said attorney to receipt in my page (or any M	d in the fo	oregoing affidavit	hereby authorizing
my said attorney to receipt in my name for any V or for any sum of money which may be coming to	o me for t	he reason aforesai	d by the Governor
6 11-	nto set my	hand and seal thi	4 3 //
day I LEALCH 1892	11 7	Y LEllin 1	1
Executed in the presence of us	) , ,	man A	[L. s.]
W A Count	1		
Wrigh Mutheur MASSIE			
	FIOM.		
Send money to me as follows, by			
to			P. O.
and the same of th	Cour	nty, Georgia.	

STATE OF G	licante H EORGIA,	1965				· ·
PRESONALLY appe	16	6 Tolle	Stra	6	06	1
County, State of Geor				he is a de	na fide cit	sen and
resident of said State,	and has resided	therein continue	usly ever since	e the £	leventh	-
day of Augus		fen; that he en		military s	tryice of t	he Con
federate States (or of		tungus		1.20	war beb	een th
States, and served as	100	11-10	in Compar		1	2.40
of Service a	Volunteers.	stephen	hoses B		Whilst wi	aged in
of Dennessel	on the	merg		mount	4	he State
wounded as follows:	, on the	15010	day of	77	1863	he wa
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has not &	en de	Since	and the		ana a	-
inflicted	to do	as de	mark	to d	111	11
Camila	8 1	1	-	.4	77	1,5
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8	, t-4	-		777	3 [ ]	
Deponent desires	to praticipate in	the bénefits of	the Act, appr	oved Octo	ber 24th. I	887. and
Deponent desires the acts amendatory of the year ending octa-	ereof, and make	s application for	the allowan	ce to whic	h he is enti	tled for
the year ending occur	7	dollars for		a pension	O	
Sworn to and sub	scribed before me	e, this, the	111 21	hills	7	-
2.7 210	as Manak		MY SI	xull	iell	
AL I AS THE	148		•	~MC		
	ein 108	HOSP.	: A CHA	·		
Norm-State fully nature disability, resulting from the w	of wound or character round or disease,	of diegase which caus	es the disability, e	ad enflain far	ficularly the e	etent of the
STATE OF G	EORGIA.	)				
Comb	Contrate J	<b>a</b>				
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k,	000	24 9	100	Ordina	ry of said	County
	acquainted wi			/ / /		/_th

	Know all Me County, Saight of me and in my man States (or of this ney to receipt in receipt in receipt in the Michael Market IN WITNE day of Executes	Georgia, do hereby a me, to receive and received and receiv	That I, of of the part of the	amount of money I said in the military affidavit; hereby a sened by the Govern	s service of the Cor authorizing my said or, or for any sun on his.	from the
•	Wiet. In	to me as follows, by	DIRECTIC to County, Georgi			Ρ. Ο.
H W Derive	(For Those Already Enrolled.)	Soldięr's Pęńsion. 1894.	Name of H. Collicott	Insulin, 2000 of coccifers.  Amount, 8 (5)  Amount, 9 (4)  Amount, 9 (4)  Amount, 9 (4)  Issu.	WARRANT HANDED TO  WARRANT HANDED TO	On V Beries, fate Frietz, Albata.

#### POWER OF ATTORNEY

FOWER OF ATTORNEY.
STATE OF GEORGIA,
Coll County
KNOW ALL MEN BY THESE PRESENTS, That I, M. H. Elleall
of. Colo
County, State of Georgia, do hereby appoint H H esc. H
of Gell county ba 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 affidicit; hereby sathorizing my said Attorney to receipt in my name for any Warraut 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 bereunto set my hand and seal, this
day of tarch 1895. 11 7/10 901
Executed in presence of us
Unah matherie der
This property of the second
1
DIRECTIONS.
Send money to me as follows, by
- to P. O. County, Georgia.
County, Georgia.
SOLDIER'S PENSION.  1895.  Soldier's PENSION.  1895.  RICHARIY JOHNSON.  Secretary Executive Department.  WARRANT AND MAN.  WARRANT AND MAN.  WARRANT AND MAN.

## For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA.  County.  Personally appears H Xo. Ellioth of Cold
County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen
and resident of said State, and has resided therein continuously ever since the
day of 18 3/; that he enlisted in the military service of the Con-
federate States (or of the State of ) during the war between the
States, and served as a from the Company of the Regiment
of /a. Volunteers 's Brigade; that whilst engaged in such military service at the battle of Murfinston in the State
of Janu , or the day of 1815 , he was
wounded as follows: By gunshot Strikling &
mounding deponent in the Santum
- By and in account of which
limb defruit is rendered of
tically incompeted to Derly the
Onling monney ever at in of like
,

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory hereof, and makes application for the allowance to which he is

Sworn to one subscribed before me, this, the day of 1894.

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

STATE OF GEORGIA.  County.  I,  do certify that I am well acquainted with  M. C. Clinty the
applicant in the foregoing affidavit, and am well satisfied that the statements made by him
in his said affidavit are true, and I know 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 Mak 1894.
Ju. Stone
Ordinary Cool County.
Unich Mathern is a del Com
MI + Ex Offer & in Coll country
mah 15 1844 Austinos

## For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Gold County.
Personally appears H. H. Elliott of Coll
County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen
and resident of said State, and has resided therein continuously ever since the
day of fue, 18/4; that he enlisted in the military service of the Con-
federate States (or of the State of Georgee ) during the war between the
federate States (or of the State of Seage ) during the war between the States, and served as a Secret in Company E, of I th Regiment of Seage Volunteers, States, and Seague in the Regiment is Brigade; that whilst engaged in
of Gorged Volunteers, Stigned - 's Brigade; that whilst engaged in
such military service at the battle of Murpey buriougt in the State
of Jenus , on the day of 1863, he was
wounded as follows: by being shot in the print of
such military service at the battle of Murpey Corrougt in the State of Jenn on the day of 1863, he was wounded as follows: by being shot in the proof of Services So that he had not been about to train a later of the support
A to manual Cakes Subjection to Subject
him soll and famor
Tomas y and
Deponent desires to participate in the benefits of the Act, approved October 24th, 1887,
and the acts amendatory thereof, and makes application for the allowance to which he is
entitled for the year ending October 26th, 1895. I have heretofore been allowed a pension
of fifty dollars, for the year 1894
Sworn to and subscribed before me, this, the
3 day of March 1895. \ mark
Wich Mathews ADAR II
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,
Coly County.
27
I, Ordinary of said County,
do certify that I am well acquainted with
do certify that I am well acquainted with the applicant in the foregoing affidavit, and am well satisfied that the statements made by him
in his said affidavit are true, and I know he is the individual he represents himself to be
and that he resides in this County.
Given under my official signature and seal, this
day of Med A1895.
Affix your
here
Ordinary_ Coby County
Ordinary Coll County.

The tun Loobh County. Ordinary Coth County. Which Matherns is a duly comings in M. F. to Office So in Cold county for mind 15 1844 Austin Couly Maimed Soldiers. Maimed Soldiers. Voucher No. 2350 Voucher No. 199 APPLICATION FOR PENSION Amount, \$ 00. Amount & 50 **DUE DECEASED SOLDIER** Paid to W. H. Elliott Taid M N Ellis H UNDER ACT 1891. For Desability from For Diabled By Lory reigung Mrs. F. S. Ellist Bory mind June Widow of HX Ellist County Tobb Included in Warrant No. Included in warrant No. Approved and paid issued to Treasurer. issued to treaturer 1889. WARRANT CLERK. applicant applicant

#### APPLICATIONS FOR PENSIONS DUE DECEASED SOLDIERS.

Under Act Approved October 9, 1891.

STATE of GEORGIA,

COUNTY OF

Personally appears before me Mix

of said County of

State of Georgia, who, being duly
sworn, says on earth that she is the widow of

who was a disabled Confederate solding and whose name had been duly carolled as entitled to a pension

of

Dollars annually from
the State of Georgia. That sald
died on the

day of

County and that at his death, his right to said pension for

the year ending October 26, 189 — had accrued, but had not been paid to him for the said pension year.

Applicant, as his widow, applies for the amount which would have been paid him had he fived to this time.

Sworn to and subscribed before me, this I of a clicate

Sworn to and subscribed before me, this I of a clicate

Sworn to and subscribed before me, this I of a clicate

If allowed, I authorize III allowed, I authorize

to receive and receipt for the amount

Mist d. & Bichnee

f A Elliatt

Note - Above form may be used by the guardini or next of kin for any dependent more children of the deceased coldier who and beyone no values by aftering the same to call the fact.

