FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

Count OF GEORGIA,	M. D. Maullie
() A 1 L	at she is a bona fide resident of said County of
	sorgia, and that she has RESIDED in said State
	Man. That she is the Widow of
1 1 Hranklin	who was a soldier in Company
K lof the 36Th	Regiment of
Volunteers, that he enlisted in said regiment on or ab	1
186.2 , and served in the Army up to Cann	1
. 28	
the day of Ju	1877
age mining of	overly.
THE RESIDENCE OF THE PARTY OF T	The second second
The same of the sa	The second of th
	The state of the s
	THE STATE OF THE S
Deponent swears that she was the wife of said decease	Andrewson Contract of the Contract of the Contract of the Manager
I have been allowed an Indigent pension as a County, under Act 1900, for the year 1905, and now ap	
year ending December 81, 1906.	provided by law for the
Sworn to and subscribed before me	111 the
194. Warel	M. LX Frauthin
this day of the 1906.	Post Office
1	Tost Office
State of Georgia,	John Susky
acquainted with Mrs. M. Z. Hawkin	rdinary of said County, certify that I am well
am satisfied that the facts therein stated are true, and	and made the above amazvit, and
herself to be, and that she has continuously resided in	
day of Asway 1894	this State since the
Given under my official signature and seal, this	these day de Alles.
[Official]	ohu Musuut
Seal	ry of Copa County
NOTE.—All blanks must be filled.	,

FOR	INDIGENT	WIDOWS	HERETOFORE	ALLOWED	PENSIC
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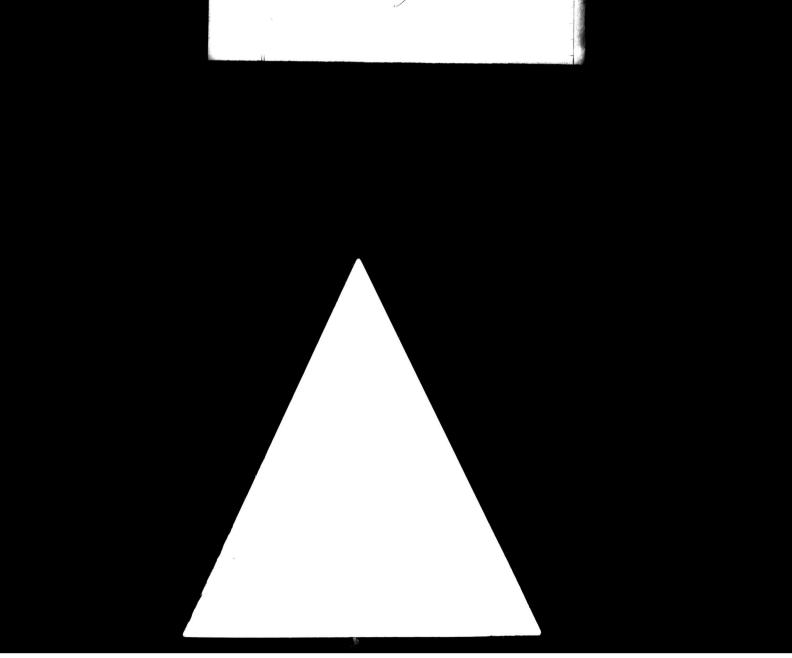
STATE OF	EORGIA,	} h	PERSONALLY CO	MRB MRB.
Cout	being sworn says on on State		bona fide resident	
continuously ever since.	Jany 19	4	That she	is the Widow of
K of the	and he		who was sol	dier in Company
Volounteers, that he call		-		
186.2., and served in				
				That he died on
the	day of	Marie Colon	18.77,	
e e	as there	*		
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Print 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		<i>q</i>		Contract the Contract of the C
Bernard Continues - Superior 19 (19). Some code of the			Married Co.	
THE MAJORITHM ST. LEWIS CO. CO., SAME PROPERTY AND ADDRESS OF THE PARTY				The second second
destruction of the structure and the			***************************************	and separate the second
**************************************	4 - 184			
County, under Act 1900, year ending December 31 Sworn to and sul	d an Indigent pension as for the year 1906, and 1 4, 1907. pscribed before me			d by law for the
John day of	Til, Ordinary	Post Office X	minne	incer
State of Georgia,	County	Ordinary of	said County, certif	Looking
equainted with Mrs	IM L From	Klin.	who made the abo	ve affidavit, and
m satisfied that the facts	therein stated are true	and I know sh	e is the individual	she represents
erself to be, and that she				
	18			
			2	
Given under my offi	olal signature and seal,	this the	day gt	1907.
(Official)		John -	The fra	
Seal	-6	7	1. Sh	
	LUMILL OF	hary of C		County.
NUTE,-All blank	must be filled.	- Jan. (. / /)	VIII.	

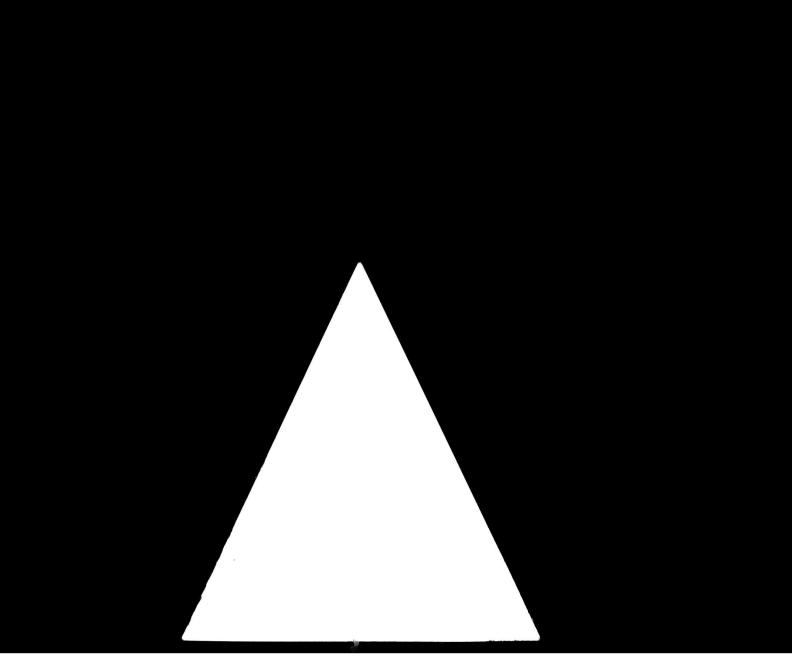
Georgia. Paulding County In person appeared before the undersigned Resteriles Ordinary of Pauleting leo ga Mr & N. Land JOHN AWTREY. Who after heing duly swam Deposes DRDINARY, COBB COUNTY and say that he Knows of his ann (unendment. Knawledge That W. J. Franklin Was in the Nospital at Calumbus you When the War Clased und Waspayflavella, Sa Dic. 26 th 1902 Roled There at that time of was present Leorgia bold bountyat the hime and was payreld theremy Wright beto, bing duly twom Self and he stayed with me the Same night after he Received his Jerra that the applicant Morths L. Franklin Discharge Wes karried & MM Frenklin in Guinnett Swarn to and subscirber 1 Hand Court Sa. about 1850 or Therecontibefore me this 19th day of & Deportent was honing in same Community December 1402 at the time - Fly lived to gether Reddehiles Ordinary 3 as were and wife from bearings up & The chart of said wer tomes The has remained mineria since The death of lais WM Franklin, Turgin 3 J. R. A. Childs Grding and is now his lawful widowaulding County & of Saulding County Da Iwon & and has cide before me Certify that I H Fand is a Desident of Spla and that he is of your This Dic. 26th 1902 Ld Certify That defaute Choracter and his Statements Statust are wrote, of full faith and credit are worthy of full faith o Credit Danding Go Ga frame in a supreme setul John W. Ty biding,

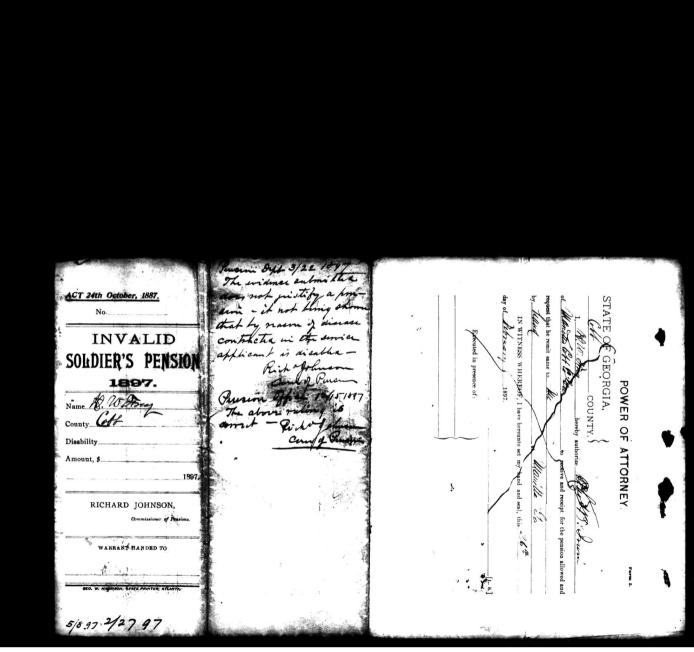
(aurudment 1900,)_ he was with the teams and commission Leorgia - Cobb County: department. He was a man never to Personally came the undrivined, give up and did actual service often J.H. Maloney, who whow oath says that he is when he wasn't able to do it - butdid acquainted with the applicant to whose afihamy how tof his new well- Some plication this is hereto allached - that he knew times he was in biller condition than her husband since before the link War atothers - but this swilling thuffing up othe hime of his death - that he was in was neverall your after it frish ap. The same Co. K." 36th Ro gt. Va. Vols Confederate peared and instead of ear getting but army sund with her husband during tex, it gradually grew worse, until The was & have known him ever since to no his last years he was mable to do the time of his death Before the war less. anything and finally died - There can tranklin was a stout, healthy, vigorous has sty to any question as sowhot was the + undustrious man; in the was he made maller with how - Dropay, and from a brave good soldier and knew no comthe direct rout of which he died in plant ordisease until during the pervice they underwent seven hardships + Sworn to and sub J. H. Maloney. especially while in Miss, I while at scribal before me. Vicksburg, Miss. he tryan complaining, Mr. 8. 1900. his feet and legs swollen and puffedap. DU Stone Some of the line afterwards he was Order do Ga with the command, other lines in 02.8 1 the hospitals and a still other lines,

amentury 1400) Teorgia - lead bloomity -Lengia Cobb County. Gersonally came Mrs. M. L. Franklin who whom oath says that she is the appli-I. I. M Stone, ordery said Co. do hereby Certify that the witness JAM slowly is a fond fine maident of said country and cant in the pension claim Swhich this is here to accailed. That her huxbourd is of hustworthy chocacted what his log tranklin , prior to the war, was a Statements are entitled by all faith & credix. healthy stout vigorous man and had. no significon is of diopsy, wholever, or-of any other disease, that ofter he once Contracted said desease, which was done whole in the service, herevas ours a well man again, but gradually Continued to grow worse of it until his death in 1877. His Exposure and service was the desert caux of his Contracting said desease and The discase the cultilité des et lauxe of his death. Sworn to and such - Min. M. X. Franklin se ribud befor me Wird 11.1902 Ording

State of Georgia, Whitfield County. Personally case Jesse AtGlenn, who being duly seora, says, I remember W.J. Franklin, who was a private in -K-36 Regiment Georgia Vels Confederate Army I recellent while it Vicksburg, Miss, he was sick, his feet and legs were swellen or puffed up, he contracted the desease from exposure while in Vicksburg, and I am convinced that from his condition and the indications that it was dropsey. The reason that I can swear so positively about him is that the was about Headquarters a good deal of the time, having enarge of Sworn to and subscribed before me, Love . A. Blann the teams. this February 22nd, 1394. Non Bogle Ordinary, Whitfild Co Isa Georgia Burnell Carly formally appears before me H. Halman M. who are outh says. That he knew H. F. From line, and did the principal ractice of the family frem 1872 to 1879 That Mr. Franklin was of a dropsical deathesis and that he writed on him in his last sickness, and dupy was ord of the principal cause of his diet which a counted in the year 187 swente and subsailed? he for me Met. 23, 1594.3 K. S. Whitworth. Prelinery.







