

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

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

Cobb who, being sworn says on oath, that she is a bona fide resident of said County of Cobb State of Georgia, and that she has RESIDED in said State continuously ever since before the war. That she is the Widow of M. L. Franklin who was a soldier in Company K of the 36th Regiment of Ca. Volunteers, that he enlisted in said regiment on or about the month of 1862, and served in the Army up to April 5 1865. That he died on the 28 day of July 1877.

age, infirmity or poverty.

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year before the war.

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

Sworn to and subscribed before me this 19th day of January, 1906. M. L. Franklin Ordinary. John A. Stoney Post Office Mark

State of Georgia, } Ordinary of said County, certify that I am well acquainted with Mrs. M. L. Franklin, who made the above affidavit, and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the 1 day of January 1874.

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



John A. Stoney Ordinary of Cobb County.

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

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

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

Cobb who, being sworn says on oath, that she is a bona fide resident of said County of Cobb State of Georgia, and that she has RESIDED in said State continuously ever since January 1904. That she is the Widow of M. L. Franklin who was a soldier in Company K of the 36 Regiment of Ca. Volunteers, that he enlisted in said regiment on or about the month of 1862, and served in the Army up to 1865. That he died on the 28 day of July 1877.

age & poverty

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year before the war.

I have been allowed an Indigent pension as a resident of Cobb County, under Act 1900, for the year 1906, and now apply for the pension provided by law for the year ending December 31, 1907.

Sworn to and subscribed before me this 8 day of January, 1907. M. L. Franklin Ordinary. John A. Stoney Post Office Mark

State of Georgia, } Ordinary of said County, certify that I am well acquainted with Mrs. M. L. Franklin, who made the above affidavit, and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the 1 day of January 1874.

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



John A. Stoney Ordinary of Cobb County.

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

Office of
JOHN AWTRY,
ORDINARY, COBB COUNTY

Amendment.

Marionetta, Ga., Dec. 26th 1902
Georgia, Cobb County -
Personally comes C. F.
Wright being duly sworn
deposes that the applicant Martha L. Franklin
was married to Wm Franklin in Sumner
County Ga. about 1850 or thereabouts -
deponent was living in same community
at the time - They lived together
as man and wife from marriage
up to the death of said Wm Franklin.
She has remained unmarried since
the death of said Wm Franklin,
and is now his lawful widow -

I J. Wright
sworn & said was cited before me
this Dec. 26th 1902 & I certify that deponent's
statements are worthy of full faith
and credit
John Awtry, Ordinary.

Georgia, Paulding County
In person appeared before the
undersigned R. A. Childs Ordinary
of Paulding Co Ga Mr J. H. Land
who after being duly sworn deposes
and says that he knows of his own
knowledge that W. J. Franklin was
in the Hospital at Columbus Ga
when the War closed and was pay-
rolled there at that time & was present
at the time and was paid there my
self and he stayed with me the
same night after he received his
discharge
sworn to and subscribed J. H. Land
before me this 19th day of
December 1902
R. A. Childs Ordinary

Georgia } J. R. A. Childs Ordinary
Paulding County } of Paulding County Ga
Certify that J. H. Land is a resident
of said County and that he is of good
character and his statements
are worthy of full faith & credit
R. A. Childs
Ordinary
Paulding Co Ga

John Awtry, Ordinary
Cobb County

(Amendment 1900.)

Georgia - Cobb County:

Personally came the undersigned, J. H. Maloney, who on oath says that he is acquainted with the applicant to whose application this is hereto attached - that he knew her husband, ^{W. J. Franklin} since before the Civil War up to the time of his death - ~~that~~ ^{Franklin} was in the same Co. "K", 36th Regt. Ga. Vols. Confederate Army & served with her husband during the war & has known him ever since to the time of his death. Before the war W. J. Franklin was a stout, healthy, vigorous & industrious man; in the war he made a brave good soldier and knew no complaint or disease until during the service ~~they~~ underwent severe hardships & especially while in Miss. & while at Vicksburg, Miss. he began complaining, his feet and legs swollen and puffed up. Some of the time afterwards he was with the command, other times in the hospitals and at still other times,

he was with the teams and commissary department - He was a man never to give up and did actual service often when he wasn't able to do it - but did it anyhow - of his own will - Some times he was in better condition than at others - but this swelling & puffing was never all gone after it first appeared and instead of ever getting better it gradually grew worse, until in his last years he was unable to do anything and finally died - There can hardly be any question as to what was the matter with him - Dropsy, and from the direct result of which he died in 1877.

Sworn to and subscribed before me.

Nov. 8, 1900.

J. H. Maloney

Notary Public
Cobb Co. Ga.

0160

August 1900.)

Georgia - Cobb County -

Personally came, Mrs. M. S. Franklin who upon oath says that she is the applicant in the pension claim to which this is here to attached. That her husband, W. J. Franklin, prior to the war, was a healthy, stout, vigorous man and had no symptoms of dropsy, whatever, or of any other disease, that after he once contracted said disease, which was done while in the service, he was once a well man again, but gradually continued to grow worse of it until his death in 1877. His exposure and service was the direct cause of his contracting said disease and the disease the immediate & direct cause of his death.

Sworn to and subscribed } Mrs. M. S. Franklin
scribed before me, April 7, 1900. }

J. M. Stone

Ordinary

Georgia Cobb County,

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

This Nov. 1899

J. M. Stone

Ordinary

State of Georgia, Whitfield County.

Personally saw Jesse A. Glenn, who

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

Sworn to and subscribed before me,

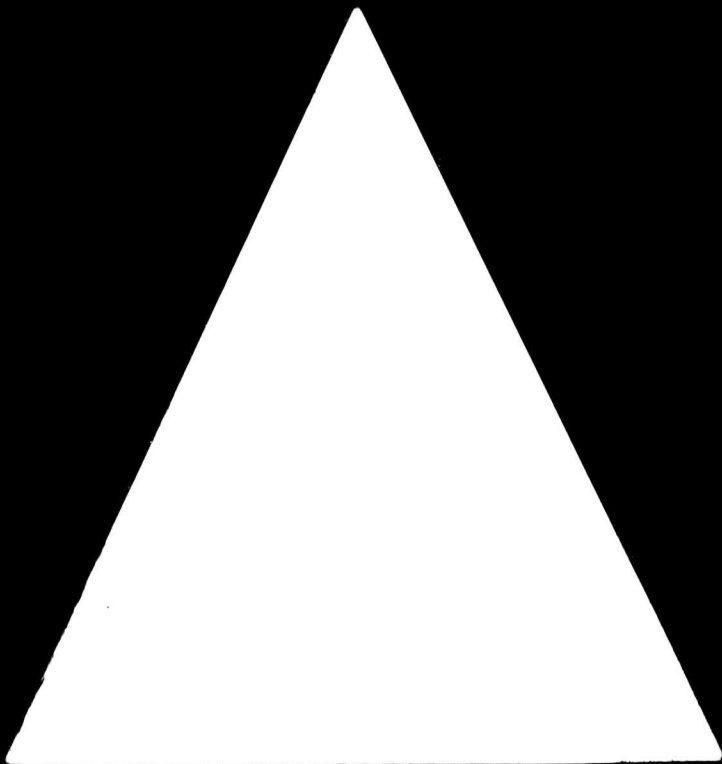
this February 22nd, 1894.

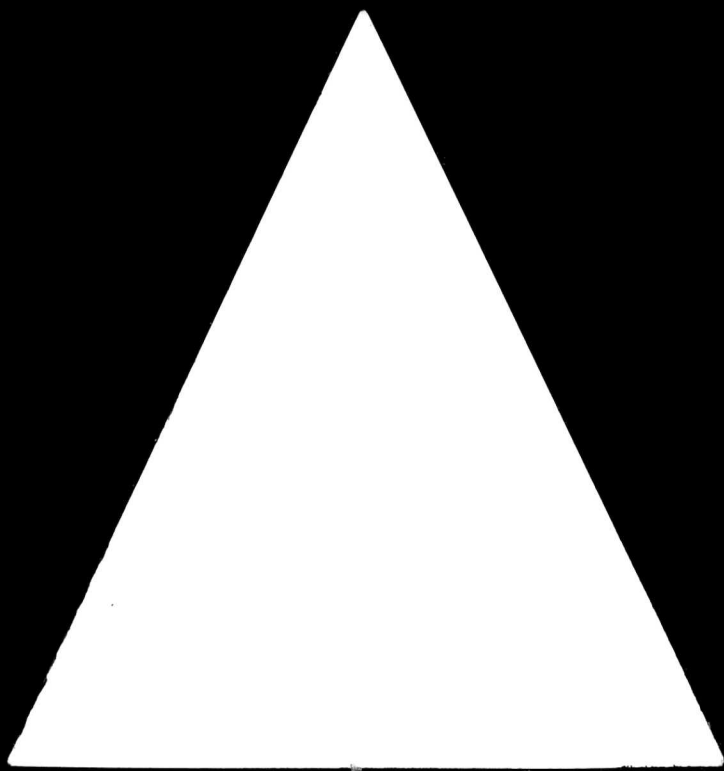
Late Col. 36 Ga. Vols.

Jesse A. Glenn
for Noyle
Ordinary, Whitfield Co. Ga.

Georgia, Barrenfield County

Barrenfield appears before me W. J. Johnson
Mr. who in oath says: That he knew
W. J. Franklin, and died, the principal
practice of the family from 1872 to 1877
that Mr. Franklin died of a dropsical
diathesis and that he visited on him
in his last sickness, and dropsy was
one of the principal causes of his death
which occurred in the year 1877
sworn to and subscribed
before me Feb. 23, 1894.
W. J. Johnson, notary
W. J. Whitworth,
Ordinary.





ACT 24th October, 1887.

No. _____

**INVALID
SOLDIER'S PENSION
1897.**

Name *R. W. Stoney*

County *Celt*

Disability _____

Amount, \$ _____

1897.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO _____

Geo. W. Hightson, STATE PRINTER, ATLANTA.

5/8.97 2/27 97

*Pension Dept 3/22 1897
The witness submit the
does not justify a pen-
sion - it not being shown
that by reason of disease
contracted in the service
applicant is disabled -
Rich Johnson
Com of Pension
Pension Dept 10/15/1897
The above ruling is
arrived - Rich Johnson
Com of Pension*

STATE OF GEORGIA.

POWER OF ATTORNEY.

County, }
Celt

I, *Richard Johnson*, hereby authorize _____

to receive and receipt for the pension allowed and

request that he remit same to _____

by *Richard Johnson* _____

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

Executed in presence of:

POWER OF ATTORNEY.

Form No. 2.

STATE OF GEORGIA.

Cobb COUNTY.

I, W. H. Simpson hereby authorize John A. Waring of Marilla Ga to receive and receipt for the pension allowed and request that he remit same to Me by hand

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

Executed in presence of:

*Pension 844-3/22 1897
The witness submitted
does not justify a pension - if not being shown that by reason of disease contracted in the service applicant is unable to perform manual labor at this time - he has a support from wife & children
Pension Office 1/15/1897
The above ruling is correct - Bishop John Campbell Bishop*

ACT 24th October, 1887.

No.

INVALID SOLDIER'S PENSION 1897.

Name John A. Waring

County Cobb

Disability

Amount, \$

1897

RICHARD JOHNSON, Commissioner of Pensions.

WARRANTED TO

5/18/97 2/27 97

Physicians' Affidavit.

Form No. 3.

STATE OF GEORGIA.

Cobb County.

PERSONALLY comes before me, John A. Waring Ordinary of said County, H. H. Kemp and W. H. Simpson both known to me as reputable physicians of said County, who being severally sworn, say on oath, that they have carefully examined

D. W. King and after such personal examination, say that the present condition of applicant is as follows: ... is of a violent character - severe pain & enlargement of swollen joints - rendering him unable to perform manual labor at this time - he has a support from wife & children

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

We have treated applicant professionally for 6 1/2 years, and his condition, as above stated, does not arise from hereditary or congenital causes, or from vicious or intemperate habits.

Sworn to and subscribed before me, this 10 day of July, 1897, John A. Waring Ordinary.

NOTE 1. State fully the physical condition and especially the extent of disability. If disability results from wound or injury, state its location, character and present condition. If from disease, give its nature and character, and its causes or origin.
NOTE 2. -The physicians will be careful to fill every blank space in oath.

STATE OF GEORGIA.

Cobb County.

I, John A. Waring Ordinary of said County, do certify that I am well acquainted with D. W. King the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and he is disabled, as he claims, and I know he is the individual he represents himself to be, and that he resides in this County and has been a bona fide resident since the 10th day of July, 1897.

I also certify that the witnesses, to-wit: John A. Waring are persons of respectability, that their statements are worthy of full credit and belief and that the full text of the affidavit was read to and understood by them before they signed the same.

Given under my official signature and seal this 10th day of July, 1897, John A. Waring Ordinary, Cobb County.

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

PHYSICIANS' AFFIDAVIT.

Form 3.

STATE OF GEORGIA,

Cobb County.

PERSONALLY comes before me, *Will Stone* Ordinary of said County, *Gilbert Leonard* and *Wm. Estey*, both known to me as reputable physicians of said county, who being severally sworn, say on oath, that they have carefully examined *Sam'l H. Fry* and after such personal examination, say that the present condition of applicant is as follows:

and that the condition is permanent.

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

Applicant engaged a limited service by the local railroad & was injured, he is lame and has no other complaints, but some serious ones of these nature.

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

Sworn to and subscribed before me this *10th* day of *July* 1897, by *Gilbert Leonard* and *Wm. Estey* Ordinary.

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

STATE OF GEORGIA,

Form 4.

Deer COUNTY.

I, *Will Stone* Ordinary of said County, do certify that I am well acquainted with *Sam'l H. Fry* the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and he is disabled, as he claims, and I know he is the individual he represents himself to be, and that he resides in this County. I also certify that the foregoing witnesses, to-wit *S. H. Fry*, *B. A. Brown*, and *C. H. Ardell* are persons of respectability, that their statements are worthy of full credit and belief and that the full text of the affidavit was read to and understood by them before they signed the same.

Given under my official signature and seal this *10th* day of *July* 1897. *J. M. Thompson* Ordinary _____ County.

Physicians' Affidavit.

Form No. 3

STATE OF GEORGIA,

Cobb County.

PERSONALLY comes before me, *John Ambrose* Ordinary of said County, *W. M. Kemp* and *Charles N. Field*, both known to me as reputable physicians of said County, who being severally sworn, say on oath, that they have carefully examined *S. H. Fry* and after such personal examination, say that the present condition of applicant is as follows:

A spinal meningitis, double various veins and atrophy of muscles of right leg.

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

We have treated applicant professionally for _____ years, and his condition, as above stated, does *not* arise from hereditary or congenital causes, or from vicious or intemperate habits.

Sworn to and subscribed before me, this *15th* day of *August* 1901, by *John Ambrose* Ordinary, *Charles N. Field*

NOTE 1.—State fully the physical condition and especially the extent of disability. If disability results from wound or injury, state its location, character and present condition. If from disease, give its nature and character, and its causes or origin, as understood by affiant.
NOTE 2.—The physicians will be careful to fill every blank space in oath.

STATE OF GEORGIA,

Form 4.

Cobb COUNTY.

I, *John Ambrose* Ordinary of said County, do certify that I am well acquainted with *S. H. Fry* the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and he is disabled, as he claims, and I know he is the individual he represents himself to be, and that he resides in this County and has been a bona fide resident since the *Twelfth* of _____

I also certify that the witnesses, to-wit: _____ are persons of respectability, that their statements are worthy of full credit and belief, and that the full text of the affidavit was read to and understood by them before they signed the same.

Given under my official signature and seal, this *15th* day of *August* 1901. *John Ambrose* Ordinary *Cobb* County.

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

POWER OF ATTORNEY.

Form No. 9.

STATE OF GEORGIA,
Cobb COUNTY.

I, Dwight Marietta hereby authorize Edw Fry of Marietta to receive and receipt for the pension allowed and request that he remit same to me by him

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

Witnessed in the presence of

J M Stone

Quinn's Office 8/17 1894
Can the physician say that as a result of operation that applicant is practically in condition to perform ordinary manual labor & that such condition is permanent.
Richard Johnson
Commissioner of Pensions
Quinn's office says the skin over same is completely healed & applicant is in better condition than he was.
J M Stone
Care of Quinn
Annulment Aug. 15th 1900

INVALID
 Soldier's Pension,
 1898.

Name Dwight Marietta
 County Cobb
 Disability Shrapnel
 Amount, \$

RICHARD JOHNSON
 Commissioner of Pensions
 WARRANT HANDED TO

For Use of Applicants Who have Not Heretofore Drawn.

Form No. 1.

STATE OF GEORGIA,
Cobb County.

PERSONALLY appears Daniel W. Fry of said Cobb County, State of Georgia, who being duly sworn says on oath that he was born on the Feb'y day of December 1838, that he is a bona fide citizen and resident of Georgia, and has been continuously since the day of December 1855, that he enlisted in the military service of the Confederate States (or the State of Georgia) on the 4th day of March 1862, during the war between the States, and served in Company "L" of Phillip's Regiment of Infantry, Volunteers Wofford's Brigade, and was honorably discharged on the 9th day of April 1862; that whilst engaged in such military service, and in line of duty in the State of Virginia, on the day of _____ 1862

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

he was disabled _____ as follows: He contracted Rheumatism, from exposure and hardships while in the service, such as arms, legs, shoulders and back etc. In Nov. 1862, he was sent from Fredericksburg to Richmond to the hospital on account of said Rheumatism. He was sent to the Donville hospital. He then went back to the army at Fredericksburg, where he remained about 3 months and was sent to the hospital at Richmond. He was then transferred to the Donville hospital and from there was furloughed home on account of said Rheumatism. where he remained about two months and after he had practically recovered, he returned to the army and did service until the end of the war. Deposed states that he had never had Rheumatism before said service, was a stout and able bodied man. Since he first contracted said disease he has continually suffered extreme pain and still suffers said pains. He is unable to do ordinary manual avocations of life. He has at times been so painful to his leg for as long as 6 months at a time on account of said disease.

He 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 hereunder, ending October 28th, 1899

Sworn to and subscribed before me, this 17th day of January 1899 at D W Fry Post Office, Marietta, Ga
J M Stone Ordinary

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

179-1201
 179-1202
 179-1203

AFFIDAVIT FOR THREE WITNESSES.

Form No. 3.

STATE OF GEORGIA,

Cobb County.

PERSONALLY appears before me, the undersigned Ordinary in and for said County, *Samuel G. Fry - Sr. Baswell* and *A. S. Coker* personally known to me to be trustworthy citizens, each of whom, being duly sworn according to law, severally say, under oath, that they are personally well acquainted with *D. W. Fry* -

whose application is herewith presented for a pension, that he has resided in this State continuously since the day of *December* 1855 that he served in Company "*L*" of the

Phillips' Legion *Woffords* Brigade, and from our personal knowledge he was injured by the service as follows: *give full statement, and tell in your own language when, where and how the injury happened, or the disease was contracted, and to what extent applicant is disabled from work as a direct result thereof. If he does any labor, or can do any, state what.*

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

We personally know above stated facts. We were with him in the army and have known him ever since.

He was honorably discharged or retired from the service on *9th* day of *April, 1864* at *Appomattox*.

1865 Applicant is permanently disabled as stated and has been so to our certain knowledge ever since 18

We have no interest in the recovery of a pension by him.

Sworn to and subscribed before me, this

28th day of *Feb^y* 1897
Samuel G. Fry
J. A. Baswell
A. S. Coker
 Ordinary.

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

2 - Witnesses are asked to make their statements full and explicit, tracing disability to its true cause.

3 - All blank spaces must be filled when signed.

4 - Three witnesses are required.

PHYSICIANS' AFFIDAVIT.

Form No. 5.

STATE OF GEORGIA,

Cobb County.

PERSONALLY comes before me *John M. Stone* Ordinary of said County, *Gilbert Tennant* and *D. W. Fry* both known to me as reputable physicians of said County, who being severally sworn, say on oath, that they have carefully examined *D. W. Fry* - and after such personal examination, say that

the present condition of applicant is as follows:

He is just recovering from a very severe attack of Epidemic Influenza, his health has not been good for about twelve years. He complains of pains in his legs at all times and is unable to work on his farm. He is now sixty one and that such condition is permanent. Said condition arises from the following facts: years of age, and about twelve years ago I attended him during an attack of violent strain in his leg

We have treated applicant professionally for *Twelve* years, and his condition, as above stated, does

arise from hereditary or congenital causes, or from vicious or intemperate habits.

Sworn to and subscribed before me, this *Gilbert Tennant* *Dr. J. N. Olen M.D.*

John M. Stone 1897
 Ordinary.

Note 1 - State fully the physical condition and especially the extent of disability. If disability results from accident or injury, state its location, character and present condition. If from disease, give its nature and character, and its cause or origin, as understood by applicants.

Note 2 - The physicians will be careful to fill every blank space in oath.

Form No. 4.

STATE OF GEORGIA,

Cobb County.

PERSONALLY appears before me, the undersigned Ordinary of said County, *J. M. Stone* and *D. W. Fry* -

do certify that I am well acquainted with *D. W. Fry* - the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and he is disabled, as he claims, and I know he is the individual he represents himself to be, and that

he resides in this County. I also certify that the witnesses, to-wit: *Samuel G. Fry*, *J. A. Baswell* and *A. S. Coker* are persons of respectability, that their statements are worthy of full credit and belief and that the full text of the affidavit was read to and understood by them before they signed the same.

Given under my official signature and seal this *3rd* day of *March* 1897

John M. Stone
 Ordinary *Cobb* County.

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

AFFIDAVIT FOR THREE WITNESSES.

Form No. 2.

STATE OF GEORGIA,

Colt County.

PERSONALLY appears before me, the undersigned Ordinary in and for said County, J. A. Beaswell
J. F. McClellan and M. McRae
 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 Wm. Gray
 whose application is herewith presented for a pension that he has resided in this State continuously since 1863
 before the war between the States
 day of 18 that he served in Company C of the
Phillips Legion Regiment of Woffords Brigade, and from our personal knowledge he,
 while in line of duty, was injured by the service as follows: (Give full statement, and tell in your own language when, where, and how the injury happened, or the disease was contracted, and to what extent applicant is disabled from work as a direct result thereof. If he does any labor or can do any, state what.)

That he contracted
Rheumatism in the winter of 1863 in the State
of Virginia said applicant contracted
Orchitis in the State of Virginia while
 in line of duty from which Woffords
 more or less until now that he is now wholly
 and utterly unable to perform manual labor.
 He is utterly helpless.

Where was applicant's command surrendered? Wm. Gray Appomattox Ck. Va. Phil. 9. 7. 1865
 Was he with it? Was Captain in Rock Island Prison Were all of you present? Yes or in prison
 If not, where was he? Rock Island Prison
 Where were you all? Prisoners or in line

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

We personally know above stated facts. We were with him in the army and have known him ever since.
 He was honorably discharged or retired from the service on _____ day of _____
 186____ Applicant is permanently disabled as stated and has been so to our certain knowledge ever since 18____
 We have no interest in the recovery of a pension by him.

Sworn to and subscribed before me, this _____ day of _____ 186____
John Motley Ordinary
A. Bassell
M. McRae

NOTE 1.—The Ordinary will see that the full text of the affidavit is understood by the witnesses, and that they are legally qualified to the same.
 2.—Witnesses are asked to make their statements full and explicit, tracing disability to its true cause.
 3.—All blank spaces must be filled when signed.
 4.—Three witnesses are required.

PHYSICIANS' AFFIDAVIT.

Form No. 3.

STATE OF GEORGIA,

Colt County.

PERSONALLY comes before me, John A. Beaswell Ordinary of said County,
V. B. Birkhof and C. P. Elders
 me as reputable physicians of said County, who, being severally sworn, say on oath, that they have carefully

examined Wm. Gray and after such personal examination, say that the present
 condition of applicant is as follows: He is entirely helpless
and his mind is impaired,
He has been a sufferer from
Rheumatism for many years and some
30 days ago he had a stroke of Paralysis
from which he has not recovered

and that such condition is permanent. Said condition arises from the following facts: That he
is very old and infirm he
having some much head ache
and sickness that he has suffered
so much from Rheumatism

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

Sworn to and subscribed before me, this _____ day of Oct 186____
John A. Beaswell Ordinary
V. B. Birkhof M.D.
C. P. Elders M.D.

NOTE 1.—State fully the physical condition and especially the extent of disability. If disability results from wound or injury, state its location, character and present condition. If from disease, give its nature and character, and its cause or origin, as understood by affiant.
 NOTE 2.—The physicians will be careful to fill every blank space in oath.

STATE OF GEORGIA,

Colt County.

I, John A. Beaswell Ordinary of said County,
Wm. Gray
 do certify that I am well acquainted with _____ the
 applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are
 true, and he is disabled, as he claims, and I know he is the individual he represents himself to be, and that he
 resides in this County and has been a bona fide resident since the _____ day of July 186____

I also certify that the witnesses, to wit J. A. Beaswell J. F. McClellan
 and M. McRae are persons of respectability, that their statements are worthy of full
 credit and belief, and that the full text of the affidavit was read to and understood by them before they signed
 the same.

Given under my official signature and seal, this 16 day of October 186____
John A. Beaswell
 Ordinary Colt County.

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

Green Building

Atlanta Ga
May 8th 1897

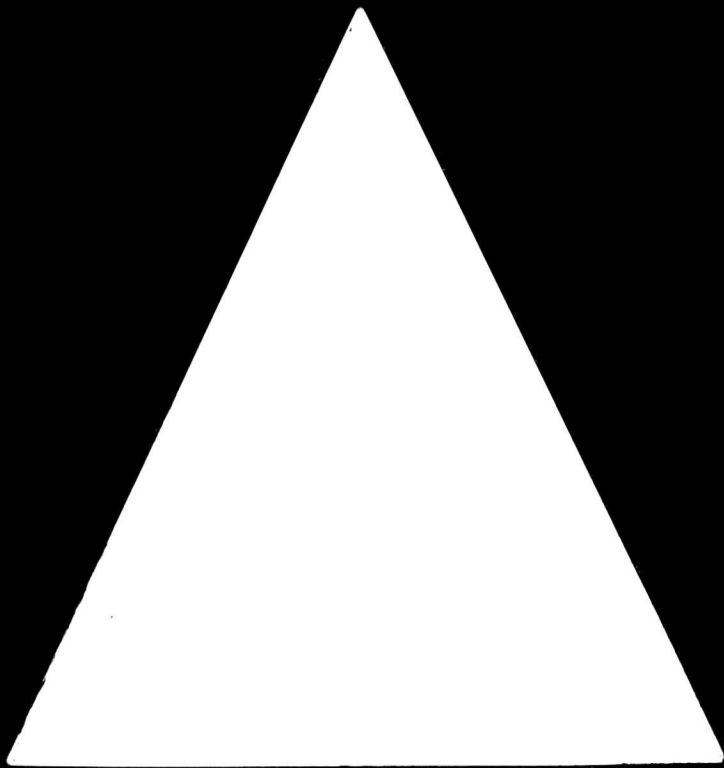
I certify that I attended
D. W. Hrey for Rheumatism
in 1886 for about
three months.
- R. L. Brantley M.D.

Roswell Ga

May 7, 1897

I am personally acquainted with
D. W. Hrey & I am treating him &
I have treated him for Rheumatism
& he has said trouble in its worse
form I fully believe he contracted
said disease in the army for it is
caused from hardships & exposure
and said trouble renders him unable
to do manual labor & he suffers &
is in terrible agony at times Rheumatism
is caused from exposure & hardships
& I learn he made a Good Soldier &
he served in army about 4 Years &
I think he deserves a pension if any one
does I fully believe he contracted
R. L. Brantley M.D.

E. L. Brantley Co.



STATE OF GEORGIA,
COUNTY,]

POWER OF ATTORNEY.

I, _____ hereby authorize

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

at _____ day of _____

Witness my hand and seal this

1898.

[L.S.]

*Pension Office 5/1/1898
Applicant appears to be
able to earn a support -
Witness to service should
have been sworn by and
certified as trustworthy
by the judge of a court
of record - see form 3-7-98
Rich Johnson
Com of Pension*

*Pension Office 7/1/1899
The above mem. seems to
be correct - Applicant is
earning a support - The
physical condition as de-
scribed by the physicians
does not show such infirmity
as to prevent applicants
supporting himself -
The witness should be cer-
tified as on 3-7-98 -
Rich Johnson
Com of Pension*

*Pension Office 8/1/1898
Applicant appears to be
able to earn a support -
Witness to service should
have been sworn by and
certified as trustworthy
by the judge of a court
of record - see form 3-7-98
Rich Johnson
Com of Pension*

Frey John R
Calhoun
No. 11
1127

INDIGENT PENSION
1898.

Name

John R. Frey

County

Co. H - 20 - S.C.

Approved

1898

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO

REG. W. HARRISON, STATE PRINTER, ATLANTA.

10/15/1901
10/15/1901
10/15/1901

POWER OF ATTORNEY.

STATE OF GEORGIA,
COUNTY.

I, _____ hereby authorize

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

_____ at _____

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

Executed in presence of _____

[L.S.]

Business office 5/11/1908
Applicant state
himself as a Prisoner
of War - whom held
in prison as a soldier
of the Army, Captain
detention at Anderson
by a military order
issued at the time
of his own capture
by the British
Chief of Prisoners

Richard Johnson
Applicant state
himself as a Prisoner
of War - whom held
in prison as a soldier
of the Army, Captain
detention at Anderson
by a military order
issued at the time
of his own capture
by the British
Chief of Prisoners

INDIGENT PENSION
1898.
Name *John R. Johnson*
County *Colt*
No. *20-5-8*
Approved _____ 1898
RICHARD JOHNSON,
Commissioner of Pensions.
WARRANT HANDED TO
10/15/1908
10/15/1908
10/15/1908

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,

Cobb County.

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

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

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

Sworn to and subscribed before me this the *15th* day of *July* 1898 at *Atlanta* Ga. *W. H. Estlin* Ordinary.

J. D. Malone M.D.
E. B. Ester M.D.

and is now unable to do steady and continuous labor

ORDINARYS' CERTIFICATE.

STATE OF GEORGIA,

Cobb County.

I, *W. H. Estlin* Ordinary in and for said County, hereby certify that the applicant *John R. Fry* resides in said County, and has been a bona fide resident of this State since the *15th* day of *July* 1893 and that the witnesses, viz *W. H. Estlin* and *J. D. Malone M.D.* are of trust worthy character and that their statements are entitled to full faith and credit.

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

I further certify that the tax digests of *Cobb* County show that applicant returned for taxation in his name in 1896 *Nothing* Dollars and in 1897 *Nothing* Dollars of property, and in 1897 *Nothing* Dollars of property. In my opinion the foregoing claim is made in good faith. Witness my hand and seal of office, this *19th* day of *July* 1898 at *Cobb* County.

NOTE.

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

Questions for Applicant.

STATE OF GEORGIA,

Cobb County.

of said State and County, desiring to avail himself of the Pension Act approved December 10th, 1894, hereby submits his proofs, and after being duly sworn true answers to make to the following questions, deposes and swears as follows:

1. What is your name and where do you reside? (give State, County and post office.)
My name is John Ransom Fry. My P.O. is Mableton, Cobb County, Georgia.
2. How long and since when have you been a resident of this State? *I have resided in this State for fifteen years. I came here in 1883.*
3. When and where were you born? *I was born in Lexington, South Carolina, Nov 18/1852.*
4. When and where and in what company and regiment did you enlist or serve? *I enlisted in July 1861 in Company H, 20th South Carolina Regiment in Salisbury, Ireland. Near Charleston, S.C.*
5. How long did you remain in such company and regiment? *About three and a half years from my enlistment until I was captured in the Spring of 1865.*
6. For how long a period did you discharge regular military duty? *About three and a half years.*
7. When, where and under what circumstances were you discharged from service? *I was discharged as a prisoner of war until the surrender when I was paroled at Charleston, S.C.*
8. What is your present occupation? *I am peddling on fruit &c in a very small way.*
9. How much can you earn (gross) per annum by your own exertions or labor? *I am unable to earn anything.*
10. What has been your occupation since 1865? *I found on rental land as long as I was able.*
11. Upon which of the following grounds do you base your application for pension, viz: first "age and poverty," second "infirmary and poverty" or third "blindness and poverty"? *Infirmary and poverty.*
12. If upon the first ground, state how long you have been in such condition to which 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? *Since from my right shoulder having shrapnel in a very slight wound at West Point, Ga. during a charge in 1863. Since then my shoulder has been bad for by a fall. My eye has been hurt & my infirmity has since been such as to prevent me from doing any work. I have no property.*
13. What property, effects or income do you possess and its gross value? *I have no property but a box and table to eat on and my peddling basket.*
14. What property, effects or income did you possess in 1894, 1896, 1898 and 1897 and what disposition, if any, did you make of same? *I had no property in the years 1894, 1895, 1896 and 1897, except as stated.*
15. In what County did you reside during those years and what property did you then return for taxation? *I resided in Cobb County (Cobb) and returned no property for the tax in any of those years.*
16. How were you supported during the years 1896 and 1897? *All the support I had I made by peddling.*
17. How much did your support cost for each of those years and what portion did you contribute thereto by your own labor or income? *I kept no accounts. I made all I got by peddling. I did not keep any.*
18. What was your employment during 1896 and 1897? What pay did you receive in each year? *Peddling. I received very little - only what I only got from peddling.*
19. Have you a family? If so, who composes such family? Give their means of support? Have they a homestead? *I have no family living with me but a wife. We have no means of support except what I can make peddling, and my family have no dependent.*
20. Are you receiving any pension, if so, what amount and for what disability? *I receive no pension whatever.*

Every Question MUST be Answered

Sworn to and subscribed before me this the *19th* day of *July* 1898. at *Cobb* County. *W. H. Estlin* Ordinary. Applicant.

QUESTIONS FOR WITNESS.

South Carolina
STATE OF GEORGIA

LEXINGTON, County

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

1. What is your name and where do you reside? Sam'l McRoop Lexington VA Va
2. Are you acquainted with John R Gray, the applicant, if so how long have you known him up to 1 year ago
3. Where does he reside, and how long and since when has he been a resident of this State? up to 1 year ago for Gray
4. When, where and in what company and regiment did he enlist, and how do you know? Co. B 20th Regt. Va. 1862, 1st Va. Cavalry
5. Were you a member of the same company and regiment? Yes
6. How long did he perform regular military duty, and what do you know of his service as a Confederate soldier, and the time and circumstances of his discharge from the service? about 3 years. He was a private soldier.
7. What property, effects or income has the applicant? (Give your means of knowledge.) dark house
8. What property, effects or income did the applicant possess in 1896 and 1897, and what disposition, if any, did he make of same? dark house
9. Has he conveyed away any of his property in the last three years, if so, what was it and to whom? dark house
10. What is the applicant's occupation and physical condition? dark house
11. Is the applicant unable to support himself by labor of any sort, if so, why? dark house
12. How was he supported during the years 1896 and 1897? dark house
13. What portion of his support for these two years was derived from his own labor or income? dark house
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? dark house
15. What interest have you in the recovery of a pension by this applicant? none

Sworn to and subscribed before me, this } Sam'l McRoop
the 1st day of July 1898. } Witness.