STATE OF GEORGIA.

COUNTY.

1. County.

Ordinary of sold County, do certif

and I know personally, or from second testimony of witnesses before me, that she is the widow of the first testinony of witnesses before me, that she is the widow of the first testinony of the law on account of disability proven, and that at the date of his death his right to a pension had accuract but had not been paid for the current pension year.

Given under my official signature and seal, this .

day of

SEAL.

Itl Storie

NAME, Elliott, W.R.

WHEN AND WHERE BORN? Resident of Ga., since Aug 11, 1826.

ENLISTED WHEN AND WHERE?

COMPANY AND REGIMENT? Corresponding . In the latter Co. Inf. and

NAME OF CAPTAIN, AND COLOMEL?

WOUNDED? MATTessbore, Tenn., 1865 - Shot in the serotum, disabling

CAPTURED, NEW AND WERE?

RELEASED,

WHEN AND THERE IT LOSS IN RED?

IF NOT PRECEDT AT BUTKENDER, STARE GARE YOU?

DIED. WHEN AND WHEREST

BURIED.

NITNESSES.

P.O. 1898.

COUNTY. Cobb.

No 23050

STATE OF GEORGIA.

TE OF GEORGIA,
EXECUTIVE DEPARTMENT. | Collanda, Gafullo 6

Well Ellint

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

Desability body enjoy He is entitled to receive the sum of Fifty & of

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 warrant.

By the Governor

W H Hamson CLERK EXECUTIVE DEPARTMENT

RECEIVED OF STATE TREASURER, R U HARDEMAN,

of June

Dollars.

STATE OF GEORGIA, EXECUTIVE DEPARTMENT. Allanta, Sa., Veby 11 1090

Mr. Class Elliall

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 Desabled by body mand

Dollars for such disability, the same being the allowance due for the gent ending October 24, 1890

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

By the Governor.

CaN Hamise CLERK EXECUTIVE DEPARTMENT

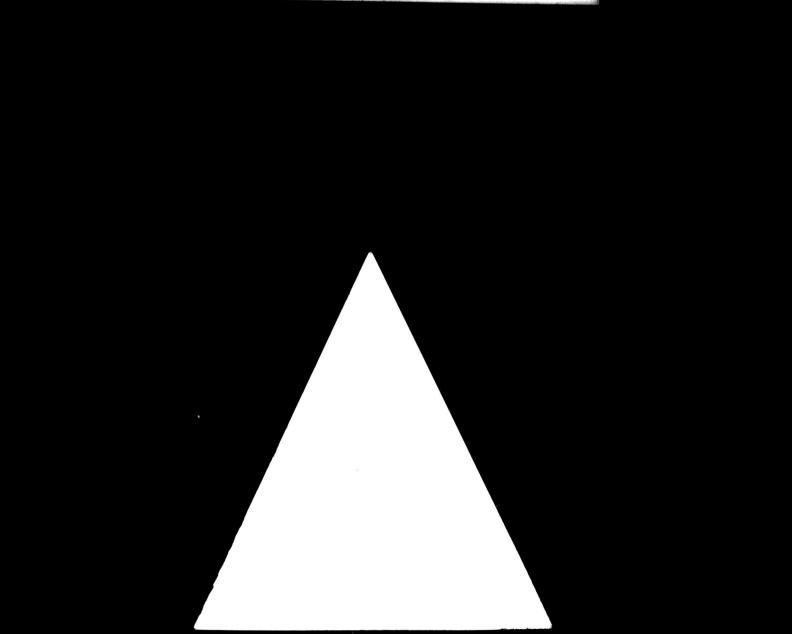
RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

per above voucher, this

		Elliott, W. H.
		Golf
		1891.
	1	eMaimed Soldiers.
Audited	1891.	Voucher No. 12011
	COMPTROLLER OFFICE C.	Amount \$ 50
		mid to It H. Elle UL
		mere de leg 16 18 1801.
		He ben 19 1801
	,	
	1	Included in warrant No.  issued to Treasurer.
		1891.
		·
		WARRANT CLERK
		Alm Bulland

	5	
	1891.	
•	No. 120 H	
	STATE OF GEORGIA.  EXECUTIVE DEPARTMENT.   Allanta, Ga. Cleby 19 1891.	
	of the Courty of	
0		+
	Department for an allowance under the Act approved October 24, 1887, as amended by Acts	
	He is entitled to receive the sum of Dollars for such disability, the same being the allowance use for great paining October 24, 1891.	
	He is entitled to beceive the sum of Dollars	
	for such disability, the same being the allowance the for the geat ending October 24, 1891.	ì
	The Treasurer will pay the same and hold his light on this voucher and return same to	
	Executive Department for warrant.	
	By the Governor.  Governor.	
	SEC'V EXECUTIVE DEFARMENT.	
	* 50	
	Receiper or R. U. HARDEMAN, Treasurer of the State of Georgia.	
	per above voucher, this 19 of 266 1891.	
	11 91 Elliott	

by games Il Bulland Atty



EDE DE COSA ES.	D. J.			
INDIGENT PENSION	Musim office 9/14/907 Da Citheline they there seems has me		Witness my hand	STATE OF GE
190 Name Spellis	Les of the fact	2	nd and seal, this	POWER OF OF GEORGIA, COUNTY.
Co. E / Y Grant Reght  Approved 190  JOHN W. LINDSEY,	Survey day		day of	NET.   of
Commissioner of Pensions  WARRANT HANDED TO	Degardy Run.			RNEY.
Ordinary will write name of Applicant, Company of Regiment on back as indicated above.			[L. S.]	bereby authoris

		OF ATTO				190
ATE OF GEORG	IA,	l				
	County	ı. ſ				
I,				her	eby authorize	
			f			
ceive and receipt for the p	ension allowed and	request that he ren	nit same to			
	nt		by			
Witness my hand and se	ed, this	day of				
					[L. 8.]	
Executed in presence of	ŗ	•		. ~	.,	
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the ser	de la constante de la constant	127		) 		المناء
M. Attended	the second	age of the state o				and the
10N. Act 1100		130 LA 17			6	1
VSION, RESTRICT			SY,		one, Company or Compan	To have
ENSION, ALL HELE	No los				d horn. Address. Company Address. Co.	1300
PENSION, ALL HELE	This for				itiand above. Comparation of Application of Applica	1130/08
T PENSION.	Ellis 100				attack of the company	1/30/08
SNT PENSION. ALL MAN	Course los				back as indicated shores. Companies to the companies of t	1130/08
GENT PENSION. ALTERNATION 190	SKEOUND 100				at an back to indicated depotent. Company of the contract Atlant Co.  To merchan, the Printer, Atlant Co.	Wash.
DIGENT PENSION. ALL ONLY	SKEllio 100		JOHN W. LINDSEY, Commissioner of Pension.		Comparing the control of the comparing the c	Ward.

QUESTIONS FOR APPLICANT.
STATE OF GEORGIA,
Colory Sounty.
of said State and County, desiring to avail himself of the Fusion Act (Section 1254, Code), hereby submits his proofs, and after being duly sworn
true answers to make to the following questions, deposes and answers as follows:  1. What is your pame and where do you reside? (Give State, County and Postoffice.)
2. How long and since when have you been a resident of this State? Mursch 5th 1806
0
3. When and where were you born?
4. When and where and in what company and regiment did you gallet or serve?
5. How long did you remain in such company and regiment Mantill Mory 1864
6. How long did you remain in such company and regiment!
6. When and where was your company and regiment surrendered and discharged?
3
7. Were you present with your company and regiment when it was surrendered?  8. If not present, state specifically and clearly where you were, when you left your command, for what cause and
8. If not present, state specifically and clearly where you were, when you left your command, for what cause and by whose authority is the state of
9. How mice can you earn (gross) per annum by your own exertions or labor?
10. What has been your occupation since 1865?
second, "infirmity and poverty," or third, "blindness and poverty " age Enternity forth
12. If upon the first ground, state how long you have been in such conflition that you could not each your import. If upon the second, give a full and complete history of the infirmity and its exjent. If upon the third,
state whether you are totally blind and when and where you lost your sight. I had a torrior the
age for fruit 800 10 years could most of Bufforted my ou
I big my own lubor or opinions met.
13. What properly, real and personal, or income, do you possess, and its gross value?
14. What property, real or personal, did you possess in 1901, 1902, 1903, 1904, 1905, 1906 and 1907, and what disposition, if any, by sale or gift, have you made of same.
disposition, if any, by sale or gift, have you made of same? I fract to sale to find that well the transfer that the tra
The Debts there could not have out
Lichomingo to Miss from 1901 to 1906
18. How were you supported during the years 1901, 1902, 1903, 1904, 1905, 1906 and 1907? Jan My Children (90 le by may Individual Son at Tananagust Ken
17. How much did your support cost for each of those years, and what portion did you contribute thereto by your
own labor or income? 18. What was your employment during 1901, 1902, 1908, 1904, 1905, 1906 and 1907? What pay did you
19. Have you a family? If so, who composes much family? Give their means of support. Have they a home-
stead, or other property Their ages and how employed! Yes Myselft Wife My Wife 63 J Games 64 years all
20. Are you receiving any ponsion? If so, what amount and for what disability?
21. Have you ever made an application for pension before?
22. How many applications have you ever made and under what class?
Sworn to and subscribed before me this the
Applicant.