Physicians Amdavit.
STATE OF GEORGIA, County John Churty
PERSONALLY comes before me. Ordinary of said County,
H. N. 18 1 N & and both known to
me as reputable physicians of said County, who being severally sworn, say on oath, that they have carefully examined Dubling and after such personal examination, say that the present
Churacter were Sain + telange
- dwelen James Terretiring here mas
to therform manual lother at The
tarte transie or ils where
like +
and that such condition is permanent. Said condition arises from the following facts:
Exercise Alundani.
We have treated applicant professionally for 6. Hette The years, and his condition, as above stated,
toes Not. Mad. 5 arise from hereditary or congenital causes, or from vicious or intemperate habits.
to man subscribed before me, this how things on the
To the Cuttered protisimpson mas
Ordinary.
Nora 1. State fully the physical condition and especially the extent of disability. If disability results from wound or njury, state its location, character and present condition. If from disease, pive its nature and character, and its causes on origin, is understood by affants. NOTA 2—The physicians will be careful to fill every blank space in oath.
F
STATE OF GEORGIA,
I John Cowhing , Ordinary of said County,
to certify that I cm well acquainted with Q, M, They
pplicant in the foregoing affidavit, and am well estisfied that the statements made by him in his said affidavit are rue, and he is disabled, as he claims, and I know he is the individual he represents himself to be, and that he
esides in this County and has been a bona fide resident since the
abo certify that the witnesses, to wit:
are persons of respectability, that their statements are worthy or

STATE OF GEORGIA, __ COUNTY. Maritte La IN WITNESS WHEREOF, I have bereunto set my hand and seal, this 26 %

Executed in presence of:

RICHARD JOHNSON

of the affidavit was read to and understood by them before they signed the same.

Given under my official signature and seed this.

Physicians' Affidavit.

BOTH County John Awfory
PERMONALLY comes pefore me And County, M. Seinfe M. S. and Chistle N. Hield M.S., both known to
ne as reputable physicians of said County, who being severally sworn, say on oath, that they have carefully reamined and after such personal examination, say that the present
Various being and along of media of right
My.
and that such condition is permanent. Said condition arises from the following facts: lettermiz
We have treated applicant professionally for. Arise from hereditary or congenital causes, or from vicious or intemperate habits. Sworn to and subscribed before me, this play of Hillington of the profession will be careful to fill every blank space in oath.
STATE OF GEORGIA. County 1. County the pappleant 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
I also certify that the witnesses, to wit:
and are persons of respectability, that their statements are worthy of full credit and belief, and that the full text of the affidavit was read to and understood by them before they signed the same. Given under my official signature and seal, this hay of hay o
Ordinary County. All amending proofs must be executed with the same formality as original proofs, and the Ordinary must so certify

STATE OF GEORGIA,

De Trus

hereby authorize

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

For Use of Applicants Who have Not Heretofore Drawn

TATE	OF,	GEORGIA,	
16		1	

County. Daniel W. Frey

County, State of Georgia, who being duly sworn says on oath that he was born on the 18 38 , that he is a bong fide citizen and resident of Georgia, and has been

day of December 1855, that he enlisted in

March. 1862, during the war between the States, and

" of Phillips Legion of Sufanter ga Volunteers Wolferd's Brigade, and was honorably discharged on the

1862. ; that whilst engaged in such military service, and in line of duty in the

he was disabled a wounded as follows: he contracted thewmatism, from exposure and hardships while in the service, inhis arms, legs, shoulders and book to In nov. 1862, he was

hospital the then would back to the army at Frederiketung, where he remained about I mounts and was sent to the tockilal at Richmond . He was

then transferred to the Donoille hospital from there was furloughed home or account of said shewmation. where he seem

about two months and after he had practi. cally recorred, he returned to the army and did service until the end of the war - Deponent

states that he had never had relevenation before service, was a stout and abutodied man - S.

first controlled said lieuse he has suffered extreme hain and still suffers said home - the is made to the or Tons of life - He has at times been sorfined his hat for as long as of mile months at a time on alean

amendatory thereof, and makes application for the pension to which he is October 26th, 189

service.

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

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

STATE OF GEORGIA,

County.

PERSONALLY appears before me, the undersigned Ordinary in and for said County, Vanual 9 Fry - Sis. Baswell and A.S Colcer

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 Owfrey -

whose application is herewith presented for a pension, that he has resided in this State continuously since the

day of De Receiver 1855 that he served in Company "L" of the Abillish Supplements Wooffords Brigade, and from our personal knowledge he was injured by the service as follows: open distances, and tell in some some language when, where and how the injury happened, or the disease was contracted and to what extent applicant is studied from book has a direct result it errol. We do since any labor.

When Deviney entisted in the confederate army he was as stout, able-bodied man as extere was in our company and from exposur 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 leve furloughed home all account of his institity to the service due to said shematism. He is sever since been stout- and always complaining of the sauce old aches and point in his hands, armes, logo back and other parts of his body , line Bs - He now suffers from said themation and is unable to perform the ordinary manual vocations of life -He was a good soldier and did ballant Service -

We personally know above stated facts. We were with him in the army and have known him ever since He was honorably docharged or retired from the service on 9th day of April, Afficautallow

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

AS Cakeir

ne, ses are asked to make their statements full and explicit tracing disability to its true cause

PHYSICIANS' AFFIDAVIT.

Cabb Ordinary of said County, me as reputable physicians of said County, who being severally sworn, say on oath, that they have carefully examined DW Truj and after such personal examination, say that the present condition of applicant is as follows: The is just recovering from a very sever attack of Eidenic Sufferency a , his health has not been good for faut twelve years, the complaint of pains in his Lege at all times and is unable to works on his farm, he is now suite in and that such condition is permanent. Said condition arises from the following facts wears of age. and, about twell grans ago I attended him during on attack of violent spain in his day We have treated applicant professionally for Norther Gaustyears, and his condition, as above stated, hereditary or congenital causes, or from victous or intemperate habit Gilbert Derener to he I h olan me

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

STATE OF GEORGIA. County.

STATE OF GEORGIA,

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: Saul & See P.A. Bosurce and A. Coker

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.

3 th day of March, 1849

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

	County.	
	to receive and receipt for the pension allowed	and
equest that he remit same to		-
	F, I have hereunto set my hand and seal, this	
ay of	190	
Executed in the presence of	[L	. B.]
•		
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Banang var	And the second of the second o	·••1
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INVALID IRVS PENSION,		A S S S S S S S S S S S S S S S S S S S

FOR USE OF APPLICANTS WHO HAVE NOT HERETOFORE DRAWN.

	STATE OF GEORGIA,
	County.
	100 71C D
	PERSONALLY APPEARS OF Said Leute
4	County, State of Georgia, who being duly sworn, says on oath that he was born on the day of
Ø	38, that he is a bong fide citizen and resident of Georgia, and has been
Þ.	continuously since theday of
8	7/2/2/2/2
Ø	in the military service of the Confederate States (or the State of Urrhuma) on the
ก	day of filming 186 during the war between the States, and
_	served in Company of O'helles th Regiment of Volunteers,
ď	Wyfords Brigade, and was benerably discharged on the Cuphina day of
٠.	74 //
ust	186 4; that whilst engaged in such military service, and in line of duty in
2	the State of, on the day of 186
3	he was disabled or wounded as follows: That during the Writer of
_	1865 while in line of deter in the State
otes	in Oliver in the part to the sale to
£	of manual an commence rumanam
ž	from which he has suffered her ir less
н	Mulil now Said disease inorcasing
9	with his and wite his with
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ä	description perform want Enter of any
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us as Set Out in	description Hopewater C. H. Via 24 " alle
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structions as Set Out in	Was applicant present? West not. How going there? Casteria to Tradecogly of Many Many States (1817). The state of the sta
nstructions as Set Out in	Was applicage present? West not. If not, where Was applicage present? When not have come there? Casterial to Transport of the notion of the
Instructions as Set Out in	Was applicant present? When not. How going there? Casteria to Tradesingly of Minimum the Standard of Many Many Many Paroles after the Borresser. Med. Was paroles after the Borresser.
e Instructions as Set Out in	Was applicant present? When not. How going there? Casteria to Tradesingly of Minimum the Standard of Many Many Many Paroles after the Borresser. Med. Was paroles after the Borresser.
The Instructions as Set Out in	Was applicant present? West not. How going there? Casteria to Tradecogly of Many Many States (1817). The state of the sta
The Instructions as Set Out in	Was applicately present? When the property of the property of the Cole, and the Acts amendatory thereof, and made application for the pension to which he is entitled for the year thereunder, ending October 26th, 190. Sworn to and subscribed before me, this the
The Instructions as Set Out in	Was applicable present? While not. How going there? Calculate by Judge of the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year thereunder, ending Cotober 26th, 190
The Instructions as Set Out in	Was application present? Whis where How going there? Captured by Judge of And by whose authority? State fully: Territory of the Borrowson. Deponent desires to participate in the benefits of Section 1250 of the Code, and the Acits amendatory thereof, and makes application for the pension to which he is entitled for the year thereunder, ending October 28th, 190. Sworn to and subscribed before me, this the Aday of Haary 180. Post Office Manually Post Office Manually Post Office Manually
The Instructions as Set Out in	Was applicately present? When the point the property of the control of the Cole, and the Acts amendatory thereof, and made application for the pension to which he is entitled for the year thereunder, ending October 26th, 190. Sworn to and subscribed before me, this the property of the Cole, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year thereunder, ending October 26th, 190. Sworn to and subscribed before me, this the property of the Cole, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year thereunder, ending October 26th, 190. Sworn to and subscribed before me, this the property of the Cole, and the Acts amendatory thereof, and th
The Instructions as Set Out in	Was application present? Whis where How going there? Captured by Judge of And by whose authority? State fully: Territory of the Borrowson. Deponent desires to participate in the benefits of Section 1250 of the Code, and the Acits amendatory thereof, and makes application for the pension to which he is entitled for the year thereunder, ending October 28th, 190. Sworn to and subscribed before me, this the Aday of Haary 180. Post Office Manually Post Office Manually Post Office Manually