Lane P. George Ordinary }
Not a Public }
I certify that the facts and answers by Sam'l McRoop are true to the best of my knowledge, Jan 2 / 1899
Geo. S. Doolittle

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }
Chick

I, *J. R. Jones* hereby authorize
John Lindsey of _____
to receive and receipt for the pension allowed and request that he remit same to

_____ at _____
by _____

Witness my hand and seal, this *1* day of *Jan* 1902.
J. R. Jones [L. S.]

Executed in presence of

J. W. Lindsey

*Frey, J. R.
Chick County*

CODE SECTION 1534
(FOR THOSE ALREADY ENROLLED.)

No. *502*

INDIGENT
SOLDIER'S PENSION
1902.

Name *J. R. Jones*
County *Chick*
Co. *H* Regiment *202*
D. C.

WARRANT ISSUED
4/16 1902.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
Cady

Geo. W. Harrison, State Printer, Atlanta.

*no data
Cady, John C.
Chick County*

CODE SECTION 1534
(FOR THOSE ALREADY ENROLLED.)

No. *462*

INDIGENT
SOLDIER'S PENSION
1903.

Name *J. R. Jones*
County *Chick*
Co. *A* Regiment *207A*
D. C.

WARRANT ISSUED
1/23 1903.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
Cady

Geo. W. Harrison, State Printer, Atlanta.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }
Chick

I, *J. R. Jones* hereby authorize
John Lindsey of _____
to receive and receipt for the pension allowed and request that he remit same to

_____ at _____
by _____

Witness my hand and seal, this *1* day of *Jan* 1903.
J. R. Jones [L. S.]

Executed in presence of

J. W. Lindsey

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cobb County.)

Personally appears *J. R. Frey* of *Cobb* County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the _____ day of _____ 1882; that he is *69* years old and by occupation a *farmer* that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served for the term of *8 1/2 years* in Company *N*, of *20th* Regiment of *South Carolina*; that his physical condition is as follows:

Owing to age infirmity and poverty, Dependent is unable to support himself
that his property consists of the following items:

Nothing

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

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

Sworn to and subscribed before me, this the _____ day of *January* 1902, *J. R. Frey* Ordinary.

STATE OF GEORGIA,

Cobb County.)

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

Given under my official signature and seal, this _____ day of *January* 1902, *John Whitney* Ordinary, *Cobb* County.



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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cobb County.)

Personally appears *J. R. Frey* of *Cobb* County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the _____ day of _____ 1832; that he is *70* years old and by occupation a *farmer*, that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served for the term of *3 1/2 year* in Company *G*, of *20th* Regiment of *South Carolina*; that his physical condition is as follows:

Owing to age infirmity and poverty unable to support himself
that his property consists of the following items:

Nothing

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

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1903. I have heretofore as a resident of _____ County been allowed a pension for the year 1902

Sworn to and subscribed before me, this the _____ day of *January* 1903, *J. R. Frey* Ordinary.

STATE OF GEORGIA,

Cobb County.)

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

Given under my official signature and seal, this _____ day of *January* 1903, *Sam Dittus* Ordinary, *Cobb* County.



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

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }
Spalding

I, *John W. Lindsey* hereby authorize

of

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

at

by

Witness my hand and seal, this *12* day of *May* 1904.

J. R. Gray [L. S.]

Executed in presence of

[Signature]

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }
Cobb

I, *J. R. Gray* hereby authorize

of

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

at

by

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

J. R. Gray [L. S.]

Executed in the presence of

J. McAnn

Gray, John R. Cobb Co.

INDIGENT SOLDIER'S PENSION 1904.

INDIGENT SOLDIER'S PENSION 1904.

Name *J. R. Gray*
County *Spalding*
Co. *Spalding*
Regiment *26th*

WARRANT ISSUED *23* 1904.

JOHN W. LINDSEY
Commissioner of Pensions

WARRANT HANDLED TO *Gray*
Geo. W. Harrison, State Printer Atlanta.

no date

Gray, John R. Cobb Co.

INDIGENT SOLDIER'S PENSION 1905.

INDIGENT SOLDIER'S PENSION 1905.

Name *J. R. Gray*
County *Cobb*
Co. *Cobb*
Regiment *26*

WARRANT ISSUED *23* 1905.

JOHN W. LINDSEY
Commissioner of Pensions

WARRANT HANDLED TO *[Signature]*
Geo. W. Harrison, State Printer Atlanta.

no date

POWER OF ATTORNEY.

STATE OF GEORGIA,

Colt Co COUNTY. }

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

Witness my hand and seal, this 1 day of Jan 1904. J R Gray [L. S.]

Executed in presence of J McManis

POWER OF ATTORNEY.

STATE OF GEORGIA,

Colt Co COUNTY. }

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

Witness my hand and seal, this 12 day of Jan 1905. J R Gray [L. S.]

Executed in the presence of J McManis

Gray, John R.
Colt Co.
CODE SECTION 1284.
(FOR THOSE ALREADY ENROLLED.)
No. 6844

INDIGENT
SOLDIER'S PENSION
1904.

Name J R Gray
County Colt Co
Co. 4 Co. South A
Regiment

WARRANT ISSUED
1/25 1904.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
only
Gen. W. HARRISON, State Printer, ATLANTA.

no date

Gray, John R.
Colt Co.
CODE SECTION 1284.
(FOR THOSE ALREADY ENROLLED.)
No. 572

INDIGENT
SOLDIER'S PENSION
1905.

Name J R Gray
County Colt Co
Co. A Regiment 20

WARRANT ISSUED
JAN 23 1905.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
no date
Gen. W. HARRISON, State Printer, ATLANTA.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cobb County,

Personally appears J. R. Tracy of Cobb County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the _____ day of _____ 1873; that he is 21 years old and by occupation wood chopper , that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served for the term of 3 1/2 years in Company A of 20th Regiment of _____; that his physical condition is as follows: Age Infirmary & poverty he is unable to support himself

that his property consists of the following items: Nothing

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

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1904. I have heretofore as a resident of Cobb County been allowed a pension for the year 1903

Sworn to and subscribed before me, this the _____ day of Jan 1904. J. R. Tracy Ordinary.

STATE OF GEORGIA,

Cobb County,

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

Given under my official signature and seal, this _____ day of Jan 1904.

John Anthony Ordinary Cobb County.

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



FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cobb County,

Personally appears J. R. Tracy of Cobb County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the _____ day of _____ 1873; that he is 22 years old and by occupation wood chopper , that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served for the term of 3 1/2 in Company B of 20th Regiment of _____; that his physical condition is as follows: Age Infirmary and poverty

that his property consists of the following items: nothing

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

Deponent desires to participate in the benefits of the Act approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1905. I have heretofore as a resident of Cobb County been allowed a pension for the year 1904.

Sworn to and subscribed before me, this the _____ day of Jan 1905. J. R. Tracy Ordinary.

STATE OF GEORGIA,

Cobb County,

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

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

John Anthony Ordinary Cobb County.

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



State of Georgia, Cobb County.

Personally came before me, *J. M. Stone, Ordly.*

Dr. C. T. Nolan, known to me as a reputable physician of said County, who being duly ~~sworn~~ ^{sworn} says on oath that he has examined carefully

John R. Frey, applicant for pension under the act of 1890, and after such personal examination says that his physical condition is as follows:

General condition below par - as a result of a severe attack of la grippe affluant had in April last. His heart is hypertrophied and its action very irregular - causing him to get ^{out} of "breath" very easily. His abdomen is slightly swollen due to his weak heart.

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

C. T. Nolan, M.D.

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

*J. M. Stone
Ordly.*

State of South Carolina, Lexington County.

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

Sworn to and subscribed to before me this the 16th day of ~~Sept~~ ^{Sept} 1900.

G. Wilson

Geo. Wilson
Judge of Probate Court in

and for the County of Lexington, S. C.

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

Geo. Wilson

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

Georgia
Cobb County.

Personally appeared before
me the undersigned, J. S. Day,
Judge being sworn, says

That he has been acquainted
with John Ransom Day, all of said Day's
life, and has known him intimately for the past
fifteen years.

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

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

In answer to question 9 Respondent says no

In answer to question 10 Respondent says Applicant peddles
in a small way on fruits and nuts. He is
in feeble health and complains a great deal
of his Right Shoulder and other ailments.
I regard him as a very feeble man.

In answer to question 11 Respondent says that applicant is unable
to support himself by labor, because he
is physically unable to perform any labor.

Additional Testimony

Georgia
Cobb County.

Personally appeared before me
J. M. Stone, Judge of said County,
John Chandler who being sworn
says that he is well acquainted with

John Ransom Day and has known him about
fifteen years.

Respondent says that Mr. Day is very
poor and possesses no property of any value.
He is very infirm and unable to do any manual
labor. He is unable to make living by labor
because of his infirmity and makes a mere subsistence
by peddling fruits and peanuts from
a basket. Mr. Day is worthy and needs
aid also on the benefit of the Pension because
of his poverty and infirmity.

Signed and subscribed
before me, J. S. Day,
Judge

John Chandler

J. M. Stone, Judge

I certify that John Chandler is of true lawful
character and that his statement is worthy
of and entitled to full faith and credit.

J. M. Stone
Judge

In Ans^r to Q 12. Respondent says Applicant was supported by peddling, and the aid of his friends in 1896 & 1897.

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

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

In Ans^r to Q 15. Respondent has no interest in the recovery of the pension.

Sworn to and subscribed
before me this February 17th
1898.
J. M. Stone
Clerk

J. G. Frey

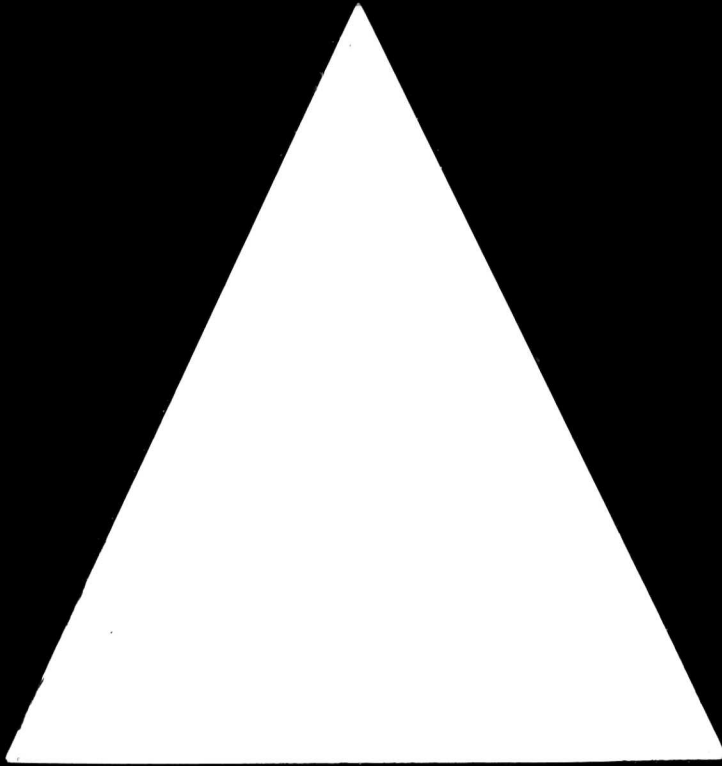
State of South Carolina,
LEXINGTON COUNTY.

Certificate of Signature.
Form No. 100, Rev. Lexington, S. C.

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

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

Samuel B. George
Clerk of the Court



Frey, S. G.
(Appointed)
No.

INDIGENT PENSION

1899.

Name *S. G. Frey*

County *Cobb*
Co S - Phillips Region

Approved _____ 1899.

RICHARD JOHNSON,
Commissioner of Prisons.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

8/15-1904

1/15-1904

Prison Office 7/11/1899
Informing Brown does
not justify - Applicant's
disposition of his property
does not command that
Richard Johnson
Com of Prisons

Prison Office 8/11-1904

His property to
Grand Jurors - They
must support him
cannot grant him
a Pension nor that
William needs any
proof of discharge
or any thing of that kind
Compliment is not needed

Do, Com of Prisons

POWER OF ATTORNEY.

STATE OF GEORGIA.

Cobb COUNTY.

I, *S. G. Frey*

Frederick

do hereby authorize

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

me by _____

Witness my hand and seal this

day of

July 1899.

Executed in presence of

W. H. Brown

J. H. Street

(L.S.)

POWER OF ATTORNEY.

STATE OF GEORGIA.

Cobb COUNTY.

I, S. G. Gray, hereby authorize

Marionette of

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

me by him

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

Executed in presence of S. G. Gray (L. S.)

W. P. Rowland

Questions for Applicant.

STATE OF GEORGIA,

Cobb County.

S. G. Gray of said State and County, desiring to avail himself of the Pension Act (Section 1264, Code), hereby submits his proofs, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? (give State, County and post office.)
Samuel G. Gray, Marietta, Cobb Co. Ga.
2. How long and since when have you been a resident of this State?
(40) Forty years - Since 1858 -
3. When and where were you born?
In 1836 in Lexington Dist. S.C.
4. When and where and in what company and regiment did you enlist or serve?
Enlisted in 1862 in Co. K. Phillips Legion, 4th Ga. Infantry.
5. How long did you remain in such company and regiment?
From March 1862 to April 1865 - Keel's Surrender.

6. For how long a period did you discharge regular military duty?
Over 3 years
7. When, where and under what circumstances were you discharged from service?
At the Surrender of Keel's

8. What is your present occupation?
Farming for the past year.

9. How much can you earn (gross) per annum by your own exertions or labor?
\$40 or \$25.00.

10. What has been your occupation since 1865?
Farming until 1895. 90.

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"?

I base my application on the second ground, "infirmity and poverty." I lost my sight about 2 years - In the latter of both arms wounds with a shell in my right arm and the other in my left arm. I have been unable to work since that time. I have been unable to work since that time. I have been unable to work since that time.

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?

Nothing -

13. What property, effects or income do you possess, and its gross value?

Nothing -

14. What property, effects or income did you possess in 1894, 1895, 1896, 1897 and 1898, and what disposition, if any, did you make of same?

In 1894, 1895, I owned a small tract of land in the County on which I farmed. I sold it to my son, and I have been unable to work since that time. I have been unable to work since that time.

15. In what County did you reside during those years, and what property did you then retain for taxation?

1896, 1897, 1898, I resided in Cobb Co. Ga. I have been unable to work since that time. I have been unable to work since that time.

16. How were you supported during the years 1897 and 1898?

By my wife. I received a small amount of money from my wife. I have been unable to work since that time. I have been unable to work since that time.

17. How much did your support cost for each of those years, and what portion did you contribute thereto by your own labor or income?

About \$100. or more - I contributed about \$50.00

18. What was your employment during 1897 and 1898? What pay did you receive in each year?

Nothing - About \$50.00 each year -

19. Have you a family? If so, who composes such family? Give their means of support? Have they a homestead?

Yes - Myself wife - what I earn peddling - No -

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

Sworn to and subscribed before me this 14 day of January 1899.

W. P. Rowland Ordinary,
Cobb County.

Every Question MUST be Answered.

Business Office 7/11/1899
Prof. Gray from our
not party - Applicant
disposition of his property
does not communitate
Phil. Johnson
County of DeKalb

Queen offer 6/11-1900
him property to
Frank Children - they
must support him
cannot fault him
a Pension on this
nothing more on
proof of disability
for any thing of the kind
Compensation is not allowed.

R. Johnson
Case of Pines

Gray, S. G.
Cobb
Applicant

INDIGENT PENSION

1899.

Name S. G. Gray
County Cobb
Co. S. Phillips Legion

Approved S. G. Gray 1899.

RICHARD JOHNSON,
Commissioner of Pensions

WARRANT HANDED TO

3/8-1907

Handed 1/5-1907

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,

Cobb COUNTY.

James L. Wylie of said State and County, having been presented as a witness in support of the application of S. G. Fry for pension under Section 1254, Code, and after being duly sworn true answers to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? James L. Wylie near Marietta Cobb County, Ga.
2. Are you acquainted with S. G. Fry, the applicant; if so how long have you known him? 44 years.
3. Where does he reside, and how long and since when has he been a resident of this State? At Marietta Cobb Co. Ga. & 2 yrs since I knew him.
4. When, where and in what company and regiment did he enlist, and how do you know? In Co. B. Phillips' Legion of Def. I know it because I was with him.
5. Were you a member of the same company and regiment? Yes.
6. How long did he perform regular military duty, and what do you know of his service as a Confederate soldier, and the time and circumstances of his discharge from the service? A little over 3 years - He made as good a soldier as I ever went into battle - I don't think he was ever off duty even with furlough - except when wounded.
7. What property, effects or income has the applicant? (Give your means of knowledge.) None - I know him personally, see him of late and personally know his condition & surroundings.

8. What property, effects or income did the applicant possess in 1896, 1897 and 1898, and what disposition, if any, did he make of same? In the early part of 1896 he had a house lot in Marietta which he gave to his grand children as a present and he never saw it since. He never saw the house since.

9. Has he conveyed away any of his property in the last three years, if so, what was it, and to whom? As above in Q. 8.

10. What is the applicant's occupation and physical condition? Nothing - He has no other means of support. He was employed in the mines he states and he was injured by a fall from a horse. He can't raise his right hand at all. His right arm and shoulder is practically useless. He is getting old and is practically unable to support himself by labor of any sort, if so, why?

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

12. How was he supported during the years 1897 and 1898? By his piddling and what assistance his little grand children gave him.

13. What portion of his support for these two years was derived from his own labor or income? Not over \$3.00 1/2.

14. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code? He is getting old and more feeble every day. He has no means of support except as stated. His piddling. His physical condition is as stated. He is losing his eyesight - i.e. his sight is rapidly failing.

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

Sworn to and subscribed before me, this James L. Wylie Witness.
 the 14 day of July 1899.
Wm. Stone Ordinary.
Cobb Co. Ga.

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,

Cobb COUNTY.

Personally came before me Chas. J. Nolan and J. D. Malone M.D. and J. D. Malone M.D., both known to me as reputable physicians of said County, who, being severally sworn, say on oath that they have examined carefully

S. G. Fry, applicant for pension under Section 1254, Code, and after such personal examination say that his precise physical condition is as follows:

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

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

Sworn to and subscribed before me this 14 day of July 1899.
Wm. Stone Ordinary.
Chas. J. Nolan M.D.
J. D. Malone M.D.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Cobb COUNTY.

I, Wm. Stone, Ordinary in and for said County, hereby certify that the applicant S. G. Fry resides in said County, and has been a bona fide resident of this State since the 18th day of July 1895 and that the witnesses, viz: Chas. J. Nolan and J. D. Malone M.D. are of trustworthy character, and that their statements are entitled to full faith and credit.

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

I further certify that the tax digests of Cobb County show that applicant returned for taxation in his name in 1897 Nothing Dollars of property, and in 1898 Nothing Dollars of property.

In my opinion the foregoing claim is nothing made in good faith.

Witness my hand and seal of office, this 14 day of July 1899.
Wm. Stone Ordinary.
Cobb County.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY.

I, _____ hereby authorize _____ of _____ to receive and receipt for the pension allowed, and request that he remit same to _____ at _____ by _____ Witness my hand and seal, this _____ day of _____ 1902.

Executed in presence of _____

[L. S.]

INDIGENT PENSION,

1902.

Name S. G. Frey
 County Cobb
 Co. S. S. Phillips Legion Reg't
 Approved _____ 1902.

JOHN W. LINDSEY,
 Commissioner of Pensions.

WARRANT HANDED TO

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

John W. Lindsey, State Printer, Atlanta.

7-26-1902

Questions for Applicant.

STATE OF GEORGIA,

COUNTY.

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

1. What is your name and where do you reside? S. G. Frey, Marietta, Cobb County, Ga.
2. How long and since when have you been a resident of this State? 47 years, since 1855.
3. When and where were you born? In North Carolina in 1836.
 When and where and in what company and regiment did you enlist or serve? I enlisted at Marietta Ga. March 1862, in Co. 45, Phillips Legion, Va. Vol.
4. How long did you remain in such company and regiment? until April 6th 1865, 3 days before Lee's Surrender. Carried to Ft. Fortmire and discharged there July 25th 1865.
5. When and where was your company and regiment surrendered and discharged? At Appomattox Va. April 9th 1865.
6. Were you present with your company and regiment when it was surrendered? Yes Captured, 3 days before.
7. If not present, state specifically and clearly where you were, when you left your command, for what cause and by whose authority? I was captured with part of Command, April 6th 1865, near Appomattox Va.
8. How much can you earn (gross) per annum by your own exertions or labor? About fifty dollars.
9. What has been your occupation since 1865? Farm as long as was able.
10. Upon which of the following grounds do you base your application for pension, viz.: first, "age and poverty," second, "infirmity and poverty," or third, "blindness and poverty"? 1st & 2nd.
11. 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? In about six years have been to it could not work on account of advancing age and Rheumatism. At battle of Gettysburg I was struck in right shoulder by a fragment of shell which has caused Rheumatism with in six months and am practically disabled and can do but little.
12. What property, real or personal, or income, do you possess and its gross value? None more of the one I am living in a little house that belongs to Arthur and Raymond through a man.
13. What property, real or personal, did you possess in 1894, 1895, 1896, 1897, 1898, 1899, 1900 and 1901, and what disposition, if any, by sale or gift, have you made of same? In 1894 I sold a little farm, but his wife would not take it and moved to town. I bought myself back of then by paying her out on the title.
14. In what County did you reside during those years, and what property did you then return for taxation? I resided on Cobb County - claimed property for tax as stated above.
15. How were you supported during the years 1899, 1900 and 1901? By paying her out on the title since 1875.
16. How much did your support cost for each of those years, and what portion did you contribute thereto by your own labor or income? Don't know how much it cost. Did it by paying her out on the title.
17. What was your employment during 1899, 1900 and 1901? What pay did you receive in each year? Nothing but out - Made a decent support.
18. Have you a family? If so, who compose such family? Give their means of support. Have they a homestead? Myself and wife - Have no homestead - My wife is very feeble - scarcely able to do any thing.
19. Are you receiving any pension? If so, what amount and for what disability? No.
20. Have you ever made an application for pension before? Yes.
21. How many applications have you ever made and under what class? One, Indigent.

Sworn to and subscribed before me this the _____

_____ day of _____ 1902.

S. G. Frey
John C. Bentley
 Ordinary,
 _____ County.

Applicant.

Every Question MUST be Answered.

Frey, S. G.
 Cobb County

No. 1 816

Miss Frey's name was on the list in the original...

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,

Cobb COUNTY, of said State and County, having been presented to a witness in support of the application of J. S. Mearns for pension under Section 1254, Code, and after being duly sworn (see annex) to make the following questions, deposes and answers as follows:

1. What is your name and where do you reside? Merida Perry, Marietta, Ga.
2. Are you acquainted with J. S. Mearns, the applicant; if so, how long have you known him? He has known him ever since 1855.
3. Where does he reside, and how long and since when has he been a resident of this State? In Marietta, Cobb County, Ga. Has resided in that 47 years, since 1855.
4. When, where and in what company and regiment did he enlist, and how do you know? He enlisted at Marietta, Ga. in Co. B. Phillips' Regt. in the Spring of 1862.
5. Were you a member of the same company and regiment? Yes.
6. How long did he perform regular military duty? Three years and was a good soldier.
7. When and where was his command surrendered? At Fort Mifflin, Christ House Pa. April 9th 1865.
8. Were you present when it surrendered? No. I was captured 3 days before.
9. Was applicant present? No. He was captured with me.
10. If he was not present, where was he? In prison at Ft. Loudon.
- When did he leave his command? April 6th 1865. For what cause? Captured.
- By what authority he left? Captured with part of Co. How do you know all of this?
11. What property, effects or income has the applicant? (Give your means of knowledge?) I was discharged from prison June 1865. Left my property in Marietta. He lives in house in Marietta that he says belongs to his father.
12. What property, effects or income did the applicant possess in 1898, 1899, 1900 and 1901, and what disposition, if any, did he make of same? He had a little farming land it was more to town. Personally I don't know about his finances.
13. Has he conveyed away any of his property in the last four years, if so, what was it, and to whom? Not that I know of.
14. What is the applicant's occupation and physical condition? Redding Gathers on the Struts - I think in so good a way as his appearance.
15. Is the applicant unable to support himself by labor of any sort, if so, why? I think he is unable - He is getting old, and has rheumatism in his right arm and shoulder.
16. How was he supported during the years 1898, 1899, 1900 and 1901? Redding Gathers - I don't know.
17. What portion of his support for these four years was derived from his own labor or income?
18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code? He is disabled from working a support by rheumatism and advancing age.
19. What interest have you in the recovery of a pension by this applicant? None.

Sworn to and subscribed before me, this the 23rd day of July, 1902. James L. Wylie Ordinary, J. S. Mearns Witness.

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,

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

He has had an injury in right shoulder and has inflammation of both shoulders and some of lung standing, which gives a contraction of tendons and makes the right arm so rigid that he is unable to use it. He has only one part of support by artificial labor and that he has no interest in said pension being allowed.

Sworn to and subscribed before me, this the 25th day of July, 1902. John A. Dewey Ordinary, Chas. H. Field and W. M. Kent.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Cobb COUNTY, I, John A. Dewey Ordinary in and for said County, hereby certify that the applicant J. S. Mearns resides in said County, and has been a bona fide resident of this State since the 18th day of July, 1864, and that the witness, viz., J. S. Mearns and J. S. Mearns are of trustworthy character, and that their statements are entitled to full faith and credit.

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

I further certify that the tax digest of Cobb County show that applicant returned for taxation in his name in 1898 \$ 925 - Agent for grandchildren Dollars of property, and in 1900 \$ 925 - Agent for children Dollars of property.

In my opinion the foregoing claim is made in good faith. Witness my hand and seal of office, this 25th day of July, 1902. John A. Dewey Ordinary, of Cobb County.

NOTE.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County. }
I, *S. B. Gray* hereby authorize _____
John W. Lindsey of _____
to receive and receipt for the pension allowed and request that he remit same to
by hand at _____

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

Executed in presence of

J. M. ...

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County. }
I, *S. B. Gray* hereby authorize _____
John W. Lindsey of _____
to receive and receipt for the pension allowed and request that he remit same to
_____ at _____

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

Executed in presence of

S. B. Gray [L. S.]

Gray, S. B.
Cobb County

CODE SECTION 154.
(FOR THOSE ALREADY ENROLLED.)

No. *463*

INDIGENT
SOLDIER'S PENSION
1903.

Name *S. B. Gray*
County *Cobb*
Co. *Phillips*
Regiment _____
WARRANT ISSUED

123 1903

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Gray

Geo. W. Harrison, State Printer, Atlanta.

M. ...

Gray, S. B.
Cobb Co.

CODE SECTION 154.
(FOR THOSE ALREADY ENROLLED.)

No. *463*

INDIGENT
SOLDIER'S PENSION
1904.

Name *S. B. Gray*
County *Cobb*
Co. *Phillips*

WARRANT ISSUED
1904.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

no data

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cobb County.)

Personally appears *J. G. Gray* of *Cobb* County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the day of *Jan* 18*93*; that he is *66* years old and by occupation a *farmer*, that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served for the term of *3 years* in Company *F*, of *Chattahoochee* Regiment, of *Georgia*; that his physical condition is as follows: *Capable to age & infirmity*

that his property consists of the following items: *Nothing*

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

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1903. I have heretofore as a resident of *Cobb* county been allowed a pension for the year *1903*

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

STATE OF GEORGIA,

Cobb County.)

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

Given under my official signature and seal, this day of *Jan* 1903. *John Anthony* Ordinary *Cobb* County.



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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cobb County.)

Personally appears *J. G. Gray* of *Cobb* County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the day of *Jan* 18*93*; that he is *67* years old and by occupation a *farmer*, that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served for the term of *3 years* in Company *L*, of *Chattahoochee* Regiment, of *Georgia*; that his physical condition is as follows: *use infirmity & poverty*

that his property consists of the following items: *Nothing*

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

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1904. I have heretofore as a resident of *Cobb* County been allowed a pension for the year *1903*

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

STATE OF GEORGIA,

Cobb County.)

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

Given under my official signature and seal, this day of *Jan* 1904. *John Anthony* Ordinary *Cobb* County.



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

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb COUNTY.

I, S. G. Gray

hereby authorize

John Adams of _____

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

at _____

by _____

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

S. G. Gray [L. S.]

Executed in the presence of

Jmsam

Gray, S. G.
Cobb Co.

(FOR THOSE ALREADY ENROLLED.)

CODE SECTION 1254.

No. 7131

INDIGENT

**SOLDIER'S PENSION
1905.**

Name

S. G. Gray

County

Cobb

Co.

Phillips Legion

Regiment

WARRANT ISSUED

JAN 23

1905.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

GRAY, S. G. PENSION, MANAGER, FOR STATE PRINTER, ATLANTA.

no data

Gray, S. G.
Cobb County

(FOR THOSE ALREADY ENROLLED.)

CODE SECTION 1254.

No. 867

INDIGENT

**SOLDIER'S PENSION
1906.**

Name

S. G. Gray

County

Cobb

Co.

Phillips Legion

WARRANT ISSUED

JUN 22

1906.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Gray

GRAY, S. G. PENSION, MANAGER, FOR STATE PRINTER, ATLANTA.

no data

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb COUNTY.

I, S. G. Gray

hereby authorize

John Adams of _____

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

at _____

by _____

WITNESS my hand and seal, this 7 day of July 1906.

S. G. Gray [L. S.]

Executed in the presence of

Jmsam

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA, }
Cobb County. }

Personally appears *S. S. Fry* of *Cobb*

County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the _____ day of _____ 18 *57*; that he is *67* years old and by occupation a *pedler*, that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served for the term of *3 1/2* years in Company *L*, of *Phillips' Regiment* of *Vol. Inf.*; that his physical condition is as follows: *Age infirmity and poverty*

that his property consists of the following items: *Nothing*

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

Deponent desires to participate in the benefits of the Act approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1905. I have heretofore as a resident of *Cobb* County been allowed a pension for the year 1904.

Sworn to and subscribed before me, this *7* day of *Jan* 1905. } *S. S. Fry*
John A. Murray Ordinary.

STATE OF GEORGIA, }
Cobb County. }

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

Given under my official signature and seal, this _____ day of *Jan* 1905.
John A. Murray
 Ordinary *Cobb* County.

Affix your seal here

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia, }
Cobb County. }

Personally appears *S. S. Fry* of *Cobb*

County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the _____ day of _____ 18 _____; that he is _____ years old and by occupation a _____, that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served for the term of _____ in Company *L*, of *Phillips' Regiment* of *Sea Vols*; that his physical condition is as follows: *Infirmitiy & poverty*

that his property consists of the following items: _____

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

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

Sworn to and subscribed before me, this *8* day of *Jan* 1906. } *S. S. Fry*
John A. Murray Ordinary.

State of Georgia, }
Cobb County. }

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

Given under my official signature and seal, this _____ day of *Jan* 1906.
John A. Murray
 Ordinary *Cobb* County.

Affix your seal here

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb COUNTY. }

I, S. G. Gray, hereby authorize

John W. Lindsey of _____

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

at _____

by _____

WITNES my hand and seal, this 4th day of January 1907.

S. G. Gray [L. S.]

Executed in presence of

William

Frey, S. G.
Cobb Co.,

COPIES RETURNED 1904
(FOR THOSE ALREADY ENROLLED)

No. 399

INDIGENT
SOLDIER'S PENSION
1907.

Name S. G. Gray
County Cobb
Color White
4 years

WARRANT ISSUED
JAN 21 1907.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Gen. W. Hamilton, Sec'y Pension, Atlanta.

see date

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,

Cobb County.

Personally appears S. G. Gray of Cobb

County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the _____ day of _____ 18____; that he is _____ years old and by occupation a _____, that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served for the term of _____ in Company L, of Phillips' Regiment of Geo. Vols; that his physical condition is as follows: Age Infirmitly & Poverty

that his property consists of the following items: _____

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

Deponent desires to participate in the benefits of the Act approved December 15th, 1884, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1907. I have heretofore, as a resident of Cobb County, been allowed a pension for the year 1906.

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

John A. Watney Ordinary.

State of Georgia,

Cobb County.

I John A. Watney Ordinary of said County,

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

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

John A. Watney Ordinary Cobb County.



Form - This blank space to be filled.
Note - Affidavit should not be attested before January 1st, 1907.

(Amendment)

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

Sworn to and sub- } Samuel G. Gray
scribed before me }
Jan. 4, 1900 -

J.M. Stone
Ordng.

Georgia-Cobb County -

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

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

J.M. Stone
Ordng.
Cobb Co. Ga.

(Amendment) -

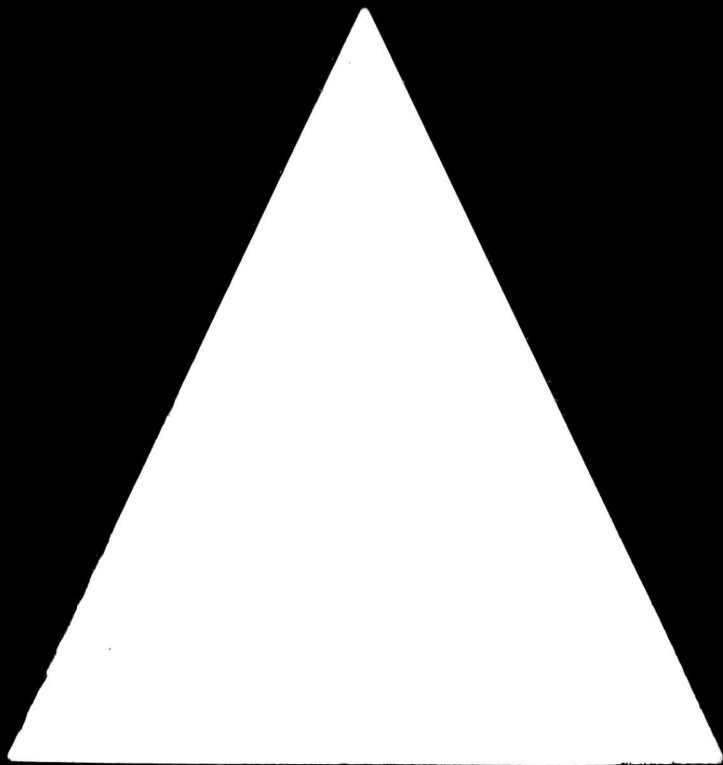
Georgia-Cobb County -

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

Sworn to and sub- } J. M. ^{his} Spinks
scribed before me - } ~~mark~~
This Jan. 4, 1900. } V.V. Horn
D. B. Henderson.