7.

# QUESTIONS FOR WITNESS

	QUESTIONS FOR WITNESS.
ST	ATE OF GEORGIA,
	COUNTY.
	De Gentre
	F 20 8001
as a	witness in support of the application of rection 1254, Code, and after being duly sworn true to make to the following questions, deposes and
answ	ers as follows:
1.	What is your pame and where do you reside?
	and wayyelf the
2.	Are you acquainted with the applicant; if so, how
long	have you known him?
ð.	Kennesuw Colf County Sur
A	When, where and in what company and regiment did he enlist, and how do you know?
Je.	ne 186/ Foreight County as a 14 the markette to
5.	Were you a member of the same company and regiment
6.	How long did he perform regular military duty?
7.	When and where was his command surrendered? The such the was at the was at the way
	The state of the s
8.	Were you present when it surrengered?
9.	Was applicant present? I do not the
10.	If he was not present, where was he?
Whe	n did he leave his command? NOV 18, 4 For what cause! Has leaves the leave
Ву	ant authority be lett
. •	was their when he makingled !!
ries.	
11.	What property, effects or income has the applicant? (Give your means of knowledge.)
12.	What property, effects or income did the applicant possess in 1901, 1902, 1908, 1904, 1905, 1906 and 1907,
	noning is my himmely
and t	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 so whom?
-	none that I know of
14.	What is the applicant's occupation and physical condition
	and the same of th
•	
15,	Is the applicant unable to support himself by labor of any sort; if so, why?
	<u> </u>
	00.00
16.	How was he supported during the years 1901, 1902, 1903, 1904, 1905, 1906 and 1907
17	William Colonia Coloni
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
	on 1254, Code
	The same of the sa
19.	Who composes family? What property have they? Children's ages and their earning capacity?
_	Timey wy
20.	What interest have you in the recovery of a pension by this applicant
1000	Sworn to and superribed before me, this the
-4	( ty of the too)
Account	Ordinary.
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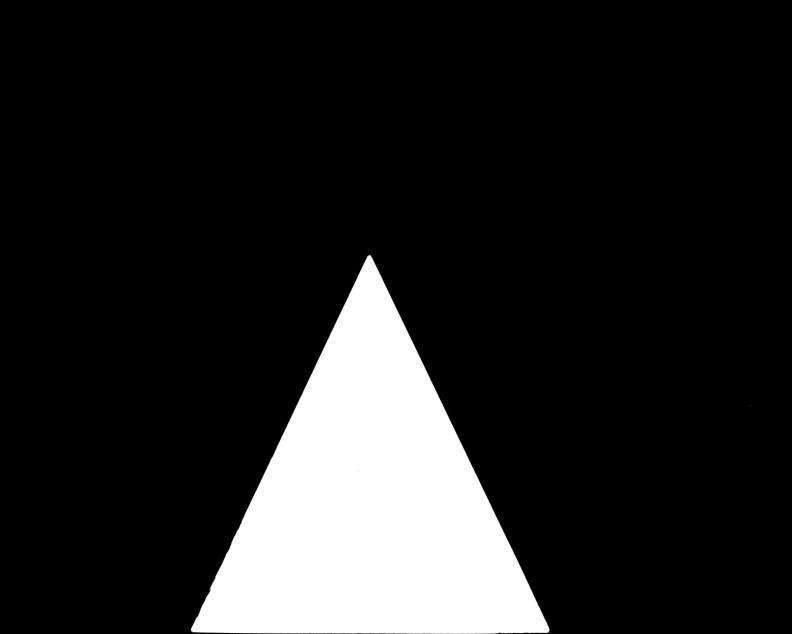
### AFFIDAVIT OF PHYSICIANS.

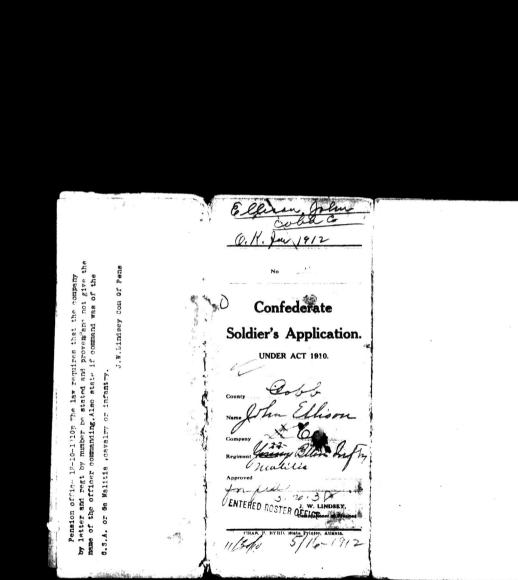
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是这些是是一个一次。 <b>在</b> 是是是	Marie 10 That	., both known to me as reputable physicians
said County, who, being severally swo	THE ALTERNATION OF THE PARTY OF	A TOWN THE STATE OF THE STATE O
oh personal examination say that his p		sention under Section 1254, Code, and after
on personal examination say that his p	The Char	nie Benefit
and Gustal A	Serve ou	att sile this in
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ways francis	- Light free	and the sun
an he know a pla	u are	manufact,
d that we have no interest in said pensi Sworn to and substribed before m	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	han H Lucy I
114 an Little	10	9 Sollar Mil
John Mil	MAL Ordinary	0 4 con 1 111 ax
//	- Ordinary.	
ORDIN	ARY'S CERTI	FICATE
//	THE CHAIL	I I GITL
TATE OF GEORGIA,	1	•
Carry 1	Courty	
i Anu la	Wallet Ord	nary, in and for said County, hereby certify
at the applicant	llist	resides in said County, and has
en a bona fide resident of this State sir	noe the 54 day of	
	min.	
d that the wipresse, visual	pitre	
d that the winceses, viscosity of trustworthy character, and that the	ir statements of Entitled to f	ull faith and credit.
of trustworthy character, and that the	or statements of antitled to f	ull faith and credit,
of trustworthy character, and that the	is statements of antitled to faring the foregoing questions of the affidavits of a read to the	ull faith and credit, the applicant and each witness took the oath applicant and witness before same was signed.
d that the wipresse, vis- s of trustworthy character, and that the I further certify that before answer reon prescribed, and that the full text o I further certify that the tax dige	is statements on mutitled to furing the foregoing questions of the affidavity yes read to the st of.	the applicant and each witness took the oath applicant and witness before same was signed.  County shows that applicant
of trustworthy character, and that the I further certify that before answer reon prescribed, and that the full text o I further certify that the tax dige urned for taxation in his name in 1901	is statements on mutitled to furing the foregoing questions of the affidavity yes read to the st of.	ull faith and credit. the applicant and each witness took the oath applicant and witness before same was signed. County shows that applicant Dollars of
of trustworthy character, and that the I further certify that before answer reon prescribed, and that the full text o I further certify that the tax dige unned for taxation in his name in 1901	is statements on mutitled to furing the foregoing questions of the affidavity yes read to the st of.	ull faith and credit, the applicant and each witness took the cath applicant and witness before same was signed. County shows that applicant Dollars of
of trustworthy character, and that the I further certify that before answer reon prescribed, and that the full text o I further certify that the tax dige unned for taxation in his name in 1901	is statements on mutitled to furing the foregoing questions of the affidavity yes read to the st of.	the applicant and each witness took the oath applicant and witness before same was signed.  County shows that applicant Dollars of Dollars of property; in 1908  Dollars of property; in 1904
of trustworthy character, and that the I further certify that before answer reon prescribed, and that the full text o I further certify that the tax dige unned for taxation in his name in 1901	is statements on mutitled to furing the foregoing questions of the affidavity yes read to the st of.	the applicant and each witness took the oath applicant and witness before same was signed.  County shows that applicant Dollars of  Pollars of property; in 1904 Dollars of property; in 1904
of trustworthy character, and that the I further certify that before answer reon prescribed, and that the full text o I further certify that the tax dige unned for taxation in his name in 1901	is statements on mutitled to furing the foregoing questions of the affidavity yes read to the st of.	the applicant and each witness took the oath applicant and witness before same was signed.  County shows that applicant Dollars of Dollars of property; in 1908  Dollars of property; in 1904  Dollars of property; in 1908  Dollars of property; in 1908
of trustworthy character, and that the I further certify that before answere on prescribed, and that the full text o I further certify that the tax dige urned for taxation in his name in 1901 operty, and in 1902	is statements on mutitled to furing the foregoing questions of the affidavity yes read to the st of.	the applicant and each witness took the eath applicant and witness before same was signed.  County shows that applicant Dollars of Pollars of property; in 1908  Dollars of property; in 1908
of trustworthy character, and that the I further certify that before answere reon prescribed, and that the full taxt o I further certify that the tax dige surned for taxation in his name in 1901 pperty, and in 1902	is statements on multiled to faring the foregoing questions of the efficacy in year read to the et of	the applicant and each witness took the eath applicant and witness before same was signed.  County shows that applicant Dollars of Dollars of property; in 1904 Dollars of property; in 1905 Dollars of property; in 1906 Dollars of property; in 1907 Dollars of property; in 1907
d that the wipresse, vis- e of trustworthy character, and that the I further certify that before answer reon prescribed, and that the full text o I further certify that the tax dige surned for taxation in his name in 1901 operty, and in 1902  In my opinion the foregoing claim	is statements on mittled to faring the foregoing questions of the efficacy in the read to the st of	ull faith and credit, the applicant and each witness took the oath applicant and witness before same was signed.  County shows that applicant Dollars of Pollars of property; in 1908 Dollars of property; in 1908 Dollars of property; in 1906 Dollars of property; in 1907 Dollars of property; in 1907 Dollars of property.
d that the wipresse, vis- o of trustworthy character, and that the I further certify that before answer reon prescribed, and that the full taxt o I further certify that the tax dige surned for taxation in his name in 1901 operty, and in 1902	is statements on mittled to faring the foregoing questions of the efficacy in the read to the st of	the applicant and each witness took the oath applicant and witness before same was signed.  County shows that applicant Dollars of Pollars of Property; in 1908 Dollars of property; in 1907 Dollars of property.