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 signs

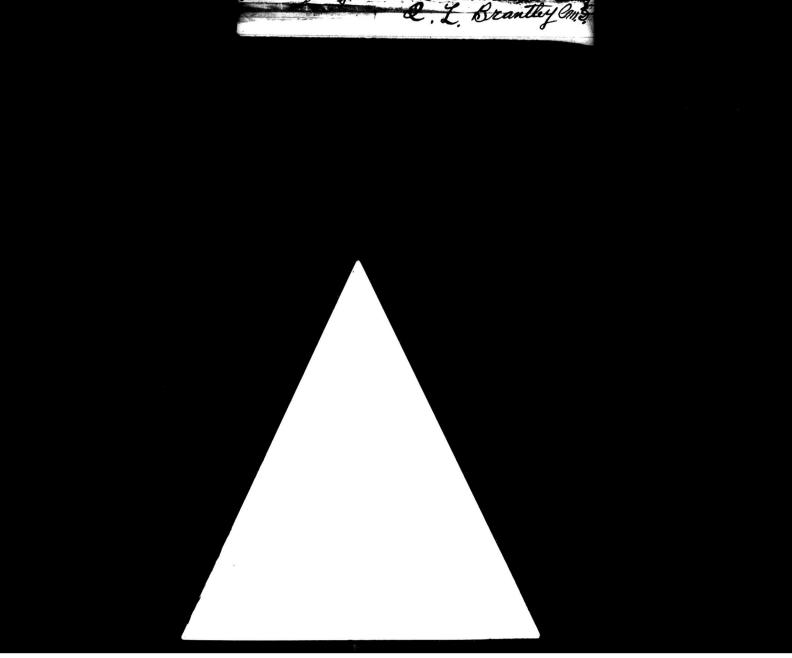
AFFIDAVIT FOR THREE WITNESSES.

7	
STATE OF GEORGIA	ì
la let	· . }
repor	County.)
Pennantus appears before	me, the undersigned Ordinary in and for said County, J. Haswell
0 7 1110 00 m	the, the discernighed Ordinary in and for said County
J. T. Wir Clill	and Mi Wallaver
personally known to me to be truste	orthy citizens, each of whom, being duly sworn according to law, severally say
under oath, that they are personall	and well acquainted with N.W. Fru
whose application is herewith prese	nted for a pension that he has resided in this State continuously since
before the war o	etween the states
11.1 P day of	18
lips Legion Regimen	
while in the of duty, was injured b	the service to follows: (Give full statement, and tell in your own language
disabled from work as a direct res	happened, or the disease was contracted, and to what extent applicant is ult thereof. If he does any labor or can do any, state what.)
	That he contracted
20 Ti	11 > 1 / 1/1/1 : 7 0:
Munalism in	The winter of 1863, in the State
of Vinginia	de Sail spalingent cont. 7.
S. J. Therese	The source
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or is rule	-ly relfolies -
	A CONTRACTOR OF THE PARTY OF TH
	1 Mi
Where was applicant's command s	irrendered? Was not Appouration CN on Pair
	- Rock Column driving
Was be with it? Was Cuptur	Were all of you present? - The or in present
If not, where was he? _ Rock	Island prison
Rank	
Where were you all?	out of in une
1	
	to be true? Because Mx were in Same Company
How do you know the facts you state	to be true? we will the the the true to the true to the true.
We personally know above	stated facts. We were with him in the army and have known him ever since.
He was honorably discharged or reti-	ed from the service onday of
	lisabled 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.
	(3 Di 11.111
Sworn to and subscribed before	e me, this
A1 - (MF4	Carrie
May of May	TOO 7. S. The effectellan
John Hors	1607 A Charles
John Hoor	1607 Malgarien
Norm : The Ordinary will are	the fall and of the effective in the second state of the second st
NOTE 1.—The Ordinary will see legally qualified to the same.	the the full text of the affidavit is understood by the witnesses, and that they are
Norm : The Ordinary will are	the the full text of the affidavit is understood by the witnesses, and that they are nake their statements full and explicit, tracing disability to its true cause.

PHYSICIANS' AFFIDAYIT.

STATE OF GEORGIA,
Golf Coursy.
PERSONALLY comes before me John July Ordinary of said County,
V. B. Pointago and C D Talker both known to
me as reputable physicians of said County, who, being severally sworn, say on oath, that they have carefully
examined and the such personal examination, say that the present
condition of applicant is as follows: He we Entirely Kelpher
the find the same of the
Rhenmatin for when you and a live
30 fano are he had a state of Paral.
from which he has not wearned!
and that such condition is permanent. Said condition arises from the following facts:
denie de
and Suther that he had sufficient
so much from Thermation
We have treated applicant professionally foryears, and his condition, as above stated,
doesarise from hereditary or congenital causes, or from vicious or intemperate habits.
Sworn to and subscribed before me, this
16 gay or Oct 1908) le D. Elder M.D.
Ordingry.
NOTM :-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 affairs.
NOTE 2.—The physicians will be careful to fill every blank space in oath.
STATE/OF GEORGIA,
County.
I. Solu Swelly Ordinary of said County,
do certify that I am well acquainted with the the
applicant in the foregoing affidavit, and am well satisfied that the statement 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 the 1825
I also certify that the witnesses, to wit: A Beauth , J. 7 / Cultan
and M. Market 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
Given under my official signature and seal, this 16 of October 190 8,
plu surtens.
brilinary book County

Gran Bending May 8th 18 00 a certify that Collinder D. The Frey for humalian in 1886 for About Roswell Fa If am hersonaly actionted with I have treated him for Rheumatism I he has Said trauble in its was Soin I fully believe he contracted Said dipease in The army for it is Caused from Kardships & expense and Said trouble render him unall I do manual labor the Suffer Y is in terible along at times thousand is Caused from exposure & hardships VI learn he made a Good Soldier X he Served , is army about 4 Lears & think he deserves a hension if any one does a fully believe he contracted Q. L. Brantley Cons



Turnin Of in 8/1 1498 applicant officers to be able to care a suffert Witness to service should have been soon to and certifica as trust morthy 1898. of the pige of a count GEORGIA, Richo Johnson cut of them Jusin Ofice 7/1 1899 The above men sums to Cours of Plushing canning a support - The physical condition as de Approved This orn 19 mak delimin a direction of the time sonbra by the phy aicims don not alon such infirmati RICHARD JOHNSON, as to from t apple counts his ceram, Experim Lether we velous deschiped She mi trues should he our-WARRANT HANDED TO of wen - John, haly Tifician on 3= pay -Caption us it Down him Holen of his workering Daily Ormer offen 6/1-1910

Ourin off of/-1910 tim thean of this Capture as a Primer of hours - tolum taly Supporting brokent - one his come Copier OT GAGNAH THANARAW dong not alon ouch infinite detertion & discharge RICHARD JOHNSON, ATTORNEY by a mitime who of his orno 15 make thysical countities as he The above ment sume to Cours of Renny OF Ducin office 7/1/8 1899 POWER GEORGIA, Mond miles .8881 antefile as trustonothy Three of the of 1898

AFFIDAVIT OF PHYSICIANS. of said Joungy, who boring severally sworn, say on oath that they have examined earefully John R. Aniel , 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 wrak as a result of a was wound, and paine him secretly & other and withour. fractive of left shoulder about five years ago, and The Tiet fully neers red from effects of Land We further say on outh 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 ORDINARYS' CERTIFICATE Ordinary in and for said County, hereby certify are of trust worthy character and that their statements are entitled to full faith and credit. I further certify that before answering the forgoing questions, the applicant and each witness took the oath hereon prescribed, and that the full text of the affidavits was read to the applicant and witness before same was signed. I further certify that the tax digests of returned for taxation in his name in 1896 of property, and in 1897 Dollars of property.

Witness my hand and seal of office, this 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 Additional affidavits may be attached if blank spaces are insufficient.
 In every case the Ordinary must certify to the character of the witness, and as to the execution of the proof as above.

In my opinion the foregoing claim is

	Questions for Applicant
	STATE OF GEORGIA,
	John Panson of my of said State and County, desiring
	to avail himself of the Pension Act approved December 15th, 1894, hereby submits his proofs, and after
	1. What is your name and where do you reside? (give State, County and post office.) (the Miller of John Rassone Area, Mr. 12) Mayilly look hands Ronging 1. How long and since when havy you been a raddent of this state? I then reached in this Male
	3. When and whole were you born? I row born in Excuston to South Corline No NE 1832.
	4. When and where and in what company and regiment did you enlist or serve? I relieded in July 1861 ye. Bourface of 18 Contle Concluse Requirement to Salvines & Stand
red	How long did you remain in such company and regiment? About there and a half there from my culistaint mail was captured in the friend
20	6. For how long a period did you discharge regular military duty ! Novert they and a hely year. 7. When, where and under what circumstances were you discharged from services? It was athenuise.
Answer	7. When, where and under what circumstances were you discharged from serving? I was actabiled as a prisoner of war will the respector when I was praiched, at Challeston W. C.
e F	8. What is your present occupation? I am for Alling on Smit to in a Very flerale 20
Ω	9. How much can you carn (gross) per annum by young own exertions or labor? I den sua be. It for he as 10. What has been your occupation since 1865? fittened on revited land as long as a sen olds.
Te	11. Upon which of the following grounds do you blue your application for pansion, viz: first tage and
WUS	poverty," second "infirmity and poverty" or third "blindness and poverty"? such that you bould not earn
ξ	your support: It upon the second, give a full and complete history of the infamily and in
Ľ	upon the third, state whether you are justily blind and when and when you lost your sight? Mill sight must be stated from My regist I housely know that there you a guilty should be stated to a guilty should be should
Question	
60	Vince then they loller bone was forker by a fall. My soy loutribule to the information to
Ž	
Ů	what property, effects or income did you possess in 1894, 1896 and 1897 and what disposition.
5	if any, did you make of name? Mad to pro party in the years 1894, 1895.
Every	1076 and 1871, exapt as states
Ú	16. In what County did you reside during those years and what property did you then return for taxation?
	The fact in this County (Cort) and refused to fare perty to the said of the fact by the said the said of the said
	17. How much and your support cast for each of those years and what notion did your support
	by your own labor or income? " Kept to a Relount What all got by heddling this not buy
	18. What was your employment during 1896 and 1897? What pay did you receive in each year? Reddling: L' received reny little - Only British L'Andy Joh from fooddling. 19. Have you a family? If so, who composes such family? Give their means of support?
	19. Have you a family? If so, who composes such family? Give their means of support? Have they
	a homestead? I frage to desire living with the ont a light to have to Means of takkert or cofft what of can more producting, and my faluly have no depunter.
	20. Art you receiving any pension, if so, what amount and for what disability?
	pension whatever
	Sworn to and subscribed before me this the
	day of 1898.) Applicant.