J.M. Stone
Ordng.

Order
Cott. Co. Ga.



In order to avoid unnecessary delays to applicants, and to enable all parties interested to understand the law granting allowances to disabled soldiers, as well as the rules adopted by the Governor touching the payments provided for the following suggestions are submitted to the Legislature for their consideration and approval. It is respectfully suggested that the law be amended so that the following provisions shall be set forth by applicant and physician, and followed by the physician in his report to the Governor:

1. 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. The law makes no allowance for a crippled hand, nor for a crippled foot, nor for an arm or leg, unless the arm or leg has been rendered *substantially and essentially useless*.

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 cause of the Act in reference to the arm or leg, but the limb must for all purposes be rendered "substantially and essentially useless."

3. It will not answer 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."

4. If the applicant is for a wounded leg, it would seem to be a fair construction of the Act and the words above quoted, that the leg is not "substantially and essentially useless."

5. It is more difficult to say when an arm is "substantially and essentially useless." The words are strong ones; however, and the injury must be very severe, and the arm in a badly damaged condition to entitle one to the allowance mentioned in the Act. The Legislature intended to limit these payments to those who were "totally and essentially disabled." In the future they will doubtless provide for all who were "badly injured," but it is not the province of the Legislature to amend the law.

6. If papers are returned for correction, and amendments are *added* to any of the affidavits, the amendments must be made *in duplicate* before the other, and the papers must show that the amendments have been duly sworn to.

7. The Ordinaries know the condition of applicants better than the Governor or his Secretaries, and the Ordinaries request the Legislature to charge any man from making application unless he is entitled under the law to the allowance provided for by the law. This entails much unnecessary work upon the Ordinaries, and causes delays in making payments to those who are entitled; it puts parties to expense and trouble, and in the end causes bitter disappointment and mortification.

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

9. The Ordinaries of the several counties are specially requested to call the attention of the physicians to these provisions.

Ex. No. 1 Affidavit
Aug 3. 1889,

Returned for a more
judicious description
& company.

Is the wrist and perfectly
strong. Is elbow stiff.

Is the shoulder joint stiff
Must be open & close the
joint.

Can't do what use he
has been used to.

Does he walk in foot
use of crutch or cane?

Does it continue to improve?

W. H. Harrison

Clare

Miller, James P.
Cott Co

V-60

No. 2696

Application for Allowance

FOR

James P. Miller
Totally and essentially
disabled

Applicant

County

Cott Co

Amount

50

Date of Warrant

Nov 9

Entered on Record,

Nov 9 1889

W. H. Harrison

Secretary Revenue Department.

A. S. Clay

NOTES

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

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

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

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

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

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

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

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

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

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

Wm. H. Clayton
W. H. Clayton
 No. 2696
 Application for Allowance
 FOR
J. D. Fuller
Right Arm disabled
 County *W. H. Clayton*
 Amount \$20
 Date of Warrant *Mar 9*
 Entered on Record. *1889*
W. H. Clayton

Ex. Sect. Atlanta Ga
Aug 8. 1889.
 Returned for a more
 accurate description
 of injury.
 Is the wrist joint perfectly
 stiff? Is elbow stiff?
 Is the shoulder joint stiff?
 Can he open & close the
 hand?
 Explain what use he
 has of arm.
 Does he rest in foot
 use of arm? Can he
 carry
 Does it complicate?
W. H. Clayton
Clay

State of Georgia
 Executive

STATE OF GEORGIA,
Woods County.

PERSONALLY appeared *J. D. Fuller* of *Woods* county, 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 *11* day of *April* 1862; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a private in Company "B", of the 60th Regiment of Georgia Volunteers, Gen. *Lawton's* Brigade; that whilst engaged in such military service, at the battle of *Sharpsburg* in the State of *W. Va.*, on the *17* day of *Sept* 1862, he was wounded as follows: *He was shot through the right arm, just below the elbow, the bone was broken, pieces of the bone came out, the leaden wire cut by the ball, the arm and hand are stiff, by reason of the leaden being cut the fingers are all stiff, the arm and hand are substantially and essentially useless.*

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 *27* day of *June* 1889, *J. D. Fuller*
J. W. Hammon
 Notary Public for Georgia

COMMISSIONED OFFICER'S AFFIDAVIT.

STATE OF GEORGIA,
Woods County.

PERSONALLY came before me *J. D. McGe* of the county of *Troup* State of Georgia, who, being duly sworn, says that he was a commissioned officer in Company *B* of *60* Regiment of *Ga* Volunteers, and that deponent knows *J. D. Fuller*, and that he received the wounds (or contracted the disease) in the military service, as stated in his foregoing affidavit, and that wounds (or disease) permanently disables the said *J. D. Fuller*, as stated by him in said affidavit. Deponent further states that said *J. D. Fuller* is a bona fide citizen of this State, and resides in *Woods* county.

Sworn to and subscribed before me, this *27* day of *July* 1889, *R. H. Jones*
J. W. Hammon
 Notary Public for Georgia

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

STATE OF GEORGIA,

County, *W. M. Stone* A. S. Simmons
PERSONALLY came *and he is the*
citizens of *Lowndes* county in said State,
who, being duly sworn, say that they are acquainted with *J. D. Fuller*

and know that he received the wounds (or contracted the disease) in the military service, as stated by him in the foregoing affidavit; that said wounds (or disease) permanently disables applicant, as stated by him; that said applicant is a bona fide citizen of this State, and resides in *Lowndes* county, and we are well satisfied that all the statements in his affidavit are true.

Sworn to and subscribed before me, this *30th* day of *July* 1887
W. M. Stone
Ordinary
J. W. & H. C. G. Jr
First Lieutenant Co. 60th Regt.
A. S. Simmons
W. J. Butts

STATE OF GEORGIA,

County, *Lowndes*
PERSONALLY comes before me *W. M. Stone* Ordinary of said county
W. C. Setze and *E. S. Goble*, both known to me as reputable physicians of said county, who, being severally sworn, say on oath that they have carefully examined *J. D. Fuller* and after such examination say that the applicant has been injured as follows:

He was shot through the bone in the arm below the elbow, the bone was broken, pieces of the bone are in the arm is stiff, the leaders come out this morning the fingers stiff, the arm can't bear a one crossed, being driven by reason of the loss of the lead in the arm, hand are essentially substantially useless.

Sworn to and subscribed before me, this *17* day of *June* 1887
W. M. Stone
Ordinary
W. C. Setze
E. S. Goble

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, *Lowndes*

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

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

Given under my official signature and seal, this *27* day of *July* 1887
W. M. Stone
Ordinary County

POWER OF ATTORNEY.

STATE OF GEORGIA,

County, *Lowndes*

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

In witness whereof I have hereunto set my hand and seal, this *3rd* day of *July* 1887

day of *July* 1887
J. D. Fuller [L.S.]

The applicant certifies that the arm is stiff, the bone is broken, pieces of the bone are in the arm is stiff, the leaders come out this morning the fingers stiff, the arm can't bear a one crossed, being driven by reason of the loss of the lead in the arm, hand are essentially substantially useless.

STATE OF GEORGIA,

Lowndes County.

PERSONALLY came

citizens of

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

and know that he received the wounds (or contracted the disease) in the military service, as stated by him in the foregoing affidavit; that said wounds (or disease) permanently disables applicant, as stated by him; that said applicant is a bona fide citizen of this State, and resides in

Sworn to and subscribed before me, this

30th day of July 1889

Ordinary

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

STATE OF GEORGIA,

Lowndes County.

PERSONALLY comes before me

carefully examined

applicant has been injured as follows:

He was shot through the right arm below the elbow, the bone was broken, pieces of the bone are gone the arm is stiff, the tendons were cut! thus rendering the fingers stiff, the arm can't bend and can't cross, being disabled by reason of the loss of the hand in the arm. Hand are essential.

Sworn to and subscribed before me, this

27 day of June 1889

Ordinary

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

STATE OF GEORGIA,

Lowndes County.

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

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

Given under my official signature and seal, this 27 day of June 1889

J. D. Fuller Ordinary Lowndes County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Lowndes County.

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

day of 3rd day of Aug 1889

Jos D Fuller L.S.

The applicant's entire arm is stiff. He does not use the arm largely. The applicant's arm is stiff, and he can't bend it. The arm is stiff and substantially useless. The applicant is unable to do any work and is entirely disabled. He is unable to do any work and is entirely disabled. He is unable to do any work and is entirely disabled.

STATE OF GEORGIA,

Cobb County.

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

I further certify that *W. R. Montgomery* before whom the foregoing affidavits were made and power of attorney was signed, is a *Justice of Superior Court* of said county, and the said affidavits and signatures thereto are genuine.

Given under my official signature and seal, this *13* day of *February* 1890.

J. M. Stone
Ordinary *Cobb* County.

STATE OF GEORGIA,

Cobb County.

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

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

Given under my official signature and seal, this *13* day of *Feb'y*, 1891.

J. M. Stone
Ordinary *Cobb* County.

Fuller J. D.
Montgomery W. R.
1890.

No. *1074*,
APPLICATION FOR ALLOWANCE.
FOR TALL BREWERY LICENSE IN 1891.

Applicant, *J. D. Fuller*
County, *Cobb*
Amount, *50*
Date of warrant, *Feb 13*
Entered on record, *Feb 13* 1890
J. D. Fuller
Applicant
WARRANT HANDED TO

Fuller J. D.
1891.
No. *1074*
Application for Allowance
FOR TALL BREWERY LICENSE IN 1891.

Applicant, *J. D. Fuller*
County, *Cobb*
Amount, *50*
Date of Warrant, *Feb 13*
Entered on record, *Feb 13* 1891
J. M. Stone
Ordinary
WARRANT HANDED TO
J. D. Fuller
Applicant
W. W. Harrison, State Printer, Atlanta, Ga.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

PERSONALLY appears J. D. Fuller of Cobb county,

State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has been such continually since the 11th day of

April 1864, that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the

States, and served as a private in Company B, of 60th Regiment of

Volunteers Gantons's Brigade; that whilst engaged in such military service, at the battle of

Sharpsburg, on the 17th day of Sept. 1862, he was wounded as follows:

By a minnie ball passing through right arm just above the wrist, fracturing bone, tearing away the muscles & tendons, & rendering the arm stiff & completely & substantially useless.

Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1890. I have heretofore been allowed a pension of \$15 dollars.

Sworn to and subscribed before me, this the

17th day of Feb. 1891

J. D. Fuller

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

POWER OF ATTORNEY.

STATE OF GEORGIA

Cobb County.

KNOW ALL MEN BY THESE PRESENTS, That I,

of

Cobb county, in said State, do hereby appoint

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

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

Executed in the presence of us:

[L. S.]

DIRECTION.

Send money to me as follows, by

to

County, Georgia.

P. O.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

PERSONALLY appears J. D. Fuller of Cobb county,

State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has resided therein continuously ever since the 11th day of

April 1864, that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the

States, and served as a private in Company B, of 60th Regiment of

Volunteers Gantons's Brigade; that whilst engaged in such military service at the battle of

Sharpsburg, on the 17th day of Sept. 1862, he was wounded as follows:

By a minnie ball striking front of chest, fracturing ribs, tearing away muscles & tendons, & rendering the arm stiff & completely & substantially useless.

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

Sworn to and subscribed before me, this the

13th day of Feb. 1891

J. D. Fuller

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.

KNOW ALL MEN BY THESE PRESENTS, That I, J. D. Fuller

of Cobb county, in said State, do hereby appoint

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

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

Executed in the presence of us:

[L. S.]

DIRECTION.

Send money to me as follows, by

to

County, Georgia.

P. O.

STATE OF GEORGIA.

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

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

John C. Storm Ordinary. Colbert County.

SOLDIER'S PENSION.

1892.

FOR THE YEAR ENDING OCTOBER 31, 1892

Name J. Miller
County Colbert
Disability di's ann
Amount \$ 50

Entered on record March 1892.
W. H. HARRISON,
Secretary of Revenue Department.
AGENT.
W. H. Harrison

Miller
4 miles N. W. of
Colbert

POWER OF ATTORNEY.

STATE OF GEORGIA.
Colbert County.

Know all Men by these Presents, that I J. Miller of Colbert County, State of Georgia, do hereby appoint J. Miller of Colbert County, State of Georgia, my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia 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 receive in my name for any amount that may be issued by the Governor, or for any sum of money which may be owing to me for the reason aforesaid.

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

J. Miller Executed in the presence of us: J. Miller [Witnesses]

Said money to me as follows, by STATE OF GEORGIA to Colbert County, Georgia.

Colbert
Miller
1892
Application for Allowance
W. H. Harrison
21st of GEORGIA
FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

PERSONALLY appears

J. D. Fuller

of *Cobb* County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of Georgia, and has been such continuously since the *11* day of *April*, 1836, that he enlisted in the military service of the Confederate States (or of the State, of during the war between the States, and served as a *Private* in Company *B* of *Co* th Regiment of *Ja* Volunteers *Garretts*'s Brigade: that whilst engaged in such military service at the battle of *Shiloh* in the State of *Ill* on the *17* day of *September*, 1862, he was wounded as follows:

13 bullet striking the right arm between wrist & elbow & need the wrist falling away. The muscles underneath of said arm - including the bone - were separated & deposited as a retentive to prevent the ordinary manual motions.

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

\$50, Dollars for *said disability*

Sworn to and subscribed before me this the *13* day of *March*, 1892.

J. D. Fuller

Will Stone Ordinary.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.

Know all Men by these Presents, That I,

J. D. Fuller

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal this *13* day of *March*, 1892.

J. D. Fuller [L. S.]

Executed in the presence of us:

Will Stone Ordinary.

DIRECTION.

Send money to me as follows, by

to _____ County, Georgia. P. O.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

PERSONALLY appears

J. D. Fuller

County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the *11* day of *April*, 1836, that he enlisted in the military service of the Confederate States (or of the State, of _____) during the war between the States, and served as a *Private* in Company *B* of *Co* th Regiment of *Ja* Volunteers *Garretts*'s Brigade; that whilst engaged in such military service at the battle of *Shiloh* in the State of *Ill* on the *17* day of *September*, 1862, he was wounded as follows:

13 bullet striking the right arm between wrist & elbow & need the wrist falling away. The muscles underneath of said arm - including the bone - were separated & deposited as a retentive to prevent the ordinary manual motions of life.

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

\$50 dollars for *said disability*

Sworn to and subscribed before me, this, the *13* day of *March*, 1892.

James D. Fuller

Will Stone Ordinary.

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

STATE OF GEORGIA,

Cobb County.

I, *Will Stone* Ordinary of said County,

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

Given under my official signature and seal, this *13* day of *March*, 1892.

Will Stone Ordinary.

County, Georgia.

STATE OF GEORGIA,

POWER OF ATTORNEY.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb COUNTY.

Know all Men by these Presents, That I,

County, State of Georgia, do hereby appoint

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *7th* day of *March* 1894.

Executed in the presence of us
W. H. Terrell

DIRECTIONS.

Send money to me as follows, by

to _____
County, Georgia.

P. O.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.

KNOW ALL MEN BY THESE PRESENTS, That I,

County, State of Georgia, do hereby appoint

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *7th* day of *March* 1895.

Executed in presence of us

W. H. Terrell

[L. S.]

DIRECTIONS.

Send money to me as follows, by

to _____
County, Georgia.

P. O.

(For Those Already Enrolled.)

Fuller, J. H.
No. *580*
Soldier's Pension.

1894.

Name *J. H. Fuller*
County *Cobb*
Disability *W. H. Harrison*
Amount, \$ *50*

1894.

W. H. HARRISON,
Secretary Executive Department.

WARRANT HANDED TO
J. H. Fuller

Gen. W. Harrison, State Printer, Atlanta.

(For Those Already Enrolled.)

Fuller, J. H.
Cobb Co
SOLDIER'S PENSION.

1895.

Name *J. H. Fuller*
County *Cobb*
Disability *Arm*
Amount, \$ *50*

1895.

RICHARD JOHNSON,
Secretary Executive Department.

WARRANT HANDED TO
J. H. Fuller

Gen. W. Harrison, State Printer, Atlanta.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }
Cobb County, }

Personally appears *J. D. Fuller* of *Cobb* County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the *11* day of *April* 186*2*, that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Private* in Company *"B"*, of *60th* Regiment of *Ma.* Volunteer *Regiment's* Brigade; that whilst engaged in such military service at the battle of *Sharpsburg* in the State of *Md.*, on the *17th* day of *Sept* 186*2*, he was wounded as follows:

By gunshot striking right arm between wrist and elbow, fracturing bone and tearing the flesh and muscles so that the wound is beyond practical repair, incompetent to perform the ordinary duties to participate in the benefits of the Act approved October 24th, 1887,

and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1894. I have heretofore been allowed a pension of

\$50. dollars, for the year 189*3*

Sworn to and subscribed before me, this, *17* day of *March* 1894. } *J. D. Fuller*

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

STATE OF GEORGIA, }
Cobb County, }

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

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



Ordinary *Wm. Stone* Cobb County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }
Cobb County, }

Personally appears *J. D. Fuller* of *Cobb* County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the *11* day of *April* 186*2*, that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Private* in Company *"B"*, of *60th* Regiment of *Ma.* Volunteer *Regiment's* Brigade; that whilst engaged in such military service at the battle of *Sharpsburg* in the State of *Md.*, on the *17th* day of *Sept* 186*2*, he was wounded as follows:

with bullet striking the right arm between wrist and elbow, fracturing the bone and tearing the flesh and muscles so that the wound is beyond practical repair, incompetent to perform the ordinary duties of life.

Depositor desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26th, 1895. I have heretofore been allowed a pension of

\$50. dollars, for the year 189*4*

Sworn to and subscribed before me this, the *17* day of *March* 1895. } *J. D. Fuller*

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

STATE OF GEORGIA, }
Cobb County, }

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

Given under my official signature and seal, this *7* day of *March* 1895.



Ordinary *Wm. Stone* Cobb County.

POWER OF ATTORNEY.

STATE OF GEORGIA.

Cobb County.

I, J. D. Fuller hereby authorize J. M. Stone
Marionetta G. S.

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

at
IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 3rd
day of March 1896.

J. D. Fuller [L. S.]

Executed in presence of

W. M. Fleming

POWER OF ATTORNEY.

STATE OF GEORGIA.

Cobb County.

I, J. D. Fuller hereby authorize J. M. Stone
Marionetta G. S.

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

at
IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 3rd
day of July 1897.

J. D. Fuller [L. S.]

Executed in presence of

W. M. Fleming

Fuller, J. D.
J. D. Fuller
ACT OF EXEC. DEPT.
(For Those Already Enrolled.)

No. 3195
SOLDIER'S PENSION.
1896.

Name J. D. Fuller
County Cobb
Disability Right Arm
Amount, \$ 50.

3/20 1896
RICHARD JOHNSON,
Secretary Executive Department.

WARRANT HANDED TO
Atty

No data

Fuller, J. D.
Cobb County
ACT OF EXEC. DEPT.
(For Those Already Enrolled.)

No. 2444
INVALID
SOLDIER'S PENSION.
1897.

Name J. D. Fuller
County Cobb
Disability Right Arm
Amount, \$ 50.

2/20 1897.
RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO
J. M. S.

No data

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County,
Personally appears *J. D. Fuller* of *Cobb* County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has resided therein continuously ever since the day of *18 36* that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served as a *Private* in Company *B*, of *60th* Regiment of *Volunteers*, *Lawton*'s Brigade; that whilst engaged in such military service in the State of *MD*, on the *17th* day of *Sept* 1862, he was wounded, injured or diseased as follows:

By a bullet through the right arm between elbow and wrist, tearing the arm to pieces. Deponent is thereby rendered practically incompetent to perform the ordinary manual avocations of life.

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

Sworn to and subscribed before me, this, the *27th* day of *March* 1890, } *J. D. Fuller*
W. M. Stone Ord.

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

STATE OF GEORGIA,

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

Given under my official signature and seal, this *27th* day of *March* 1890.



W. M. Stone
Ordinary *Cobb* County.

BOARD OF VETERANS

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County,
Personally appears *J. D. Fuller* of *Cobb* County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has resided therein continuously ever since the *11* day of *April* 1836 that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served as a *Private* in Company *B*, of *60th* Regiment of *Volunteers*, *Lawton*'s Brigade; that whilst engaged in such military service in the State of *MD*, on the *17* day of *Sept* 1862, he was wounded, injured or diseased as follows:

By gunshot striking the right arm between the wrist & elbow - by and on account of which Deponent is rendered practically incompetent to perform the ordinary manual avocations of life.

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 26th, 1897. I have heretofore under said law as a resident of *Cobb* county been allowed an invalid pension of *\$50* Dollars, for the year 1890.

Sworn to and subscribed before me, this, the *27th* day of *July* 1897, } *J. D. Fuller*
W. M. Stone Ord.

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

STATE OF GEORGIA,

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

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



W. M. Stone
Ordinary *Cobb* County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.

J. D. Fuller hereby authorize *J. W. Stone*
of *Maricotta*

to receive and receipt for the pension paid hereon and request that he remit same to
at *Maricotta Ga.* by *him*

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

J. D. Fuller [L. S.]

Executed in presence of
J. F. Hamby

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.

J. D. Fuller hereby authorize *J. W. Stone*
of *Maricotta*

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

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

J. D. Fuller [L. S.]

Executed in presence of

Fuller, J. D.
Copy

ACT OF MARCH 1878.
(For Those Already Enrolled.)

No. *3228*

INVALID

SOLDIER'S PENSION.

1898.

Name *J. D. Fuller*
County *Cobb*
Disability *Sound*
Amount, \$ *3/4* 1898.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDS TO
RJS
GEO. W. ANDERSON, STATE PRINTER, ATLANTA.

Fuller, J. D.
Cobb Co.

COKE SECTION USE.
(For Those Already Enrolled.)

No. *3162*

INVALID

SOLDIER'S PENSION.

1899.

Name *J. D. Fuller*
County *Cobb*
Disability *Armed*
Amount, \$ *3/4* 1899.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDS TO
RJS
GEO. W. ANDERSON, STATE PRINTER, ATLANTA.

W. Stone

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears *J. D. Fuller* of *Cobb* County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the *11th* day of *April*, 1836; that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served as a *Private* in Company *B*, of *60th* Regiment of *So.* Volunteers, *Layton's* Brigade; that whilst engaged in such military service in the State of *So.*, on the *17th* day of *Sept.*, 1862, he was wounded, injured or diseased as follows:

By gun shot through right arm between wrist and elbow fracturing bone and rendering applicant practically incompetent to perform manual vocations of life.

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 26th, 1898. I have heretofore under said law as a resident of *Cobb* county been allowed an invalid pension of *\$50*, Dollars, for the year 1897.

Sworn to and subscribed before me, this, the *28th* day of *Febry*, 1898. POST OFFICE *Oakland Mills.*

J. W. Stone Ordinary

STATE OF GEORGIA,

Cobb County.

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

Given under my official signature and seal, this *28th* day of *Febry*, 1898.



J. W. Stone
Ordinary *Cobb* County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears *J. D. Fuller* of *Cobb* County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the *11* day of *April*, 1836; that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served as a *private* in Company *B*, of *60th* Regiment of *So.* Volunteers, *Layton's* Brigade; that whilst engaged in such military service in the State of *So.*, on the *17* day of *Sept.*, 1862, he was wounded, injured or diseased as follows:

By gun shot striking right arm thereby rendering applicant practically incompetent to perform ordinary manual vocations of life.

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1899. I have heretofore under said law as a resident of *Cobb* County been allowed an invalid pension of *\$50* Dollars, for the year 1898.

Sworn to and subscribed before me, this, the *15th* day of *Febry*, 1899. POST OFFICE *Marietta.*

J. W. Stone Ordinary

STATE OF GEORGIA,

Cobb County.

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

Given under my official signature and seal, this *15th* day of *Febry*, 1899.



J. W. Stone
Ordinary *Cobb* County.

POWER OF ATTORNEY.

STATE OF GEORGIA.

Cobb County. }
I, J. D. Fuller hereby authorize J. W. Stone
of Marietta, Ga.

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

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

J. D. Fuller [L. S.]

Executed in presence of

C. J. Hauby.

Fuller, J. D.
Cobb Co.

CODE SECTION 1206
(For These Already Enrolled.)

No. 3429

INVALID

SOLDIER'S PENSION.
1900.

Name J. D. Fuller
County Cobb
Disability Armed
Amount, \$ 50.
Warrant issued in ch 17 1900.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Stone

Gen. W. Harrison, State Printer, Atlanta.

no data

POWER OF ATTORNEY.

STATE OF GEORGIA.

Cobb County. }
I, J. D. Fuller hereby authorize John Courtney
of Marietta

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 7th
day of Jan'y 1901.

J. D. Fuller [L. S.]

Executed in presence of

J. M. Lamm

Fuller, J. D.
Cobb Co.

CODE SECTION 1206
(For These Already Enrolled.)

No. 142

DISABLED

SOLDIER'S PENSION.
1901.

Name J. D. Fuller
County Cobb
Disability Armed
Amount, \$ 50.00
Jan'y 15 1901.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Courtney

Gen. W. Harrison, State Printer, Atlanta.

no data

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears J. D. Fuller of Cobb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State and County, and has resided therein continuously ever since the 11 day of April 1836; that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served as a private in Company B, of 60th Regiment of Ga. Volunteers, Lawton's Brigade; that whilst engaged in such military service in the State of Ma., on the 17th day of September 1862, he was wounded, injured or diseased as follows:

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

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

Sworn to and subscribed before me, this 12th day of March 1900. } J. D. Fuller }
John Stone }
 City of Marietta, Ga. } Post Office

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

STATE OF GEORGIA,

Cobb County.

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

Given under my official signature and seal, this 12th day of March 1900. }
John Stone }
 Ordinary Cobb County.



For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears J. D. Fuller of Cobb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the 11 day of April 1836; that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served as a private in Company B, of 60th Regiment of Ga. Volunteers, Lawton's Brigade; that whilst engaged in such military service in the State of Ma., on the 17th day of Sept 1862, he was wounded, injured or diseased as follows:

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

Deponent makes application for the pension to which he is entitled for year ending October 26th, 1901. I have heretofore under said law as a resident of Cobb County been allowed an invalid pension of \$50 Dollars, for the year 1900.

Sworn to and subscribed before me, this 7th day of Jan 1901. } J. D. Fuller }
John Antney }
 City of Ordy } Postoffice

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

STATE OF GEORGIA,

Cobb County.

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

Given under my official signature and seal, this 7th day of Jan 1901. }
John Antney }
 Ordinary Cobb County.



POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County. }

I, *J. D. Fuller* hereby authorize _____

of _____

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

by _____

at _____

IN WITNESS WHEREOF, I have hereunto set my hand and seal this *11th*

day of *January* 1902.

Executed in presence of

M. Gunn

J. D. Fuller [L. S.]

(FOR THOSE ALREADY ENROLLED.)

No. *311*

B-66 DISABLED

SOLDIER'S PENSION

1902.

Name *J. D. Fuller*

County *Cobb*

Co. _____ Regiment _____

Disability _____

Amount, \$ *50*

1902. *1/16*

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Ordy

Geo. W. Harrison, State Printer, Atlanta.

no data 1/11

*Fuller, J. D.
Cobb County*

(FOR THOSE ALREADY ENROLLED.)

No. *317*

DISABLED

SOLDIER'S PENSION

1903.

Name *J. D. Fuller*

County *Cobb*

Co. *B* Regiment *60*

Disability *1/2*

Amount, \$ *50*

1903. *1/8 3*

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Ordy

Geo. W. Harrison, State Printer, Atlanta.

M. Gunn

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County. }

I, *J. D. Fuller* hereby authorize _____

of _____

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

by *by hand*

at _____

IN WITNESS WHEREOF, I have hereunto set my hand and seal this *1*

day of *Jan* 1903.

Executed in presence of

M. Gunn

J. D. Fuller [L. S.]

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cobb County,

Personally appears *J. D. Fuller* of *Cobb*

County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the day of *April* 1836; that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served as a *Private* in Company *B*, of *60*th Regiment of *49* Volunteers, *Lawtons*'s Brigade; that whilst engaged in such military service in the State of *Ms*, on the *17* day of *Sept* 1864, he was wounded, injured or diseased as follows:

By gun shot striking right leg thereby becoming applicant practically incompetent to perform the ordinary avocations of life

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1902. I have heretofore, under said law, as a resident of *Cobb* County, been allowed an invalid pension of *30* Dollars, for the year 1901.

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

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

STATE OF GEORGIA,

Cobb County,

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

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

John Cartney
 Ordinary *Cobb* County.



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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cobb County,

Personally appears *J. D. Fuller* of *Cobb*

County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the day of _____ 1832; that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served as a *Private* in Company *B*, of *60*th Regiment of *49* Volunteers, *Lawtons*'s Brigade; that whilst engaged in such military service in the State of *Ms*, on the *17* day of *Sept* 1864, he was wounded, injured or diseased as follows:

By gun shot striking right leg thereby becoming applicant practically incompetent to perform ordinary avocations of life

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1903. I have heretofore, under said law, as a resident of *Cobb* County, been allowed an invalid pension of _____ Dollars, for the year 1902.

Sworn to and subscribed before me, this the _____ day of *Jan* 1903. Post-office *Marshall*

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

STATE OF GEORGIA,

Cobb County,

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

Given under my official signature and seal, this _____ day of *Jan* 1903.

John Cartney
 Ordinary _____ County.



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

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb COUNTY.

I, *J. D. Fuller* hereby authorize _____ of _____ to receive and receipt for the pension paid hereon, and request that he remit same to _____ by _____ at _____

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *19th* day of *Jan* 1904.

J. D. Fuller [L. S.]

Executed in presence of *James McLean*

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb COUNTY.

I, *J. D. Fuller* hereby authorize *John Harvey* 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 *12th* day of *January* 1905.

J. D. Fuller [L. S.]

Executed in the presence of *James McLean*

Fuller, J. D. Cobb Co

FORM SERVICE 1260.
(FOR THOSE ALREADY ENROLLED.)
No. *348*
DISABLED SOLDIER'S PENSION 1904.
Name *J. D. Fuller*
County *Cobb*
Co. *B* Regiment *60*
Disability _____
Amount, \$ *50.00*
JAN 25 1904.
JOHN W. LINDSEY, Commissioner of Pensions
WARRANT HANDED TO *McLean*
Geo. W. Harrison, State Printer, Atlanta.

no date

Fuller, J. D. Cobb Co

FORM SERVICE 1260.
(FOR THOSE ALREADY ENROLLED.)
No. *341*
DISABLED SOLDIER'S PENSION 1905.
Name *J. D. Fuller*
County *Cobb*
Co. _____ Regiment _____
Disability _____
Amount, \$ *150*
JAN 23 1905.
JOHN W. LINDSEY, Commissioner of Pensions
WARRANT HANDED TO *Chocky*
Geo. W. Harrison, State Printer, Atlanta.

no date

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cobb County.

Personally appears *J. D. Fuller* of *Cobb* County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the day of *April* 18*86*; that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served as a *Private* in Company *B*, of *60*th Regiment of *USA* Volunteers *Lanston*'s Brigade; that whilst engaged in such military service in the State of *MD*, on the *17*th day of *Sept* 18*62*, he was wounded, injured or diseased as follows:

By gun shot striking right leg thereby rendering Applicant totally incompetent to perform ordinary avocations of life

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

Sworn to and subscribed before me, this *19*th day of *Jan* 1904. *J. D. Fuller* Post-office *John Anthony*

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

STATE OF GEORGIA,

Cobb County.

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

Given under my official signature and seal, this *19*th day of *January* 1904. *John Anthony* Ordinary *Cobb* County.



Note.—Fill all blanks and of Company and Regiment.
Note.—All vouchers and affidavits must bear date after January 1, 1904.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cobb COUNTY.

Personally appears *J. D. Fuller* of *Cobb* County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the day of *1886*; that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served as a *Private* in Company *B*, of *60*th Regiment of *USA* Volunteers *Lanston*'s Brigade; that whilst engaged in such military service in the State of *MD*, on the *17*th day of *Sept* 18*62*, he was wounded, injured or diseased as follows:

By gun shot striking right leg, thereby rendering Applicant practically incompetent to perform the ordinary avocations of life

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1905. I have heretofore, under said law, as a resident of *Cobb* County, been allowed an invalid pension of \$ *50* Dollars, for the year 1904.

Sworn to and subscribed before me, this *12*th day of *Jan* 1905. *J. D. Fuller* Post-office *John Anthony*

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

STATE OF GEORGIA,

Cobb COUNTY.

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

Given under my official signature and seal, this *12*th day of *Jan* 1905. *John Anthony* Ordinary *Cobb* County.



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

POWER OF ATTORNEY.

STATE OF GEORGIA.

Cobb COUNTY. }
John D. Fuller hereby authorize
John D. Fuller of _____
to receive and receipt for the pension paid hereon, and request that he remit same to
_____ by _____
at _____

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *10*
day of *Jan* 1906.

J. D. Fuller [L. S.]

Executed in the presence of

Williams

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb COUNTY. }
John D. Fuller hereby authorize
John D. Fuller of _____
to receive and receipt for the pension paid hereon, and request that he remit same to
_____ by _____
at _____

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *5*
day of *January* 1907.

J. D. Fuller [L. S.]

Executed in presence of

Fuller, J. D.
1906

Cross Section 1260.
(FOR THOSE ALREADY ENROLLED.)

B-60 No. *362*

**DISABLED
SOLDIER'S PENSION
1906.**

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

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO _____

no data

Fuller, J. D.
Cobb Co.

Cross Section 1260.
(FOR THOSE ALREADY ENROLLED.)

No. *210*

**DISABLED
SOLDIER'S PENSION
1907.**

Name *J. D. Fuller*
County *Cobb*
Co. *L 30* Regiment *24th*
Disability *right arm amputated*
Amount, \$ *50*

JAN-21 1907
JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO _____

no data

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,

Cobb County.

Personally appears J. D. Fuller of Cobb County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the day of _____ 18____; that he enlisted in the military service of the Confederate States, (or of the State of _____) during the war between the States, and served as a _____ in Company B, of 60th Regiment of _____ Volunteers _____'s Brigade; that whilst engaged in such military service in the State of _____, on the _____ day of _____ 186____, he was wounded, injured or diseased as follows:

Right arm

Deponent makes application for the pension to which he is entitled for the year ending October 28th, 1906. I have heretofore, under said law, as a resident of Cobb County, been allowed an invalid pension of 50 Dollars, for the year 1906.

Sworn to and subscribed before me, this the 1 day of July, 1907. J. D. Fuller Post-Office _____

John W. Gray

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

State of Georgia,

Cobb County.