words. "On half first three the man which to have or line questions taked or your, and the writiness in the following the whole tritis, so half you of control of the proof of

JOHN AWTRE OFFICE OF ORDINARY, COBB COUNTY, GA. Marietta, Sa., Nov 127 1907. Townsly comes & Sellis and amand his application for heresion hereto fore filled and for amendment says Through The was on a beorgia regiment and lived in langing mainly in Charoker Count all his life up to asout 1895 atthe time he went west with his Sono, and remained away untill March 5th 1906, when were having on account of had health lost all his means he returned to Georgie and has since reside with his son in Cosa County Awon & and susseine before Lost County, ba.

Manuella Ba Nov 4 # 1907 Tersenally Camo PL Canner and after being duty swam Rayo That he has been acquainted with Il Eles for the last past 25 years and that he lived in Storger manily in Character Country uf to about 1895 when at-that-time he event west with his Sans & remained away until mach 1906 when he returned I is snow a resident of Oak Caunty near Hympigan. Momen. Suborn to & Subscribed to the mos 47904 John Duties ory Cobb County ya - I certify that It borner is a citizen of Cosa County provide of flee faith or Cudit, bound form furty ones.





# APPLICATION FOR SOLDIER'S PENSION UNDER ACTIVATE Questions for Applicants to Answer. STATE OF GEORGIA of said State and County, hereby applies asion provided by Act of 1910, to Confederate Soldiers, and submits his sworn statement, with his tentimony to make out the same, and after being duly sworn true answers to make to the questions propounded, answers as follows, to wit: What is your name and where derou reside? (Give Sounty and Post-office)..... How long and since when have you been a continuous resident citisen 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?.... 4. When and where and in what company and Regiment did you enlist? (Give the arm and class of Service) Alleg 4 1863 Annual Edward Co. Grand Bellet O Service) 5. How long fittle ou remain in the actual Military Service with said Company and Regiment? (Give date of discharge) 6. When and where was your Company and Fagiment surrendered or discharged from the Service? 1. The Company of the Service? 1. The Company of the Service? 7. Were you actually present with your Command when it was surrendered or discharged? 8. If you here not actually present state sacisfically and clearly where you were Where was your Command when you left it?..... b. When did you leave the Command? For what cause did you leave? By whose authority did you leave? For how long was your leave granted? In what way? Why did you not return to your Command after leave expired? In what way were you prevented?.... h. What effort did you make to return?..... i. Were you captured during the war?... j. If so, when, and where? In what prison were you held and when were you released? ..... 9. What property of every discription was owned, in the use, possession and control of yourself and wife, and its cash value on the 4. Nov. 1908? (Make list by items and value.)..... 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?... 11. What property of any discription of any kind, and of any value now owned and in the use. possession and control of yourself and wife and its cash value? (Make itemized list). 12. What annual or monthly income or earnings of yourself and wife and the source derived have 13. Are you drawing a pension of any amount from this State or the United States? 14. Have you ever applied for the Georgia Pension and had it refused? and for what cause it was

	QUESTIONS FOR WITNESS AS TO SERVICE.
STAT	E OF GEORGIA.
Gwin	lett County
Dur	
as a with	Instar, of said State, and after being syour true answers to make of the question by specially to find the application of JFPan T111 at a first or for the past of properties. The control of the control properties of the control properties.
by the A	et 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? Pallallester
Naroz	How long and since when have you known
Sinc	e 1840
3.	Where does he now reside, and since when has he been a bonafide, continuing resident in this
State and	how do you know? Mariatta 14
He has	been a citazen every since I knew bin in 1840.
4.	When, where and in what Company and Regiment did
war from	1861 to 1865? (Give date and place)Aug., 1862. Jumkin, Co., CO. C. 22. State. 1202
reeps.	How did you obtain your information of this Service?. Was . #1 th . h 1 h
6.	How long within your own personal knowledge did he perform actual military service with
	pany and Regiment? (give date) Fram Aug 1862 until May 1865.
	When and where was his Command surrendered or discharged (give date and place)
	65 at Kingsten, Ga.
	Were you personally present at the Surrender? Xan
9.	If not, where were you and how came you there?
10.	2 24 40 5
11.	2900001000
	A STATE OF THE STA
12.	When did he leave his Command? May 1865. Surander Where was his Command
	Tit. Kingsten, Gs. for what cause did he leave? Surender
	By whose authority did he leave Surender and how
	he granted leave? How do you know
	u have stated to be true? If of your own knowledge (Tell clearly and specifically)
	present with him.
	In what way was he prevented from returning to his Command?
	ou know?
	What effort did he make to return to his Command and how do you know?
146	
15	Was applicant captured as a prisoner. Ite. If 160, when and where 1
13.	
	In what prison was he held?and when released?
	orn to and subscribed before me, this the
	orn to and subscribed before me, this the
_20th	1910 of gasabox, 1910, 1915
1	Condinary.
1	of Harries County.
0	The state of the s
	AFFIDAVO OF TWO FREEHOLDERS.
STATE	OF GEORGIA.
	County
Per	sonally before me comes. A. A. D. W. C
ays that	they are free holders residing in said County and we know.
he applies	int for pension and we know the property that is now in the dis, possession and control of himself
nd file a	ad office each value to wive dispersant business and there
	and from the transfer and the transfer and the transfer and the second and the se
1	And the state of t
110	my way way
150 600	What property, if any has been sold or given away by the applicant or his wife since 4 Nov.