OUESTIONS FOR WITNESS. STATE OF GEORGIA. LEXINGTON. County. The Acade of State and County paving been presented as a witness in support of the application of John to the tree Trees for pension under the Act approved December 18th, 1804, and after being duly sworn true answer to make to the following questions, deposes and answers as follows: What is your name and where do you reside? Sould the Road 2. Are your acquainted with John R 41001 how long have you known him? at te 3. Where does he reside, and how long and since when has he been a resident of this State? Lip of Bulle you age for freque 4. When, where and in what company and regiment did he enlist, and how do you know? coff 20 c Kegt, (2013, Jan to, Cohten 5. Were you a member of the same company and regiment? - 4 1 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? (C.C. ... Y

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

8. What property, effects or income did the applicant possess in 1896 and 1897, and what disposition, if

16 11 00

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

1898.

any, did he make of same? Link / Luca

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

under the Act of December 15th, 1894?

Sworn to and subscribed before me, this

dink Luca

9. Has be conveyed away any of his property in the last three years, if so, what was it and to whom? 1 1100 What is the applicant's occupation and physical condition?

Kucu.

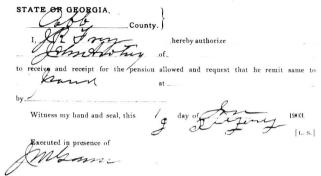
11. Is the applicant unable to support himself by labor of any sort, if so, why?

14. Give a full and complete statement of the applicant's physical condition that entitles him to a pension

about and encreaby

STATE O	R Hr	County.	5	reby authoriz	e	
to receive a	nd receipt for	he pensio		and request	that he r	emit same to
byWitn	ess my hand an	d seal, this	1 d	ay of In	netere	1902.
Execut	d in presence of	of Z				

POWER OF ATTORNEY.



WARRANT HANDED TO

JOHN W. LINDSEY,

WARRANT ISSUED



(FOR THOSE ALREADY ENROLLED.) SOLDIER'S PENSIC 1903. INDIGENT 797 No.

(FOR THOSE ALREADY ENROLLED. 502

SOLDIER'S PENSION

1902.

INDIGENT

JOHN W. LINDSEY,

WARRANT HANDED TO

WARRANT ISSUED

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF CEOPCIA
STATE OF GEORGIA,
Color County.
Personally appears L. W. Jacy of Cook
County, State of Geoogra, who being duly sworn, says on oath that he is a hona 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 first that he enlisted in the military service of the Con-
federate States for of the State of Journal of the war between the
States, and served for the term of 3/2 Guess in Company of 20 th Regiment
of by ; that his physical condition is as
follows: Ovoring to age Infirmely
and Roberts Descount is unable to
and koping Deframmi is mast to
that Manager and the of the fallowing frame
tothing
. D. Harris C. A. Landard and C. Marchard and
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 Cubb
Secretary and the secretary as a residence
Sworn to and subscribed before me, this the
Sworn to and subscribed before me, this the
day of far 1902.
folker bullery Ordinary.
STATE OF GEORGIA.
County.
1. John Milling of Ordinary of said County, do certify that I am well acquainted wind I of Free
the applicant in the foregoing affidavit, and am well satisfied that the statements made by
him in his said affidavit are true, and I know 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 Lannary 0 1902.
Sin.
form on mey
. Solinary Colol County.
Nors. The blank spaces must be filled.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,	
County	
Personally appears of John	
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 you years old and	
by occupation a frame, that he enlisted in the military service of the Con.	
federate States or of the State of) during the war between the	/
States, and served for the term of 3, 2 Kar in Company of, of 20th Regiment	4
of ; that his physical condition is as	
follows: I wing he age donfimil	
and forwards mable to support	
chindle	
that his property consists of the following items:	
Nothing -	
and the same and t	
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 1904	
Sworn to and subscribed before me, this the	
1903.	
Ordinary.	
STATE OF GEORGIA,	
County.	
1. Ordinary of said County.	
do certify that I am well acquainted with IR Frey	
the applicant in the foregoing affidavit, and am well satisfied that the statements made by	
him in his said affidavit are true, and I know he is the individual he represents himself to	
be and that he resides in this County.	
Given under my official signature and seal, this	
day of 1908.	
(AMB)	
Ordinary County.	
Nork - The blank spaces must be filled.	
Norg Affidavit should not be attested before January 1st, 1903.	

STATE OF GEORGIA, hereby authorize to receive and receipt for the pension allowed and request that he remit same to Witness my hand and seal, this Executed in presence of

POWER OF ATTORNEY.

STATE OF GEORGIA, to receive and receipt for the pension allowed, and request that he remit same to WITNESS my hand and seal, this

JOHN W. LINDSEY.

(FOR THOSE ALREADY ENROLLED.) INDIGENT DIER'S PEI

JOHN W. LINDSEY,

(FOR THOSE ALREADY ENROLLED.

No. (c 8 2/

SOLDIER'S PENS

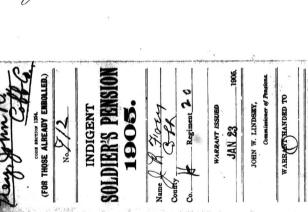
1904

INDIGENT

to receive	The sive and sitness m	1	the pe	ension allowed ar	0.		
(FOR THOSE ALREADY ENROLLED.)	No. (424)	SOLDIER'S PENSION	1904.	Name of Myress County County Regiment	WARRANT ISSUED // 3.5 1904.	JOHN W. LINDSEY. Commissioner of Prasions.	WARRAY BANDED TO

POWER OF ATTORNEY.

Of De I	R Florey	hereby authori
to receive and receipt for	of the pension allowed, and rec	quest that he remit same
WITNESS my hand and	seal, this 12 day of	12
Bracuted in the presen	ce of	[1. 1



- Thomas will

no data

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

	STATE OF GEORGIA,
	County
	(Chi to
	Personally appears / Vien of Com
	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 1823; that he is 2 / years old and
	by occupation a wood Chappe, that he enlisted in the military service of the Con-
	federate States (or of the State of) during the war between the
	States, and served for the term of 3/2 fews in Company of 20 A Regiment
	of that his physical condition is as
	follows: age Infinity peoply
	he is amost to support himself
	that his property consists of the following items: Wiether
	That his property consists of the following rectas:
	a comment of the contract of t
	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 passion to which he
	is entitled for the year 1904. I have heretofore as a resident of
	County been allowed a pension for the year 1703 4 D ferring
	Sworn to and subscribed before me, this the
	1 day of Jan 1904.
	John antry Ordinary.
	Ordinary.
	STATE OF GEORGIA,
	County.
	I, John Unitry Ordinary of said County,
90	do certify that I am well acquainted with R Forey
	the applicant in the foregoing affidavit, and am well satisfied that the statements made
	by him in his said affidavit are true, and I know 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,
	(ADI) John Chothey
	(Soul) Ordinary obd County.
	Nora.—The blank spaces must be filled.
	nors,—the bigue spaces indet be inted.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

· 大麦子女		CONTROL OF THE PARTY OF THE PAR	Control of the Contro	man and the first of the state of
STATE C	F GEORGIA	Sec. 1	1. 1. 1.	1/3
THE PERSON LINES AND THE		Bight and		
all	Cour	ity.		
	0:0	N		000
Personally	appears 77	Tory	of	500
		duly sworn, say	s on oath that he	e is a <i>bona fide</i> citizen
County, State of	or of the second		land in sold Co	ate continuously ever
REAL TOTAL PROPERTY OF THE PARTY OF THE PART		ate, and has res	sided in said St	2 2
since the	day of	18.2	that he is.	22 years old and
by occupation a	work Chippe	z, that he enlist	ed in the milita	ry service of the Con-
federate States (or of the State of	803) durin	g the war between the
States and corn	ed for the term of 8/	in C	Company 26	of 20 th Regiment
A C.	no seems of	٠,		hysical condition is as
of A.O	Q beef.	. ^ -	that his pi	nysical condition is as
follows :	2 mg	my a	200	ver g
	3			
	PE CLA CO			
مرجات حالت	y consists of the follo	wing items		
that his propert	A CONSTRUCT OF LONG	wing items.	holle	
10	The second secon		- Juny	, , , , , , , , , , , , , , , , , , ,
	-43			
of the value of_	245 Servi		Dollars	. I am now earning,
by my labor,	April - money	Dollar	rs per month.	That by reason of his
physical conditi	on and poverty he is	unable to supp	ort himself by	his own exertion or
physical conditi	he receives no pensio	- but the one b	amin applied fo	
labor, and that	ne receives no pensio	in the beach	of the Act one	roved December 15th,
Deponent	desires to participate	fu the benefits	- blissels for the	a nameion to which he
1894, and the A	cts amendatory there	or, and makes a	pplication for th	ne pension to which he
	ne year 1905. I have		resident of	~ ~ ~ ~
County been all	owed a pension for th	ie year 1904.	JAK 4	101
	and subsonibed before		FO.	149
	lay of Jerry		U	/ _
0	9 00	1991		•
NM	whomy	Oı	rdinary.	
0				
STATE	of Georgi	Α, (od, w	17.
8	Fo Cou	ntv. J.		
. 05	P. 955	res o	Ord	inary of said County
1,0	The Market States	P	4-	inary or bara county
do certify that	I am well acquainted	with	de adment cua	A TO MAKE STREET
the applicant is	the foregoing affida	vit, and am we	ell satisfied that	the statements mad
by him in his s	aid affidavit arestrue,	and I know he	is the individua	l he represents himsel
	he resides in this Co			scrept throaise
	Given under my offic	cial signature a	nd seal, this	12
	day of	7	a1905a	_
1	To person of	/	Votan &	The
) AME		$-\eta$	X MOVIN	00
your }	I CO AS PRES	Ordinary.	4	County.
7	UNER	OF ATT	ORNEY	
	Norn.—The blank	spaces must be fille	Control of the control of the	

Nove .- Affidavit should not be attested before January 1st, 1905.

Personally came before me, M. Stane Orly, Dr. C. T. Nolan, known to me as a reputable physician of said County. who being duly street-says on oath that he has examined carefully John R. Frey, applicant for pension under the act of 1896, and after such personal examination says, that has physical condition is as followed - General condition below par as a result of a sence attack of la grippe afficient had in yeillast. His heart is hypertashied and its action very integular - causing him to get of break very easily this abdomes

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

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

State of Georgia, Cobb County.

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 "HI 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

tion. 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

from there to Charleston, S.C. and we were held in Charl ston as prisoners of war until the war closed, and we were paroled and discharged from prison. We toth came back to our homes in South Carolina. We came back home together. I know nothing of applicants present condi-

no interest in a recovery of a pension by him. Sworn to and surscribed to before me this the Le-day of Linewitigno.

> - Lec 1 Khail 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 statem nts are worthy of and entitled to full faith and oredit.