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

Given under my official signature and seal, this 5 day of July, 1907. John W. Gray Ordinary Cobb County.

Put your seal here

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,

Cobb County.

Personally appears J. D. Fuller of Cobb County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the day of _____ 18____; that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served as a _____ in Company B, of 60th Regiment of _____ Volunteers _____'s Brigade; that whilst engaged in such military service in the State of _____, on the _____ day of _____ 186____, he was wounded, injured or diseased as follows:

Right Arm Disabled

HAL

Deponent makes application for the pension to which he is entitled for the year ending October 28th, 1907. I have heretofore, under said law, as a resident of Cobb County, been allowed an invalid pension of 50 Dollars, for the year 1906.

Sworn to and subscribed before me, this the 5 day of January, 1907. J. D. Fuller Postoffice _____

John W. Gray

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

State of Georgia,

Cobb County.

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

Given under my official signature and seal, this 5 day of January, 1907. John W. Gray Ordinary Cobb County.

Put your seal here

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

Put
your
stamp
here

Ordinary Cott County.

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

Put
your
stamp
here

Ordinary Cott County.

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

Cott

Maimed Soldiers.

Voucher No. 2696 1889

Amount \$ 50

Paid to Jas. D. Fuller

For Right arm
Disabled

Nov. 9 1889

Included in warrant No. _____
issued to Treasurer.

1889
WARRANT CLERK.

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

A. S. Colay 6/19/90

Gobb

Maimed Soldiers.

Voucher No. 1074

Amount \$ 50

Paid to J. D. Fuller

For Arm disabled

July 13 1889

Included in warrant No. _____
issued to Treasurer.

WARRANT CLERK.

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

Applicant

Fuller J. D.
Cott
Depleats

1891.

Maimed Soldiers.

Voucher No. 898

Amount \$ 50

Paid to J. D. Fuller

For Arm Dis'd

Febry 14 1891

Included in warrant No. _____
issued to Treasurer.

1891.

WARRANT CLERK.

Geo. W. Harrison, State Printer, Atlanta.

A. S. Colay

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.

No. 2696
Atlanta, Ga., Nov 9 1889

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

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

Right arm disabled
He is entitled to receive the sum of Fifty 00/100 Dollars
for such disability, the same being the allowance due for the year ending October 24, 1889.

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

By the Governor,

J. B. Gordon
GOVERNOR.

W. A. Hammon

CLERK EXECUTIVE DEPARTMENT.

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

Fifty 00/100

per above voucher, this

9

of

Nov.

Dollars,

1889.

A. S. Colay

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.

No. 1074
Atlanta, Ga., Dec 13 1890

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

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

Arm disabled
He is entitled to receive the sum of Fifty 00/100 Dollars
for such disability, the same being the allowance due for the year ending October 24, 1890.

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

By the Governor,

J. B. Gordon
GOVERNOR.

By the Governor,

W. A. Hammon

CLERK EXECUTIVE DEPARTMENT.

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

Fifty 00/100

per above voucher, this

13

of

Dec

Dollars,

1890

J. D. Fuller

1891.

No. 898

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT. }

Atlanta, Ga. Dec 14 1891.

Mr. J. D. Muller of the County
of Cobb having filed his application in the Executive

Department for an allowance under the Act approved October 24, 1887, as amended by Acts
approved Dec. 24, 1888 and Nov. 11, 1889, and the same having been examined and allowed for

Armed
He is entitled to receive the sum of 50 00 Dollars

for such disability, the same being the allowance due to the year ending October 24, 1891.

The Treasurer will pay the same and hold 50 00 this voucher and return same to
Executive Department for warrant.

H. J. Norburn
GOVERNOR.

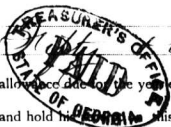
By the Governor.

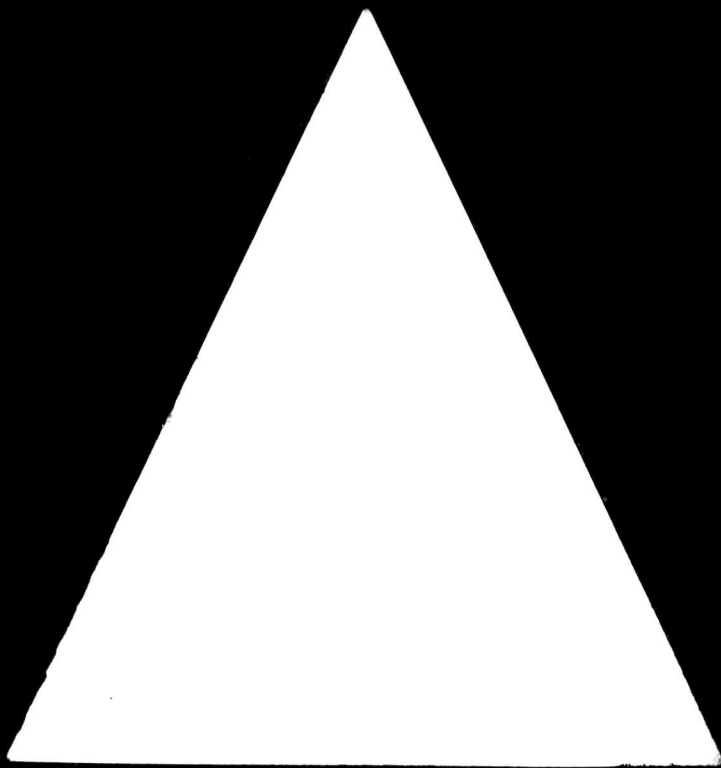
M. A. Harris
SEC'Y EXECUTIVE DEPARTMENT.

\$ 50

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

50 00 Dollars,
per above voucher, this 14 of Decy 1891.





Pension Office, 11/21/10.

Application must contain ev. that to be proven to make our claim for pension.

J. W. Lindsey, Com. of Pensions.

*Received
for 10/14
Cobb Co*

No. _____

Widow's Pension

UNDER ACT 1910.

County *Cobb*

Name *Mary A. Gains*

Widow of *E. P. Gains*

to Phillips Log

J. W. LINDSEY,
Commissioner of Pensions.

Chas. F. Byrd, State Printer

11/21/10 6/24-1913

Pension Office, 11/21/10.

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

J.W. Lindsey, Com. of Pensions.

Widow's Pension
UNDER ACT 1910.

Name Mary A. Gaines
Widow of G. P. Gaines
County Cobb

No. _____
Date 11/21/10

J. W. LINDSEY,
Commissioner of Pensions.
Gen. F. D. S. State Printer

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

STATE OF GEORGIA,

Cobb County.

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

1. What is your name, and where do you reside? Mary A. Gaines
2. How long and since when have you been a continuing resident in the State of Georgia? 46 years. Came to the State in 1864.
3. When, where and to whom were you married? Nov. 23, 1863, to G. P. Gaines, in Cobb County.
4. When, where and in what Company and Regiment did your husband enlist as a soldier in Confederate Army or Georgia Militia? (State the arms and class of Service.) June 23rd 1862 at Macon Ga. Co C Phillips' regiment
5. When and where did the Commands of your husband surrender or discharge from the army? April 9th 1865. Appomattox Va
6. Was your husband personally present at the time of the surrender or discharge of this Command? Yes. He was present at the time of the surrender of his command. He was
7. If he was not present state clearly where he was? at Macon Ga. with his command.
8. Where was his Command when he left? From reputation of Gaines he
 - a. For what cause did he leave his command? _____
 - b. By whose authority did he leave his Command? _____
 - c. For how long was he granted leave of absence? _____
 - d. What was his physical condition when he left his Command? _____
 - e. What effort did he make to return to his command? _____
 - f. In what way was he prevented from going back to Command? _____
 - g. Was he captured by the enemy at any time? _____
 - h. If so, when and where captured and where held as a prisoner, and when and for what cause released?

9. When and where did your husband die? Were you residing together when he died? If not, how long had you resided apart? July 26, 1881, Cobb Co. Yes

10. What property of any description did you own, hold or control for your use and its cash value, Nov. 4, 1908. (State same by items.) Nothing, except \$330.00 in notes

11. 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.) paid for my home & kept what I have

12. What property of any description of any value have you now? \$400.00 left

13. What are your annual earnings or income and their value? None - he died in the epidemic

14. Have you heretofore been paid a pension by the State? Yes

If so, when and for what cause were you struck from the Roll? None

Sworn and subscribed before me this the 15th day of Oct 1910,
at Cobb County, Georgia.
Mary A. Gaines

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

STATE OF GEORGIA,

Cobb County.

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

1. What is your name and where do you reside? *W. A. Johnson, Milledgeville, Ga.*

2. How long and since when have you known *Mary A. Lewis* applicant?

3. How long and since when has she continuously resided in this State? (Give date.) *40 years to my knowledge by her own admission*

4. When and to whom was she married? How do you know? *to W. A. Johnson*

5. How long and since when did you know *W. A. Johnson* her husband? *30 years or more*

6. When, where and in what Company and Regiment did *W. A. Johnson* enlist? *June 22, 1862, Milledgeville, Co. C, Philadelphia Legion*

7. Were you a member of the same Company? *No*

8. How long within your personal knowledge did he perform special military service with his Company and Regiment? *He was discharged from the service at Milledgeville, Ga. on the 15th day of August, 1864.*

9. When and where did he die? *He died at Milledgeville, Ga. on the 15th day of August, 1864.*

10. Were you personally present when it was surrendered? *No* If not where were you? *Some on duty at night house* and how came you there?

11. Was the husband of applicant personally present at surrender? *do not know* If not where was he? *From Georgia taken by the Union with his Command* when, where and for what cause did he leave Command? (Give date.) _____ By whose authority did he leave his Command? _____ and how long was he granted leave? _____ How do you know all this? _____ Do you state if of your own personal knowledge? (State all you know fully, and how you know it.)

12. For what cause, if you know of your own knowledge was he prevented from returning to his Command? *None above*

13. What effort did he make to return to his Command and how do you know this? Of your own knowledge or how? _____ Sworn to and subscribed before me this the *15* day of *Oct*, 1910 *W. A. Johnson* Ordinary, _____ County.

AFFIDAVIT OF TWO FREEHOLDERS.

STATE OF GEORGIA, *Cobb* County.

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

Personal property \$ _____
 Notes and accounts due \$ _____
 Total *None*

Schedule (B).
 We know the property sold or given away since Nov. 4th 1908, its cash value to be as follows:
 Money, Notes and accounts. \$ _____

Schedule (C).
 We also know what property she has now in her possession, use and control to wit:

Acres of land worth \$ _____
 Horses and Mules \$ _____
 Cows and Hogs \$ _____
 Other property \$ _____
 Income and earnings \$ _____
 Total Value of all property and effects \$ _____

Sworn and subscribed before me this the *15* day of *October*, 1910 *W. A. Johnson* Ordinary, *Cobb* County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA, *Cobb* County.

I *W. A. Johnson* Ordinary of said County do certify that I know *Mary A. Lewis* the applicant for pension. She is the person she represents herself to be and she is a bonafide continuing resident citizen of said County and was in the 4th Nov. 1908.

That I also know *W. A. Johnson* the witness who swears to the service of husband, and *W. A. Johnson* who are freeholders. That all of them are residents of said County, and were *not* sworn by me before signing the foregoing affidavits.

1908 *Nov 4* day of *Nov* for 1910 *Nov 4* day of *Nov*
 Sworn under my hand and official seal of office this *15* day of *Oct*, 1910.

1910
 SEAL *W. A. Johnson* Ordinary, _____ County.

(SEAL.)

NOTES 1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the truth. So help you God."
 2. Additional affidavits may be attached if blank spaces are insufficient.
 3. All affidavits must be made before the Ordinary.
 4. Only widows who married prior to first January 1870, are entitled.
 5. Attach certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.

Sworn and Subscribed before me this the 29th day of January 1914

Sworn and Subscribed before me this the 29th day of January 1914
Application for Pension by a Widow Under Act of 1910--Questions
for Applicant.

STATE OF GEORGIA,

Colt County.

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

1. What is your name, and where do you reside?
2. How long and since when have you been a continuing resident in the State of Georgia?
3. When, where and to whom were you married?
4. When, where and in what Company and Regiment did your husband enlist as a soldier in Confederate Army or Georgia Militia? (State the arms and class of Service). June 22nd 1862 in Macon in Company C Phillips Legion
5. When and where did the Commands of your husband surrender or discharge from the army? Surrendered at or near Appomattox C. Va. April 9th 1865
6. Was your husband personally present at the time of the surrender or discharge of this Command? He was. I have seen his parole, which has been lost or destroyed.
7. If he was not present state clearly where he was? X X X
8. Where was his Command when he left? Detached at Appomattox C. Va.
- a. For what cause did he leave his command? Surrender of the army
- b. By whose authority did he leave his Command? Parole
- c. For how long was he granted leave of absence? X X X
- e. What was his physical condition when he left his Command? X X X
- f. What effort did he make to return to his command? X X X
- g. In what way was he prevented from going back to Command? X X X
- h. Was he captured by the enemy at any time? He was and exchanged at Calverton N. Y.
- i. If so, when and where captured and where held as a prisoner, and when and for what cause released? Exchanged and returned to his command and served under the 48th Mass.
- j. When and where did your husband die? Answered in original application.
- k. Were you residing together when he died? " " " " " " " "
- l. If not, how long had you resided apart? " " " " " " " "
9. What property of any description did you own, hold or control for your use and its cash value, Nov. 4, 1908. (State same by items). Answered in original application.
10. What property of any kind have you sold or given away since Nov. 4, 1908? What was received for it and what did you do with the proceeds thereof? (Give items and cash value). Answered in original application.
11. What property of any description of any value have you now? Give list and cash value? Answer before in original application.
12. What are your annual earnings or income and their value? Answer in original application.
13. Have you heretofore been paid a pension by the State? No
If so, when and for what cause were you struck from the Roll? Never applied before.

Sworn to and subscribed before me this the 29th day of January 1914

J. M. Gaine Ordinary

of Colt County.

Mary S. Gaine

Returned to the Bureau in P. O.

Sworn to and subscribed before me this the 20th day of January 1915 at Marietta Georgia, Ordinary of Cobb County.

Mary A. Gains

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

**Application for Pension Due
Deceased Pensioner
Under Act 1904.**

J. W. Lindsey Ordinary
Mary A. Gains
of Cobb County
of Co. _____ Regiment

Approved and ordered paid
_____ 1915.

J. W. LINDSEY,
Commissioner of Pensions.

Georgia, _____ County, _____
I hereby authorize and certify that _____
of _____
for me
1915
County

Black Undertaking Company

Funeral Directors and Embalmers
108 Winter Street

PHONE 400
MARIETTA, GA. *11th Dec 1915*

Mary A. Gains
Marietta Ga

100.00
Wagon & Undertaking *60.00*

Rec'd Payment
Black Head Co

_____ 1915.
from said _____
for _____
at receipt _____

6127499
Application for Pension Due to a Deceased Pensioner

UNDER THE ACT OF AUG. 15, 1904, TO BE PAID TO THE ORDINARY FOR FUNERAL EXPENSES AND EXPENSES OF LAST ILLNESS.

Georgia, Cobb County.

Personally before me, the Ordinary of said County, comes.....
W. J. Black of said County, who, after being sworn, on oath says that he knew Mrs. Mary A. Gains she of said County, and that he was on the Cobb Pension Roll Cobb County at the time of her death, which occurred in Cobb County, in this State, on the 22 day of March 1915, and that a Pension of Sixty Dollars was due her and unpaid at the time of her death. That she left no dependent children surviving her, and no estate of any value sufficient to pay her funeral expenses, which amounted to the sum of Sixty Dollars, as per sworn statement, itemized, hereto attached.

Sworn to and subscribed before me this 22 day of March 1915. W. J. Black Ordinary Cobb County Georgia, Cobb County.

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

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

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

Georgia Cobb County
Personally appeared before me
W. J. Black being duly sworn
before the within Assessor as per
law due & unpaid, and that
same is reasonable for the
services rendered,
This 22/3/15
W. J. Black
Assessor to and
Subscribed before me
J. M. Gann
Ordinary

OFFICE OF ORDINARY.

GEORGIA, COBB COUNTY.

I, J. M. GANN, Ordinary and ex-officio Clerk of the Court of Ordinary (I having no clerk)

do hereby certify that I have compared the foregoing copy of

Marriage License of W. J. Gains
and Mary A. Sharp

with the original record thereof, now remaining in this office, and the same is a correct transcript therefrom, and of the whole of such original record as found in book A, records of

Marriage License, folio 237.

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

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

MARRIAGE LICENSE.

STATE OF GEORGIA, COBB COUNTY.

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

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

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

Given under my hand and seal 18 day of November 1869

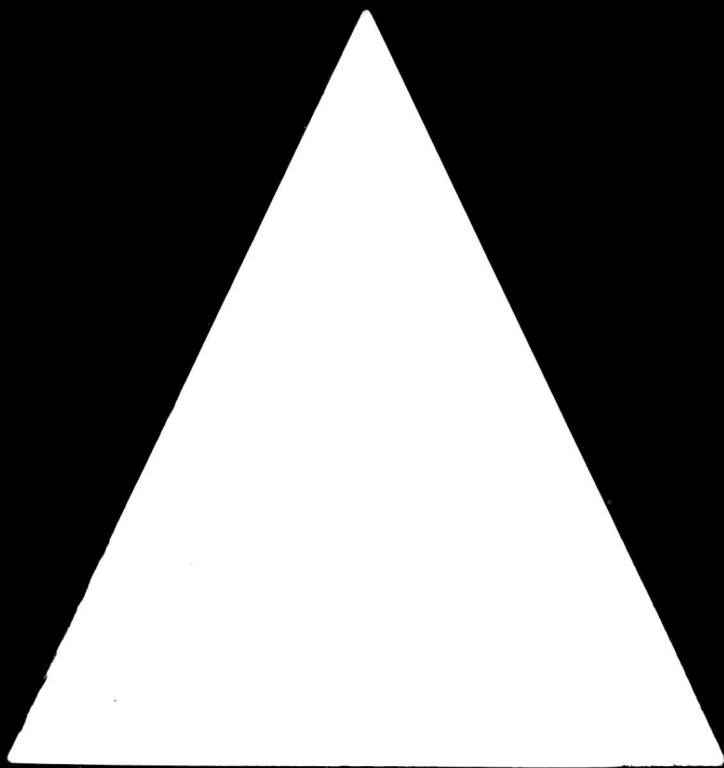
C. J. Shepard 
ORDINARY.

I hereby certify, that C. P. Gaines and

Mary A. Sharp were joined together in
HOLY BONDS OF MATRIMONY

on the 20 day of November 1869 by me.

J. M. Gable, M. G.



Jessie, Co
Cobb Co
Q. R. Jan 1912

No. _____

**Confederate
Soldier's Application.**

UNDER ACT 1910.

County *Cobb*

Name *A. G. Gamm*

Company *E 1st Ga. Artillery*

Regiment *1st Ga. Artillery*

Approved *Convent*

ENTERED ROSTER OFFICE
J. W. LINDSEY,
Commissioner of Pensions

CHAR. F. BYRD, State Printer, Albany.

11/10/11 *11/10-1911*

APPLICATION FOR SOLDIER'S PENSION UNDER ACT 1910.

Questions for Applicants to Answer.

STATE OF GEORGIA,

Colts County.

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

1. What is your name and where do you reside? (Give County and Post-office).
Sammy R. Cobb, Colts County, Ga.
2. How long and since when have you been a bona fide resident citizen of this State?
1865
3. Did you enlist in the Army of the Confederate States or of the Organized Militia of this State from 1861 to 1865?
Yes
4. When and where, and in what Company and Regiment, did you enlist? (Give the name of the Company and Regiment, and the name of the Captain and the name of the Company and Regiment.)
1st Confederate Heavy Arty Co. & 1st Fla. Field Artillery, 1st Confederate Army, Georgia
5. How long did you remain in the actual Military Service with said Company and Regiment? (Give date of discharge).
Until April 25-1865 - 2 1/2 years
6. When and where was your Company and Regiment surrendered or discharged from the Service?
April 25-1865, Wilson, Va.
7. Were you actually present with your Command when it was surrendered or discharged?
Yes
8. If you were not actually present, state specifically and clearly where you were.
I was present
- a. Where was your Command when you left it?
At Wilson, Va.
- b. When did you leave the Command?
April 25-1865
- c. For what cause did you leave?
Rest was given and no more fighting
- d. By whose authority did you leave?
Order Col. Johnson in command
- e. For how long was your leave granted? In what way?
for all time
- f. Why did you not return to your Command after leave expired?
Rest was given and no more fighting
- g. In what way were you prevented?
Rest was given and no more fighting
- h. What stock did you make to return?
None
- i. Were you captured during the war?
Yes
- j. If so, when, and where? In what prison were you held and when were you released?
Prison was at Richmond
9. What property of every description was owned, in the use, possession and control of yourself and wife, and its cash value on the 4. Nov. 1908? (Make list by items and value).
*2 1/2 acres of land 150
1 horse 100
2 chickens 25 - 2 turkeys 150*
10. What property of any kind have you or your wife disposed of and for what purpose since 4 Nov. 1908. To whom and for what price?
None
11. What property of any description of any kind, and of any value now owned and in the use, possession and control of yourself and wife and its cash value? (Make list by items and value).
*2 1/2 acres of land 150
1 horse 100
2 chickens 25*
12. What annual or monthly income or earnings of yourself and wife and the source derived have you?
None except what I get from my land
13. Are you drawing a pension of any amount from this State or the United States?
14. Have you ever applied for the Georgia Pension and had it refused? and for what cause it was not allowed?

Sworn to and subscribed before me, this 12th day of *June* 1911, at *Colts* County, Georgia.

Sammy R. Cobb

1911
65
1846

Soldier's Application

Confederate

UNDEE ACT 1910.

County *Colts*

Name *Sammy R. Cobb*

Company *E 1st Fla. Artillery*

Regiment *1st Confederate Army*

Approved *Sammy R. Cobb*

REGISTERED ROSTER OFFICE

J. W. LINDSEY,
Commissioner of Pensions.

CHAS. P. BRIDG, State Printer, ATLANTA.

11/10/11

QUESTIONS FOR WITNESS AS TO SERVICE

STATE OF GEORGIA,

Cobb County.

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

1. What is your name and where do you reside? J. L. Reed
Brynner Cobb Co. Ga.
2. How long and since when have you known A. Mann the applicant? Fifty Years
3. Where does he now reside, and since when has he been a bona fide, continuing resident in this State and how do you know? Brynner Cobb Co. Ga. near Emory
J. Louis Lewis
4. When, where and in what Company and Regiment did A. Mann enlist during war from 1861 to 1865? (Give date and place) May 1862, Rhode Is Co. G. 1st Ill. Inf. Regt.
5. How did you obtain your information of this Service? I was in same Comp
Co & Regiment
6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (give date) Until part of April 1865 about 2 years
7. When and where was his Command surrendered or discharged (give date and place) Discharged at Mason Ga part of April 1865
8. Were you personally present at the Surrender? I was
9. If not, where were you and how came you there? I was present
10. Was the applicant personally present with his Command at surrender? Yes
11. If not where was he and how came him there? He was present
12. When did he leave his Command? End of war part April 1865 Where was his Command when he left it? Mason Ga for what cause did he leave? War was over
By whose authority did he leave his superior (Col. Palmer) and how long was he granted leave? Discharged How do you know all that you have stated to be true? of your own knowledge (Tell clearly and specifically)
I was in Company with A. Mann during the period named
13. In what way was he prevented from returning to his Command? not captured How do you know?
14. What effort did he make to return to his Command and how do you know?
15. Was applicant captured as a prisoner. No If so, when and where?
In what prison was he held? and when released?

Sworn to and subscribed before me, this the

12 day of Oct 1911

Ordinary,

of Cobb County.

AFFIDAVIT OF TWO FREEHOLDERS.

STATE OF GEORGIA,

Cobb County.

Personally before me come J. H. Cantrell & M. Stone who on oath says that they are freeholders residing in said County and we know A. Mann the applicant for pension and we know the property that is now in the use, possession and control of himself and wife and of its cash value to wit: (Make List by items and value.)

87 acres of land in Cobb Co. Ga.
1. Cash & goods \$500

1. What property, if any, has been sold or given away by the applicant or his wife since 4 Nov 1908? (State it fully by items.) None
2. When and to whom was it sold or given to? TM
3. What was the price paid or stated to be paid? None Sold
4. What relation is the party to applicant? None
5. What disposition was made of the proceeds of the sale? None
5. Was the disposition of this property made in good faith and full value? None Sold or was it made to obtain a pension?

Sworn to and subscribed before me, this the

12 day of October 1911
J. M. Gannon Ordinary, J. H. Cantrell
M. Stone
of Cobb County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Cobb County.

J. M. Gannon Ordinary of said County, certify that I know the applicant A. Mann for Pension is the person he represents himself to be and resides in said County. That I also know John L Reed the witness swearing to the service and J. H. Cantrell & M. Stone who are freeholders, that they are all residents of said County and were duly sworn by me before signing the foregoing affidavit and they are all truthful and trustworthy and their statements are entitled to full faith and credit. That the Tax Returns of Cobb shows that A. Mann and wife value for tax in 1908 \$150 for 1909 \$100 for 1910 \$100

Sworn under my hand and official seal of office this 20 day of Oct 1911

J. M. Gannon Ordinary,

of Cobb County.

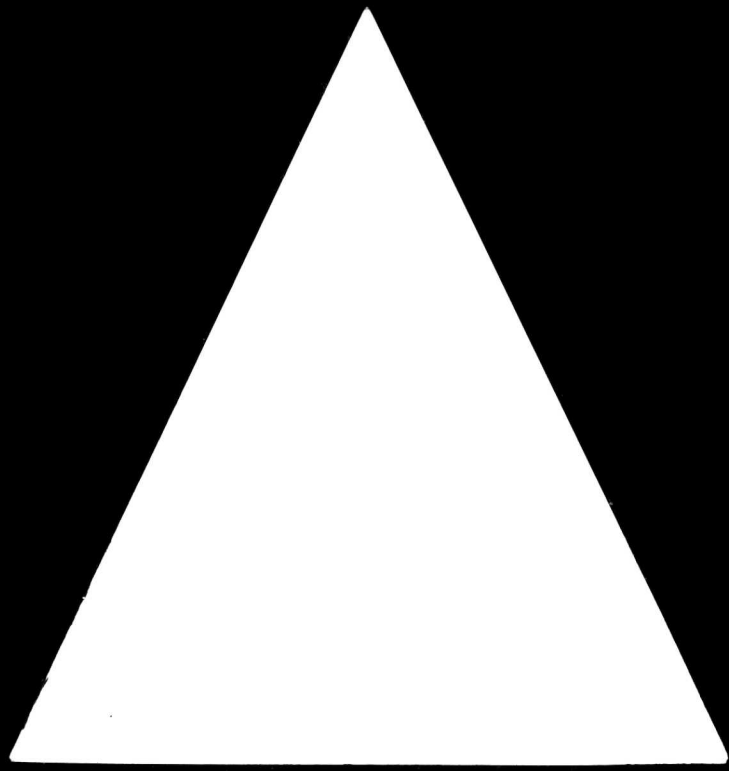
- NOTES 1. Before any questions are answered the Ordinary shall swear applicant and all witnesses in the following words: "You do solemnly swear that you will true answers make to each question asked you and the evidence you shall give shall be the true result of your own mind."
2. Additional swearing may be attached if such space are necessary.
3. All affidavits must be taken before the Ordinary and recorded before the Clerk and certified by the Clerk.
4. If applicant has no property of all in his possession, use or control of self and wife, affidavit of freeholders unnecessary.

Sworn to and subscribed before me, this, the

12th day of *Oct* 191*7*
J. M. Davis Ordinary,
of _____ County.

Abundant estate wife property of *Colth* County.

NOTES 1. Before any questions are answered the Ordinary shall swear applicant and all witnesses in the following words:
"You do solemnly swear that you will give answers make to each question asked you and the evidence you shall give shall be the whole truth; so help you God."
2. All persons answering may be sworn if their names are introduced.
3. All evidence must be made before the Ordinary and certified by him.
4. If Certified that all property of all in his possession, use or control of him and wife, and wife of freeholdern unnecessary.



James Clementine
and wife

Cobb County
April 1915

No. _____

Widow's Application

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

County *Cobb*

Name *Blumentine Lamm*

Widow of *Ed Lamm*

Company *A. B. B. B. B.*

Approved _____

J. W. LINDSEY,
Commissioner of Pensions

CHAS. F. BYRD, State Printer, Atlanta.

4/1/15

WIDOW'S AFFIDAVIT.

STATE OF GEORGIA,

Colt County.

Personally before me comes Mrs. Clementine Gamm of said County, who, after being duly sworn, on oath says, that she is the widow of Ed Gamm to whom in the County of Colt State of Geo she was married on the 26th day of December and that she remained his wife, and resided with him to the date of his death June 7 1910 and that she has not since his death remarried. At the time of his death he was a resident of Colt County, in Georgia said State of Georgia, and he was on the Service Pension Roll of the State and paid a pension of \$50 in Colt County for 10/5 per annum, on account of being a soldier in Company A 9th Ba. Artillery Regiment, Artillery (Volunteers of State Militia).

At the death of Ed Gamm he was in the use and possession of the following property 40 acres of land & value \$800 but lands 75 some 25 of the cash value of \$900.

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

| | |
|----------------------------------|-----------------------------|
| <u>40</u> Acres land | \$ <u>800</u> ⁰⁰ |
| <u>1</u> Horses and Mules | \$ <u>75</u> |
| <u>1</u> Hogs, Cows, etc. | \$ <u>25</u> ⁰⁰ |
| Total Cash value of all property | \$ <u>900</u> ⁰⁰ |

That she is now a bona fide resident citizen of said County of Colt and she has so continuously resided since Colt day of Apr 1910

Sworn to and subscribed before me, this the 4 day of Oct 1910 by Mrs. Gamm Ordinary, of Colt County.

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

STATE OF GEORGIA,

Colt County.

Personally before me come J. M. Gamm known to be responsible and truthful persons, residing in said County, who after having duly sworn on oath, say: that of their own personal knowledge Mrs. Clementine Gamm who made the foregoing affidavit, is the lawful widow of Ed Gamm who died in Colt County in said State of Geo on 7 day of June 1910 and that she has not since remarried. That she became the wife of Ed Gamm on the 25 day of Nov 1866 and that she and he had resided together as man and wife continuously since 25 day of Nov 1866 and that Ed Gamm was the same man who was on the pension roll of said State from Colt County when he died.

Sworn to and subscribed before me, this the 28th day of Oct 1910 by J. M. Gamm Ordinary, of Colt County.

Widow's Application

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

Country

Colt

Name

Clementine Gamm

Widow of

Ed Gamm

Company

A 9th Ba. Artillery

Approved

J. W. LINDSEY,

Commissioner of Pensions

CHAS. F. BYRD, STATE PRINTER, ATLANTA

Clementine Gamm
Colt County
June 7, 1910

11/1/15

At the death of Ed Gamm he was in the use and possession of the following property 40 acres of land valued \$800 one head 75 one cow 25 of the cash value of \$900

What property of any kind and of any value have you in your use, control and possession now, and the cash value. (State fully.) Same as above
40 Acres land. \$ 800⁰⁰
1 Horses and Mules. \$ 75⁰⁰
1 Hogs, Cows, etc. \$ 25⁰⁰
Total Cash value of all property \$ 900⁰⁰

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

Sworn to and subscribed before me, this the 4 day of Oct 1915 by Mountain Gamm Ordinary, of Colt County

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

STATE OF GEORGIA, Colt County

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

Sworn to and subscribed before me, this the 28 day of Oct 1915 by J. M. Gamm Ordinary, of Colt County.

Mountain Gamm
Mountain Gamm
Colt County
Colt Ga
No. 11778

Widow's Application

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

County Colt
Name Mountain Gamm
Name of Deceased Ed Gamm
Age 92 years

J. W. LINDSEY,
Commissioner of Pensions

11/1/15

said State of Ka on 7 day of June 1905 and that she
has not since remarried. That she became the wife of Edmund Gann on the 23 day
of 1866 and that she and he had resided together as man and wife continuously since
23 day of Nov 1866 and that her husband was the
same man who was on the pension roll of said State from Cobb County
when he died.

Sworn to and subscribed before me, this the

28th day of Oct 1914

J. H. Dobbins Ordinary,
Clarkston Co. Cobb County.

1177

MARRIAGE LICENSE

STATE OF GEORGIA

COUNTY OF COBB

To any Judge, Justice of the Peace, or Minister of the Gospel
YOU ARE HEREBY AUTHORIZED TO JOIN

EDMUND GANN and MISS CLEMENTINE WADE
in the Holy State of Matrimony, according to the Constitution and Laws of this
State and for so doing this shall be your License
And you are hereby required to return this License to me, with your Certifi-
cate hereon of the fact and date of the Marriage

Given under my hand and seal this 23 day of
November 1866 99 Jno. G. Campbell ORDINARY (L.S.)

State of Georgia **CERTIFICATE** County of Cobb

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

Recorded December 20 17th, 1866 and
Jno. G. Campbell W. H. Campbell, O. M. G.

ORDINARY

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

when he died.

Sworn to and subscribed before me, this the

28th day of Oct 1914

J. D. Wells Ordinary,
Elberton Cobb County.

J. M. Gann

2177

MARRIAGE LICENSE

STATE OF GEORGIA

COUNTY OF COBB



To any Judge, Justice of the Peace, or Minister of the Gospel
YOU ARE HEREBY AUTHORIZED TO JOIN

EDMUND GANN and MISS CLEMENTINE WADE
in the Holy State of Matrimony, according to the Constitution and Laws of this
State and for so doing this shall be your License
And you are hereby required to return this License to me, with your Certificate
hereof of the fact and date of the Marriage

Given under my hand and seal this 23 day of
November 1866 99th Jno. G. Campbell ORDINARY (L.S.)

State of Georgia **CERTIFICATE** County of Cobb

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

Recorded December 28 17th, 1866

Jno. G. Campbell

and

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

ORDINARY

AFFIDAVITS OF TWO FREEHOLDERS.

STATE OF GEORGIA,

Cobb County.