19087 (State() fully by tems)	
2: When and to whome one it sold or given to?  5: What was the piece path or plated to be paid?  5: What was the piece path or plated to be paid?  6: What was the piece path or plated to be paid?	
S. What relation is the party of applicant!	le,
8. Was she disposition of this property made in good faith and full values?	2
Brians to and subscribed before me, this the W. A. Discourse day of Call 1910.)  Ordinary M. Lerry	*
ORDINARY'S CERTIFICATE.	
STATE OF GEORGIA. County.	
Ordinary of said County, certify that I the applicant the splicant of the person he represents himself to be and resicuted to the same County. The witness swearing the split and the same county.	les in
	that t and the
Tax Results of the state of the	wife
NOTES 1. Before any questions are safe upon the Drillary shall ever applicant and all witnesses in the following "You do solumnly awar there'on will true assess make to seek question asing you and the evidence."	inty ,
2. Additional afficials may be attached if blain spaces are insufficient. 3. All affidavits must be made below the Ordinary and certified by him. 4. It applicant has no property at all in his possession, say or activities of each wife, affidavits of Free humseedwary.	
	a

Georgia Gwinnett Caunty,

I. G.G.Reblamen, Ordinary in and for said County, Certify
that I knew P.H.Hewter, that he is a beas fide citizen of Gwinnett
county Georgia, that he is truthful and of trustworthy character
and his extatement is entitled to full faith and eredit.

I further eartify that the centents of the foregoing affidavit
was read ever to him, and was duly swern by me, before signing the
mane.

Witness my hand and Seal of thes Court.

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

GEORGIA, COBB COUNTY.

Personally appeared John Ellison who being sworn on oath says that he is entirely uneducated, that he can neither read nor write; that while he was in the army he could neither read nor write. He further says that he had always been accustomed to say that he was in accounty a Battalion, and that when the Ordinary made out his pension paper he gave it in to him just this way.

The truth is that affiant was in the same Company with his witness P.H.Hester. They went into the war together and came out together, and affiant was in the same company that Hester swore he was in, this company was called Company "C", but affiant forgot to tell the Ordinary this when he made his application.

As to affiant's name not appearing on the list of Young's Gavalry, Young's brigage was not made up entirely of Cavalry. There were three company's of infantry, and affiant was in one of these com-

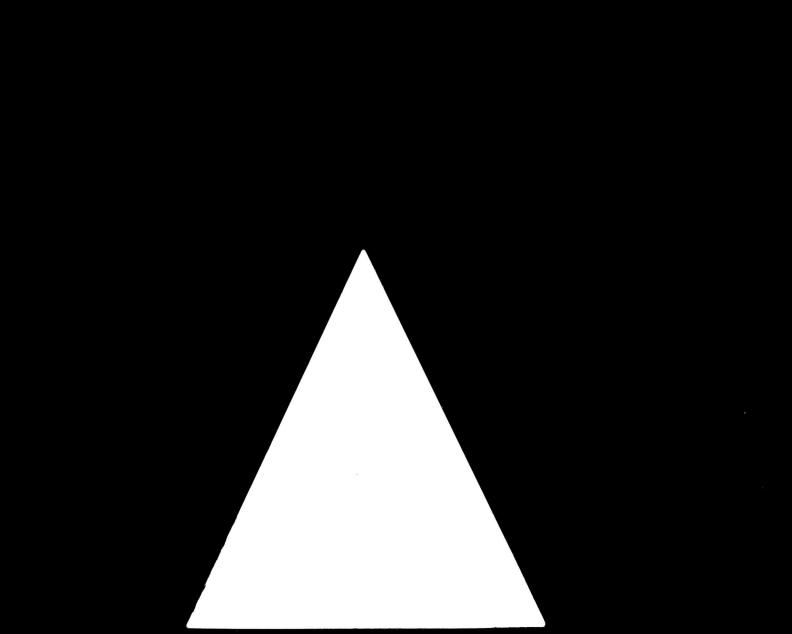
pany's. Affiant staid in this war two years; he is now old and poor, uneducated and unable to do any work of any consequence.

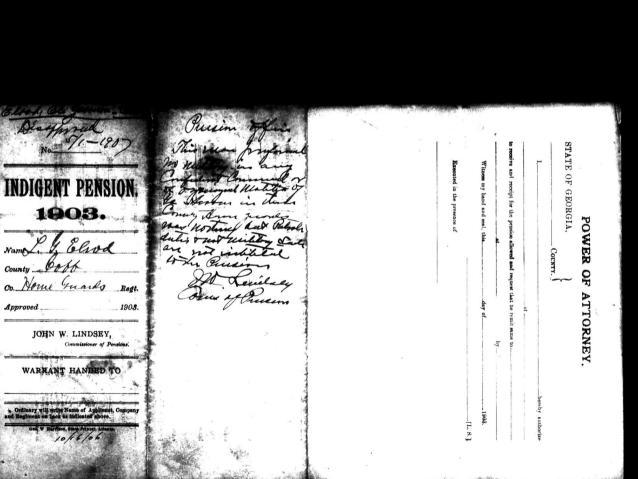
He makes this additional statement in order to clear up the apparent mistakes made in his application, and submits that he has fully explained.

The to and subscribed before

Sworm to and subscribed before me this the 6th day of May 1912.

Odway.





OM LANCE COLD CONTRACTOR				
STATE OF GEORGIA,	. }			
1.	OUNTY.			
1,	of -		hereby authorize	
o receive and receipt for the pension allow				
	ted and request that he rem	hy		
Witness my hand and soal, this	day of.	ny	_ 1903,	
And the court of the second of				
Executed in the presence of			[L. B.]	
Someone and accommon frameworks as				
1 75 7				
i late in	3 3			
The Ball	6767			
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A MANAGERA	Line Keniles			
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ON. of the Court o	Rost. America. 1303.	A SAN ARTHUR AND A SAN AR	material and the second and the seco	days a Silla
SION, of the formal ways	1 1 1	Pension.	at Oosteron	
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T PENSION, STATEMENT OF THE STATEMENT OF	1 1 1	Commissions of Pension.  HANDED TO	man of applicant Owners with the Company of the Com	
INT PENSION, STATEMENT OF THE STATEMENT	1 1 1	Commissions of Pension. Commissions of Pension.	for many fifth, the first of the first of first	
CENT PENSION, Strain de Contraction	1 1 1	JOHN W. LINDSEY, Commissions of Pension.  REMAY HAVES TO	the state of Applicant Company  The state of Applicant Company	

# QUESTIONS FOR APPLICANT.

	STATE OF GEORGIA,
	COUNTY
	to avail himself of the Pension Act (Section 1264, Code), hereby submits his proofs, and after being duly sworn
	true waswers to make to the following questions, deposes and answers as follows:
	What is your name and where do you resided, give Stays County and post-office)
	2. How long and since when have you been a resident of this State?
	all suy fox est first four years.
	8. When anywhere were you born 1 10 11 Carolina, in 1840.
	georgie, offmy of 1864, In Home Eners Creft!
	macomples conspany
	6. How long did you remain in such company and regiment? Would one year
d	
g	When and where was your company my regiment surrendonal and discharged offe where her rendered
Ø	A U.A.A. Allandaria
ķ	7. Your you present with your company and regiment when it was surrondered? Pleased when discharge
ď	when you left your command, for what cause
₫	and by whose authority
<u>'</u>	D. How much can you care (gross) per annum by ways own exertions or laber Vine Buth heariff 30.
۵	9. How much can you carn (gross) per annum by gray own exactings or laber? Why kills, kesself 20- 10. What has been your occupation since 1805? The first the state of the sta
4	and the state of your pass your period on pension, vis first. " are said powerty "
Ó	second, "infirmity and poverty," or third, "blindness and poverty"?  LI furpon 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 tall and complete blattery of the infirmity agd its extent? It upon the third,
D.	whether you are totally blind and when and where you lost your sight could not know author!
4	Welst two han- 66 hars de- Have had theumstism in
4	hos for two years, disabling one from word - traily
Й	What propays, gal and personal, for income, do you posses, and its grow value? One horse we will
ä	wont fifty collars. H. A. furniture about twenty dollars
9	14. What prefers and or personal, did you possess in 1884, 1880, 1801, 1802, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1800, 1
ž	mentioned about.
3	15 In what County did you reside during those years, and what properly did you then return for taxation?
>	(obt - leturned above property for layer
D	16. How were you supported during the years 1899, 1900, 1901 and 1902? 2 unife & Child -
>	17. How much did your suppose cost for each of those years, and what portion did you contribute thereto's your own labor or income? . Dough From & Combaining Many little last has the
ł	your own labor or income? . Don't know I Contributed my hith last theo year
	many to Lame - None
	19. Have you a fully If w, who/composes such family five their means of support? Mave they a homestead, or other property? Their ages and how employed? A. L. Line Hidden - Tue boy
	13 grandel - ou girl 15 glas, ola - Hour nothing to
	No means of hupport - Av unployment except on latin
	20. Are you receiving any pension? If so, what amount and for what disability?
	21. Have you ever made an application for pension before?.
	22. How many applications have you ever made and under what class! AN WE
	Thorn to and sufferthed before me this the
	The day of selection before me this the serie V. X. Clrod.
	Applicant