Sell 4.61900 Means

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

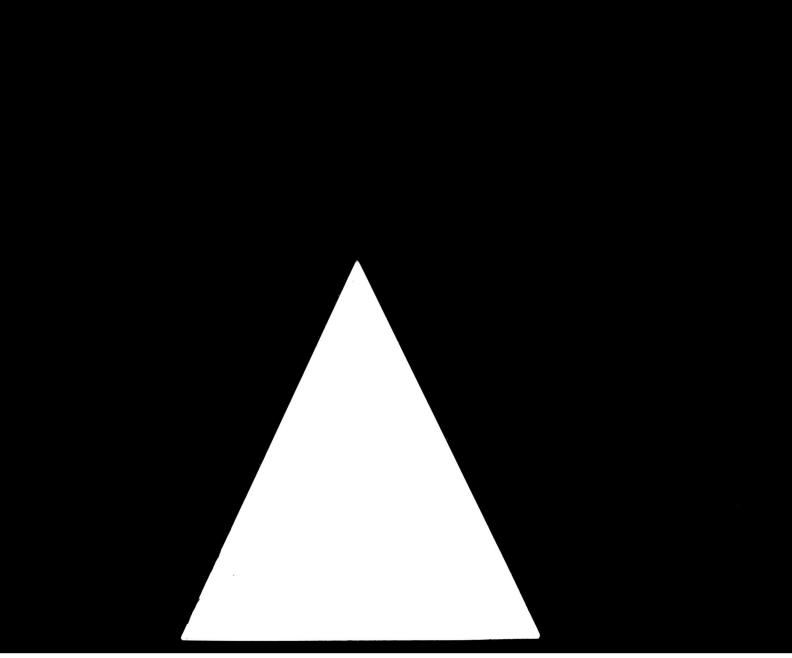
Additional Sestimony Over on ally appeared before. John Chandle who being Sworn Suy that he is rell proparate with Cold County . Mat he has been aguainted life, and has Ricoun him intimately for the point Topic Nauson Boy and hear human him about An awar to gustion I Reforment Says that applicant ligo no forefully or effect. I Know it because of him and Naon it to be a fock, Jeften Bears. Hopount Jay that Mr Dong in very For and prosessed no property of any value, of it is sony infirm and matte to be on mount later . We he hering by later An ausun to Quate & Nepound Page applicant had because of he's infirmity and makes a more exist tease by Biddling fruit and prant from a las hit, Mr dong is northy and needs S. as tog I Neponet Says no Mul ther on the brusish of the Bension because Som to the Special and in Limity. in an tog 10. Nepount Days Speplicant peddles in a Small Way on fruits and rute. It is in full higher land Complains a great deal of fair Pright Phouldor and other surprise. Me Denne Only Levely that Ir a Chandler is of hus teror thy: I regard him as a very fuble rear. of and milled to full faith and condity Character and that his Statement a. northy in the to g 11 Ashowert Days that appliant is readle to Support himself by leter, because he is playerally matte to perform any later.

In awards of 12. Alexand staye Applicant was Reported by feelding, and the aid of his foreign in 1896 + 1897. An aus? of 13. He pound Step he does not know what fortion of his support applicant made but Nacons that all that he was able to make was ruede by peddling. On aus to g H. Appount Sup that appoint is any full in health from wounds and ago and is play in by anable to labor, La austo g 15: Depount has no intuit in the record Seven & and Subscribed S. G. Frey before my the Abruary 17.

State of Bouth Carolina,

I EXINGTON COUNTY.

Certificate of Signature.



INDIGENT PENSION 1899. POWER OF ATTORNEY. Neituno nerozano Approved 5 1899, RICHARD JOHNSON, Commissioner of Pensions WARRANT HANDED TO

STATE OF GEORGIA. Coll hereby authorize El Wiry to receive and receipt for the pension allowed, and request that he remit same to Executed in presence of

Questions for Applicant.

STATE OF GEORGIA.

of said State and County, desiring to avail himself of the Pension Act (Section 1254, Code), hereby submits his proofs, and after being duly

sworn true answers to make to the following questions, deposes and answers as follows: 1. What is your name and where do you reside? (give State, County and poet office.)
Samuel & Treey, Marietta, Cobbica Ga.

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

(44) Forty The entylears - Dines 1855.

3. When and where were you born? On 1836 in Lexing for Dist S.C.

When and where and in what company and regiment did you entity or erve. Affufic Led in 1862. in Co. K. Ohillips Legion. of defautry. 5. How long did you remain in such company and regiment: From March 1862 To April 1865 - Lee's Surrender

6. For how long a period did you discharge regular military duty? Corn 3 year 7. When, where and under what circumstances were you discharged from service? At the restrict

1 for The past depos 8. What is your present occupation?

9. How much can you earn (gross) per annum by your own exertions or labor? 5 40 01

10. What has been your occupation since 1865 " Farming until Highs. 090.

11. Upon which of the following grounds do you have your application for pension, vir. first, "age and poverty," second, "infirmity and poverty," or third, "blindness 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 ? Actively. The What property, effects or include up you posses, and its gross value?

14. What property, effects or income did you posses in 1894, 1895, 1890, 1897 and 1898, and what disposition, if any, did you make of same term 1894, 1895, a counted a position, if any, did you reside during those years, and what property did you then return for taxation, the county did you supported during the years 1897 and 1898.

18. How were you supported during the years 1897 and 1898.

19. How were you supported during the years 1897 and 1898.

by your own labor or income? About \$100. or more - I contributed about \$50. 18. What was your employment during 1897 and 1898? What pay did you receive in each year?

Pulling - about 5000 each year -

19. Have you a family? If so, who composes such lamily? Give their means of support? Have they a homestead? Y28- Myself revies. What I care fullding-

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

Sworn to and subscribed before me this the

QUESTIONS FOR WITNESS.

L. Scir

Q02011011011011011
STATE OF GEORGIA,
Cobb COUNTY.
James & Wylis of said State and County, having been presented
as a witness in support of the application of S. Frey for pension under Section 1254, Code, and after being duly sworn true answers to make to the following questions,
deposes and answers as follows: 1. What is your name and where do you reside? Janus. L. loglie
1. What is your name and where do you reside " Xallet . V . W . Y
2. Are you acquainted with O. S. True, the applicant; if so
how long have you known him? 44 years -
At M. C. l. b. C. Ma Verr since & Ruew him
When, where and in what company and regiment did by enlist, and how do you know? Is a Co. C. Chillips Legion of Suffy. I know it breause lives with him
5 Were you a member of the same company and regiment?
5. How long did be 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 or ? > 3 years - He mode as good publics as less
went wite balle - I don't think he was even
off let, ever with full orgh - weekt when would
I know him preamally, are him of the out , personly know his condition & surroundings .
k. What property, effects or income did the applicant possess in 1896, 1897 and 1898, and what dispo-
sition, if any, did he make of same that the love that of 1776 he had a have
9. Has he conveyed away any of his property in the last three years, if so, what was it, and to whom?
1
10. What is the applicant's occupation and physical condition? Celebration . He to the
11. 1. the applicant gnable to support himself by labor of any sort, if m, why?
He is, because of hoving no means but petding for support & his institute, to lot a comments
12. How was he supported during the years 1897 and 1898? By his fulfilling and
13. What portion of his support for these two years was derived from his own labor or income?
Not or - 1/3 or 1/2 -
14. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code? He is falling and and more further as a fall of the section 1254.
the welling this phones are condition it as stated
in to come his till the transfer of the
13. What interest have you in the recovery of a possible by and approximately
the the work of Language 1899. James & Wylle Witness.
Ordinary.
V (AAA O A GO .

AFFIDAVIT OF PHYSICIANS

ALTIMATI OF FITTOLOGIANO.
STATE OF GEORGIA,
Arregaelly camp before me MAS I Molan and
both known to me as reputable physicians
County, who, being severally sworn, say on oath that they have examined carefully
D. S. Solar, 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 shightly emaciotist.
is result of theumation - making to cause right arm
a route of should right hand and arm how to a cellar
latent last its sensibility- indering it practically
uscless 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
Sworn to and subscribed before me this the Sahos of Modaw M. J.
Sworn to and subscribed before me this the
My of Janis 1899.
Dive Stone Ordinary.
The production of the control of the
ORDINARY'S CERTIFICATE.
STATE OF GEORGIA,

GOUNTY)
I, Ordinary in and for said County, hereby certify
that the applicant resides in said County, and has
been a bona fide resident of this state since the state of the state o
I dan Wer and the malone mas
are of trustworthy character, and that their statement are entitled to full faith and credit.

the oath hereon prescribed, and that the full text of the affidavits was read to the applicant and witness before same was signed.

County show that applicant I further certify that the tax digests of returned for taxation in his name in 1897 of property, and in 1808 Dollars of property. In my opinion the foregoing claim is-1899. Witness my hand and seal of office, this

County.

NOTE.

1. Before any questions are answered, the Ordinary shall swear applicant and the witnesses in the following words: "You shall true narver make to each of the questions asked of you, and the evidence you shall give will be the whole truth, so help you fool,"

... Additional affidavits may be attached if blank spaces are insufficient.
In every case the Ordinary must certify to the character of the witness, and as to the execution of the proof as above

STATE OF GEORG	·IA,	
	COUNTY.	
1,		hereby authorize
	_ of	
to receive and receipt for the pension allo	wed, and request that he remit same to	
at	by	
Witness my hand and seal, this	_day of	1902,
		[L. 8.]
Executed in presence of		
		7

LINDSEY

×.

OHN

PENSION

INDIGENT

0

of said State and County, desiring to avail himself of the Pension Act (Seofon 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 marks and years do you reside; (give State, Country and post office) A HNLY, Marrielle, Coots Duret, Marrielle, 2. How long and since when have you been a resident of this State? When and where were you born? In bouth Carolina, in 1836. 6. Whon and where and in what company and regiment did you enlist or serve the infinite at Marian, the Marian, the World in S. Phillips Legion, the Vols. 5. How long did you remain in such congress and regiment? level April 6th 1865. I day a before Lello Lungueles, Carried & Pt. Fortunt and discussed there fully 25 th 1865. a. When spit where was your company and regiment surrendered and discharged? It III 7. Were you present with your company and regiment when it was surrendered ! Nes Cestified, 3 days before 8. If not present, state specifically and clearly where you were, when you left your command, for what causes and by whose authority? If was confirmed with hast of Command. Mill oth 1865, man appointer va. 9. How much can you carn (gross) per annum by your own exertions or labor! Abrust fulfa, Aoltano. 10. What has been your occupation since 1865? Manage as long as well as the following grounds do you base your application for pension, via; first, "age and poverty," second, "infirmity and poverty," or third, "blindness 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, fate whether you are totally blind and when and where you lost your sight? For about hix Fiano space whether you are totally blind and when and where you took your right? The account of the state of the words. On account of all variety of the state of the and what disposition, if any. by sale or gift, have you made of same? In 1894 & S. & owned a little and what disposition, if any, by sale or gut, have you made of same! Leve unit of the survey of Loughton have been by the same of the survey of town a Suffer to want to the survey of town a Suffer to the first to the first to the first to the survey of the sale of the survey of the 16. How were you supported during the years 1899, 1900 and 1901? Toy fullding his kint on the first of the Circle 1810. 17. How much did your support cost for each of those years, and what portion did you contribute thereps by your own labor or income; how the first of the fir 19. Have you a samily? If so, who composes such samily? Greenheir means of support; Have they a homestead? My self Quel wife - Nove as homestead - My suife 20. Are you receiving any pension? If so, what amount and for what disability? 21. Have you ever made an application for pension before? 22. How many applications have you ever made and under what class? One Sworn to and subscribed before me this the 1902.