Personally before me came *J. H. Cantrell* who after being sworn on oath says, that they are freeholders of said County, and that they know of said County and knew her said husband *Ed. Stone* at his death on the day of *10/12* that she and he were in the use, possession and control of the following property at his death to wit: *One lot of land 40x200 ft 500*
One lot 25' - one 20' x 75'
 of the value of *2000 600* That she is now in the use, possession and control of the following property to wit: *The same as above*
 of the value of \$

Sworn to and subscribed before me, this the *27* day of *Oct* 191*5*.
J. M. Stone Ordinary
 of *Cobb* County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

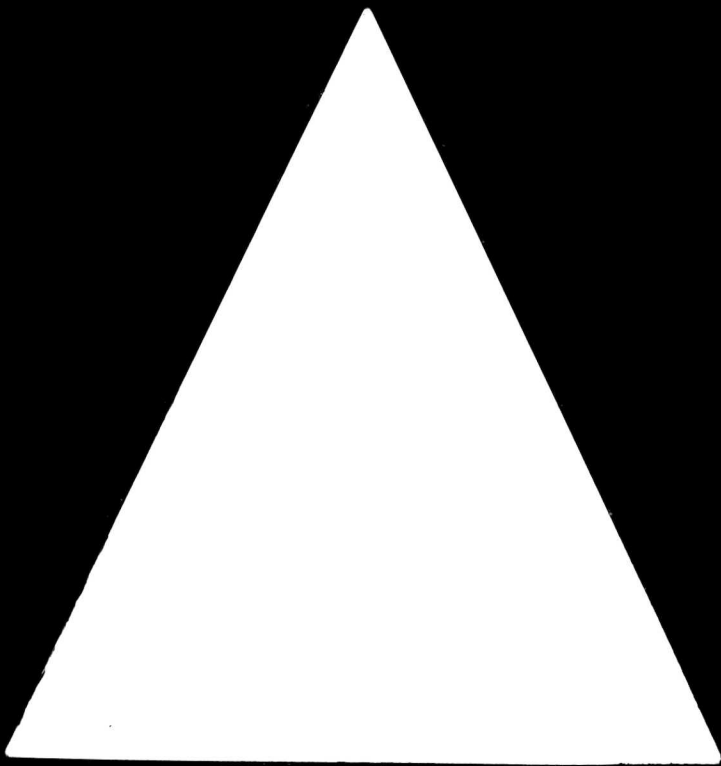
Cobb County.

I, *J. M. Stone* Ordinary of said County, do certify, that, I know Mrs. *Ann Stone* the applicant for this pension and that she is the person she represents herself to be, and that she is a bona fide continuing resident of said County and was on the *more than 30 years*
 I have also known *J. H. Cantrell* witness as to marriage and I also know *J. M. Stone & J. H. Cantrell* who I know to be a resident free holder of said County that all of the foregoing were duly sworn by me before signing the respective affidavits and that they are truthful and trustworthy and their statements are entitled to full faith and credit.

That the tax Books of *Cobb* County shows that *J. H. Stone* returned property to the amount of *1909 \$ 6.44* for *1909 \$ 6.44* for *1910 \$ 7.10*

Sworn under my hand and official seal of office this *26* day of *Oct* 191*5*.
 (SEAL.) *J. M. Stone* Ordinary.
Cobb County.

- NOTES 1. Before any questions are answered, the Ordinary shall swear applicant and the witness in the following words "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the truth. So help you God."
 2. Additional affidavits may be attached if blank spaces are insufficient.
 3. All affidavits must be made before the Ordinary.
 4. Only widows who married prior to first January 1870, are entitled.
 5. Attach certified copies of marriage license if obtainable. If not, prove marriage, by some present, or by general reputation.



Henry E. Eden
Capt. Co.

OK *Apr 11/11*
White P. Red
Confederate

Soldier's Application.

UNDER ACT 1910.

County *Colt*

Name *E. G. Gannon*

Company *A*

Regiment *9. Gr. Battalion*

Approved _____

I. W. LINDSEY
Commissioner of Prisons

CHAS. P. BYRD, State Printer, Atlanta.

9/25/10

APPLICATION FOR SOLDIER'S PENSION UNDER ACT 1910.

Questions for Applicants to Answer.

STATE OF GEORGIA,

Colt County.

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

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

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

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

4. When and where, and in what Company and Regiment did you enlist? (Give the arm and class of Service)
Spring of 1862, ...

5. How long did you remain in the actual Military Service with said Company and Regiment? (Give date of discharge)
Sept. 9, 1863, ...

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

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

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

a. Where was your Command when you left it?
 b. When did you leave the Command?
 c. For what cause did you leave?
 d. By whose authority did you leave?
 e. For how long was your leave granted? In what way?

f. Why did you not return to your Command after leave expired?
 g. In what way were you prevented?
 h. What effort did you make to return?
 i. Were you captured during the war? *Yes*
 j. If so, when, and where? In what prison were you held and when were you released?
Sept 9, 1863, ...

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

| | | | | | |
|------------------|----------------|-------|---------------|-------|----------|
| 40 Acres of Land | Value \$100.00 | Wagon | Value \$20.00 | Total | \$120.00 |
| 1 Horse | Value 50.00 | | | | |
| 2 Cows | Value 40.00 | | | | |

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

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

| | | | | | |
|------------------|----------------|-------|---------------|-------|----------|
| 40 Acres of Land | Value \$100.00 | Wagon | Value \$20.00 | Total | \$120.00 |
| 1 Horse | Value 50.00 | | | | |
| 2 Cows | Value 40.00 | | | | |

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

13. Are you drawing a pension of any amount from this State or the United States?
 14. Have you ever applied for the Georgia Pension and had it refused? and for what cause it was not allowed?

Sworn to and subscribed before me, this the _____ day of _____ 191____

 Ordinary,
 of _____ County.

Soldier's Application.

UNDER ACT 1910.

Country *Colt*

Name *E. G. ...*

Company *A*

Regiment *9th ...*

Approved

W. H. ...
 Confederate

Edward G. ...
 Colt Co.

9/10/10

J. W. LINDSEY,
 Clerk and Auditor of Pensions

Alfred G. ...

QUESTIONS FOR WITNESS AS TO SERVICE

STATE OF GEORGIA

Cobb County

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

1. What is your name and where do you reside?
James J. Bowling
Lawrence Cobb Co Ga
2. How long and since when have you known the applicant?
Fifty years ever since 1860
3. Where does he now reside and since when has he been a bona fide continuing soldier in this State and how do you know?
Lawrence Cobb County Ga
Ever since I know him
4. When, where and in what Company and Regiment did he serve as a soldier during war from 1861 to 1865? (Give date and place)
April 1862, 29th Ga. Inf.
5. How did you obtain your information of this Service?
He was member of same Co
Ballston, Ga. Cavalry
6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (give date)
until Sept 9 1863, until del
we were captured
7. When and where was his Command surrendered or discharged (give date and place).....
8. Were you personally present at the Surrender?
Yes
9. If not, where were you and how came you there?
on prison
10. Was the applicant personally present with his Command at surrender?
Yes
11. If not where was he and how came him there?
on prison
12. When did he leave his Command?..... Where was his Command when he left it?..... for what cause did he leave?..... By whose authority did he leave..... and how long was he granted leave?..... How do you know all that you have stated to be true? If of your own knowledge (Tell clearly and specifically).....
13. In what way was he prevented from returning to his Command? How do you know?
14. What effort did he make to return to his Command and how do you know?

15. Was applicant captured as a prisoner? Yes If so, when and where? April 9 1863 and when released?
at Chickasaw, Tenn. what prison was he held? at Ballston, Ga.
on Union 4 1863. I left prison as applicant with no money

Sworn to and subscribed before me, this 31 day of August 1912
J. M. Sasser Ordinary
of Cobb County.

AFFIDAVIT OF TWO FREEHOLDERS.

STATE OF GEORGIA

Cobb County

Personally before me comes J. H. Cantrell who on oath says that they are free holders residing in said County and we know Ed Sasser the applicant for pension and we know the property that is now in the use, possession and control of himself and wife and of its cash value to wit: 40 Acres Ballston Ga

1 Ed Sasser
2 Ed Sasser

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

1907 (State of Italy)

2. When and to whom was it sold or given away?
3. What was the price paid or value to be paid?
4. What relation is the party to applicant?
5. What disposition was made of the proceeds of the sale?
6. Was the disposition of this property made in good faith and full value?
or was it made to obtain a pension?

Sworn to and subscribed before me, this 31 day of August 1912
J. M. Sasser Ordinary
of Cobb County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA

Cobb County

J. M. Sasser Ordinary of said County, certify that I know the applicant Ed Sasser for Pension to be the person he represents himself to be and resides in said County. Ed Sasser the witness swearing to the service and J. H. Cantrell who are free holders, that they are all freeholders of said County and were duly sworn by me before signing the foregoing affidavits and they are all truthful and trustworthy and their statements are entitled to full faith and credit. That the Tax Returns of Ed Sasser and wife value for tax in 1908 \$ 23.00 for 1909 \$ 23.00 for 1910 \$ 23.00 Sworn right 15 day of Sept 1912
J. M. Sasser Ordinary
of Cobb County.

NOTES 1. Before any questions are answered the Ordinary shall swear applicant and all witnesses in the following words "You do solemnly swear that you will true answers make to each question asked you and the evidence you shall give shall be the whole truth; so help you God."
2. Additional affidavits may be attached if there are any beneficiaries.
3. All affidavits must be made before the Ordinary and certified by him.
4. If applicant has no property at all in his possession, use or control of self and wife, affidavits of Free holders unnecessary.

the applicant for pension and we know the property set is now in the use, possession and control of himself and wife and of its cash value to wit: (Check List by item and value)

40 acres land 100000

1 acre 10000

1. What property, if any, has been sold or given away by the applicant or his wife since 2 Nov

365
Hanson, Ferguson & Co.
Coll. Co.

No. *6665*

Application for Allowance

FOR

Good Disability - 11 1/2

Applicant *F. F. Gamm*

County *Coll.*

Amount *200*

Date of Warrant *Feb 1 / 88*

Entered on Record,

Debn 1 1888
M. H. H.

Secretary, Executive Department

E 1/9 88

State of Georgia vs. Person affected by same H. V. Reynolds
 both cases, by H. V. Reynolds who has amended a writ
 } officious in the motion of F. & Gamm offered
 for judgment under act of Legislature of Georgia
 approved Oct 24th 1857. Say that the effects of the
 gun shot wound has resulted in rendering said
 Gamm permanently and practically incompetent
 for the performance of the ordinary manual
 avocations of life. Having studied his
 nervous system impaired his general health and
 producing occasional risings, treating
 and nursing in the regimen of Rest and
 with no prospect in our judgment of a
 restoration of the ordinary health of life.

Slaves & I subscribed before -
 me this 12th February 1858 H. V. Reynolds M.D. ^{adding to} above language
 W. M. Hammond J. N. A. C. M. D.

I hereby Certify that H. V. Reynolds and
 J. W. Malow is known to me to be
 Respectable Physicians of said County
 W. M. Hammond
 Oramary

Cobb County, 1887

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

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

Given under my official signature and seal, this 19 day of Dec 1887

W. M. Hammett Ordinary Cobb County.

POWER OF ATTORNEY

STATE OF GEORGIA, Fulton County.

Know all men by these presents, That I Francis F. Gann of Cobb

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

In witness whereof I have hereunto set my hand and seal, this 19th day of January 1888 Francis F. Gann [L. S.]

Executed in the presence of us:

W. C. Asher, J. M. McCall, A. P. Cook, Fulton Co. Ga.

OK for discharge

STATE OF GEORGIA, Cobb County

PERSONALLY appears Francis F. Gann of Cobb State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has been such since the 10 day of August 1864; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company E, of 1st Regiment of State Volunteers, Stovall's Brigade; that whilst engaged in such military service, at the battle of Atlanta in the State of Georgia on the 22 day of July 1864, he was wounded as follows: by a Gun shot wound in the immediate locality of the right hip joint from the effects of which he is permanently disabled to perform manual labor.

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

Sworn to and subscribed before me, this 19 day of Dec 1887 Francis F. Gann W. M. Hammett Ordry

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

COMMISSIONED OFFICER'S AFFIDAVIT.

STATE OF GEORGIA, Cobb County.

PERSONALLY came before me of the county of State of Georgia, who, being duly sworn, says that he was a commissioned officer in Company of Regiment of Volunteers, and that deponent knows and that he received the wounds (or contracted the disease) in the military service, as stated in his foregoing affidavit, and that wounds (or disease) permanently disables the said as stated by him in said affidavit. Deponent further states that said is a bona fide citizen of this State, and resides in county. Sworn to and subscribed before me, this day of 188

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

STATE OF GEORGIA,

Cobb County)

PERSONALLY came William H. Bishop - J. P. Bowie

and W. J. Swan

citizens of

Cobb

county, in said State,

who, being duly sworn, say that they are acquainted with Francis F. Gunn

and know that he received the wounds (or contracted the

disease) in the military service, as stated by him in the foregoing affidavit; that said wounds (or disease) permanently disables applicant, as stated by him; that said applicant is a bona fide citizen of this State, and resides in Cobb County, and we are well satisfied that all the statements in his affidavit are true.

Sworn to and subscribed before me, this

19 day of Dec 1887

W. M. Hammond
Ordinary

J. P. Bowie
W. H. Bishop

STATE OF GEORGIA,

Cobb County.

PERSONALLY comes before me W. M. Hammond Ordinary of said county,
H. V. Reynolds and J. H. Cohen both known to

me as reputable physicians of said County, who, being severally sworn, say on oath that they have carefully examined Francis F. Gunn and after such examination say that the applicant has been injured as follows:

Gunshot wound in the immediate locality of the right hip joint from the effects of which we consider him permanently disabled to perform manual labor.

Sworn to and subscribed before me, this

19 day of Dec 1887

W. M. Hammond

ORDINARY

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

Audited Dec. 7 1889.

Wm. A. Wright
COMPTROLLER-GENERAL

Cobb

Claimed Soldiers.

Voucher No. 1213

Amount \$ 50

Paid to Francis F. Gunn

For General disability

Ordinary

Dec 7 1889

Included in Warrants No.
issued to Treasurer.

1889

WARRANT CLERK

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

W. J. Swan

OK by discharge

STATE OF GEORGIA, }
Bobb County }

PERSONALLY appears *Francis F Gann* of *Cobb* county, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has been such since the *10* day of *August* 1864; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *lieutenant* in Company *E*, of the *1st* Regiment of *State* Volunteers *Stovall*'s Brigade; that whilst engaged in such military service, at the battle of *Atlanta* in the State of *Georgia* on the *22* day of *July* 1864, he was wounded as follows: *by a gun shot wound in the immediate locality of the left hip joint from the effects of which deponent is permanently disabled to perform manual labor*

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

Sworn to and subscribed before me, this *19* day of *March* 1889 } *Francis F Gann*
W. M. Wainwright

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

19 } COMMISSIONED OFFICER'S AFFIDAVIT.
STATE OF GEORGIA, }
County. }

PERSONALLY came before me _____ of the county _____ of State of Georgia, who, being duly sworn, says that he was a commissioned officer in Company _____ of _____ Regiment of _____ Volunteers, and that deponent knows _____ and that he received the wounds (or contracted the disease) in the military service, as stated in his foregoing affidavit, and that wounds (or disease) permanently disables the said _____, as stated by him in said affidavit. Deponent further states that said _____ is a *bona fide* citizen of this State, and resides in _____ county. Sworn to and subscribed before me, this _____ day of _____ 1889

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

No. 1208

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

Mr. *Francis F. Gann* of the County *Cobb* having filed his application in the Executive Department for an allowance under the Act approved October 24, 1887, as amended by Act,

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

General disability of the body mind
He is entitled to receive the sum of *Eighty & 00/100* Dollars for such disability, the same being the allowance due for the year ending October 24, 1889.

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

F. J. Gordon
GOVERNOR
By the Governor
W. H. Harrison
CLERK EXECUTIVE DEPARTMENT.

50
RECEIVED OF STATE TREASURER, R. U. HARDEMAN,
Eighty & 00/100 Dollars
per above voucher, this *7* of *March* 1889

Francis F. Gann
By my special Atty. Genl.

Hamm, Francis F.
Colt Co

No. 1263

APPLICATION FOR ALLOWANCE
FOR YEAR ENDING OCT. 31, 1888

FOR
Gaul. de. 60 1/2 by
Additional Service of Hamm
County **Colt Co**

Amount \$0.
Date of Warrant **Mar 7**

Entered on Record
Mar 7 1889
SECRETARY EXAMINER DISBURSER

No additional data
J. F. Spavin

STATE OF GEORGIA.

Colt Co County
PERSONALLY appears *F. F. Hamm* of *Colt Co* county, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has been such continuously since the *27th* day of *August* 1869, that he enlisted in the military service of the Confederate States (the State of Georgia) during the war between the States, and served as a *2nd Lieutenant* in Company *G*, of *18th* Regiment of *Georgia* Volunteers (the *1st* *Stonewall's* Brigade; that whilst engaged in such military service, at the battle of *Atlanta* in the State of *Georgia* on the *27* day of *July* 1864, he was wounded as follows: *by being shot in the locality of the hip joint the ball passing upward and being so embedded in the hip that he was unable to find any wound in the same and was obliged to travel and has been confined to his bed at least about half the time since the wound and during the period of 24 months and during the same period he has been suffering from various ailments and injuries the ball was not out of the hip till the 1st day of May 1887 and he has been unable to perform any manual avocations of life since that date and he 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 *4th* day of *March* 1889, *J. F. Spavin*
J. M. Stone
Notary Public for Georgia.

STATE OF GEORGIA.

Colt Co County
PERSONALLY comes before me *J. F. Spavin* Ordinary of said county, *W. Reynolds* and *J. M. Stone*, both known to me as reputable physicians of said county, who, being severally sworn, say on oath that they have carefully examined *J. F. Hamm* and after such examination say that the applicant has been injured as follows: *Wound of hip sufficient to put him in the hospital, the effects of said wound has not been aggravated or improving. We certify that the applicant is practically incompetent to perform the ordinary manual avocations of life, and as such we truly believe him to be entitled to the provisions of the statute.*

Sworn to and subscribed before me, this *4th* day of *March* 1889, *W. Reynolds*
J. M. Stone
Notary Public for Georgia.

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.

AFFIDAVIT TO STATE

Cobb County, *J. H. Stover* Ordinary of said county,

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

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

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

Given under my official signature and seal, this *4* day of *March* 188*9*

J. H. Stover
Ordinary *Cobb* County.

NOTES.

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

POWER OF ATTORNEY.

STATE OF GEORGIA.

Cobb County.

KNOW ALL MEN BY THESE PRESENTS, That I, *J. H. Stover* of *Cobb* county, in said State, do hereby appoint *J. H. Stover* of *Cobb* county, my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

In witness whereof I have hereunto set my hand and seal, this *4* day of *March* 188*9* *J. H. Stover* (L.S.)

Executed in the presence of us:

J. H. Stover
Ordinary

DIRECTION:

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

STATE OF GEORGIA,

10000
County. *J. M. Stovall*

I, *Francis H. Mann* Ordinary of said county, do certify that I am well acquainted with *Francis H. Mann* 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 *Francis H. Mann* of said county, and the said affidavits and signatures thereto are genuine.

Given under my official signature and seal, this *10th* day of *April* 1890

J. M. Stovall
Ordinary *Cobb* County.

STATE OF GEORGIA,

Cobb County.

I, *J. M. Stovall* Ordinary of said County, do certify that I am well acquainted with *F. H. Mann* 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 *Francis H. Mann* of said County, and the said affidavits and signatures thereto are genuine.

Given under my official signature and seal, this *20* day of *March* 1891.

J. M. Stovall
Ordinary *Cobb* County.

Chas. J. ...
...
1890.

APPLICATION FOR ALLOWANCE
FOR THE YEAR ENDING OCTOBER 31, 1890.
No. *2420*
Applicant, *Isabel S. ...*
County, *Cobb*
Amount, *100*
Date of Warrant, *April 11*
Entered on record *April 11 1890*
WARRANT ISSUED TO *M. J. Cheary*
BY *M. J. Cheary*
SHERIFF EXECUTIVE DEPARTMENT

...

1891
PAID 1891, *...*
No. *2431*
APPLICATION FOR ALLOWANCE
FOR THE YEAR ENDING OCTOBER 31, 1891.
Applicant, *...*
County, *Cobb*
Amount, *100*
Date of Warrant, *March 24*
Entered on record *March 24 1891*
WARRANT ISSUED TO *M. J. Cheary*
BY *M. J. Cheary*
SHERIFF EXECUTIVE DEPARTMENT

For Applicants Heretofore Allowed Pensions.
STATE OF GEORGIA,

PERSONALLY appears *Francis F. Gammon* of *Colt* County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has been such continually since the *10* day of *August* 1864 that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *2nd Lieutenant* in Company *E*, of *14th* Regiment of *Georgia* Volunteers *1st Lt Col Howell's* Brigade; that whilst engaged in such military service at the battle of *Atlanta* in the State of *Georgia*, on the *22* day of *July* 1864, he was wounded as follows: *By being shot in the breast of the left hip joint the ball coming upward and striking the bone below in the hip, that the surgeons failed to find it and by the loss of the ball several other bones were broken and the ball was not removed. The wound was treated for 22 months, and during that time he was unable to perform any manual labor as a result of the wound. He is unable to perform any manual labor as a result of the wound.*

Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1890. I have heretofore been allowed a pension of *(16125) 1889* *50 cts* dollars.

Sworn to and subscribed before me this *10* day of *April* 1890
F. H. Stone

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

Know all Men by these Presents, That I, *Francis F. Gammon*

county, in said State, do hereby appoint *F. H. Stone* my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia 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 *10* day of *April* 1890

Executed in the presence of us: *Francis F. Gammon* [L. S.]

F. H. Stone
DIRECTION.
Send money to me as follows, by _____ to _____ County, Georgia.

For Applicants Heretofore Allowed Pensions.
STATE OF GEORGIA,

PERSONALLY appears *F. F. Gammon* of *Colt* County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has resided therein continuously ever since the *10* day of *August* 1839; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *2nd Lieutenant* in Company *E*, of *14th* Regiment of *Georgia* Volunteers *1st Lt Col Howell's* Brigade; that whilst engaged in such military service at the battle of *Atlanta* in the State of *Georgia*, on the *22* day of *July* 1864, he was wounded as follows: *By being shot in the breast of the left hip joint the ball coming upward and striking the bone below in the hip, that the surgeons were unable to find and extract it from the body before it was removed. It has been estimated that the ball was not removed from the body until about 12 months. That it has continued forming back as new, striking and bruising the bone over three months ago. It moved in 1876 but fell out. It cut out but the left leg is very weak and the whole system is so affected by it that all the manual labor that he is unable to perform any manual labor as a result of the wound.*

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

Sworn to and subscribed before me, this, the *20* day of *March* 1891
F. H. Stone

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

Know all Men by these Presents, That I, *F. F. Gammon*

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *20* day of *March* 1891

Executed in the presence of us: *F. F. Gammon* [L. S.]

F. H. Stone
DIRECTION.
Send money to me as follows, by _____ to _____ County, Georgia.

manually examined by _____ of _____ State of _____ and a physician of _____ County, Georgia.

State of _____ and a physician of _____ County, Georgia.

STATE OF GEORGIA.

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

Given under my official signature and seal, this 23rd day of April, 1892.

Ordinary J. F. Yarn County.

POWER OF ATTORNEY.

STATE OF GEORGIA.

J. F. Yarn of Cobb County, State of Georgia, do hereby appoint J. F. Yarn 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 23rd day of April, 1892.

Executed in the presence of us: J. F. Yarn X [R. #]
Mrs. Abable
P. H. Ganar

Send money to me as follows, by STATE OF GEORGIA to County, Georgia P. O.

SOLDIERS' PENSION.

1892.

FOR THE YEAR ENDING OCTOBER 31, 1892.

Name J. F. Yarn
County Cobb
Disability Widow from 'wounds'
Amount \$ 100
Entered on record April 27 1892.
W. H. HARRISON,
Secretary of Pension Department.
AGENT.
M. J. Spear
Chas. W. Harrison, State Printer, Atlanta, Ga.

Cobb Co.
Agony G. F.
1893.

Application for Advance

No. 588
Date of Record April 27
County Cobb
Amount 100
Date of Warrant 4/11
Entered on record 4/11
Cobb
Secretary of Pension Department
M. J. Spear
W. H. Harrison to
W. H. Harrison
W. H. Harrison

STATE OF GEORGIA
FOR APPLICANTS HERETOFORE UNPAID PENSIONS

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb COUNTY.

Know all Men by these Presents, That I,

J. F. Gann
of *Cobb*
County, State of Georgia, do hereby appoint
of *Atlanta Ga* *W. J. Sprains*

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

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

19th

day of *Nov* 1864.

J. F. Gann [L. S.]

Executed in the presence of us

Wm. J. Griffin
Charles H. Brown

DIRECTIONS.

Send money to me as follows, by

to
County, Georgia.

P. O.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.

KNOW ALL MEN BY THESE PRESENTS, That I,

J. F. Gann
of *Cobb*
County, State of Georgia, do hereby appoint
of *Atlanta Ga* *W. J. Sprains*

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

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

16th

day of *Nov* 1865.

J. F. Gann [L. S.]

Executed in presence of us

J. M. Jones
Oramus

DIRECTIONS.

Send money to me as follows, by

to
County, Georgia.

P. O.

(For Those Already Enrolled.)

No. *587*

Soldier's Pension.

1894.

Name *J. F. Gann*
County *Cobb*
Disability *Totally Dis*
Amount, \$ *100*
3/4

1894.

W. H. HARRISON,

Secretary Executive Department.

WARRANT REFERRED TO

W. J. Sprains

Secretary Executive Department.

(For Those Already Enrolled.)

No. *603*

SOLDIER'S PENSION.

1895.

Name *J. F. Gann*
County *Cobb*
Disability *Total disability*
Amount, \$ *50*
3/4

1895.

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT REFERRED TO

W. J. Sprains

Secretary Executive Department.

W. J. Sprains

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }
Cobb County, }

PERSONALLY appears J. F. Gann of Cobb County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has resided therein continuously ever since the 10th day of August 1844; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a 2nd Lieutenant in Company E, of 1st Regiment of Georgia Volunteers, Stovall's Brigade; that whilst engaged in such military service at the battle of Albany in the State of Georgia, on the 22nd day of July 1864, he was wounded as follows:

By being shot in the locality of the left hip joint, the ball passing upward and being so imbedded in the hip that it was never fully got out. On account of said wound deposit was not able to any work, not part of the time to care for sworn. - The result is total disability to deposit.

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 20, 1894. I have heretofore been allowed a pension of \$100 dollars, for the year 1893

Sworn to and subscribed before me, this, the 16th day of March 1894. } J. F. Gann

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

STATE OF GEORGIA, }
Cobb County, }

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

Given under my official signature and seal, this 19th day of March 1894.



J. F. Gann
Ordinary Cobb County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }
Cobb County, }

PERSONALLY appears J. F. Gann of Cobb County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has resided therein continuously ever since the 10th day of August 1844; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a 2nd Lieutenant in Company E, of 1st Regiment of Georgia Volunteers, Stovall's Brigade; that whilst engaged in such military service at the battle of Atlanta in the State of Georgia, on the 22nd day of July 1864, he was wounded as follows:

By being shot in the locality of the left hip joint, the ball passing upward and being so imbedded in the hip that it was never fully got out. On account of said wound deposit was not able to any work, not part of the time to care for sworn. - The result is total disability to deposit.

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 20th, 1895. I have heretofore been allowed a pension of 100 dollars, for the year 1894

Sworn to and subscribed before me, this, the 16th day of March 1895. } J. F. Gann

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

STATE OF GEORGIA, }
Cobb County, }

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

Given under my official signature and seal, this 16th day of March 1895.



J. F. Gann
Ordinary Cobb County.

Vertical handwritten note: The ordinary T. J. Gann is a true citizen of Georgia, being a large part of his time resided in the county of Cobb, Georgia.

POWER OF ATTORNEY.

STATE OF GEORGIA.

Cobb County. I, *J. F. Gunn* hereby authorize *J. F. Gunn* of *Monetta* *me* to receive and receipt for the pension paid hereon and request that he remit same to *me* by *him* at

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *10th* day of *March* 1896. *J. F. Gunn* [L. S.]

Executed in presence of *J. M. Talley*

J. F. Gunn
Lebb G
No. *3196*
(For Those Already Enrolled.)

SOLDIER'S PENSION.

1896.

Name *J. F. Gunn*
County *Cobb*
Disability *Total disability*
Amount, \$ *100.*
3/20 1896

1896

RICHARD JOHNSON,

Secretary Revenue Department.

WARRANT HANDED TO *[Signature]*

W. W. HARRISON, STATE PRINTER, ATLANTA.

No data

J. F. Gunn
Lebb G
No. *3708*
(For Those Already Enrolled.)

INVALID

SOLDIER'S PENSION.

1897.

Name *J. F. Gunn*
County *Cobb*
Disability *Total disability*
Amount, \$ *100.*
March 16 1897

RICHARD JOHNSON,

Secretary of Finance.

WARRANT HANDED TO *[Signature]*

W. W. HARRISON, STATE PRINTER, ATLANTA.

No data

POWER OF ATTORNEY.

STATE OF GEORGIA.

Cobb County. I, *J. F. Gunn* hereby authorize *J. F. Gunn* of *Monetta* *me* to receive and receipt for the pension paid hereon and request that he remit same to *me* by *him* at

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *3rd* day of *March* 1897. *J. F. Gunn* [L. S.]

Executed in presence of

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears *J. F. Gunn* of *Cobb* County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has resided therein continuously ever since the *10* day of *August* 18*74* that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served as a *Private* in Company *E*, of _____th Regiment of *Georgia* Volunteers, _____'s Brigade; that whilst engaged in such military service in the State of *Ga.*, on the *22nd* day of *July* 18*64*, he was wounded, injured or diseased as follows:

By being shot in the locality of the left hip joint, the ball coming through and being so imbedded in the hip that it was not taken out till 1876. — On account of said wound, defendant is not able to do any work — part of the time not able to look his wounds — he is totally disabled.

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 26th, 1896. I have heretofore as a resident of *Cobb* county been allowed a pension of *\$100.* dollars, for the year 18*95*.

Sworn to and subscribed before me, this, the *10th* day of *March* 18*96*. } *J. F. Gunn*
J. L. Stone

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

STATE OF GEORGIA,

Cobb County.

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

Given under my official signature and seal, this *10th* day of *March* 18*96*.



J. L. Stone
Cobb County.

Ordinary *Cobb* County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears *J. F. Gunn* of *Cobb* County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has resided therein continuously ever since the *10* day of *August* 18*74* that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served as a *Private* in Company *E*, of _____th Regiment of *Georgia* Volunteers, _____'s Brigade; that whilst engaged in such military service in the State of *Ga.*, on the *22nd* day of *July* 18*64*, he was wounded, injured or diseased as follows:

By gunshot striking the left hip joint, the ball coming through and being so imbedded in the hip that it was never taken out till 1876. — On account of which, Applicant is totally disabled to do anything in the way of work &c.

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 26th, 1897. I have heretofore under said law as a resident of *Cobb* county been allowed an invalid pension of *\$100.* Dollars, for the year 18*95*.

Sworn to and subscribed before me, this, the *3rd* day of *March* 18*97*. } *J. F. Gunn*
J. L. Stone POST OFFICE *Wheaton Ga.*

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

STATE OF GEORGIA,

Cobb County.

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

Given under my official signature and seal, this *3rd* day of *March* 18*97*.



J. L. Stone
Cobb County.

Ordinary *Cobb* County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County, }
 I, *F. F. Gann* hereby authorize *F. C. Jamin*
 of *Cobb Co. Ga.*
 to receive and receipt for the pension paid hereon and request that he remit same to
J. M. Stone by *him.*

at _____
 IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *15th*
 day of *March* 1898.
F. F. Gann [L. S.]

Executed in presence of _____

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County, }
 I, *F. F. Gann* hereby authorize *J. M. Stone*
 of *Monetta Ga.*
 to receive and receipt for the pension paid hereon and request that he remit same to
me by *him*

at _____
 IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *15th*
 day of *July* 1899.
F. F. Gann [L. S.]

Executed in presence of _____

Gann, F. F.
Co. 23. 3.

ACT OF SEPT., 1867.
 (For Those Already Enrolled.)
 No. *3353*
INVALID
SOLDIER'S PENSION.
1898.
 Name *F. F. Gann*
 County *Cobb*
 Disability *Total disability*
 Amount \$ *100.*
3/23 1898.

RICHARD JOHNSON,
 Commissioner of Pensions.
 WARRANT HANDED TO
R. C. Jamin
W. W. HARRISON, STATE PRINTER, ATLANTA

100.00

Free Pld
Gann, F. F.
Co. 23. 3.
 (For Those Already Enrolled.)

No. *3164*
INVALID
SOLDIER'S PENSION.
1899.
 Name *F. F. Gann*
 County *Cobb*
 Disability *Wounds*
 Amount, \$ *190.*
7/24 1899.

RICHARD JOHNSON,
 Commissioner of Pensions.
 WARRANT HANDED TO
R. C. Jamin
W. W. HARRISON, STATE PRINTER, ATLANTA

No data

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County. }
 Personally appears *F. F. Gann* of *Cobb*

County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the *10th* day of *August* 18*34*, that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served as a *2nd Lieut* in Company *8*, of *1st* Regiment of *Ya. State* Volunteers, *Styell*'s Brigade; that whilst engaged in such military service in the State of *Ya.*, on the *22nd* day of *July* 18*64*, he was wounded, injured or diseased as follows:

That he was shot in the left hip, ganglion removed in said hip that it was never taken out till the year 1876. From and on account of said wound applicant is totally disabled - confined for the most part to his room.

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 26th, 1898. I have heretofore under said law as a resident of *Cobb* county been allowed an invalid pension of *\$100.* Dollars, for the year 1897.

Sworn to and subscribed before me, this, *5th* day of *Mar* 1898. } *F. F. Gann*
 POST-OFFICE *Mableton Ga.*
M. Stone Only

Notarially certify the nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease.

STATE OF GEORGIA,

Cobb County. }
 I, *M. Stone* Ordinary of said County,

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

Given under my official signature and seal, this *5th* day of *Mar* 1898.

M. Stone
 Ordinary *Cobb* County.



For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County. }
 Personally appears *F. F. Gann* of *Cobb*

County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the *10th* day of *August* 18*34*, that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served as a *Lieut* in Company *8*, of *1st* Regiment of *Ya State* Volunteers, *Styell*'s Brigade; that whilst engaged in such military service in the State of *Ya.*, on the *22nd* day of *July* 18*64*, he was wounded, injured or diseased as follows:

in the left hip, on account of which wound Applicant is rendered totally disabled to do any manual labor

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1899. I have heretofore under said law as a resident of *Cobb* County been allowed an invalid pension of *\$100* Dollars, for the year 1898.

Sworn to and subscribed before me, this, *15th* day of *July* 1899. } *F. F. Gann*
 POST OFFICE *Mableton Ga.*
M. Stone Only

Notarially certify the nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease.

STATE OF GEORGIA,

Cobb County. }
 I, *J. W. Stone* Ordinary of said County,

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

Given under my official signature and seal, this *15th* day of *July* 1899.