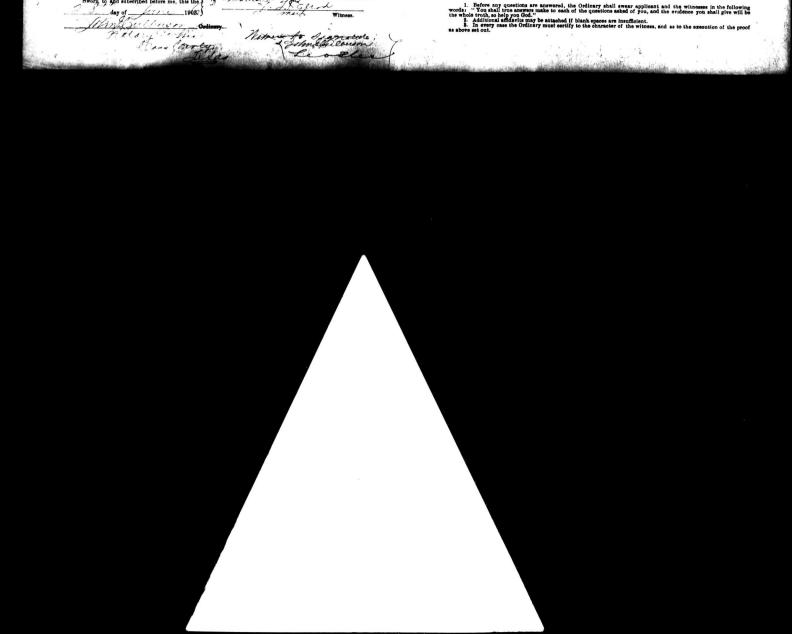
#### OUESTIONS FOR WITNESS

chisto.	
STATE OF CEORGIA,	) · · · ·
COUNTY.	}
./	
1000	of said State and County, having been presented
as a witness in support of the application of	S dilinia (1) - for pension
under section 1254, Code, and after being duly swore	of many date and county, having been presented for pension a true answers to make to the following questions, deposes and
namers as follows:  1. What is your name and where do you reside?	7 - 1
· · · · · · · · · · · · · · · · · · ·	The state of the s
2. Are you acquainted with	, the applicant; if so, how
3. Where does he reside, and how long and since	for contaction again
Willia Erry Coming	when has he been a resident of this State?
4. When, where and in what company and regime	ant did he collet and how to you have \$
156:	Green's 12
b. Were you a member of the same company of	and the second second
and the same company and	
6. How long did he perform regular military duty	
7. When and where was his command surrendered	
	o recly
Were you present when it surrendered?	The second secon
Was applicant present?	
). If he was not present, where was he?	the state of the s
hen did he leave his command?	For what cauge?
what authority he left?	WHow do you know all of this?
in the standard	(CONTROL MONTH AND
W	
What property, effects or income has the applica	ant? (Give your means of knowledge.)
What property of the Paris of t	from product him buch
d what disposition is	set possess in 1896, 1897, 1898, 1899, 1900, 1901 and 1902,
what disposition, it any, did he make of same?	21
Has be conveyed away any of his property in the	e last four years, if so, what was it, and to whom?
1.	what was it, and to whom?
. What is the applicant's occupation and physic	al condition?
the appreciate occupation and physic	
	and the state of t
	f // Carl Classer
. Is the applicant unable to support himself by le	abor of any sort, if so, why? ((1))
	in to the contract
7.44	10 cm
How was he supported during the years 1898,	1899 1900 1901 and 1900s 50 4 5 4 5
of my time	A Chief I and And I and
What portion of his support for these four years	was derived from his own labor or income?
What portion of his support for these four years	· · · * * # 1 · 1 */+
Give a full and complete statement of the applic	cant's physical condition that entitles him to a pension under
tion 1254, Code ?	J. J. J
. 1,	1
Who composes family? What property have the	y? Children's age and their earning capacity?
Chex coportion	11:21 - 2 men 11.
20 may 1000	1 900 13 year of 200 2004 Cuts
What interest have you in the recovery of a per	usion by this applicant?
Sworn to and subscribed before me, this the	his are tribled to and on the
day of 1908?	J. J. Kend
(a) of	witness.
Manager Charge	dinaty
Fillary Coffee	Mitter to Organitule,
Can Court	Tompelle land
/ - trouble	Manufacta and

#### AFFIDAVIT OF PHYSICIANS

APPIDAVIT OF PRISICIANS.
STATE OF GEORGIA,
Cubb COUNTY.
Dersonally came before M. M. Keuns Wh
40 hander % handel
, ooth known to me as reputable physi
of sid County, who, being severally sworn, say on oath that they have examined carefully
, applicant for pension under Section 1254, Code, and
such personal examination say that his precise physical condition is as follows:
The find spheant suffering In
New in off 1 21, of LIV
granic of when which it ich this und
Live in chally weller of miss, a
desection suiso d'a muscular notore con
The story of To dientich T
in ite manuel labor
and that we have no interest in said pension being allowed.
Symph to and subsertled before me, this the
day of the 1906)
Ordinary.
ODDANA DANG GEDEVICA
ORDINARY'S CERTIFICATE.
STATE OF GEORGIA,
Coff Commy
. On the Anthers
Ordinary, in and for said County, hereby cer
that the applicant Leve I (Sutil Tresides in said County, and
been a bona fide resident of this State since the day of day of
and that the witnesses, viz.
are of trustworthy character, and that their statements are entitled to full faith and credit.
I further certify that before answering the foregoing questions the applicant and each witness took the
hereon prescribed, and that the full text of the affidavitations read to the applicant and witness before same was sign
POA A
, and the state of
returned for taxation in his name in 1899 Annual Dollar
property, and in 1900 Dollars of property, in 1
Dollars of property, in 1
Dollars of property.
· · · · · · · · · · · · · · · · · · ·
Witness my hand and seal of office, this and and seal of office, this
She While
Ordinary,
of Coun
NOTE.
1 Before any suppliers and any suppliers and any suppliers and suppliers

1. Before any questions are answered, the Ordinary shall swear applicant and the witnesses in the following words: "Too shall true assers make to each of the questions saked of you, and the evidence you shall give will be 2. Additional suffacts may be attended if blank spaces are insufficient. So he are to the execution of the proof as love est out.



applicant se ms to be the owner of property of a salable value, sur ricient for his present support.
When absent from command at surrender and sick furlougies stated as
the reason, must state and prove clearly when furlough was was given and for how hong, and in what way he was prevented from returning to his INDIGENT PENSION, command for duty. J. W. Linkson, Com. Of Penedons. L. 190Ø. Power of Attorney. Approved -JOHN W. LINDSEY, Commissioner of Pensions. WALRANT HANDED TO tryp is child as the eo. W. Harrison, State Printer, Atlanta 1/15 1901

Power of Attorney. STATE OF GEORGIA. hereby authorize to receive and receipt for the pension allowed, and request that he remit same 3

### Questions for Applicant. STATE OF GEORGIA,

of said State and County, desiring to avail himself of the Pension Act (Section 1254, Code), hereby submits his proofs, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:

word from answers to make to the following questions, upposes and answers as follows:

1. What is your pame and whape do you reside? give Saire, County and post office)

4. A Confident Color

2. How long and since then have you been a resident of this State. All Mylife.

When and where were you born? Franklin Co Ga 1838 4 When and where and in what company and regiment did you entits or sorve Inthe Spring 4/862 in Fielders Co 4 or in Co & 1 1 2 a State for sep.