Questions for Applicant.

STATE OF GEORGIA

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,	
Goods 4 COUNTY.	
D. Police of & Massey of said State and County, having been presented	
as witness in support of the application of	
1. What is your grame and where do you'reside? () hy the	
2. Are you acquainted with S. J. Mary the applicant; if so, how long have you known him? He Measure level free free (855).	
3. Where does he registe, and now long and since when has be been a resident of this State? In Marieta Coth Grunt, 49. Has resident in Hell 47 year Line 1850	1
When, where and in what company and regiment did be ealist, and how do vastnow? **Meridia of Mariella La. On G. D. Phillips in the string of 1862. 5. Were you a member of the same company and regiment?	•
5. Were you a member of the same company and regiment? 1903. 6. How long did he perform regular military duty? My ware lune was a grown boldie.	1
7. When post where was his command surrendered? Apprilation Court House For	3
* Were you present when it sugrendered 120. I was Cathing 3 clays before	
9. Was applicant present? IV. He was captured with nul-	
10. If he was not present, where was by the present at R. Forkout	
When did he leave his company? All b 1865 For what cause? Copiered. By what authority he let? Castered with Miles and you know all of this?	
I was with him all the way through	
11. What property, effects or, income has the applicant? (Give your means of knowledge?)	7
He cives in provide in Mariette, that he Days belong to this to 12. What property, effects or income did the applicant polyces in 1896, 1997, 1899, 1899, 1899, 1907 and Tool, and	-
what disposition if ay, did be make of same? He had a little farm and tolk it	Ž
13. Has be corresped away any of his property in the last four years, if s., what was it, and to whom? Wot That I know A	4
14. What is the applicant's occupation and physical condition? Millian for the Shurs on the	
15. Is the applicant upable to support himself by labor of any sort, if on, why? I think he is	
Math - He is getting old and has Thensuttom in his night	
Um and Harder 1 16. How was be supported during the years 1898, 1898, 1900 and 1901? Reddhing Forthers -	
17. What portion of his support for them four years was derived from his own labor or income?	
18. Give a full and computer statement of the applicants physical condition that entitles him to a pension under Spetion 1204, Oode : He is do a bled from Merking a Luphort	
by Charlinstian and advancing age -	
10. What formula to the state of the state o	
19. What interest have you in the recovery of a pension by this applicant?	
23 Jan Huly Ordinary A Murry Witness.	
1.	

AFFIDAVIT OF PHYSICIANS.

ALTIDATE OF THE ISICIANS.	
STATE OF GEORGIA,	
Wash	
COUNTY.)	
Personally came before me Chas. H. Field	
WILL KO	and
both known to me as reputable	e physician
of said County, who, being severally sworn, say on oath that they have examined carefully	
applicant for pension under Section 1254, Coo	le and after
such personal examination by that his precise physical condition is as follows:	,
He have not and it is a lateral	
on file	mo
Mouningian of som standed form	n K
ting which owing I contraction of trude	it a
ukeles the right arm is rendered has	Lies
elect to him ha Ann wife not last at a last.	400
entily mable & earn and port of le 1 1 4	2,
and that we have no interest in said pension being allowed the formatter of the said pension being allowed the formatter of the said pension being allowed	Tarre
Sworn to and subscribed before me, this the	Hill
80 may of Trigg 1902.	
Liting Swhing on It A.C.	111
Ordinary.	
ODDINADVIO OEDTIFICATE	
ORDINARY'S CERTIFICATE.	
STATE OF GEORGIA,	
STEPE OF GEORGIA,	
COUNTY.	
A Comment of the comm	
Ordinary in and for said County, he	
that the applicant . The first that the applicant resides in said Court	ity, and ha
been a bona fide resident of this State since the day of day of	1894
and that the witnesser viz fas. I. Mylie and	
L. N. Massing	
are of transporthy character, and that they statements are entitled to full faith and credit.	
Hurther certify that before answering the foregoing questions the applicant and each witness t	ook the oatl
hereon prescribed, and that the full text of the affidavits was read to the applicant and witness before same	
AGENT CONTRACT LA GALLINA	
Jan of The Aline	Dollars of
property, and in 190 # 725 - agust for Guldun 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 a Suly	1902
and Aller	
- Jun vrung Ordh	iery,
of Colle	County.
NOTE.	

 Before any questions are answered, the ordinary shall swear applicant and the witnesses in the followir words: "You shall true answers make to each of the questioms asked of you, and the evidence you shall give will it the whole truth, so help you God."
 Additional suffaceties to be taken of the burner of the property of th

3. In every case the ordinary must certify to the character of the witness, and as to the execution of the proas above set out.

POWER OF ATTORNEY.						
STATE OF		county. }hereby author				
to receive an	receipt or he p	ension allowed and req	uest that he re	mit same to		
by	yrond	at		CONTRACTOR		
	ny hand and seal, this	day of	an	1903,		
Ехеоние	in presence of	J. J.	my	[L. S.]		
(FOR THOSE ALREADY ENROLLED.) No. 463	SOLDIER'S PENSION 1903.	County Co. Regiment to warrant issued	1 7 5	WARRANT HANDED TO C - CC, Goo. Berriese, Aug Prince, Almen.		

STATE OF GEORGIA,			
COUNTY.	,	7.6	
I, V G The hereby authorize	e _		
solin Al Meres of			
to receive and receipt for the pension allowed and reque	st that	he remit	same to
by			
Witness my hand and seal, this day of	Λ		1904.
Witness my hand and seal, this day of	Ti	ry	[L. S.]
Executed in presence of			
X: C'X ZZILIL			

(FOR THOSE ALREADY ENROLLED.)

SOLDIER'S PENSION INDIGENT No. 613

Name I I Free

WARRANT ISSUED

1904.

JOHN W. LINDSEY.
Commissioner of Pens

WARRANT HANDED TO

nodata

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STAPE, OF GEORGIA,
Personally appears of Thory of
County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen
and resident of said County and State, and has resided in said State continuously ever
since the day of 18 sthat he is 66 years old and
by occupation a the control of the c
federate States for of the State of) during the war between the
States, and served for the term of The in Company , of Whiteffers
of that his physical condition is as
follows: a comment age onfinely
Tanacity !
that his property consists of the following items:
· Softune
of the value ofDollars, that by reason of his physical
condition and poverty he is unable to support himself by his own exertion or labor, and
that he receives no pension but the one herein applied for.
Deponent desires to participate in the benefits of the Act, approved December 15th,
1894, and the Acts amendatory thereof, and makes application for the pension to which he
is cutitled for the year 1903. I have heretofore as a resident of
county been allowed a pension for the year 1903
Sworn to and subseribed before me, this the
day of 1903.
July Notry Ordinary.
STATE OF GEORGIA. A) & Frey
County.
I, Ordinary of said County,
do certify that I am well acquainted with
the applicant in the foregoing affidavit, and am well satisfied that the ratements made by
him in his said affidavit are true, and I know 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 1908.
Signat Signature
Ordinary County.
NorsThe blank spaces must be filled.
Norm.—Affidavit should not be attested before, January [st, 1906,

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

<u> </u>
STATE OF GEORGIA,
County.
, ,
Personally appears & Frey of Cobb
County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen
and resident of said County and State, and has resided in said State continuously ever
since the day of 18; that he is 67 years old and
by occupation a puddle , that he enlisted in the military service of the Con-
federate States (6 of the State of) during the war between the States, and served for the term of
of by leace that his physical condition is as
of the local condition is as follows: use Infirmely to forward
The control was considered at
Manual Ma
that his property consists of the following items:
- Untlery.
· · · · · · · · · · · · · · · · · · ·
of the value of Dollars, that by reason of his physical
condition and poverty he is unable to support himself by his own exertion or labor, and
that he receives no pension but the one herein applied for.
Deponent desires to participate in the benefits of the Act, approved December 15th,
1894, and the Acts amendatory thereof, and makes application for the pension to which he
is entitled for the year 1904. I have heretofore as a resident of
County been allowed a pension for the year 1.76
Sworn to and subscribed before me, this the
/ day of /2 1114 1904.
Denovadian Ordinary
STATE, OF GEORGIA,)
County.
1. Adding to Miny Ordinary of said County,
do certify that I am well acquainted with S G Goe
the applicant in the foregoing affidavit, and am well satisfied that the statements made
by him in his said affidavit are true, and I know 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
(ATE)
Beel Ordinary & & County.
Norn.—The blank spaces must be filled.

- FOWER OF ATTORNEY	Y.
STATE OF OFORGIA,	`
form of	hereby authorize
to receive and receipt for the pension allowed, and request t	hat he remit same to
by	The second linear second second second second
WITNESS my hand and seal, this I day of Fr Extended in the presence of Instance	1905. Dej[t. s.]
SINSTON SIN	of Prosions. TO
SOLDIER'S PE TOOS Name County County County MARRANT USSUED JAN 23	WARRANT BANDED TO TO V WORDON WHENEAUTH OF STREETHERS ARREST.

POWER OF ATTORNEY.

I Sty They	hereby author
Mu Stutley of	
to receive and receipt for the pension allowed, and	request that he remit same
by	0
WITNESS my hand and seal, this 2	day of 1906.
5.6	1 Forty [L.
Descrited in the presence of	·
y rm ann	
,	

COOR SECTION 1254. (FOR THOSE ALREADY ENROLLED.) SOLDIER'S PENSIO JOHN W. LINDSEY, Commissioner of Pensi WARRANT HANDED TO WARRANT ISSUED 12

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
(off County.)
Personally appears S.S. Frey, of Off
County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen
and resident of said County and State, and has resided in said State continuously ever
since theday of18 &; that he is 6 7 years old and
by occupation a faciller , that he enlisted in the military service of the Con-
States, and served for the term of 3 % in Company of , of Fuch Recomments
follows: and fevery
*
that his property consists of the following items:
that his property consists of the tonowing terms
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 clittled for the year 1000. I have necessive as a resident of
County been allowed a pension for the year 1904. Sworn to and subsemiled before me, this the
1
) day of 1905.
John Holong Ordinary.
STATE OF GEORGIA,
Sv U4 County
1, John Horay Ordinary of said County,
1067
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 Jany 1905
to fun tribres
AME YOUR CONSTITUTION OF THE PROPERTY OF THE P
here County.
Nors.—The blank spaces must be filled.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

the same	
State of Georgia,	fw. }
	my of Bbh
	ly sworn, says on oath that he is a bona fide citizen
	and has resided in said State continuously ever
	; that he isyears old and
	hat he enlisted in the military service of the Con-
federate States (or of the State of	during the war between the
	in Company , or hillings grayent
of Sa Vals	; that his physical condition is as
follows:	imely pover
	A MARINE A CANADA AND AND AND ADMINISTRATION OF THE PARTY OF
that his property consists of the following	ng items:
	The state of the s
*	
of the value of	
by my labor,	Dollars per month. That by reason of his
	nable to support himself by his own exertion or
labor, and that he receives no pension b	
	the benefits of the Act approved December 15th.
	and makes application for the pension to which he
	eretofore, as a resident of
County, been allowed a pension for the y	year 1905.
Sworn to and subscribed before me	t, this the Syrey
Aday of June	_1906.
which stude	Ordinary.
Julian	Ordinary.
State of Coords	1
State of Georgia,	}
Cour	ity.)
I, John Muly	Ordinary of said County,
do certify that I am well acquainted wi	th of they
the state of the s	and am well satisfied that the statements made
by him in his said affidavit are true, and	I know he is the individual he represents himself
to be, and that he resides in this County.	
Given under my official s	signature and seal, this
day of farm	1906 / 7
- J	Toler Muster
AME	to my convery
acal here	Ordinary County.
Norn.—The blank spaces Norn.—Affidavit should r	must be filled. not be attested before January 1st, 1906.