J. W. Stone
 Ordinary *Cobb* County.



POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.

I, *J. F. Gamm* hereby authorize *J. M. Stover*
of *Marietta, Ga.*

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *21st*
day of *March* 1900.

J. F. Gamm [L. S.]

Executed in presence of
J. J. Kauby

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.

I, *J. F. Gamm* hereby authorize *John Anthony*
of *Marietta*

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal this *5th*
day of *January* 1901.

J. F. Gamm [L. S.]

Executed in presence of
J. M. Gamm

Jam. F. F. Cobb
CODR SECTION 128
(For These Already Enrolled.)

No. *3436*

**INVALID
SOLDIER'S PENSION.
1900.**

Name *J. F. Gamm*
County *Cobb*
Disability *Wounds*
Amount, \$ *100.*
Warrant issued *Mar. 21* 1900.

JOHN W. LINDSEY,
Commissioner of Pensions.
WARRANT HANDED TO
Stover
Gen. W. Harrison, State Printer, Atlanta.
No data

Jam. F. F. Cobb
CODR SECTION 129
(For These Already Enrolled.)

No. *144*

**DISABLED
SOLDIER'S PENSION.
1901.**

Name *J. F. Gamm*
County *Cobb*
Disability *Am. Shot.*
Amount, \$ *100.*
Jam 15th 1901.

JOHN W. LINDSEY,
Commissioner of Pensions.
WARRANT HANDED TO
Anthony
Gen. W. Harrison, State Printer, Atlanta.
No data

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Co. B. 4th Regt Ga State Troops

Cobb County

Personally appears

J. F. Gann of *Cobb*

County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen and resident of said State and County, and has resided therein continuously ever since the *10th* day of *August* 18*64*; that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served as a *private* in Company *C*, of *1st* Regiment of *Ga. State Troops* *Stovall's* Brigade; that whilst engaged in such military service in the State of *Ga.*, on the *22nd* day of *July* 186*4*, he was wounded, injured or diseased as follows:

By gunshot striking in the left hip - on account of which wound applicant is rendered totally disabled to do any manual labor.

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1900. I have heretofore under said law as a resident of *Cobb* County been allowed an invalid pension of *\$100.* Dollars, for the year 189*9*.

Sworn to and subscribed before me, this the

J. F. Gann

day of

1900. POST OFFICE

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

STATE OF GEORGIA,

Cobb County

I,

J. W. Stowe Ordinary of said County,

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

Given under my official signature and seal, this

day of

1900.

J. W. Stowe Ordinary *Cobb* County.



For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Co. B. 4th Regt Ga State Troops

Cobb County

Personally appears

J. F. Gann of *Cobb*

County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has resided therein continuously ever since the *10th* day of *August* 18*64*; that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served as a *2nd Lieutenant* Company *C*, of *1st* Regiment of *Ga State Troops* *Stovall's* Brigade; that whilst engaged in such military service in the State of *Ga*, on the *22* day of *July* 186*4*, he was wounded, injured or diseased as follows:

By gunshot striking in left hip on account of which wound applicant is rendered totally disabled to do any manual labor.

Deponent makes application for the pension to which he is entitled for year ending October 26th, 1901. I have heretofore under said law as a resident of *Cobb* County been allowed an invalid pension of *\$100.* Dollars, for the year 1900.

Sworn to and subscribed before me, this the

J. F. Gann

day of

1901. Postoffice

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

STATE OF GEORGIA,

Cobb County

I,

John Anthony Ordinary of said County,

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

Given under my official signature and seal, this

day of

1901.

John Anthony Ordinary *Cobb* County.



POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb
County.

I, *F. F. Gamm* hereby authorize _____

of _____

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

by _____

at _____

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 9

day of *June* 1902.

F. F. Gamm [L. S.]

Executed in presence of

J. M. Gamm

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb
County.

I, *F. F. Gamm* 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 _____ 1902.

F. F. Gamm [L. S.]

Executed in presence of

J. M. Gamm

*Army of U.S.
Cobb County*

COPIES SECTION 104
(FOR THOSE ALREADY ENROLLED.)

No. *518*

**DISABLED
SOLDIER'S PENSION
1902.**

Name *F. F. Gamm*
County *Cobb*
Co. *E* Regiment *1st*
Disability _____
Amount, \$ *100* 1902

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Only

no date

*Gamm, C. S.
Cobb County*

COPIES SECTION 104
(FOR THOSE ALREADY ENROLLED.)

No. *268*

**DISABLED
SOLDIER'S PENSION
1903.**

Name *F. F. Gamm*
County *Cobb*
Co. *E* Regiment *1st Reg*
Disability *total*
Amount, \$ *100* 1903

JOHN W. LINDSEY,
Commissioner of Pensions

WARRANT HANDED TO

Only

Gen. W. Harrison Bate, Governor, Atlanta

STATE OF GEORGIA

FOR APPLICANTS HERETOFORE AVOIDED PENSIONS

C. B. 4th Regt 154 State Troop

C. B. 4th Regt 154 State Troop

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

STATE OF GEORGIA,

Cobb County.

Wich County.

Personally appears H. F. Gamm of Cobb County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has resided therein continuously ever since the day of August 1834 that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served as a Sergeant in Company E, of 1stth Regiment of 5th State Troop Volunteers, Stovalls's Brigade; that whilst engaged in such military service in the State of Ga, on the 22nd day of July 1864, he was wounded, injured or diseased as follows:

Personally appears H. F. Gamm of Wich County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has resided therein continuously ever since the day of August 1834; that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served as a Sergeant in Company E, of 1stth Regiment of 5th State Troop Volunteers, Stovalls's Brigade; that whilst engaged in such military service in the State of Ga, on the 22nd day of July 1864, he was wounded, injured or diseased as follows:

By Gun shot striking in the hip and so caused of which wound applicant is rendered totally disabled to do any manual labor

By Gun shot striking in the left hip and so caused of which wound applicant is rendered totally disabled to do any manual labor

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1902. I have heretofore, under said law, as a resident of Cobb County, been allowed an invalid pension of \$100 Dollars, for the year 1901.

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1903. I have heretofore, under said law, as a resident of Cobb County, been allowed an invalid pension of \$100 Dollars, for the year 1902.

Sworn to and subscribed before me, this the 9th day of Jan 1902. Post-office Mableton Ga

Sworn to and subscribed before me, this the 10th day of Jan 1903. Post-office Mableton

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.

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,

STATE OF GEORGIA,

Cobb County.

Wich County.

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

Given under my official signature and seal, this 9th day of January 1902.

Given under my official signature and seal, this 10th day of Jan 1903.

John W. Autrey Ordinary Cobb County.

John W. Autrey Ordinary Cobb County.



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

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

OFFICE OF VOUCHERS

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb }
COUNTY.

John H. Gamm 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 18

day of Jan 1904.

F. F. Gamm

[L. S.]

Executed in presence of

F. F. Gamm

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb }
COUNTY.

John H. Gamm 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 21

day of Jan 1905.

F. F. Gamm

[L. S.]

Executed in the presence of

J. H. Gamm

Gamm, F. F.

Cobb Co.

(FOR THOSE ALREADY ENROLLED.)

No. 3-0

DISABLED

SOLDIER'S PENSION

1904.

Name F. F. Gamm

County Cobb

Co. 6

Regiment 1

Disability Total

Amount, \$100

JAN 25

1904.

JOHN W. LINDSEY,

Commissioner of Pensions

WARRANT HANDED TO

W. F. Gamm

Gen. W. Harrison Sharp/Pres. Alaska

no date

Gamm, F. F.

Cobb Co.

(FOR THOSE ALREADY ENROLLED.)

No. 313

DISABLED

SOLDIER'S PENSION

1905.

Name F. F. Gamm

County Cobb

Co. 6

Regiment 1st

Disability

Amount, \$100.00

JAN 23

1905.

JOHN W. LINDSEY,

Commissioner of Pensions

WARRANT HANDED TO

W. F. Gamm

Gen. W. Harrison Sharp/Pres. Alaska

no date

C. B. 4th Regt. Ga. State Troop and

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cobb County.

Personally appears *F. F. Gamm* of *Cobb* County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has resided therein continuously ever since the *10th* day of *Aug.* 18*34*; that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served as a *2nd Lieut.* in Company *E.* of *10th* Regiment of *State Troop* Volunteers *Stovall*'s Brigade; that whilst engaged in such military service in the State of *Ga.* on the *22nd* day of *July* 186*4*, he was wounded, injured or diseased as follows:

By gunshot striking in the left hip on account of which wound applicant is rendered totally disabled to any manual labor.

Deponent makes application for the pension to which he is entitled for the year ending October 28th, 1904. I have heretofore, under said law, as a resident of *Cobb* County, been allowed an invalid pension of *\$100.* Dollars, for the year 1903.

Sworn to and subscribed before me, this *18* day of *Jan* 1904. *F. F. Gamm* Post-office *John Andriey*

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

STATE OF GEORGIA,

Cobb County.

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

Given under my official signature and seal, this *18* day of *Jan* 1904. *John Andriey* Ordinary *Cobb* County.



Note.—Fill all blanks and of Company and Regiment.
Note.—All vouchers and affidavits must bear date after January 1, 1904.

C. B. 4th Regt. Ga. State Troop and

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cobb COUNTY.

Personally appears *F. F. Gamm* of *Cobb* County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has resided therein continuously ever since the _____ day of _____ 18*34*; that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served as a *Lieutenant* in Company *E.* of *1st* Regiment of *State Troop* Volunteers *Stovall*'s Brigade; that whilst engaged in such military service in the State of *Ga.* on the *22* day of *July* 186*4*, he was wounded, injured or diseased as follows:

By gunshot striking in the left hip on account of which wound applicant is rendered totally disabled to do any manual labor.

Deponent makes application for the pension to which he is entitled for the year ending October 28th, 1905. I have heretofore, under said law, as a resident of *Cobb* County, been allowed an invalid pension of *\$100.* Dollars, for the year 1904.

Sworn to and subscribed before me, this *21* day of *January* 1905. *F. F. Gamm* Post-office *John Andriey*

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

STATE OF GEORGIA,

Cobb COUNTY.

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

Given under my official signature and seal, this *21* day of *Jan* 1905. *John Andriey* Ordinary *Cobb* County.



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

POWER OF ATTORNEY.

STATE OF GEORGIA.

Cobb COUNTY.
I, F. F. Gann hereby authorize
John A. Wray of _____
to receive and receipt for the pension paid hereon, and request that he remit same to
_____ by
_____ at _____

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 18
day of July 1906.

F. F. Gann [L. S.]
Executed in the presence of
J. M. Gann

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb COUNTY.
I, F. F. Gann hereby authorize
John A. Wray of _____
to receive and receipt for the pension paid hereon, and request that he remit same to
_____ by
_____ at _____

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 18
day of July 1907. F. F. Gann

[L. S.]
Executed in presence of
J. M. Gann

Gann, F. F.
Cobb Co., Ga.

Class Service 1906
(FOR THOSE ALREADY ENROLLED.)
No. 307

**DISABLED
SOLDIER'S PENSION
1906.**

Name F. F. Gann
County Cobb
Co. E 4 Regiment 10th
Disability Wound body
Amount, \$100.00

1906.
JOHN W. LINDSEY,
Commissioner of Pensions.
WARRANT HANDED TO _____
The President of the United States, Wash. D. C.

no data
Gann, F. F.,
Cobb Co.,

Class Service 1907.
(FOR THOSE ALREADY ENROLLED.)
No. 213

**DISABLED
SOLDIER'S PENSION
1907.**

Name F. F. Gann
County Cobb
Co. E 4 Regiment 10th
Disability Wound
Amount, \$100

JAN 21 1907.
JOHN W. LINDSEY,
Commissioner of Pensions.
WARRANT HANDED TO _____
Gen. W. B. BARKER, STATE PRISON, ATLANTA.

FOR VALENCE APPROVED PENSIONS

FOR VALENCE APPROVED PENSIONS

Co. B. 4th Regt. Ga. State Troops

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,

Cobb County.
Personally appears F. F. Gamm of Cobb

County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has resided therein continuously ever since the day of _____ 18____; that he enlisted in the military service of the Confederate States, (or of the State of _____) during the war between the States, and served as a Private in Company E, of 1st Regiment of Volunteers's Brigade; that whilst engaged in such military service in the State of _____, on the _____ day of _____ 186____, he was wounded, injured or diseased as follows:

Total Disability wound July 22/64

Deponent makes application for the pension to which he is entitled for the year ending October 28th, 1906. I have heretofore, under said law, as a resident of Cobb County, been allowed an invalid pension of 100.00 Dollars, for the year 1906.

Sworn to and subscribed before me, this the 18 day of July, 1906. F. F. Gamm
Post-Office _____

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

State of Georgia,

Cobb County.
I, John Ardrey Ordinary of said County,

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

Given under my official signature and seal, this 18 day of July, 1906. John Ardrey
Ordinary Cobb County.



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

Co. B. 4th Regt. Ga. State Troops

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,

Cobb County.
Personally appears F. F. Gamm of Cobb

County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has resided therein continuously ever since the day of _____ 18____; that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served as a _____ in Company E, of 1st Regiment of Volunteers's Brigade; that whilst engaged in such military service in the State of _____, on the _____ day of _____ 186____, he was wounded, injured or diseased as follows:

Total Disability from
Body Wound

HAL

Deponent makes application for the pension to which he is entitled for the year ending October 28th, 1907. I have heretofore, under said law, as a resident of Cobb County, been allowed an invalid pension of 100.00 Dollars, for the year 1906.

Sworn to and subscribed before me, this the 15 day of July, 1907. F. F. Gamm
John Ardrey Postoffice _____

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

State of Georgia,

Cobb County.
I, John Ardrey Ordinary of said County,

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

Given under my official signature and seal this 15 day of July, 1907. John Ardrey
Ordinary Cobb County.



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

Sabb

Maimed Soldiers.

Voucher No. 2720.

Amount \$ 100.⁰⁰

paid to Francis J. Danner

for Totally Disabled
by Service.

Sept. 11 1890

Included in warrant No.

issued to Treasurer.

18

WARRANT CLERK.

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

W. F. Campbell

Danner, F. J.

Sabb

1891.

Maimed Soldiers.

Voucher No. 2830

Amount \$ 100

paid to F. J. Danner

for Totally disabled by
service.

Nov 21 1891

Included in warrant No.

issued to Treasurer.

1891.

WARRANT CLERK.

Geo. W. Harrison, State Printer, Atlanta.

W. F. Campbell

No. 2720

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.

Atlanta, Ga., Apr 11 1890.

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

approved, Dec. 24, 1888, and the same having been examined and allowed for
Total Disability from wound
He is entitled to receive the sum of One Hundred Dollars
for such disability, the same being the allowance due for the year ending October 24, 1890.

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

By the Governor, [Signature] GOVERNOR.
W. H. [Signature] CLERK EXECUTIVE DEPARTMENT.



\$100⁰⁰

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

One Hundred & 00/100 Dollars,
per above voucher, this 11 of April 1890.

F. J. Gann by his atty in fact
John M. [Signature]

1891.

No. 2834

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.

Atlanta, Ga. May 24 1891.

Mr. F. J. Gann of the County
of Cobb having filed his application in the Executive
Department for an allowance under the Act approved October 24, 1887, as amended by Acts

approved Dec. 24, 1888 and Nov. 11, 1889, and the same having been examined and allowed for
Totally dis'd by wound
He is entitled to receive the sum of One Hundred & 00/100 Dollars
for such disability, the same being the allowance due for the year ending October 24, 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, [Signature] GOVERNOR.
W. H. [Signature] SEC'Y EXECUTIVE DEPARTMENT.



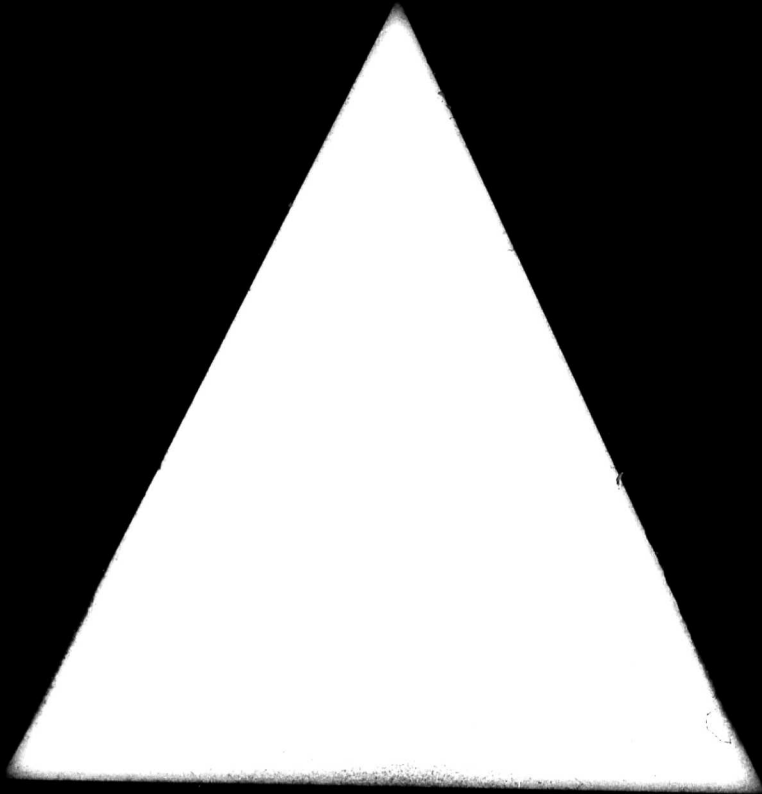
\$100

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

One Hundred & 00/100 Dollars,
per above voucher, this 24 of March 1891.

Mr. [Signature]
in fact
for F. J. Gann

COBB



THE END
MICROFILMED FOR

GA. DEPT. OF
ARCHIVES AND HISTORY

(PENSION APPLICATIONS OF CONFEDERATE SOLDIERS AND WIDOWS WHO APPLIED FROM GEORGIA)

Title CROWDER, WILLIAM THRU GANN, F. P. (FRANCIS)
Co G 11th Regt Ga. Cav.

COBB COUNTY

COBB COUNTY

| Volume |
|--------|
| GCP 92 |

| Number |
|--------------------|
| 2886139-2886139-92 |

I CERTIFY I WAS THE OPERATOR WHO
PHOTOGRAPHED THIS FILM IN ATLANTA,
GEORGIA, August 31, 1962.

J. S. Sullivan
Operator

15 X V

1110

MANN FILM LABORATORIES

DATE

| |
|--|
| |
|--|

Application for Pension Due to a Deceased Pensioner

Under the Act of August 15, 1904.

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

GEORGIA, Cobb County.

Personally before me, the Ordinary of said County, comes H. J. LeRoy, undersigned for Roscoe Manufacturing Co of said County, who, after being sworn, on oath says that he knew Mrs Margaret E Foster of said County, and that she was on the 1917 Pension Roll of Cobb County at the time of her death, which occurred in Roanoke Creek County, in this State, on the 22nd day of January 1918, and that a Pension of Eighty no part Dollars was due her and unpaid at the time of her death. That he left no widow or dependent children surviving him, and no estate of any value sufficient to pay his funeral expenses, which amounted to the sum of 113 68 Dollars, as per sworn statement, itemized, hereto attached.

Sworn to and subscribed before me this 12th day of Feb. 1918
Marshall E. Brown Ordinary.
Notary Public Cobb County.

GEORGIA, Cobb County

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

I also knew Mrs Margaret Foster while in life; that he was the same person whose name appears on the Widows Pension Roll of Cobb County, and was paid a Pension of Seventy Dollars in said County for 1917, and I now believe him to be dead.

Given under my hand and official seal, this 8 day of March 1918.

J. M. Lauer Ordinary,
Cobb County.

D. Y. STUBBINS
 PRESIDENT & TREASURER

C. C. FOSTER
 SECRETARY



ORDER NO. _____

Sold to Collector for Mrs Margaret Foster
Roswell, Ga. Jan 12/1918

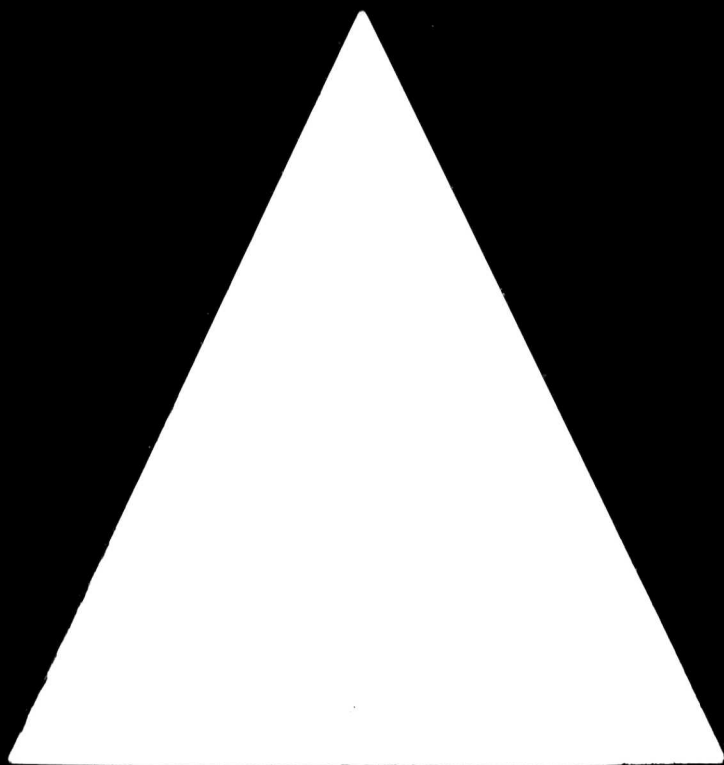
TERMS _____

INTEREST CHARGED ON ALL ACCOUNTS AFTER MATURITY

| | | | |
|--------|-----------------------------|-------|-------|
| Jan 18 | 1 Capital 1000 - credit | 60.53 | |
| | paid for use of Skene | 7.50 | |
| | paid <u>for Jan 12/1918</u> | | 67.83 |

Georgia
Cobb Co } Paranally comes H. J. LeRoy, an
undersigned for Roscoe Manufacturing Co who being duly
sworn says the above, and foregoing accounts
is correct
sworn to before me
This Feb 12/1918
H. J. Le Roy

Marshall E. Brown
Notary Public Cobb Co. Ga.



Ordinary's Certificate

STATE OF GEORGIA
Cobb County

I, Wm. G. Lindsey Ordinary of said County, certify that I know
the Applicant L. W. Fowler for pension is the person he represents himself to be and
resides in said county. That I also know John W. G. G. the witness swearing to the
service; that they are both residents of said county and were duly sworn by me before signing the forego-
ing affidavit and they are all truthful and trustworthy and their statements are entitled to full faith and
credit.

Sworn under my hand and official seal of office this 2nd day of Sept 1919
at Cobb County }
(SEAL)

NOTES: 1. Before any questions are answered the Ordinary shall swear applicant and witnesses in the following words:
"You do solemnly swear that you will true and faithfully answer all the questions asked you and the witnesses
you give shall be the whole truth, do help you God."
2. The applicant and witnesses shall be sworn by the Ordinary of the county in which the applicant or witness resides and
3. All affidavits must be made before the Ordinary of the county in which the applicant or witness resides and
must be certified by each Ordinary.

Fowler to W.
Cobb Co. Ga.

No. 28 Jan 1920

Confederate
Soldier's Application
Under Act 1910—As Amended by Act of 1919.

County Cobb
Name L. W. Fowler
Company C
Regiment Phillips Legion, Col
Approved _____

J. W. LINDSEY,
Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

10-30-1919

Ordinary's Certificate

STATE OF GEORGIA,

Cobb COUNTY.

I, J. M. Gasser Ordinary of said County, certify that I know the applicant L. W. Fowler for pension is the person he represents himself to be and resides in said county. That I also know John Tate the witness swearing to the service; that they are both residents of said county and were duly sworn by me before signing the foregoing affidavit and they are all truthful and trustworthy and their statements are entitled to full faith and credit.

Sworn under my hand and official seal of office this 2nd day of Sept 1919.

J. M. Gasser Ordinary
of Cobb County.

(SEAL)

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

Confederate
Soldier's Application

Under Act 1910—As Amended by Act of 1913

County Cobb
Name L. W. Fowler
Company C
Regiment Phillippa Legion Cd
Approved _____

J. W. LANDSEY
Commissioner of Pensions.

Bryce Printing Co., State Printers, Atlanta.

10.30.1919

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

Questions For Applicants to Answer

STATE OF GEORGIA, }
Cobb COUNTY. }

L. W. Fowler of said State and County, hereby applies for the pension provided by Act of 1910, as amended by Act of 1919, to Confederate Soldiers, and submits his sworn statement, with his testimony to make out the same, and after being duly sworn true answers to make to the questions propounded, answers as follows, to-wit:

1. What is your name and where do you reside? (Give County and Post-office) L. W. Fowler, Marietta Ga

2. How long and since when have you been a continuous resident citizen of this State? All my life 75 years

3. Did you enlist in the Army of the Confederate States or in the organized militia of this State from 1861 to 1865? Yes

4. When and where, and in what Company and Regiment did you enlist? (Give the arm and class of Service) 2nd Sept 1862, Cobb Co. Co. C. Phillipa Legion Cavalry

5. How long did you remain in the actual military service with said Company and Regiment? (Give date of discharge) Until April 26 1864

6. When and where was your Company and Regiment surrendered or discharged from the Service? April 26 1864, Greensborough U.S.C.

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

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

a. Where was your command when you left it? Greensborough U.S.C.

b. When did you leave the command? April 26 1864

c. For what cause did you leave? When Surrendered, was over

d. By whose authority did you leave? General Sherman

e. For how long was your leave granted? In what way? 12 Months

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

g. In what way were you prevented? —

h. What effort did you make to return? —

i. Were you captured during the war? No

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

9. Are you drawing a pension of any amount from this State or the United States? No

10. Have you ever applied for the Georgia Pension and had it refused? and for what cause it was not allowed? No

Sworn to and subscribed before me, this the

2nd day of Sept 1919
J. M. Gasser Ordinary
of Cobb County.

(SEAL)

L. W. Fowler

Fowler, L. W.
Cobb Co.

No 1919

Questions for Witness as to Service

STATE OF GEORGIA

Cobb COUNTY }

John Tate of said State and County is hereby presented as a witness in support of the application of R. H. Fowler for the pension provided by the Act of 1910, as amended by the Act of 1919 in said State and, after being sworn true answers to make to the questions propounded, answers as follows:

1. What is your name and where do you reside? John Tate, Marietta

2. How long and since when have you known John Tate, R. H. Fowler the applicant? As years as I know

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

4. When, where and in what Company and Regiment did R. H. Fowler enlist during war from 1861 to 1865? (Give date and place.) Sept. 1862, Co. B. in B. C. Phillips

5. How did you obtain your information of this Service? I was a member of the same Co. & Regiment

6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (Give date) until April 26, 1865

7. When and where was his command surrendered or discharged (give date and place) April 26, 1865; Danbury, N. C.

8. Were you personally present at the surrender? Yes

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

10. Was the applicant personally present with his command at surrender? Yes

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

12. When did he leave his command? Summer of 1862 Where was his command when he left it? Danbury, N. C. For what cause did he leave? —

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

all that you have stated to be true? If of your own knowledge, tell clearly and specifically.

I was a comrade of applicant, served with him all this time

13. In what way was he prevented from returning to his command? —

How do you know? —

14. What effort did he make to return to his command and how do you know? —

15. Was applicant captured as a prisoner. No If so, when and where? —

In what prison was he held? — and when released —

Sworn to and subscribed before me, this the 2nd day of Sept 1919.

J. M. Lamm Ordinary } John Tate
of Cobb County }

(SEAL)

Application for Pension Due Deceased Soldier

STATE OF GEORGIA, Cobb County

I, J. M. Lane, Ordinary of said County, do hereby
that I personally know Mrs. L. H. Howler, the applicant, and that she
is the lawful widow of L. H. Howler, and was on
the Union Pension Roll of said Cobb County, and was paid
a Pension from Cobb County for 1920, and at the time
of his death on the 16 day of May, 1921, there was due to
him and unpaid his Pension of 125.71 Dollars from the State
of Georgia, and I know John Tate, the within
witness, and he is of a truthful and trustworthy character and entitled to full credit.

Given under my hand and seal this 29 day of December, 1921.
(SEAL.) J. M. Lane Ordinary
Cobb County.

Fowler, L. W.
Cobb County
1920

Application for Pension Due
Deceased Soldier
(UNDER ACT 1891)

(To be paid his Widow or Dependent Children)

BY
I, L. H. Howler
Widow of L. H. Howler
of Cobb County
Old or New New
Date of Death May 16, 1921

Approved and signed 100
445-1922 1920

J. W. LAMBERT,
Commissioner of Pensions.

Ordinary: Will not where in full and send
this blank to Pension Office for signature. In
it will be necessary to sign and file return
to the Pension Office.

Must Mrs
a duplicate for 1921

GEORGIA, _____ County.

I hereby authorize and constitute _____ of said County, my
lawful attorney to collect, and receipt for me in my name, for the Pension due me for 192____,
through my deceased husband, _____, who was on
Pension Roll and paid from _____ County for 19____.

Witness my hand this _____ day of _____, 192____.

Attested before me: _____

Application for Pension Due Deceased Soldier

(To Be Paid to His Widow or Dependant Children)

UNDER ACT APPROVED OCTOBER 3, 1901

STATE OF GEORGIA, Cobb County

Personally before me comes Mrs. L. W. Fowler of said County, who after being duly sworn, on oath says that she is the widow of L. W. Fowler who was duly enrolled as a Servant Pensioner from the County of Cobb and was paid a Pension of One hundred and fifty dollars Dollars from Cobb Co County for 1921 and that the said L. W. Fowler died in Cobb County on the 16 day of May, 1921, and at the time of his death a Pension of one hundred and fifty was due him from Cobb County and unpaid for 1921. Applicant further swears that she married the said L. W. Fowler on the 15 day of Nov, 1886, in Cobb County and State of Georgia, and resided with him from the date of marriage to his death as his lawful wife, and is now his dependent widow, and she asks that the Pension so due and unpaid be paid to her.

Sworn to and subscribed before me this 27 day of Dec, 1921.

J. M. Green, Ordinary, } Mrs. L. W. Fowler (L. S.)
Cobb County. }

(SEAL.)

AFFIDAVIT OF WITNESS

STATE OF GEORGIA, Cobb County

Personally before me comes John Tate, who on oath says that he knew L. W. Fowler while in life and that he knows Mrs. L. W. Fowler the above applicant; that he knows that the said L. W. Fowler and Mrs. L. W. Fowler were in due form of law married in the County of Cobb in the State of Ga on the 8 day of Nov, 1886, and that they resided together as husband and wife from date of marriage to the day of his death on the 16 day of May, 1921, and I know that she is his dependent widow.

Sworn to and subscribed before me this 27 day of December, 1921.

J. M. Green, Ordinary, } John Tate
Cobb County. }

(SEAL.)

INSTRUCTIONS:
1. This form can be used by guardian, or other person, where there is no widow.
2. The Ordinary must, in all cases, send certificate of marriage attached hereto, if marriage is not proven by affidavit.
3. Where there are no dependants, large form of marriage certificate in possession of this State, suitable only for printing, should be certified to, and ready for use in any part of Georgia.
4. The Ordinary who did after November 1st, 1901, and for widows and dependent children of soldiers who died after October 31st, 1901, should see that it is fully and correctly completed, and the same attested, and sent the same when asked in blank.
5. For this application on the application of the applicant, it is approved in the Pension Office, and returned to you as your receipt.
6. The widow shall receive with each installment of the Pension Office, a receipt for same opposite his name thereon.
7. All pensions for only one year can be granted, and a separate and distinct transaction and must be so issued, if there is a "new" pensioner, who has not yet had a separate and distinct transaction and must make two follow applications for each year. Attach a correct marriage license to each yearly return.

10. This service for only one year can be covered by one number. Each year's service is a separate and distinct transaction and must be so treated. If a man of C. S. rank becomes a soldier and still remains he must make two yellow applications—one for each year. A man's account must be closed to each yellow blank.

NAME Fowler, L. W. YEAR 1920 COUNTY Cobb.

WHEN AND WHERE BORN? A resident of Georgia all my life,
75 years.

ENLISTED WHEN AND WHERE? September 2nd. 1862, Cobb County, Ga.

RANK:

COMPANY AND REGIMENT? Company C, Phillip's Legion Cavalry.

NAME OF CAPTAIN AND COLONEL?

WOUNDED?

CAPTURED, WHEN AND WHERE?

RELEASED:

WHEN AND WHERE SURRENDERED? April 26, 1865, Greensboro, North
Carolina.

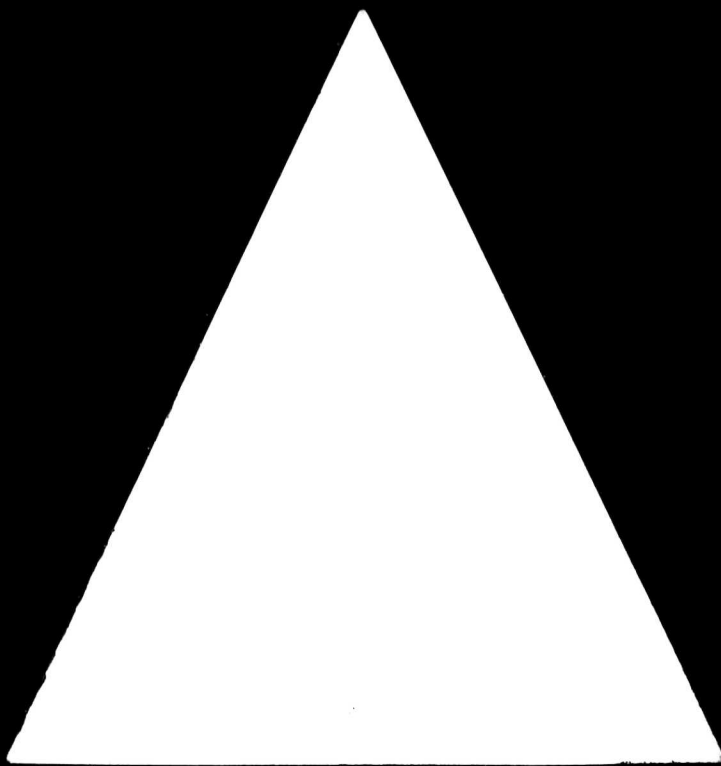
IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED:

WITNESSES: John Tate --same command ---No data.

SB.



APPLICANT AS TO MARITALS.

State of Georgia, Cobb County.