5. How long did you remain in such company and regiment" Will aprail 1865

6. When and where was your company and regiment surrendered and discharged? Milledgeville St. see alprail 1565

7. Were you present with your company and regiment when it was surrendered? No

8. If not present, state specifically and clearly where you were, when you left your command, for what cause and by whose authority? It home I on a gurlough on alsoul of

9. How much can you carn (gross) per annum by your own exertions or labor 75 00

10. What has been your occupation since 1865? You : 1211

11. Upon which of the following grounds do you have your application for pension, viz: first, "age and poverty," second, "infirmity and poverty," or third, "blindness and poverty" Infamily Age & Doverly 12. If upon the first ground, state how long you have been in such condition that you could not earn

your support? If upon the second, give a full and complete history of the infirmity and its extent? If upon the third, state whether you are totally blind and when and where you lost your sight? About stoen Gerrs

13. What property, real or personal, or income, do you possess, and its gross value? One Egg & 3 forge

14. What property, real or personal, did you possess in 1994, 1895, 1896, 1897, 1898 and 1899, and what disposition, if any, by sale or gift, have you made of same " A Four 2 Mulis\_ 72 So 10 2 and an governmy of 6 hogges so fof the 2 lost years when for which I had alvert the arront first wines 15. In what County did you reside during those years, and what property did you hen return for taxation?

16. How were you supported during the years 1898 and 1899? They what work that I had been by 1991, forth y 2000 that work that I have the theory of the general what portion did you contribute thereto by your own labor or income? No also at 15

by your own labor or income 15 Chouf 12.

18. What was your employment during 1808 and 1800? What pay did you receive in each year? 1). Have you a facily? If o, who composes such family? (live their means of support? Have they a homestead? (MO. Mysulf Nife and 2 lughles by working in februl, 200

20. Are you receiving any pension? If so, what amount and for what disability?

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

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

### QUESTIONS FOR WITNESS.

•
STATE OF GEORGIA,
COUNTY)
Y Stein back of O Allery of said State and County, having been presented
ns a witness in support of the application of A English for pension
under Section 1254, Code, and after being duly sworn true answers to make to the following questions.
deposes and answers as follows:
1. What is your name and where the your reside? I Plouboch & So Allen
Fiside in Coty tool &a.
2. Are you acquainted with
how long have you known him " 40 grass.
3. Where does he reside, and how long and since when has he been a resident of this State?
Disides in Ooth to la bun in ga all his life
4. When, where and in what company and regiment did he enlist, and how do you know? In Africa 1862 In Fullow Co To. Co. K. E of Duy of the State of out proceed to week for the same company and regiment? Affect of the same company and regiment?
5. Were you a member of the same company and regiment?
6. How long did he perform regular military duty? A 950 M 2 1 1 100 T 30 Y 6 20 11
Jy When and where was his command surrendered for the Apriliary of 1865 at.
Milledge well
8. Were you present when it surrendered? (for
9. Was applicant present."
10. If he was not present, where was he' it from duck on furtonate. When did he leave his command? " 1864 For what pause? Sicknep. lich to sain for
When did he leave his command 18 04 For what cause? With Promiser
By what authority he left? By Jurbingh from the authority you know all of this?
y was muy
11. What property, effects or income has the applicant? (Give your means of knowledge.) Dice
homer their By bring a huy bod
12. What property, effects or income did the applicant possess in 1896, 1897, 1898 and 1899, and what
disposition, if any, did be make of same" Let 1 y lettle as to my Invellege
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 projection of not that I know of the second of
able the as swit a Stond more and believe his
Standard aprilia de Dans
15. Is the applicant unable to support himself by labor of any sort, if so, why? In Ing.
undgerment he is mit.
and the second s
16. How was he supported during the years 1898 and 1899 By and gener
17. What porjion of his apport for these two years was derived from his own labor or income?
It is to mily rided him
18. Give wfull and complete statement of the applicant's physical condition that entitles him to a pension
under Section 12th Code? The Copyel Defend from my internally by the over leading of the applicant that the is while to support Burnelf by the over land of
by his and lakes
19. What interest have you in the recovery of a pension by this applicant? Mont
Sworn to and subscribed before me, this of fall and ack
the day of free 1909. Witness.
John autrey Ordinary.

#### AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,
county. \
Personally came pefore me Gilbert Verricut 16 J. and
, both known to me as reputable physicians
of said County, who, being severally sworp, say on oath that they have examined carefully
H. Cary Cole, applicant for pension under Section 1254, Code, and after
such personal examination say that his precise physical condition is as follows:
Has Ahenmatism of Neuralain of the
lest Ride of head Spoulder, and Ride
extending to hit the also is offeeted
generally from above, diseases
They further say on oath that the physical condition of applicant renders him unable to labor at
any work or calling sufficient to earn a support for himself, and that we have no interest in said pension
Sworn to and subscribed before me, this the
Sworn to and subscribed before me, this the
I day of Lanery 1909.
Ordinary.
· · · · · · · · · · · · · · · · · · ·
ORDINARY'S CERTIFICATE.
STATE OF GEORGIA,
Cobb COUNTY.
1. John Chilley 4 , Ordinary in and for said County, hereby certify
that the applicant 7. A. Coughish resides in said County, and ha
been a bona fide resident of this State since theday of
and that the winespee, viz: J. J. Mors M.D. Gilbert Turnent MD.
are of true 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 tool
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 ofCounty show that applican
returned for taxation in his name in 1899 /3 D
of property, and in the Dollars of property.
In my opinion the foregoing claim is made by good faith.
Witness my hand and seal of office, this the day of fauf. 1909
of Wolfe County
NOTE.

1. Before any questions are answered, the Ordinary shall awar applicant and the witnesses in the following words: "You shall give will be the whole truth, so help you God."

On the witnesses in the following words asked of you, and the witnesses you shall give will be the whole truth, so help you God."

All the witness are insufficient to the witness, and as to the execution of the proof as above set. In every case the Orlinary music critiq to the character of the witness, and as to the execution of the proof as above set.

### Power of Attorney.

OTATE	OF /	TODO	
STATE	Or (	JEURGI	A

NDIGENT PENSION

	Coun	ty. }	
. I			hereby authoria
		of	
o receive and receipt t	or the pension allowed, and r	equest that he remit same to	
	nt .		hy
Witness my han	id and seal, this	day of	1900.
Exceute	I in presence of		[L. 8.

Questions for Applicant.

•	-			0	0	-		
3		m	c	OF	UE	Oi	КLII	Α.

to avail himself of the Pension Act (Section 1984, Code), hereby submits his proofs, and after being duly sworn true answers to make to the following questions, deposes and answers as follows: 1. What is your name and where do you reside? (give State, County and post office)

- I N English Silmore abb En
- When and where were you born? 183/8 Abankling
- 6. How long did you remain in such company and regiment I was in aglical sterries will be long of Juneary 1864 them I regime a funtingh an account of acting I having the bount When and where was your company and regiment surrendered and discharged? my furwing here occurred from the brain
- Here you present with your company and regiment when it was surrendered? I was not
- 8. If not present, state specifically and clearly where you were, when you left your nominated for what cluse and by whose authority? I had been been home with farmer from the cluse and by whose authority? I had been been home with farmer from the cluse and the whole authority thereof one He much can you farn (gross) per annum by your own exertions or labor? Verry billy and months What has been your occupation since 1865? Farming
- 11. Upon which of the following grounds do you base your application for pension, viz: first, "age and poverty," second, "infirmity and poverty," or third, "blindness and poverty"? or firmed to 12. If upon the first ground, state how long you have been in such condition that you could not carn 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? Jeven
- you all lofo wuch worth stind that they I her failing to they horally say thing and am now mable to do any labor necession 13. What property, real or personal, or income, do you possess, and its grass value &
- 14. What property, real or personal, did you possess in 1894, 1895, 1896, 1897, 1898 and 1899, and what disposition, if any, by sale or gift, have you made of same? Burne of My own mode no disposition of any thing
- 15. In what County did you reside during those years, and what property did you then return for areallog?
- 16. How were you supported during the years 1898 and 1899? By The and of my hard the some who are won their own wes
- How much did your support coat for each of these years and what portion did you contribute thereby your own labor or income? I was the late of the lat What was you employment, during 1898 and 1899? What pay old you specied in och pair? and What will be Could on from May begge at that here were without

If go, who composes succlamily? (if the their means of support ? Have they

Are you receiving any pension? If so, what amount and for what disability?