	POWER OF ATT	ORNEY.	
STATE OF GEO	Arry COUNTY.	, hereby autho	
to receive and re	eccipt for the pension allowed, ar	d request that he remit sam	e to
by	at		
Witness my	hand and seal, this	day of Juny 190	
Executed .	in presence of	- I	.
V	ak keleka		
r.			
		and the second s	4
	8 1 7	1907.	
9			1
A DO N	12/2/1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	•
S S S	20074	11 1 LINDSEN	. 1
Cons Berne 184, HOSE ALREADY E. No. 599	IER'S PR 1907 6 H		13
FOR THOSE ALREADY No. 5 %	2 - 2 04	JAN JOHN W. JOHN W. WARRANT	8
4 5	SOL Name Name County		i i
- " "			

18 Pro.

1000 100 1

	of Georgia,	TOFORE ALLOWED P	RNSIONS
County, State		y sworn, says on oath that he is a boand has resided in said State cont	na fide citizen
		; that he is	
and by occupati	ion a,	that he enlisted in the military serv	rice of the Con-
States, and serv	lege Infor	in Company L, of The	ondition is as
that his propert	ty consists of the following	g items:	
of the malue of		Dollars. I am	
by my habor,		Dollars per month. That by	
		le to support himself by his own	
		the one herein applied for.	
		the benefits of the Act approved De	
		nd makes application for the pension	n to which he
a antitled for al	na usan 1007 Y have here	4-6	

is entitled for the year 1907. I have heretofore, as a resident of_____

County, been allowed a pension for the year 1906. Sworn to and subscribed before me, this the

State of Georgia,

Lobb County. __Ordinary of said County, do certify that I am well acquainted with & Gray

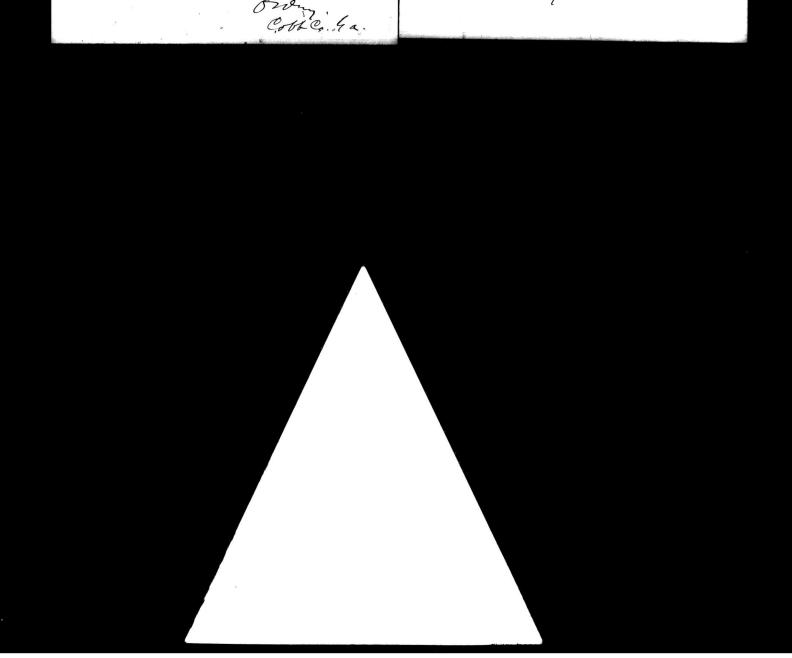
the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be, and that he resides in this County. Given under my official signature and seal this

Ordinary County.

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

AME your seal

(feverdenent) (Aniendum). Lengin-leobs learnity. Georgia - Cost County -Personally come St. Thy, appliant Personally come, the magnaine who whom outh, bays that as to the who infor oath say that they are each disposition of his property- that personally acquainted with the applicant it was mode in good faith and St. Try that they have read applicant for the purposes wherein stated. Statements and the Doctors afficients Sevon bound sul of Samue gran and endorse every word contained scribund before me Therein as hue. They have Tenore him Jan. 4, 1800for years and know that he said Try The Stone is mable to lare a support by pedeling or other labor of any Kind wholever He is uneducated and has to defend upon manual labor for his support. He is totally weable to do manual labor. His only means of supports Lesgia Cobb Course in and is by fieldling around the town here on peauls and apples. During the writer months he is unable to do for said come arty that the This the grater fortion of his time. witnesses, viz : Is. M. Spinks, They blies this physical condition V.V. Horn x D. B. Hunderson, are of is fromament. hustouthy character and that J. J. M. X of fineks Swoon Dand sub Their stalements are entitled saribad before me to fall first and credit -N.V. Hom This . Jan. 4, 1900. Whitees my hand and you sail D. B. Henderson. of office This fave the time Cott Co. Ga.



Cy, Next allait 20 3, Mer, same P. days in making payments to those who are entitled; it puts it causes butter disappointment and mortification. Every application must be certified by the Ordinary of the the certificate of any other will not be received in any case. No. 2696 refinances know the condition of applicants bester than the Governor or hirdinaries know the condition of application unless. I must be requested to discourage any man from making application unless. Hindreds of applications have been received and insulowed because the orithin them under the law. This entails much unnecessary work upon a making payments to those who are entitled: it puts parties to expense an is the with well heefeely Application for Allowance Illy and essentially useless:
Is for a wounded leg; it would seem to be a fair construction to say, that indies the injury is such as to require the constant to say that makes the injury is such as to require the constant it to substantially and essentially useless. It to substantially and essentially useless and the injury must be very severe, and the arm in a badly deal to the injury must be very severe, and the arm in a badly deal to the injury must be very severe and the arm in a badly deal to the injury must be very severe and the arm in a badly deal to the injury must be very severe and the arm in a badly deal to the injury must be very severe and the arm in a badly deal to the injury must be very severe and the arm in a badly deal to the injury injury to the injury injury to the injury injury to the injury injury to severe and the arm in a badly deal to the injury injury to such as to require the constant injury to such as the injury to such as to require the constant injury to such as the injury to su laims disability from disease contracted in the servace, a full a see should be given, tracing the disability by positive proofs to the to allowance for a crippled datast, nor for a crippled foot, nor for this been rendered solvantality and co-dually solves, to say that an arm is "substantially useless for ordinary pursuits to the clause of the Act in reference to the arm or leg, but the limit alle and assemble houldess." cessary delays to applicants s to disabled soldiers, as we the following suggestions a ssary deays to applicants, and to enable all parties interested to uto disabled soldiers, as well as the rules adopted by the Governor following suggestions are submitted; even wounded, the description of the wound should be carefully sixtun, and followed by a plain statement of facts showing the cost disability from disease contracted in the sevenor correction, and amendments are added to any of the affice with before an officer, and the proofs must show that the an Applicant arm desables NOTES County Or is "substantially and essentially useless." The very severe, and the arm in a badly damaged to the very severe, and the arm in a badly damaged to the fact. The Legislature intended to limit these the fact. The Legislature intended to limit hese provided disabled. In the future they will doubtless provided the disabled. Amount 50 Date of Warrant MILS county of the residence of the appliadded to Entered on Record. the Governor touchell H Hamorn affidavits, and carefully and fully as Clay It wa Electe

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 appliced in is for a wounded leg, it would seem to be a fair construction of the Act, and the words above quot to say that unless the injury is such as to require the constant use of crutch or stick, that the leg brider substantially and essentially useless."

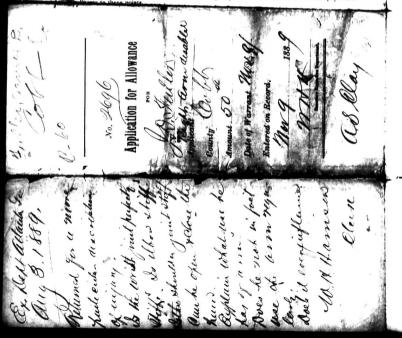
s. It is more difficult to say when an arm is "substantially and essentially useless." The words are strong ones, however, and the injury must be very severe, and the arm in a badly damaged condition to entitle one to the allowance mentioned in the Act. The Legislature intended to limit these payments 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 mangurated as an experiment; if abused, it will naturally become appopular and be repealed. If properly administered, will do great good.

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

The Ordinaries know the condition of applicants better than the Governor or his Secretaries, and they are 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 appli-The certificate of any other will not be received in any case.

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



of late of &xecuti-

100 4 STATE OF GEORGIA. levor County.

PARAMAIA. PAPPEARS . D. Fully: bil lot State of Georgia, who, being duly sworn, says on oath that he is a bonn side citizen and resident of said State, and has been such since the day of African enlisted in the military service of the Confedente States (or for the State of during the war between the States, and served as a frew ate in Company B", of Goth Regiment of Ga Volunteers yen Juntons's Brigade : that Sharkhur whilst engaged in such military service, at the battle of , on the 17 day of Sept 1 1862, he was wounded as follows: He was show them if the night and pust below the eller, the bose was brother pices of the time came out, the leaders were and by the balk, the wirm and hand in stiff by marine of the water being out the finger are all stiff, the aura and hand are what antially dud resentially welled.

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

Sworn to and subscribed before me, this the 1

Dore . Male fully nature of wound or character of the abelility, and replace portion burt, the extent

1889 Gas, D. Frelle

COMMISSIONED OFFICER'S AFFIDAVIT.

STATE OF GEORGIA. 1000 County.