Personally appeared before the undersigned assisting officer, John Tate, who being duly sworn on oath says that he is acquainted with the applicant, Mrs. ~~W. J.~~ Fowler, and was acquainted with the deceased, G. T. Fowler during his lifetime. Applicant says that he has known the parties herein mentioned for a period of 57 years, that they lived in Cobb County for a number of years, and were married on the 19th day of Nov. 1850, that the applicant and deceased lived together as husband and wife until the date of the death of the deceased, on Sept. 1888, that they lived together, and were known and recognized as husband and wife.

Sworn to and subscribed before me this

14th day of Nov. 1911.

John Tate
Ordinary Cobb County, Georgia.

John Tate

George J. ...
J. W. Lindsey

No.

Widow's Pension

UNDER ACT 1910.

County Cobb

Name Mrs. M. J. Fowler

Widow of G. T. Fowler

B. Phelps Bat

J. W. LINDSEY,
Commissioner of Pensions.

Chas. P. Byrd, State Printer.

11/10/11
759-1912
11/15/11
ENTERED ROSTER OFFICE

APPLICANT AS TO MARITALS.
State of Georgia, Cobb County.
Personally appeared before the undersigned assisting officer, John Tate, who being duly sworn on oath says that he is acquainted with the applicant, Mrs. ~~W. J.~~ Fowler, and was acquainted with the deceased, G. T. Fowler during his lifetime. Applicant says that he has known the parties herein mentioned for a period of 57 years, that they lived in Cobb County for a number of years, and were married on the 19th day of Nov. 1850, that the applicant and deceased lived together as husband and wife until the date of the death of the deceased, on Sept. 1888, that they lived together, and were known and recognized as husband and wife.
Sworn to and subscribed before me this
14th day of Nov. 1911.
John Tate
Ordinary Cobb County, Georgia.

AFFIDAVIT AS TO MARRIAGE.

State of Georgia, Cobb County.

Personally appeared before the undersigned attesting officer, John Tate, who being duly sworn on oath says that he is acquainted with the applicants, Mrs. ~~H.~~ W. Fowler, and was acquainted with the deceased, G. T. Fowler during his lifetime. Affiant says that he has known the parties herein mentioned for a period of 57 years, that they lived in Cobb County for a number of years, and were married on the 19th day of Nov. 1850, that the applicant and deceased lived together as husband and wife until the date of the death of the deceased, on Sept. 1888, that they lived together, and were known and recognized as husband and wife.

Sworn to and subscribed before me this 10th day of Nov. 1911.

[Signature]
Ordinary Cobb County, Georgia.

John Tate



Fowler, W. G. (Mrs)
1115 7th St
Cobb Co

No. 9

Widow's Pension
UNDER ACT 1910.

County Cobb

Name Mrs. W. G. Fowler

Widow of G. T. Fowler

B. Phelps Bt

J. W. LINDSEY,
Commissioner of Pensions.

Chas. F. Byrd, State Printer.
1115 7th St
1115 7th St

ENTERED ROSTER OFFICE

Pension Office 11-23-1911. What did applicant's husband do from 1884-1888? If state company by letter and rest by number, was command or 1311-1111. When and how was he discharged from the service? J. W. Lindsey, Commissioner of Pensions.

Pension office 11-23-1911. What did applicant's husband do from July 1864 to the end of the war? to keep out of further service? Did he enlist again if so, in what company by letter and regt by number, was command Gd. Militia or was it of C.S. When and how was he discharged from the service? J.W. Lindsey, Sec. of Pensions.

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

STATE OF GEORGIA,

Cobb County.

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

1. What is your name, and where do you reside? Mrs. M. J. Fowler, Cobb Co. Ga.
2. How long and since when have you been a continuing resident in the State of Georgia? over seven 1845. born raised in Cobb Co. Ga.
3. When, where and to whom were you married? Nov. 17, 1850, Cobb Co. Ga. Geo. T. Fowler
4. When, where and in what Company and Regiment did your husband enlist as a soldier in Confederate Army of Georgia Militia? (State the arms and class of Service). Aug. 1863, at Marietta Cobb Co. Ga. Co. B. 1st Regt. Artillery, 1st Battalion
5. When and where did the Commands of your husband surrender or discharge from the army? Sept. 2, 1864, near Kennesaw, Ga. Co. Ga.

6. Was your husband personally present at the time of the surrender or discharge of this Command? yes
7. If he was not present state clearly where he was? no
8. Where was his Command when he left? Dickinson
 - a. For what cause did he leave his command? Discharged
 - b. By whose authority did he leave his Command? "
 - c. For how long was he granted leave of absence? "
 - e. What was his physical condition when he left his Command? "
 - f. What effort did he make to return to his command? "
 - g. In what way was he prevented from going back to Command? "
 - h. Was he captured by the enemy at any time? no
 - i. If so, when and where captured and where held as a prisoner, and when and for what cause released? "

- j. When and where did your husband die? Sept. 1868, Cobb Co. Ga.
- k. Were you residing together when he died? yes
 - l. If not, how long had you resided apart? "
 9. What property of any description did you own, hold or control for your use and its cash value, Nov. 4, 1908. (State same by items). no property whatever

10. What property of any kind have you sold or given away since Nov. 4, 1908? What was received for it and what did you do with the proceeds thereof? (Give items and cash value). none

11. What property of any value have you now? none
Give list and cash value.
12. What are your annual earnings or income and their value? nothing
13. Have you heretofore been paid a pension by the State? no
If so, when and for what cause were you struck from the Roll?

Sworn to and subscribed before me this 15th day of Nov, 1911 at Cobb County, Georgia.
J. W. Lindsey Ordinary
 of Cobb County.

ENTERED POSTER OFFICE

Widow's Pension UNDER ACT 1910.

Name Mrs. M. J. Fowler
 County Cobb
 Widow of Geo. T. Fowler
B. M. Jones

J. W. LINDSEY, Commissioner of Pensions.

State of Georgia, Cobb County.
 Personally appeared before the undersigned attesting officer, John Tate, who being duly sworn on oath says that he is acquainted with the applicants, Mrs. M. J. Fowler, and was acquainted with the deceased, G. T. Fowler during his lifetime. Affiant says that he has known the parties herein mentioned for a period of 57 years, that they lived in Cobb County for a number of years, and were married on the 17th day of Nov. 1850, that the applicant and deceased lived together as husband and wife until the date of the death of the deceased, on Sept. 1868, that they lived together, and were known and recognized as husband and wife.
 Sworn to and subscribed before me this 15th day of Nov. 1911.
J. W. Lindsey Ordinary Cobb County, Georgia.

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

STATE OF GEORGIA,

County, Cobb

Personally before me comes J. P. McElshy who after being duly sworn true answers to make, to the following questions, answers as follows:

1. What is your name and where do you reside? J. P. McElshy, Cobb Co. Ga.
2. How long and since when have you known Martha J. Fowler applicant? 30 years
3. How long and since when has she continuously resided in this State? (Give date.) 66 years, from 1845 in Cobb Co. Ga.
4. When and to whom was she married, W. S. Fowler How do you know? and together many years
5. How long and since when did you know W. S. Fowler her husband? 66 years, from 1845
6. When and where did W. S. Fowler the husband of Applicant die? Sept. 10, 1886 in Cobb Co. Ga.
7. Where the Applicant and her husband living together as husband and wife at the date of his death? yes
8. If not, how long did they live apart before his death? —

Were they divorced? no

9. When, where and in what Company and Regiment did W. S. Fowler enlist? Aug. 1863 - at Marietta, Ga. Co. B Phillips' Battalion

10. Were you a member of the same Company? yes

11. How long within your personal knowledge did he perform actual military service with his Company and Regiment? six months

12. When, and where did his Command surrender, and was discharged? Oct. 9, 1864 - near Smyrna, Cobb Co. Ga. (Discharged)

13. Were you personally present when it was surrendered? Discharged, yes If not where were you — and how came you there? —

14. Was the husband of applicant personally present at surrender, yes If not where was he? — when, where and for what cause did he leave Command? (Give date.) Discharged, Oct. 9, 1864 By whose authority did he leave his Command? Discharged and how long was he granted leave? — How do you know all this?

Because I was personally present and know that Fowler personally and the fact because I was present

15. For what cause, if you know of your own knowledge was he prevented from returning to his Command? Because he was discharged to Co disbanded

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

Sworn to and subscribed before me this the 10th day of Nov 1911 J. P. McElshy

J. M. Lacy Ordinary, of Cobb County.

AFFIDAVIT OF TWO FREEHOLDERS.

STATE OF GEORGIA,

County, Cobb

Personally before me comes John F. Tate and John S. Fowler who on oath says that they are freeholders of said County and that they know Martha J. Fowler of said County and know what property she owned on 4th Nov. 1908, and its cash value to be as set out by Schedule (A) as follows:

| | |
|---------------------------|----|
| Personal property | \$ |
| Money, Notes and accounts | \$ |
| Total | \$ |

No property

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

| | |
|---------------------------|----|
| Personal property | \$ |
| Money, Notes and accounts | \$ |

Schedule (C). We also know what property she has now in her possession, use and control to wit:

| | |
|---|----|
| Acres of land, worth | \$ |
| Horses and Mules | \$ |
| Cows and Hogs | \$ |
| Other property | \$ |
| Income and earnings | \$ |
| Total Value of all property and effects | \$ |

No property

Sworn and subscribed before me this the 10th day of Nov 1911 John F. Tate J. S. Fowler of Cobb County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

County, Cobb

J. M. Lacy Ordinary of said County do certify that, I know Martha J. Fowler the applicant for pension. She is the person she represents herself to be and she is a bona fide continuing resident citizen of said County and was in the 4th Nov., 1908.

That I also know J. P. McElshy the witness who swears to the service of husband, and John F. Tate and John S. Fowler who are freeholders. That all of them are now residents of said County and were duly sworn by me before signing the foregoing affidavits and that they all, are truthful, trustworthy, and their statements are entitled to full faith and credit.

That the Tax Returns Cash Returned for Tax is for 1908 \$ nothing for 1910 \$ nothing Sworn under my hand and official seal of office this 13th day of Nov 1911

SEAL. J. M. Lacy Ordinary, of Cobb County.

(SEAL.)

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

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

3. All affidavits must be made before the Ordinary.

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

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

J. M. Gasser Ordinary,
of *Cobb* County.

"You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the truth. So help you God."
2 Additional affidavits may be attached if blank spaces are insufficient.
3 All affidavits must be made before the Ordinary.
4 Only widows who married prior to first January 1870, are entitled.
5 Attach certified copies of marriage licenses if obtainable. If not, prove marriage, by some person, or by general reputation.

State of Georgia, Cobb County.

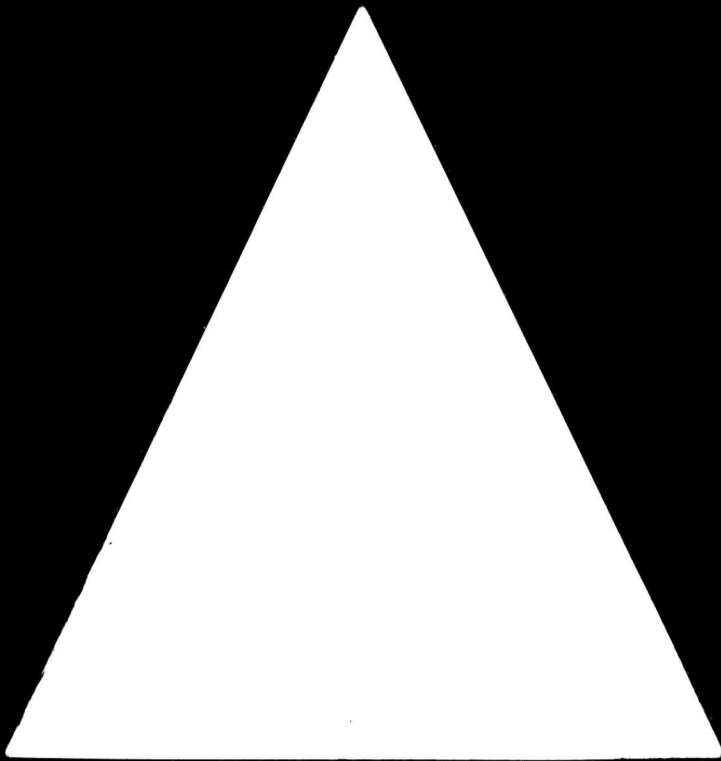
Personally appeared before the undersigned attesting officer Mrs. W. J. Fowler who on oath says that after her husband Geo. T. Fowler was discharged from "Phillips' Legion" in Jany. 1864 he belonged to the "Georgia Militia". In May, 1864 he was ordered to Atlanta and shortly afterward was given a furlough to come home and remove his family and property to a place of safety. He carried his family to Lincoln County and then returned to the State's service and served until the surrender. He was at home once during this period for a short time while suffering with Rheumatism, but returned to the service as soon as he was able to do so. I do not know for sure to what Company he belonged during this period, and so far as this affiant knows, there is no one living who was in his Company at that time, but affiant does know that he was in actual service from the time above mentioned until the close of the war. This affidavit is made to be attached to affiant's original application for Pension as the widow of said Geo. T. Fowler.

Sworn to and subscribed before me

this 25 day of July 1912.

J. M. Gasser
Ordinary Cobb County Georgia.

Mrs. W. J. Fowler
W. J. Fowler



ORDINARY'S CERTIFICATE

STATE OF GEORGIA

Colt COUNTY

I, *M. L. Lewis* Ordinary of said County, do certify that I know *Mrs. Sally Fowler* the applicant for this pension, and that she is the person she represents herself to be, and that she is a bona fide continuing resident of said County and was on the *1900 to my knowledge* day of *1900*

That I also know *J. A. McQueen* witness as to marriage, and I also know that both of the foregoing were duly sworn by me before signing the respective affidavits, and that they are truthful and trustworthy and their statements are entitled to full faith and credit.

Sworn under my hand and official seal of office this *26th* day of *Oct* 1921
(SEAL) *M. L. Lewis* Ordinary, *Colt* County.

NOTES: 1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "I swear that the foregoing statements are true to the best of your knowledge and belief, and that you make no oath of the questions asked you and the evidence you shall give will be the truth. So help you God." 2. Additional affidavits may be attached if such sworn are insufficient. 3. Affidavits of witnesses may be attached if such sworn are insufficient. 4. Only widows who married prior to first January, 1861, are entitled. 5. Affidavits of witnesses of marriage must be attached. If not, prove marriage by some person, or by general affidavits of witnesses of marriage. 6. Widows of Disabled Pensioners must see the How Application. Blank and state and prove full term of husband's service because he made no proof of service and was not required to do so.

Apr 19 1921
Fowler, Sally
No. *Colt County*

Widow's Application

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

County *Colt*
Name *Sally Fowler*
Widow of *L. W. Fowler*
Company *C*
Regiment *Phillippe Legion*
Approved _____

5-16-21

J. W. LINDSEY,
Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

10/29-1921

ORDINARY'S CERTIFICATE

STATE OF GEORGIA,

Cobb COUNTY }

I, *J. M. Gamm* Ordinary of said County, do certify that I know Mrs. *Sally Fowler* the applicant for this pension, and that she is the person she represents herself to be, and that she is a bona fide continuing resident of said County and was on the _____ day of _____ 1900 to my knowledge

That I also know *J. D. Benson* witness as to marriage, and I also know _____ that both of the foregoing were duly sworn by me before signing the respective affidavits, and that they are truthful and trustworthy and their statements are entitled to full faith and credit.

Sworn under my hand and official seal of office this *25* day of *Oct* 19*21*
J. M. Gamm Ordinary.
Cobb County.

- NOTES: 1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the truth. So help you God."
 2. Additional affidavits may be attached if blank spaces are insufficient.
 3. All affidavits must be made before the Ordinary of the county of residence.
 4. Only widows who married prior to first January, 1881, are entitled.
 5. Attach certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.
 6. Widows of Disabled Pensioners must use the Blue Application Blank and state and prove full term of husband's service—because he made no proof of service and was not required to do so.

66
Fowler, Sally
No. Cobb County

Widow's Application

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

County *Cobb*
 Name *Sally Fowler*
 Widow of *L. W. Fowler*
 Company *C*
 Regiment *Phillips Legion*
 Approved _____

5-16-21

J. W. LINDSEY,
 Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

11/29-1921

WIDOW'S AFFIDAVIT

STATE OF GEORGIA,

Cobb COUNTY.

Personally before me comes Dollie Fowler of said County, who, after being duly sworn, says that she is the widow of L. H. Fowler to whom, in the County of Cobb State of Ga she was married on the 8th day of Nov 1866, and that she remained his wife, and resided with him to the date of his death in May 18th 1921 and that she has not since his death remarried. At the time of his death he was a resident of Cobb County, in said State of Georgia, and he was on the Service Pension Roll of the State and paid a pension of \$100 in Cobb County for 1920 per annum, on account of being a soldier in Company 2 Regiment Phillippe's (Volunteers or State Militia)

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

Sworn to and subscribed before me, this the

15th day of Oct 1921

J. M. Gause Ordinary

of Cobb County.

Dollie Fowler

(SEAL)

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

STATE OF GEORGIA,

Cobb COUNTY.

Personally before me comes J. Kinson known to be responsible and truthful persons, residing in said County, who after having been duly sworn, say: that of their own personal knowledge Mrs. Dollie Fowler, who made the foregoing affidavit, is the lawful widow of L. H. Fowler who died in Cobb County in said State of on 16th day of May 1921, and that she has not since remarried. That she became the wife of L. H. Fowler on the 8th day of Nov 1866, and that she and he had resided together as man and wife continuously since day of 19 and that the L. H. Fowler was the same man who was on the pension roll of said State Ga from Cobb County I was present at the Marriage when he died.

Sworn to and subscribed before me, this the

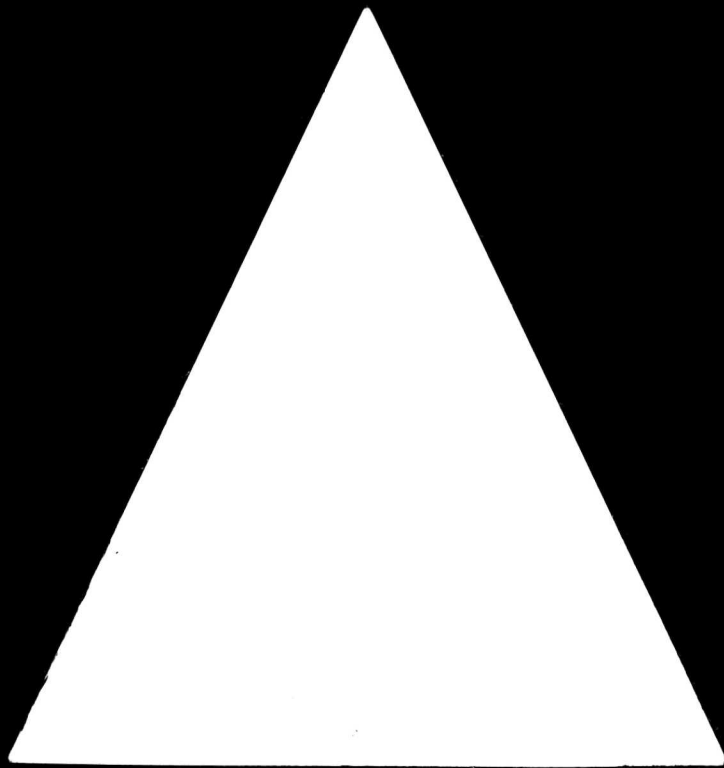
15th day of October 1921

J. M. Gause Ordinary

of Cobb County.

J. D. Kinson

(SEAL)



POWER OF ATTORNEY, STATE OF GEORGIA.

Cobb
Know all Men by these Presents, That I, *Sarah E. Fowler*
Cobb County, of *Cobb*
of *Raymond M. Fowler*

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

IN WITNESS WHEREOF, (I) have hereunto set my hand and seal, this
15 day of *March* 189*1* [L. S.]
Sarah E. Fowler

Executed in the presence of us:
Wm. Stone, Clerk

DIRECTIONS.

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



Fowler Sarah E.
Cobb County
1891.
B43
No. *3283*

Widows' Pension
— PAID TO —
Mrs Sarah E. Fowler
— OF —
W. Cobb COUNTY.

\$100.00.

Warrant Issued

AND HANDED TO _____ 1891

POWER OF ATTORNEY.

Form No. 5.

STATE OF GEORGIA.

Co. 6
County.

Know all Men by these Presents, That I,

Sarah E. Hunter

of *Co. 6*
County, in said State, do hereby appoint

of *Sumner Ga.*

Raymond A. Hunter

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

IN WITNESS WHEREOF, (1) have hereunto set my hand and seal, this *25th* day of *June* 189*1*

Sarah E. Hunter

[L. S.]

Executed in the presence of us:

Wm. Stone (Comp.)

DIRECTIONS.

If allowed, send amount by me at

and oblige.



Affidavit to be Made by the Widow.

Form No. 1.

STATE OF GEORGIA.

In person came before me, the undersigned Ordinary
County of *Co. 6* in and for the County of *Co. 6*

Mrs. *Sarah E. Hunter*, who being sworn according to law, says under oath that she is the widow of *Wm. A. Hunter*, who was a soldier in the service of the Confederate States, and served as a member of Company *B*, of the

#3 Regiment of *Ga.* Volunteers; that he enlisted in said service on or about the *11th* day of *March* 186*2*, and was in the *Confederate* Army up to *16th* *May* 186*2*. That while in the Army, he was on the *16th* day of *May* 186*3*. (See Note No. 1)

at *Buknow Creek in the State of Mississippi*, he was killed by a bullet

Deponent further swears that she was the wife of, said deceased soldier during his term of service in the Army, and that she has never married since his death; that she became his wife on the *19th* day of *November* 18*54*, and that she has resided in Georgia continuously since the *15th* day of *November* 18*63*; that Georgia is her home, and was such on the 23d day of December, 1890, and since said date she has not lived in any other State or locality. Deponent, as the widow of said deceased soldier husband, applies for the pension provided by Act of the General Assembly of Georgia, approved December 23d, 1890, for the pension year ending February 15th, 1892, and herewith tenders the proof of her right to receive the allowance granted by said Act.

Sworn to and subscribed before me, this, the *15th* day of *June* 189*1*.
Sarah E. Hunter
Ordinary.

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

PAID TO
WIDOWS' PENSION

Sarah E. Hunter
OF
Co. 6
COUNTY.

\$100.00.

Warrant Issued

AND HANDED TO

1891

#3
1891.

Sarah E. Hunter
Co. 6
Co. 6

Mo. 2183

Affidavit for Three Witnesses.

Form No. 2.

STATE OF GEORGIA,

County of *Wobbe*

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

J. Paden, Robert M. Hunt
and *Robert Sulgrove* (each known to said Attesting Officer as truthful,
reliable and reputable citizens), who severally say under oath, that, from their own personal knowledge,
Mrs. *Sarah E. Fowler* of the County of *Wobbe*

State of Georgia, is the widow of *William A. Fowler*, who was a soldier in
Company *B* of the *143* Regiment of *Infantry* Volunteers.
That said soldier enlisted in the service of the Confederate States (or the Georgia State Troops) on or
about the *fourth* day of *March* 1862. That while in said service, or by
reason of said service in the Army, he lost his life as follows: *Shot he was killed in*
the battle of Baker's Creek in the State of Miss. on the 16 day
of May 1862 by Gen. Sherman.

We further swear that Mrs. *Sarah E. Fowler* was the wife of said
soldier during the service, and that she has not intermarried since his death, and that she resides in
Wobbe County of the State of Georgia.

Sworn to and subscribed before me, this, the
19 day of *June* 1891.
Edmund W. Hartman
Ordinary.

J. Paden
R. M. Hunt
Robert Sulgrove
mark

*I certify that the above named witnesses are known to me to be respectable
persons & entitled to full faith & credit according to the June 19th 1891
Ogden's Commission*

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

Form No. 3.

STATE OF GEORGIA,

County of *Wobbe*

I, *J. M. Stone* Ordinary

in and for said County of *Wobbe*

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

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

25 day of *June* 1891.



J. M. Stone
Ordinary.

Form No. 4.

NOTES.

- The pension is only payable to certain classes of widows.
- Those whose husbands were killed in service.
- Those whose husbands died in the army of wounds or disease contracted in the service.
- Those whose husbands went to the army and have never been heard from since the war.
- Those whose husbands were wounded in the army and have since died from the direct effects of the wounds.
- Those whose husbands contracted disease in the service, and who after the war, died of the disease caused by the service. The disease directly causing the death.

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

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

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

Widows who have married since the service of their husbands in the army are not entitled. There is no need of employing a lawyer or other agent to attend to these claims. The Department will furnish full and specific instructions, and give ample opportunity to every claimant.

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

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

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

By order of the Governor.
W. H. HARRISON,
Sec. Ex. Department.

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

Form No. 2.

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

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this, the
13th day of July 1893.

Ordinary.

POWER OF ATTORNEY.

Form No. 2.

STATE OF GEORGIA, County of Cobb
 KNOW ALL MEN BY THESE PRESENTS, That I, Mrs. S. E. Fowler
 of Cobb County, in said State, do hereby appoint
J. M. Stone my true and lawful attorney in fact, for
 me and in my name, to receive and receipt for whatever amount of money I may be entitled to
 from the State of Georgia as a widow of a Confederate Soldier, as stated in the foregoing 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 Witness Whereof, I have hereunto set my hand and seal, this
 day of July 1893.

Executed in the presence of us:

R. C. Hunter

DIRECTIONS.

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

FOR THOSE HERETOFORE PAID.
 1893.
270. 908
 WIDOWS' PENSION,
 for year ending February 15th, 1893.
 PAID TO—
Mrs. S. E. Fowler
 OF
Cobb COUNTY.
 Warrant Issued
 AND HANDED TO
J. M. Stone
 1893.

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

Form No. 2.

STATE OF GEORGIA, County of Cobb
 I, J. M. Stone Ordinary in and for said County of
 State of Georgia, hereby certify that I am acquainted with Mrs.
Mrs. S. E. Fowler the applicant for a pension in this case, and
 know, from my own knowledge (or from positive proof presented to me by reputable wit-
 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 Wm. S. Fowler deceased, and as such has heretofore
 been allowed a pension for the year ending February 15th, 1893.

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office,
 this, the 27th day of July 1894.

Ordinary.

POWER OF ATTORNEY.

Form No. 2.

STATE OF GEORGIA, County of Cobb
 KNOW ALL MEN BY THESE PRESENTS, That I, Mrs. Sarah E. Fowler
 of Cobb County, in said State, do hereby appoint
J. M. Stone my true and lawful attorney in fact, for
 me, and in my name, to receive and receipt for whatever amount of money I may be 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 Witness Whereof, I have hereunto set my hand and seal, this
 day of July 1894.

Executed in the presence of us:

G. M. Manning

DIRECTIONS.

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

FOR THOSE HERETOFORE PAID.
 1894.
 WIDOWS' PENSION,
 for year ending February 15th, 1894.
 PAID TO—
Mrs. Sarah E. Fowler
 OF
Cobb COUNTY.
 WARRANT ISSUED
 AND HANDED TO
J. M. Stone
 1894.

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of Colt

Personally comes Mrs.

Sarah E. Fowler

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

Colt

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

continuously ever since 18³⁷ Nov^r 18³⁷ That she is the Widow ofWm. A. Fowler

who was a Soldier in Company

B. of the

Regiment of

Georgia

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

186⁷ and served in the Army up to 16th May 186³ That he lost hislife on the 16th day of May 18⁶³ (State here

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

That said said Soldier while in the Confederate Army as above stated, who fell on the battle field at Bakus Creek in the State of Mississippi on the 16th day of May 1863.

Deponent swears that she was the wife of said deceased soldier during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 1857; that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension for the year ending February 15th, 1892, and now apply for the allowance provided by law for the year ending February 15th, 1893.

Sworn to and subscribed before me, this

13th day of Feb^r, 1893.

Ordinary.

Post-office

Amoyona Ga

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of Colt

Personally comes Mrs.

Sarah E. Fowler

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

Colt

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

continuously ever since Nov^r 18³⁷ That she is the Widow ofWm. A. Fowler

who was a Soldier in Company

"B." of the#3

Regiment of

Georgia

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

186⁷ and served in the Army up to May 186³ That he lost hislife on the 16th day of May 186³ (State here

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

That while in the Confederate Army at the battle of Bakus Creek in the State of Miss. he was killed dead on the battle field May 16th 1863.

Deponent swears that she was the wife of said deceased soldier during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 1857; that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension for the year ending February 15th, 1893, and now apply for the allowance provided by law for the year ending February 15th, 1894.

Sworn to and subscribed before me, this

27th day of July, 1894.

Ordinary.

Post-office

Amoyona Ga

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

Form No. 2

I, *J. M. Stone*, Ordinary in and for said County of *Cobb* State of Georgia, hereby certify that I am acquainted with Mrs. *B. E. Fowler* the applicant for a pension in this case, and know from my own knowledge (or from positive proof presented to me by reputable witnesses), that she resides in this County, and that she resided in the State of Georgia on December 23, 1890, and has not lived out of the State since that date. That she is the widow of *Wm A. Fowler* deceased, and as such has heretofore been allowed a pension for the year ending February 15th, 1894.

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this, the *2nd* day of *July*, 1895.

J. M. Stone Ordinary.

POWER OF ATTORNEY.

Form No. 3

STATE OF GEORGIA, *Cobb* County, Know all Men by these Presents, That I, *Mrs. B. E. Fowler* County in said State, do hereby appoint *J. M. Stone* of *Marble Hill* my true and lawful attorney in fact, for me, and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia as a widow of a Confederate Soldier, as stated in the foregoing affidavit; hereby authorizing my said Attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *2nd* day of *July*, 1895. *B. E. Fowler* [L. S.]

Executed in the presence of us:

W. A. Pettit }
 _____ }
 _____ }

DIRECTIONS.

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

Geo. W. Matthews, State Printer.

WARRANT ISSUED
 AND HANDED TO

 1895-

widow of _____ County,
B. E. Fowler

PAID TO
B. E. Fowler

for year ending February 15th, 1895.

WIDOW'S PENSION.

No. 446

1895.

FOR THOSE HERETOFORE PAID.

B. E. Fowler
B. E. C.

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of *Cobb*

Personally Comes Mrs.

S. E. Fowler

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

Cobb State of Georgia, and that she has resided in said State
continuously ever since *Novr.* 18*37*That she is the Widow of
Wm. A. Fowler who was a Soldier in Company
B. of the *43rd* Regiment of *Infantry*Volunteers, that he enlisted in said Regiment on or about the month of *March*186*3* and served in the Army up to *May* 186*3* That he lost hislife on the *16th* day of *May* 186*3* (State here

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

That said deceased soldier
was killed at the battle
of Baker's Creek in the
State of Miss. on the 16th
day of May 1863.

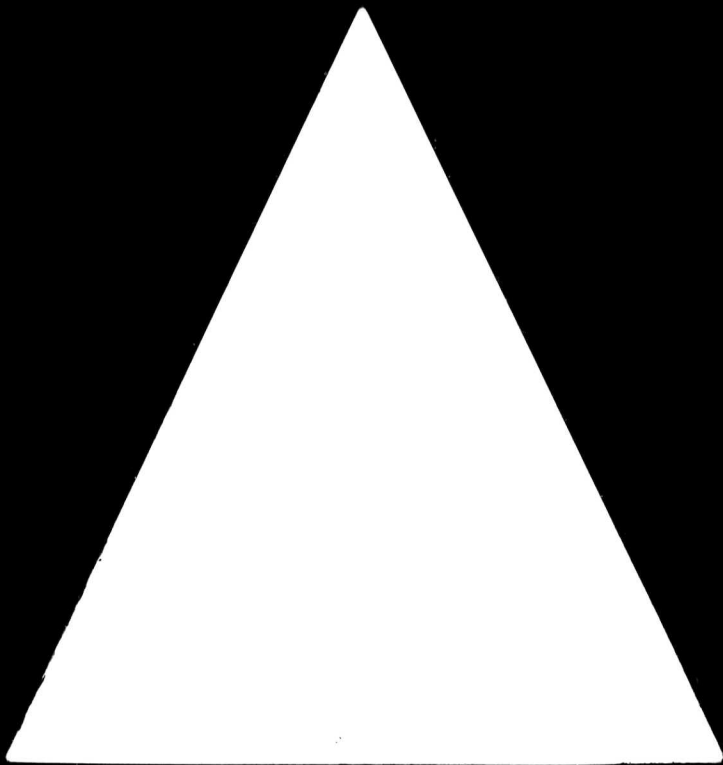
Deponent swears that she was the wife of said deceased soldier, during his service in the
army as a soldier, and that she has never married since his death aforesaid, that she became
his wife in the year 18*37*, that Georgia is her home and she resided in this State 23d day
of December, 1890, and has not lived in any other State or locality since that date. I have
been allowed a pension for the year ending February 15th, 1894, and now apply for the
allowance provided by law for the year ending February 15th, 1895.

Sworn to and subscribed before me, this

2nd day of *July* 1895.*J. M. Don* Ordinary.

Post-office

S. E. Fowler
Anyrna Ga.



Foster, Wm. W.
Cobb Co
No.

INDIGENT PENSION

1899.

Name *Wm. W. Foster*

County *Cobb*

Approved _____ 1899.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO _____

Geo. B. Hamilton, State Printer, Atlanta.

429-1407

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of Conner is what
the request
J. W. Lindsey
Clerk of P.*

STATE OF GEORGIA,
COUNTY, _____

POWER OF ATTORNEY.

I, _____ hereby authorize

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

Witness my hand and seal this _____ day of _____ 1899.

(L. S.)

POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY.

I, _____, hereby authorize

of _____

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

Witness my hand and seal this _____ day of _____ 1899.

Executed in presence of _____

(L. S.)

INDIGENT PENSION

1899.

Name *Wm W Foster*

County *Cobb*

Approved _____ 1899.

RICHARD JOHNSON, Commissioner of Pensions.

WARRANT HANDED TO _____

422-190

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J. W. Lindsey
Comm & P.*

*Foster, Wm W.
Cobb Co
No.*

Questions for Applicant.