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

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

# QUESTIONS FOR WITNESS.

STATE OF GEORGIA,	
COUNTY)	
J. J. Nor. beek J. of said State and County, having been presented no for witness in support of the application of J. C. Creglish for pension	
as a witness in support of the application of F. A. Creatish for pension	
under Section 1254, Code, and after being duly swarn true answers to make to the following questions	
The state of the s	
1. What is your page and where do you reside? I I this shock	
2. Are you acquainted with the applicant; if so	
how long have you known him " Tolly years " ) . I'd williams	
3. Where does he reside, and how long and since when has he bear a resident of the State?  Att. Ort to Correct the Additional State State and Sa All his higher than the conjugacy and regiment did the option, and how the you know the state of the state	
1. When, where and in what company and regiment did he eplist, and how do you know?	
In the long and the perform regular military duty? The transfer was present the performance on the some company and regiment? The performance present the performance of the some company and regiment? The performance present the performance of the sound of the sound of the performance of the sound of the performance of the sound of the sound of the performance of the sound of the	te
How long did be perform regular military duty? about 2 1100 113 it six marilla	
7. When and where was his command surrendered? In the Afring of Nesat Milledges the	
Mere you present when it surrendered? Here	
8. Were you present when it surrendered? Her. 9. Was applicant present? He	
10 It he was not present, where was he? at home rick or Furlough	
When did be leave his command : Winter of 1864 For what cause? licknes brain fe ver	
When did be leave his command of the few of 164 For what cause? lethnes bring fever thy what authority he lett? The from the authorities How do you know all of this?	
X was third	
11. What property, effects or income has the applicant? (Give your means of knowledge.)	
Now that & Ruser of	
12 What property, effects or income did the applicant possess in 1896, 1897, 1896 and 1893, and what	
disposition, it my, did he make of same let with if any refor AND Rocket Likely free Cornel + 2073 horge	
13. Has he conveyed away any of his property in the last four years, it so, what was it, and to whom?  One milks can to fear, for hell	
14. What is the applicant's occupation and physical condition? Farmer if after	
He is not a stout more and I believe his their sails.	
15. Is the applicant unable to support himself by labor of any sort, if so, why? here my	
Judger weet he is not	
16. How was be supported during the years 1808 and 1809 By and girler him by	,
17. What portion of his support for these two years was derived from his own labor or income?	1
18. Give a full and complete statement of the applicant's physical condition that entities him to a pension	
18. Give a full and complete statement of the applicant's physical condition that entities him to a pension under Section 1254, Code? A drarty bed in the first of the section 1254, Code? A drarty bed in the first of the section 1254, Code?	
by sphilicent that he is sale to explain was proceeding	
19. What interest have you in the recovery of a pension by this applicant? name	
Sworn to aid subscribed before upe, this A. J. Manhack Wilness.	-
the by the witness. Witness.	
Ordinary.	

## AFFIDAVIT OF PHYSICIANS.

STATE, OF GEORGIA,
Cith COUNTY.
Personally came before me. TH M Stuck  and  By L. Mrs.
both known to me as reputable physicians
of said County who, being severally sworn, say on oath that they have examined carefully
A. A. Craglian , applicant for pension under Section 1254, Code, and after
auch personal examination ay that his precise physical condition is as follows:
dear recuralgie of the left side of head and face
and theumatism of shoulder joint and
Dide extending to his just . How is also
generally offected on occount of diseases
mendioned and is infirm
They further say on eath that the physical condition of applicant renders him unable to labor at any work or calling sufficient to carn a support for himself, and that we have no interest in said pension
halan allowed
Mworn to and subscribed before me, this the
gry of Describer 1908.
John Andrey Ordinary.
ORDINARY'S CERTIFICATE.
ORDINARY'S CERTIFICATE.  STATE OF GEORGIA.
STATE OF GEORGIA,
STATE OF GEORGIA,
STATE OF GEORGIA,  COUNTY.  1. County of the complicant of this State since the day of 189.
STATE OF GEORGIA,  COUNTY.  1. Some County, Ordinary in and for said County, hereby certify that the capplicant of County, and has
STATE OF GEORGIA,  COUNTY.  1. County of the complicant of this State since the day of 189.
STATE OF GEORGIA,  COUNTY.  1. Some County, County, Ordinary in and for said County, hereby certify resides in said County, and has been a bona fide resident of this State since the day of 189 and that the witnesses, viz. S. V. Some back and S. Southing are of truetworthy character, and that their statements are entitled to full faith and credit.
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STATE OF GEORGIA,  COUNTY.  1. Stand County, bereby certify that the applicant AI county, and has been a bona fide resident of this State since the and that the witnesses, viz. S. I when hash  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
STATE OF GEORGIA,  COUNTY.  1. Stand County, bereby certify that the applicant of this State since the and that the witnesses, viz. S. Manhabash and that the witnesses, viz. S. Manhabash and that the resident of this State since the 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
STATE OF GEORGIA,  COUNTY.  1. County, County, Ordinary in and for said County, hereby certify that the applicant of this State since the day of 189 and that the witnesses, viz. S. M. when hereby are estitled to full faith and credit.  I further certify that before answering the foregoing questions the applicant and each witness took the onth hereon prescribed, and that the full text of the affidavits was read to the applicant and witness before same was signed.
STATE OF GEORGIA,  COUNTY.  1. County and base the applicant of this State since the day of the applicant and that the witnesses, viz. S. M. when here the applicant and each witness took the onth hereon prescribed, and that the full text of the affidavits was read to the applicant and exitess before same was signed.  I further certify that the tax digests of County show that applicant.
STATE OF GEORGIA,  COUNTY.  1. County for the applicant of this State since the and that the witnesses, viz. S. M. Monthsook and that the witnesses, viz. S. M. Monthsook and the 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 took the oath hereon prescribed, and that the full text of the affidavits was read to the applicant and witness before same was signed.  I further certify that the tax digests of County show that applicant returned for taxation in his name in 1898 Dollars of property, and in 1899 Dollars of property.  In my opinion the foregoing claim is made jo good faith.
STATE OF GEORGIA,  COUNTY.  1. County And base been a bone fide resident of this State since the day of 189 and that the witnesses, viz. S. I. which has been a bone fide resident of this statements are entitled to full faith and credit.  I further certify that before answering the foregoing questions the applicant and each witness took the oath hereon prescribed, and that the full text of the affidavits was read to the applicant and witness before same was signed.  I further certify that the tax digests of County show that applicant returned for taxation in his name in 1895.  Dollars of property, and in 1899.  Dollars of property.
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STATE OF GEORGIA,  COUNTY.  1. County from the applicant of this State since the day of 189 and that the witnesses, vix: S. M. 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 took the oath hereon prescribed, and that the full text of the affidavits was read to the applicant and witness before same was signed.  I further certify that the tax digests of County show that applicant returned for taxation in his name in 1898 Dollars of property, and in 1899 Dollars of property.  In my opinion the foregoing claim is made io good faith.  Witness my hand and seal of office, this day of the said County, hereby certify that the tax digests of the applicant of the ap
STATE OF GEORGIA,  COUNTY.  1. Control County.  1. County And has been a bona fide resident of this State since the and that the witnesses, vix: S. Manharak and the witnesses, vix: S. Manharak and the full text of the affidavits was read to 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 took the oath hereon prescribed, and that the full text of the affidavits was read to the applicant and witness took the oath hereon prescribed, and that the full text of the affidavits was read to the applicant and witness took the oath hereon prescribed, and that the full text of the affidavits was read to the applicant and witness took the oath hereon prescribed and that the full text of the affidavits was read to the applicant and witness took the oath hereon prescribed, and that the full text of the affidavits was read to the applicant and witness took the oath hereon prescribed, and that the full text of the affidavits was read to the applicant and witness took the oath hereon prescribed, and that the full text of the affidavits was read to the applicant and witness took the oath hereon prescribed, and that the full text of the affidavits was read to the applicant and witness took the oath hereon prescribed, and that the full text of the affidavits was read to the applicant and witness took the oath hereon prescribed, and that the full text of the affidavits was read to the applicant and each witness took the oath hereon prescribed, and that the full text of the affidavits was read to the applicant and each witness took the oath hereon prescribed, and the full text of the affidavits was read to the applicant and each witness took the oath hereon prescribed, and that the full text of the affidavits was read to the applicant and each witness took the oath hereon prescribed, and that the full text of the affidavits was read to the applicant and each witness took the oath hereon prescribed, and that the full text of the affidavits w