STATE OF GEORGIA,

Cobb County.
William W Foster

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

1. What is your name and where do you reside? (give State, County and post office.) *William W Foster - P.O. Maulea Cobb Co Ga.*
2. How long and since when have you been a resident of this State? *Since my life.*
3. When and where were you born? *June 10th 1839. Smyth Co Va.*
4. When and where and in what company and regiment did you enlist or serve? *Enlisted Nov 1862 to W. 1st Va Regt. of Hollingsworth.*
5. How long did you remain in such company and regiment? *Until April 1865. Two years and five months.*
6. For how long a period did you discharge regular military duty? *Two years & five months.*
7. When, where and under what circumstances were you discharged from service? *I was paroled at the Surrender of the Confederacy. I received my parole at Kingston Va.*
8. What is your present occupation? *Cropper.*
9. How much can you earn (gross) per annum by your own exertions or labor? *Very little.*
10. What has been your occupation since 1865? *Cropper.*
11. Upon which of the following grounds do you base your application for pension, viz: first, "age and poverty," second, "infirmary and poverty," or third, "blindness and poverty," or fourth, "poverty and infirmity?" *Age and poverty.*
12. If upon the first ground, state how long you have been in such condition that you could not earn your support? If upon the second, give a full and complete history of the infirmity and its extent. If upon the third, state whether you are totally blind and when and where you lost your sight? *I was paroled and I suffer from heart disease. Commenced on had about ten years ago and increases with my age. I render me practically, essentially disabled from manual labor.*
13. What property, effects or income do you possess, and its gross value? *I have no property except a little household goods. Value \$150.00. No income derived therefrom.*
14. What property, effects or income did you possess in 1861, 1864, 1866, 1867 and 1868, and what disposition, if any, did you make of same? *The same as mentioned above. I have disposed of none. I resided in Clayton Co Va in 1874, 1875, 1876, 1877, 1878, and 1879. I had no effect there.*
15. In what County did you reside during those years, and what property did you then return for taxation? *See above answer. I returned household furniture. Value \$150.00.*
16. How were you supported during the years 1867 and 1868? *By what little I could make as a Cropper.*
17. How much did your support cost for each of those years, and what portion did you contribute thereto by your own labor or income? *My support cost about \$150.00. I contributed all I could - aided by three daughters. We made out the best we could.*
18. What was your employment during 1867 and 1868? What pay did you receive in each year? *Cropper. A part of what I could make.*
19. Have you a family? If so, who composes such family? (Give their means of support. Have they a homestead?) *Yes. A wife and four children. We labor as Croppers - no homestead.*
20. Are you receiving any pension? If so, what amount, and for what disability? *No.*

Every Question MUST be Answered.

Sworn to and subscribed before me this the _____ day of _____ 1899.
Wm W Foster
Applicant.
_____ County.

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,

Cobb COUNTY.

Cobb
W. W. Robinson of said State and County, having been presented as a witness in support of the application of *W. W. Foster* for pension under Section 1254, Code, and after being duly sworn true answers to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? *Wm W Robinson*
In Cobb Co Ga
2. Are you acquainted with *W. W. Foster*, the applicant; if so how long have you known him? *Yes, I have known him about 38 years*
3. Where does he reside, and how long and since when has he been a resident of this State? *He resides under Co No. 10 he has resided in Co No 10 since I became acquainted with him*
4. When, where and in what company and regiment did he enlist, and how do you know? *In Nov 1862 at Washington D. C. in Co No. 108 Regt. I was a member of the same Company.*
5. Were you a member of the same company and regiment?
6. How long did he perform regular military duty, and what do you know of his service as a Confederate soldier, and the time and circumstances of his discharge from the service? *He remained in the Co until the summer of 1865. He was paroled when the Regiment was disbanded, he received his parole at ~~Richmond Va~~ *Richmond Va**
7. What property, effects or income has the applicant? (Give your means of knowledge.) *None, except his household furniture. I am well acquainted with him and his circumstances.*
8. What property, effects or income did the applicant possess in 1896, 1897 and 1898, and what disposition, if any, did he make of same? *None - except as above mentioned.*
He made no disposition of any property.
9. Has he conveyed away any of his property in the last three years, if so, what was it, and to whom? *None*
10. What is the applicant's occupation and physical condition? *He is a Cropper.*
He is feeble. He suffers from heart disease.
11. Is the applicant unable to support himself by labor of any sort, if so, why? *Yes. Because of his feeble condition, from above cause.*
12. How was he supported during the years 1897 and 1898? *By what little he and his daughters could make as croppers*
13. What portion of his support for these two years was derived from his own labor or income? *Only such as a feeble man could make as a cropper in making a little crop.*
14. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code? *His condition is as stated. Feeble and a sufferer from heart disease.*
15. What interest have you in the recovery of a pension by this applicant? *None.*

Sworn to and subscribed before me, this *9th* day of *Dec* 1899. *W. W. Robinson* Witness.
J. D. Stone Ordinary.

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,

Cobb COUNTY.

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

He finds applicants suffering from diabetes and vital impotency, so much so that he can't by day and sleep at night.

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

Sworn to and subscribed before me this the *30th* day of *Dec* 1899. *W. W. Keefe M.D. Geo. H. Simpson M.D.* Ordinary.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Cobb COUNTY.

I, *J. D. Stone*, Ordinary in and for said County, hereby certify that the applicant *W. W. Foster* resides in said County, and has been a bona fide resident of this State since the *10th* day of *June*, 1897. *so*
 He says *W. W. Robinson, W. W. Keefe M.D. and Geo. H. Simpson M.D.* are of trustworthy character, and that their statements are entitled to full faith and credit.

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

I further certify that the tax digests of *Cobb* County show that applicant returned for taxation in his name in 1897 *Nothing* Dollars of property, and in 1898 *Nothing* Dollars of property.

In my opinion the foregoing claim is *made in good faith*
 Witness my hand and seal of office, this *30th* day of *Dec* 1899.

J. D. Stone Ordinary,
 of *Cobb* County.

NOTE.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.

I, W. W. Foster

hereby authorize Hope Brown of Marietta Ga

to receive and receipt for the pension allowed and request that he remit same to me at Marietta Ga by hand

Witness my hand and seal, this 1st day of Jan 1901. [L. S.]

Executed in presence of John C. Foster

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.

I, J. W. Foster hereby authorize

John C. Foster of Cobb to receive and receipt for the pension allowed and request that he remit same to me at Marietta

Witness my hand and seal, this 1st day of Jan 1902. [L. S.]

Executed in presence of John C. Foster

(For Those Already Enrolled.)

INDIGENT
SOLDIER'S PENSION.
1901.

Name W. W. Foster
County Cobb

WARRANT ISSUED
1901.

JOHN W. LINDSEY,
Commissioner of Pensions

WARRANT HANDED TO

R. C. Brown

Geo. W. Harrison, State Printer, Atlanta.

No data

(FOR THOSE ALREADY ENROLLED.)

INDIGENT
SOLDIER'S PENSION.
1902.

Name W. W. Foster
County Cobb
Co. H Regiment 1st

WARRANT ISSUED
1902

JOHN W. LINDSEY,
Commissioner of Pensions

WARRANT HANDED TO

Andy

Geo. W. Harrison, State Printer, Atlanta.

No data

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears *W. W. Foster* of *Cobb* County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the 10 day of *June* 1867; that he is *61* years old and by occupation a *Cropper* that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served for the term of *2 1/2 yrs* in Company *108*, of *1st* th Regiment of *Co. State Troops*; that his physical condition is as follows: *Disabled - & Unable from which he is unable to perform manual labor.*

that his property consists of the following items: *Some land & kitchen furniture*

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

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

Sworn to and subscribed before me, this the *20th* day of *January* 1901. *John Cortney* Ordinary.

STATE OF GEORGIA, *Cobb* County.

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

Given under my official signature and seal, this *27th* day of *Jan'y* 1901. *John Cortney* Ordinary *Cobb* County.



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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cobb County.

Personally appears *W. W. Foster* of *Cobb* County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the _____ day of _____ 1860; that he is *61* years old and by occupation a *farmer* that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served for the term of *3 Years* in Company *108*, of *1st* th Regiment of *Co. State Troops*; that his physical condition is as follows: *On account of Infirmary and poverty he is unable to support himself and of any of the usual avocations of life*

that his property consists of the following items: *Nothing*

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

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

Sworn to and subscribed before me, this the *1st* day of *Jan'y* 1902. *John Cortney* Ordinary. *W. W. Foster*

STATE OF GEORGIA, *Cobb* County.

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

Given under my official signature and seal, this *1st* day of *January* 1902. *John Cortney* Ordinary *Cobb* County.



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

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, _____ hereby authorize _____

of _____

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

by _____

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

W. H. Foster
[Signature]

Executed in presence of _____ [L. S.]

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, _____ hereby authorize _____

of _____

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

by _____

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

W. H. Foster
[Signature]

Executed in presence of _____ [L. S.]

Doctor W. H. Foster
W. H. County

CODE SECTION 154.
(FOR THOSE ALREADY ENROLLED.)

No. 460

INDIGENT

**SOLDIER'S PENSION
1903.**

Name *W. H. Foster*

County *Cobb*

Co. *H* Regiment *1st*

WARRANT ISSUED

123 1903.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Ord

Geo. W. Harrison, State Printer, Atlanta.

76 date

Doctor William W. Foster
Cobb Co.

CODE SECTION 154.
(FOR THOSE ALREADY ENROLLED.)

No. 466

INDIGENT

**SOLDIER'S PENSION
1904.**

Name _____

County _____

Co. *1st* Regiment *4th*

WARRANT ISSUED

123 1904.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Ord

Geo. W. Harrison, State Printer, Atlanta.

76 date

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cobb County,

Personally appears *W. M. Hooster* of *Cobb*

County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the day of *1840*; that he is years old and by occupation a *farmer*, that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served for the term of *3 years* in Company *H*, of *12th* Regiment of *Ga. State Troops*; that his physical condition is as follows: *On acct of infirmity & poverty he is unable to support himself*

that his property consists of the following items:

Nothing

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

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1903. I have heretofore as a resident of *Cobb* county been allowed a pension for the year *1902*

Sworn to and subscribed before me, this the *11th* day of *October*, 1903. *John A. [unclear]* Ordinary.

STATE OF GEORGIA,

Cobb County,

I, *John A. [unclear]* Ordinary of said County,

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

Given under my official signature and seal, this *11th* day of *October*, 1903.

John A. [unclear]
Ordinary *Cobb* County.

A file your name here

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cobb County,

Personally appears *W. M. Hooster* of *Cobb*

County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the day of *1840*; that he is years old and by occupation a *farmer*, that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served for the term of *3 years* in Company *H*, of *12th* Regiment of *Ga. State Troops*; that his physical condition is as follows: *on account of infirmity and poverty*

that his property consists of the following items:

Nothing

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

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1904. I have heretofore as a resident of *Cobb* County been allowed a pension for the year *1903*

Sworn to and subscribed before me, this the *11th* day of *October*, 1904. *John A. [unclear]* Ordinary.

STATE OF GEORGIA,

Cobb County,

I, *John A. [unclear]* Ordinary of said County,

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

Given under my official signature and seal, this *11th* day of *October*, 1904.

John A. [unclear]
Ordinary *Cobb* County.

A file your name here

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb COUNTY.

John Lindsey hereby authorize
W. W. Foster

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

by _____ at _____
WITNESS my hand and seal, this *11th* day of *Jan* 1905.

W. W. Foster
John Lindsey [L. S.]

Executed in the presence of

J. M. ...

Foster, William W.
Cobb Co.

CODE SECTION 1274
(FOR THOSE ALREADY ENROLLED.)

No. *870*

INDIGENT
SOLDIER'S PENSION
1905.

Name *W. W. Foster*
County *Cobb*
Co. *H* Regiment *127*

WARRANT ISSUED
11/22 1905.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDLED TO

Geo. W. Harrison, KANAWHA, 10 STATE STREET, ATLANTA.

no data

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb COUNTY.

John Lindsey hereby authorize
W. W. Foster

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

by _____ at _____
WITNESS my hand and seal, this *11th* day of *Jan* 1905.

W. W. Foster
John Lindsey [L. S.]

Executed in the presence of

J. M. ...

Foster, W. W.
Cobb County

Code Section 1274
(FOR THOSE ALREADY ENROLLED.)

No. *865*

INDIGENT
SOLDIER'S PENSION
1906.

Name *W. W. Foster*
County *Cobb*
Co. *H* Regiment *127*

WARRANT ISSUED
11/22 1906.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDLED TO

Geo. W. Harrison, KANAWHA, 10 STATE STREET, ATLANTA.

no data

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cobb County.

Personally appears *W W Foster* of *Cobb*

County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the _____ day of _____ 1840; that he is 64 years old and by occupation a *farmer*, that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served for the term of 3 years in Company *36*, of 1st Regiment of *Co State Troops*; that his physical condition is as follows: *accident eye Infirmitiy and young*

that his property consists of the following items:

nothing

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

Deponent desires to participate in the benefits of the Act approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1905. I have heretofore as a resident of *Cobb* County been allowed a pension for the year 1904.

Sworn to and subscribed before me, this the 21 day of *Jan* 1905. *W W Foster* Ordinary.

STATE OF GEORGIA,

Cobb County.

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

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

John Anthony Ordinary *Cobb* County.

Am your seal here

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,

Cobb County.

Personally appears *W W Foster* of *Cobb*

County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the _____ day of _____ 18____; that he is _____ years old and by occupation a _____, that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served for the term of _____ in Company *114*, of *114th* Regiment of *Co State Troops*; that his physical condition is as follows: *Infirmitiy & Poverty*

that his property consists of the following items:

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

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

Sworn to and subscribed before me, this the _____ day of *Jan* 1906. *W W Foster* Ordinary. *John Anthony* *Mark*

State of Georgia,

Cobb County.

I, *John Anthony* 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 *Jan* 1906.

John Anthony Ordinary *Cobb* County.

Am your seal here

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb COUNTY. }

W. W. Foster, hereby authorize

John H. Wray of _____

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

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

W. W. Foster [L. S.]
mark

Executed in presence of
W. W. Foster

Foster, William W.
Cobb Co.,

Case Number 194.
(FOR THOSE ALREADY ENROLLED)

No. 597

INDICENT
SOLDIER'S PENSION
1907.

Name W. W. Foster
County Cobb
Co. 20 Inf. Regt. Ga.

WARRANT ISSUED
JAN 21 1907.
JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT-HANDED TO _____
GEO. W. ELABORN, STATE PRINTER, ATLANTA.

no data

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,

Cobb County.

Personally appears W. M. Coates of Cobb

County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the _____ day of _____ 18____; that he is _____ years old and by occupation a _____, that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served for the term of _____ in Company H, of 20th South Carolina Infantry; that his physical condition is as follows: Infirmity & poverty

that his property consists of the following items: _____

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

Deponent desires to participate in the benefits of the Act approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1907. I have heretofore, as a resident of Cobb County, been allowed a pension for the year 1906.

Sworn to and subscribed before me, this the _____ day of July, 1907. John A. Wray Ordinary.

W. M. Coates
Mark

State of Georgia,

Cobb County.

I, John A. Wray Ordinary of said County,

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

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

John A. Wray
Ordinary Cobb County.



Now - This is the same as the old law.
Note - Affidavit should not be attested before January 1st, 1907.

Additional Testimony

State of Georgia
Cobb County.

Personally appeared before
Me, the undersigned, Ordain
in and for said County, W. W. ~~Robinson~~
Jr., who being sworn, says on oath,
that he was a member of the Same
Company and Regiment to wit, Co
H, 1st Regiment of the State Troops,
that W. W. Foster was that said
Foster made a faithful Soldier
and performed all the duties required
of him. At the Surrender a number
of Companies were ordered to report
at Kingston Ga as one of the points
from which paroles were granted.
The residue of the 1st Ga Regiment
who were left after the Campaign
through Ga and South Carolina, were
ordered to Kingston to be paroled and
did so. Affiant and said Foster
were among the number and were
regularly paroled as stated in
applicant's petition and affiant's
former Affidavit.

Subscribed
before me this Sept 17th 1900.
J. M. Stone Ordng.

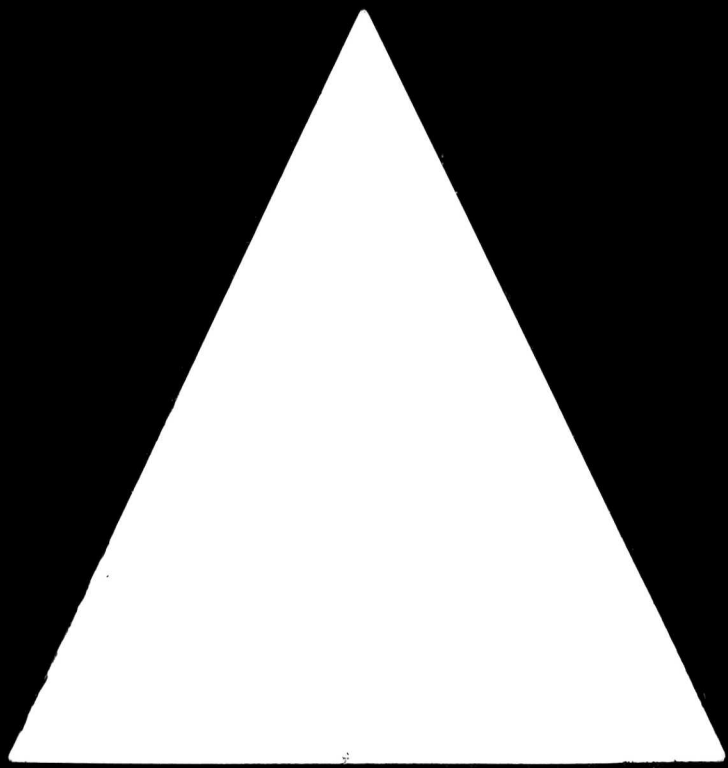
W. W. Robinson

State of Georgia
Cobb County.

Personally appeared before
Me the undersigned, Ordain
in and for said County for
Paroled before W. W. Foster,
who being duly sworn says on oath
that he enlisted as stated & served
faithfully until the Surrender. Affiant
states that after the Campaign through
Ga and South Carolina, the residue
of his Regiment with several Companies
were ordered to Kingston Ga as
one of the points from which paroles
were granted. Affiant's Command did
report at Kingston and were
regularly paroled as stated in
Affiant's application and that he
received his parole as stated.
Sworn to and Subscribed
before me this Sept. 17th 1900.

J. M. Stone
Ordng.

W. W. Foster
Sub



POWER OF ATTORNEY.

STATE OF GEORGIA.

Cobb County.

Know all Men by these Presents, That I, *Wm M L Shankles*

Wm M L Shankles

County, in and State, do hereby appoint, *Wm M L Shankles* 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.

Dufe

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

day of *Feb* 1894.

Wm M L Shankles

Expended in the purchase of us *100.00*

DIRECTIONS.

If allowed, send amount by _____ and obligor.

*City of Atlanta Ga
Feb 26 1894*

The applicant on this case must make further proof before she will be entitled to a

Wm M L Shankles abandoned on a farm had some dwelling of the Feb in 1863 at Ullrichburg but he served on during the war and was in service redoubled in 1864 & served until May 1865. He lived 12 years after the war.

We do not think the fact she was authentic the conclusion that his death in 1877 was a direct result of his service as a soldier. The claim is refused
*W M L Shankles
Secy Ex Off*

*Cobb County
The above mentioned person has been claiming some pension for 1894. Contact Attorney*

Widow's Pension.

for year ending February 15, 1894.

PAID TO

Wm M L Shankles
OF
Wm M L Shankles County.

Warrant Issued.

AND HANDED TO

AS ATTEST, Given Under the Great Seal of the State of Georgia, this _____ day of _____ 1894.

1/19/1900

POWER OF ATTORNEY.

STATE OF GEORGIA.

Colt COUNTY.

Know all Men by these Presents, That I

Miss M. L. Franklin
to Henry Franklin

County, in said State, do hereby appoint
of *Merilla* 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 author-
izing my said Attorney to receipt in my name for any Warrant that may be issued by the Governor, or for
any sum of money which may be coming to me for the reason aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this
day of *July* 1894.

Miss M. L. Franklin

Executed in the presence of us
Wm. J. Franklin

DIRECTIONS

It allowed, said amount by
me at _____ and oblige.

Affidavit to be Made by the Widow.

STATE OF GEORGIA.

In person came before me, the undersigned Ordinary

COUNTY OF *Colt* in and for the County of *Colt*

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

*Book sick with Dropsy and died
in the year 1864 - from the
immediate effects of said disease
contracted in the said service he
was wounded in the leg in
a battle near New Hope in Randolph
County Ga - but died from the
effects of the Dropsy brought
on by the wound which the
said Dropsy came on high while
at Ashburn Miss and never
recovered from said disease
and said disease caused his death*

Deponent further swears that she was the wife of said deceased soldier during his term of service in the
Army, and that she has never married since his death; that she became his wife on the *3rd* day of
Aug 186____, and that she has resided in Georgia continuously since the
19 day of *March* 186____; that Georgia is her home, and was such on
the 23d day of December, 1890, and since said date she has not lived in any other State or locality.
Deponent, as the widow of said deceased soldier husband, applies for the pension provided by Act of the
General Assembly of Georgia, approved December 23d, 1890, for the pension year ending February 15th,
1894, and herewith tenders the proof of her right to receive the allowance granted by said Act

Sworn to and subscribed before me, this the *14th* day of *Feb* 1894
M. L. Franklin
Merilla

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

Wm. J. Franklin
July 9 to 1894
*She will recd on
her part of money
that she is entitled
to be paid for the
said soldier's service
and she will receive
the same as a pension
and she will receive
the same as a pension
and she will receive
the same as a pension*

Warrant Issued.
AND HANDED TO
1894.
Widow's Pension.
PAID TO
Miss M. L. Franklin
Colt
County.
11/9-1900

Affidavit for Three Witnesses.

State of Georgia,) In person came before me, the undersigned Ordinary in and
County of Summitt) for said County, witnesses W. D. King and
A. S. Franklin

and _____ (each known to said Attesting Officer as truthful, reliable and reputable citizens), who severally say under oath, that, FROM THEIR OWN PERSONAL KNOWLEDGE, Mrs. M. L. Franklin of the County of Cobb State of Georgia, is the widow of W. D. Franklin who was a soldier in Company K of the 136 Regiment of Georgia Volunteers. That said soldier enlisted in the service of the Confederate States (or the Georgia State Troops) on or about the 12 day of May 1862. That while in said service or by reason of said service in the Army, he lost his life as follows: Mr. Franklin says

That they were with Mr. Franklin in the winter of 1863, that he contracted dyspepsia at the siege of Vicksburg, that he died in this winter in 1864 of dyspepsia, and that said dyspepsia was caused from his position while engaged in the service. That he was in the hospital part of the time, and when able was in the service from that time until the close of the war, that he was living in the same neighborhood with him from the time he was absent and that he was never well after his return, that he died of dyspepsia, and that said dyspepsia was caused by the service.

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

We know him before the war, that he went from Summitt early in the war that they were made with him in the war and lived in the neighborhood with after the war until his death.

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

Subscribed and sworn to before me, this, the

20 day of February 1894

A. S. White
Ordinary.

W. D. King

R. S. Franklin

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

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

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

STATE OF GEORGIA,) I, J. M. Stone Ordinary
COUNTY OF Cobb) in and for said County of Cobb

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

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this, the 20 day of July 1894.

SEAL

J. M. Stone
Ordinary.

NOTES.

- The pension is only payable to certain classes of widows.
- Those whose husbands were killed in service.
- Those whose husbands died in the army of wounds or disease contracted in the service.
- Those whose husbands went to the army and have never been heard from since the war.
- Those whose husbands were wounded in the army and have since died from the direct effects of the wounds.
- No pension can be paid for previous years.
- Those whose husbands contracted disease in the service, and who after the war, died of the disease caused by the service. The disease must be directly causing the death.
- No widow is entitled to a pension unless she was the wife of the soldier during the war, and has never remarried.
- The law does not provide for any one living out of the State of Georgia, or who did not live in the State at the date of the Act.

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

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

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

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

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

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

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

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

By order of the Governor.

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

Questions for Witnesses.

STATE OF GEORGIA,

County, }
Cobb

J. H. Maloney of said State and County, having been presented as a witness in support of the Application of Mrs. *Martha S. Franklin* for a Pension under the Act of 1900, and after having been duly sworn true answers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? *J. H. Maloney*
Cobb County Ga

2. Are you acquainted with the applicant, Mrs. *Martha S. Franklin*

If so, how long have you known her?

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

4. When and where was she born?

5. Were you ever acquainted with her husband?

6. Where did he reside in 1861?

7. When and to whom was he married?

8. When and where was he born?

9. How long have you known him? *Ever since 1856*

10. When and where did *W. J. Franklin* enlist in the war between the States, and in what Company and Regiment did he enlist and how do you know this? *Kennett Co*
in May 12, 1862 Co H 36 9a Vol. 1 1st Regt

11. Were you a member of the same Company and Regiment?

12. How long did he perform regular military duty? *From 20th May 1862 until the surrender of Vicksburg Miss. Where he surrendered*

13. When and where was his Company and Regiment surrendered and discharged from service? *I was in prison and only freed by the way*

14. Were you with the command when it surrendered? *I was not*

15. Was *W. J. Franklin* the husband of applicant present? *I was with him and Capt boy*

16. If not present, where was he?

17. When and where did he leave his Command? *He was surrendered at Vicksburg*

For what cause? *The Army was surrendered there*

By whose authority he left?

How do you know all this? (State fully and clearly.) *Yes, were together all the time from the time of enlistment to the surrender of Vicksburg & Mass. After that I was in prison and don't know*

18. When and where did *W. J. Franklin* die? *in Tenn*

19. Where did he reside at his death and how long has he been a resident of Georgia at his death? *at Vicksburg Miss. I don't know the exact date*

20. Do you of your own knowledge know that applicant is the lawful widow of *W. J. Franklin*?

21. Has she remained unmarried since her soldier husband's death, and is now his widow? *Yes*

22. What property, effects or income has the applicant, if any, and how do you know this of your own knowledge? *Do not know*

23. What property, effects or income did applicant possess in 1899 and 1900 and what disposition did she make of it? *Do not know*

24. Has applicant conveyed any property in last two years or given any away, if so what was it and to whom? *Do not know*

25. What is applicant's physical condition and her chances and ability to earn a support? *I do not know her physical condition*

26. Is applicant able to earn a support of any sort, if not why?

I do not know

27. How was she supported for 1899 and 1900?

Do not know

28. How much did applicant contribute to her support for last two years? *Do not know*

29. Give a full and complete statement of applicant's physical condition? *Do not know*

30. What interest have you in the recovery of this pension by the applicant? *none*

Sworn to and subscribed before me this *16th*

day of *Sept* 190*2*

J. H. Maloney Ordinary,

Cobb County.

J. H. Maloney Witness.

Affidavits of Physicians.

STATE OF GEORGIA,

County, }
Cobb

Personally before me comes *Chas. H. Field* and *Chas. O. Howell* both known to me to be reputable physicians of said county, who being severally sworn, say on oath that they have examined carefully Mrs. *Martha S. Franklin* applicant for a Pension under Act of 1900, and after such personal examination say that her physical condition is this *She has dependent*

Raynaudism in her hands & feet, which is not

with it and also that she is unable to do ordinary household work, her condition is of long standing & is permanent,

and we have no interest in said pension if allowed. *W*

Sworn to and subscribed before me this *7th*

day of *Feb* 190*2*

Chas. H. Field Ordinary,

Chas. O. Howell County.

Chas. H. Field Witness.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

County, }
Cobb

I, *John Anthony* Ordinary in and for said county, certify that the applicant, Mrs. *Martha S. Franklin* residing in said county, and has been a bona fide resident of this State since the *10th* day of *Jan* 190*2*, and that the witness, Mr. *J. H. Maloney* are of trustworthy character, and that their statements are entitled to full faith and credit.

I do further certify that before answering the foregoing questions, the applicant and said witnesses took the oath herein prescribed, and the full text of the affidavits was read to the applicant and witnesses before the same was signed and subscribed.

I further certify that the tax digest of *Cobb* county shows that applicant returned for taxation in her own name in 1899 *110* dollars worth of property, and in 1900 *110* dollars worth of property.

Witness my hand and official seal, this *16th* day of *July* 190*2*

John Anthony Ordinary,

Cobb County.

(SEAL)

Notes—1. Before any questions are answered, the Ordinary shall swear applicant and the witnesses in the following words: "You do solemnly swear that you will true answers make to each of the questions asked of you, and the evidence you shall give will be the whole truth; So help you God."

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

3. All affidavits must be made before Ordinary.

4. Only widows who were the wives of the dead husbands while they were soldiers need apply—and are now widows. Those married since 24th April, 1865, not entitled.

5. Witnesses and two Physicians are necessary to make out claims.

STATE OF GEORGIA
 DEPARTMENT OF PENSIONS
 OFFICE OF THE ORDINARY
 COLUMBIA, GEORGIA
 RECEIVED
 JUL 16 1902

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb COUNTY.

I, M. L. Franklin hereby authorize
John Anthony of _____
to receive and receipt for the pension paid hereon, and request that he remit same to _____ at _____

In WITNESS WHEREOF, I have hereunto set my hand and seal, this _____ day of Jan 1904.

M. L. Franklin [L. S.]
Frank

Executed in presence of
J. M. Gunn

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb COUNTY.

I, M. L. Franklin hereby authorize
John Anthony of Marilla, Ga.
to receive and receipt for the pension paid hereon, and request that he remit same to _____ at _____

In WITNESS WHEREOF, I have hereunto set my hand and seal, this _____ day of January 1905.

M. L. Franklin [L. S.]
Frank

Executed in presence of

Franklin, M. L. (Mrs)
Cobb County

TO THOSE HERETOFORE PAID.
1904.

No. 172
INDIGENT WIDOW'S PENSION
FOR YEAR ENDING DECEMBER 31, 1904.

PAID TO
Mrs M. L. Franklin
Cobb County,
Widow of M. L. Franklin
Co. _____ Regiment.

JOHN W. LINDSEY,
Commissioner of Pensions.
WARRANT ISSUED
JAN 25 1904,
AND HANDED TO
Orlby

Geo. W. Harrison, State Printer, Atlanta.

Franklin, M. L. (Mrs)
Cobb County

To Those Heretofore Paid.
1905.

No. 244
INDIGENT WIDOW'S PENSION,
For year ending Dec. 31, 1905.

PAID TO
Mrs M. L. Franklin
Cobb County,
Widow of M. L. Franklin
Co. A. Cobb Va. Regiment.

JOHN W. LINDSEY,
Commissioner of Pensions.
WARRANT ISSUED
JAN 23 1905,
AND HANDED TO
O

The Pension Printing and Publishing Co., Atlanta.
Geo. W. Harrison, State Printer, Atlanta.

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

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

who, being sworn, says on oath that she is a bona fide resident of said County of Cobb State of Georgia, and that she has RESIDED in said State continuously ever since All her life. That she is the Widow of M L Franklin who was a soldier in Company 36 of the 94 Regiment of 29 Volunteers, that he enlisted in said regiment on or about the month of 1862, and served in the Army up to 1865. That he died on the day of 18

and poverty owing to age infirmity & support family

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1857

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

Sworn to and subscribed before me, } M L Franklin
this 1 day of Jan 1904. } Mark
John Ardrey Ordinary. } Post Office

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

Given under my official signature and seal, this the 1 day of Jan 1904.

John Ardrey
Ordinary of Cobb County



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

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

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

who, being sworn, says on oath, that she is a bona fide resident of said County of Cobb State of Georgia, and that she has RESIDED in said State continuously ever since All her life. That she is the Widow of M L Franklin who was a soldier in Company 36 of the 94 Regiment of 29 Volunteers, that he enlisted in said regiment on or about the month of 1862, and served in the Army up to 1865. That he died on the 25th day of July 1872

Age Infirmary & poverty

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1857

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

Sworn to and subscribed before me, } M L Franklin
this 14th day of January 1905. } Min
John Ardrey Ordinary. } Post Office Marion, Ga.

State of Georgia, } John Ardrey
Cobb County. } Ordinary of said County, certify that I am well acquainted with Mrs. M L Franklin who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the day of January 1874

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

John Ardrey
Ordinary of Cobb County



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

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb COUNTY.

I, M. S. Franklin, hereby authorize John M. Wilkey of Marble, Ga. to receive and receipt for the pension paid hereon, and request that he remit same to me at his office

In Witness Whereof, I have hereunto set my hand and seal, this 19 day of January 1906. M. S. Franklin [L. S.]
Executed in presence of None

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb COUNTY.

I, M. S. Franklin, hereby authorize John Wilkey of _____ to receive and receipt for the pension paid hereon, and request that he remit same to _____ at _____

In Witness Whereof, I have hereunto set my hand and seal, this 8 day of January 1907. M. S. Franklin [L. S.]
Executed in presence of None

Franklin, M. S. (Mrs)
Cobb Co

To Those Hereofore Paid
1906.

No. 304

**INDIGENT
WIDOW'S PENSION,**

For year ending Dec. 31, 1906.

Mrs. M. S. Franklin
WIDOW OF Cobb County,
John M. Wilkey
Widow of John M. Wilkey
Co. K. 36th Ga. Regiment.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED 11/2 1906,
AND HANDED TO WJ

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

Franklin, M. S. (Mrs)
Cobb County

To Those Hereofore Paid
1907.

No. 313

**INDIGENT
WIDOW'S PENSION,**

For year ending Dec. 31, 1907.

Mrs. M. S. Franklin
WIDOW OF Cobb County,
John M. Wilkey
Widow of John M. Wilkey
Co. K. 36th Ga. Regiment.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED 11/21 1907,
AND HANDED TO _____

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

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

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

Cobb who, being sworn says on oath, that she is a bona fide resident of said County of Cobb State of Georgia, and that she has RESIDED in said State continuously ever since before the war. That she is the Widow of M. J. Franklin who was a soldier in Company K of the 36th Regiment of Ca. Volunteers, that he enlisted in said regiment on or about the month of 1862, and served in the Army up to April 1865. That he died on the 28 day of July 1877.

age, infirmity or poverty.

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year before the war.

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

Sworn to and subscribed before me this 19th day of January, 1906. M. L. X Franklin Ordinary. John A. Stoney Post Office Mark

State of Georgia, }
Cobb County, } Ordinary of said County, certify that I am well acquainted with Mrs. M. L. Franklin, who made the above affidavit, and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the 1 day of January 1874.

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

Official Seal

Ordinary of Cobb County.

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

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

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

Cobb who, being sworn says on oath, that she is a bona fide resident of said County of Cobb State of Georgia, and that she has RESIDED in said State continuously ever since January 1904. That she is the Widow of M. J. Franklin who was a soldier in Company K of the 36 Regiment of Ca. Volunteers, that he enlisted in said regiment on or about the month of 1862, and served in the Army up to 1865. That he died on the 28 day of July, 1877.

age & poverty

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year before the war.

I have been allowed an Indigent pension as a resident of Cobb County, under Act 1900, for the year 1906, and now apply for the pension provided by law for the year ending December 31, 1907.

Sworn to and subscribed before me this 8 day of January, 1907. M. L. X Franklin Ordinary. John A. Stoney Post Office Mark

State of Georgia, }
Cobb County, } Ordinary of said County, certify that I am well acquainted with Mrs. M. L. Franklin, who made the above affidavit, and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the 1 day of January 1874.

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

Official Seal

Ordinary of Cobb County.

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