PRRSONALLY came before me # Def Mr Gre of the county State of Georgia, who, being duly aworn, says that he was a commissioned officer in Company B. o 60 Regiment of Ga Volunteers, and that deponent knows / D. Fruller , and that he received the wounds (or contracted the disage) in the military service, as stated in his foregoing affidavit, and that wounds (or disease) permanently disables the said of D. Freeller as stated by him in said affidavit. Deponent further states that said I. D. Fuller citizen of this State, and resides in Sworn to and subscribed before me, this

by a compissioned officer of the Company or Regiment. It

STATE OF GEORGIA,
de contra
PERSONALLY CAMPE MY SULLINGUE
and to Houth
citizens of Lucial County in said State.
who, being duly sworn, say that they are acquiented with
and know that he received the wounds cor contracted the
disease in the unlitary service, as stated by him in the foregoing affidavit; that said wounds cor-
disease - permanently disables applicant, is stated by him; that said applicant is a bona side citizen of this
State, and results in 1000 county, and we are well satisfied that all the states
ments in his attribute are true
have to and interested be too in this first dutement let 40 be trained
20 Million
m.g. sutt
Sell Many of Jane was best about the accompany the access opposite windows
,
STATE OF GEORGIA, /
Color County.
PLESSALLY comes before me fm. Stone Ordinary of said county
Proposition comes before me for the first of the santoning
me as reputable physicians of sun county, who, being severally sworn, say on eath that they have
applicant has been injured as follows He was shell through the
de stand bein migured a tollows
to as to ken hereis of the fore are pre
the arm istiff, the headers were cut!
the arm is ship, the leaders were and!
and hand combroned, being

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

ORDINARY

2) day of / Lean 1889 }

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E. Setye hice

	STATE OF GEORGIA.	
	STATE OF GEORGIA. County	
	1. In Stone of Ordinary of said county.	
	I. I would acquainted with J. Fuller the	
	applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said	
	allidavit are true, and I know he is the individual he represents himself to be, and that he resides in	
	this county. Lalso certify that the folegoing witnesses are persons of respectability, and that their	
	statements are worthy of full credit and belief.	
	I further certify that before whom the foregoing	
	affidavits were made and power of attorney was signed, is: a	
	of said county, and that the said adidavits and signatures thereto are genume.	
	Given under my official signature and scal, this 27 May of Series 1885	
	V.W. Hario	
	J. W. Strice	
	POWER OF ATTORNEY.	
	STATE OF GEORGIA.	
	10 - 101	
	Cerch county.	
	Cerch county.	
	Cerch county.	
	Know all men by these presents. That I J. D. Free Cerounty, in said State, de hereby appoint (1 & Cray)	
	Know all men by these presents. That I J. & Free Ce of County, in said State, de hereby appoint (1 & Cong) of my true and lawful attorney in fact, for	
	Know all men by these presents. That I J. & Function of County, in said State, de hereby appoint (1 & County) 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	
	Know all men by these presents. That I of Covolia County, in said State, de hereby appoint of Covolia Covoli	
	Know all men by these presents. That I of Covolia County, in said State, de hereby appoint of Covolia Covoli	
	Know all men by these presents. That I of Cerror County, in said State, de hereby appoint of Cerror County, in said State, de hereby appoint of Cerror County, in said State, de hereby appoint of Cerror Cerror County, in said State, de hereby appoint of Cerror Cer	
	Know all men by these presents. That I of Covolia County, in said State, de hereby appoint of Covolia Covoli	
	Know all men by these presents. That I of Cerror Georgia by reason of the injury received as atoresaid in the military service of the Confederate States for of this State, as stated 1 the foregoing affidavit. Hereby authorizing my said attorney to receipt in inty name for any War, and that may be issued by the Governor, or for kny sum of money to receipt in inty name for any War, and that may be issued by the Governor, or for kny sum of money which may be coming to me for the beason aforesaid. In witness whereof I have:	
	Know all men by these presents. That I of Covolia County, in said State, de hereby appoint of Covolia Covoli	
	Know all men by these presents. That I of Levell Les county, in said State, de hereby appoint of me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States for of this State, as stated a the foregoing affidavit. Hereby authorizing my said attorney to receipt in thy name for any War, and that may be issued by the Governor, or for any sum of money which may be coming to me for the beason aforesaid. In winese whereof Linux to obtain hand and gent his Arm F. J. Mar. 4.	
, 24.C	Know all men by these presents. That I of County. If Level County, in said State, do benefy appoint of me and in my name, to receive and recept 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 if the foregoing affidiavit. Hereby authorizing my said attorney to receipt in thy name for any Waryant that may be issued by the Governor, or for kny sum of money which may be coming to me for the beason aforesaid. In wineses whereof I have to set my hand and read his States Stat	
32:C	Know all men by these presents. That I of Levell Les county, in said State, de hereby appoint of me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States for of this State, as stated a the foregoing affidavit. Hereby authorizing my said attorney to receipt in thy name for any War, and that may be issued by the Governor, or for any sum of money which may be coming to me for the beason aforesaid. In winese whereof Linux to obtain hand and gent his Arm F. J. Mar. 4.	. r
12.20	Know all men by these presents. That I of Levell Les county, in said State, de hereby appoint of me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States for of this State, as stated a the foregoing affidavit. Hereby authorizing my said attorney to receipt in thy name for any War, and that may be issued by the Governor, or for any sum of money which may be coming to me for the beason aforesaid. In winese whereof Linux to obtain hand and gent his Arm F. J. Mar. 4.	

citizens of county. Priceonally came county. Priceonally came county. County. County. County. County in said State, who, being duly sworn, say that they are acquainted with and know that he received the wounds (or contracted the disease) in the military service, as stated by him in the foregoing affidavit; that said wounds (or disease) permanently disables applicant, as stated by him; that said applicant is a home side citizen of this county, and we are well satisfied that all the statements in his affidavit are true. Sworn to and subscribed before me, this first Latingar to be code to generally a statement of the code to generally a statement. Sworn to and subscribed before me, this first Latingar to be code to generally a statement. Note: Above all davin was the made by these citizen of the county of applicant's configure.	In Storme County. In Storme Cou
STATE OF GEORGIA, County. Store Ordinary of said county	STATE OF GEORGIA, County.
me as reputable physicians of said county, who, being severally sworn, say on oath that they have carefully examined.	Know all men by these presents, That I J. D. Fulle of Levour to county, in said State, do hereby appoint as Clary
applicant has been injured as follows: He was short through the right arm follow the elbow, the bone	of smy true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confed-
the arm is stiff, the cheaders were cut their rendering the finger stiff, the arm	erate States (or of this State), as stated a the foregoing affidavit. Hereby authorizing my said attorney to receipt in my name for any War ant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.
Sworn to and subscribed before me, this Jay of Just 1885 Defection Med. May of Just 1885 Defection Med.	day of
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.	the second of th
•	x149\$164912531183

STATE OF GEORGIA,

County.

I,

Ordinary of said county, do certify that I am well acquainted with J. & Secular 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 II. A. Hiertformery before whom the foregoing affidavits were made and power of attorney was signed, is a claim of said county, and the said affidavits and signatures thereto are genuine.

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

Ordinary County.

STATE OF GEORGIA,

I further certify that

do certify that I am well acquainted with the

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

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

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

Given under my official signature and seal, this 13 day of Hely, 1891.

Ordinary (COU) County.

hall Hullay

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

Ordinary of said County,

of said County, and the said affidavits and

For Applicants Heretofore Allowed Pensions.

F
STATE OF GEORGIA,
PERSONALLY appears D. D. Huller of loth country
State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and
resident of said State, and has been such continually since the
18/4; that he enlisted in the military service of the Con
federate States (or of the State of Sorgia) during the war between the
States, and served as a hand in Company B, of 60 th Regimen
in such military regules at the heatlest Thankshare
of heary land, on the / the day of land 1862, he was
wounded as follows:
of Volunteers Lastone 's Brigade; that whilst engage in such military service, at the battle of Sharpaburg in the State of Mary Land, on the Mary day of 10/12 1862, he was wounded as follows: Through a right have just about Lasting away brief account on the world for account of the mary one to the mary that a state of the mary that a state of the mary that a last of the state of
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what fractioned one own, whom and
The mulges of landons, I renderly the
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A
Deponent desires to participate in the benefits of the Act approved October 24 #882
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 Sworn to and subscribed before me, this the
Sworn to and subscribed before me, this the 1 (G of)
Sworn to and subscribed before me, this the J. Fulle day of 712 63 1890
Milweutgonery of
NOTE Mate fully nature of wound or character of disease which causes the disability, and explain particularly the extent of
the disability
POWER OF ATTORNEY.
STATE OF GEORGIA
County.
KNOW ALL MEN BY THESE PRESENTS, That I,
of
county, in said State, do hereby appoint
of my true and lawful attorney in fact, for
me and in my name, to receive and receipt for what ever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregointy affidavit hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.
IN WITNESS WHEREOF, I have hereunto set my hand and seal, this
day of 189
[L. s.
Executed in the presence of us:
DIRECTION.
Send money to me as follows, by
to P.O.
County, Georgia.
,

For Applicants Heretofore Allowed Pensions.

and implication increasions with the relations.
STATE OF GEORGIA,
PERSONALLY appears & Jully of Coff
County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and
resident of said State, and has resided therein continuously ever since the
day of Lovico 18.36 that he enlisted in the military service of the Con-
federate States (or of the State of
States, and served as a tive ty in Company B, of the oth Regiment
of Nolunteers (augustus, 's Brigade; that whilst engaged
in such artitary service at the battle of
of the same of the day of the the was wounded as follows:
wounded as follows: I Character to all Arritainer to ant
fracturing bones, and hisring advertision fand muddles, wirty sendering done
Arm losentielly and dubstantielly useless
arm essentially and dobstartielly usiless,
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 endising October 26, 1891. I have heretofore been allowed a pension of dollars, for which the builds.
Sworn to and subscribed before me, this, the
Le Olien Orden
NOTA.—State fully nature of wound or character of disease which causes the disability, and saplain particularly the extent of
Norse.—Make fully nature of wound or character of disease which causes the disability, and raplain particularly the extent of the disability, resulting from the wound or disease.
POWER OF ATTORNEY.
STATE OF GEORGIA,
11 11 11
Know all Menyby these Presents, That I
of County, State of Georgia, do hereby appoint
County, Shake of Georgia, do hereby appoint
of Cobb Co./ wy 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 Geography research of the injury received as a forward in the military services
to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authoriz-
ing my said attorney to receipt in my name for any Warrant that may be issued by the Gover- nor, or for any sum of money which may be coming to me for the reason aforesaid.
IN WITNESS WHEREOFLY have hereunto set my hand and seal, this
3 day of \/(1/11) 1801
fas I tulla [L. s.]
Executed in the presence of us:
1D Portes
XII Illom
DIRECTION.
Send money to me as follows, by
toP. O.
County, Georgia.

do certif applicant said affid individua	fy that I am we t in the foregoid lavit are true, and the repesents	agquainted ag affidavit, and that he himself to b	with and am well satis disabled, to e, and that he r	the extent	the statem he claims, his county.	ents made and I kn	ow he is the
			8				
210.H30	SOLDIER'S PENSION. 1892.	POR THE YEAR EXDING OCTORER 56.1902	County	Disability & L	Entered on record Mek 3 1892.	W. H. HARRISON.	RV ECLA Ly One W Berran, State Plane, Atlante, One

POWER OF ATTORNEY. STATE OF GEORGIA. said atherent are true, and that he is atracted, to the grant new Doff together the] Deponent des acts amendary registent of said flags, and his resided therein on suny usay ever since the day of the transfer of the Con-County, State of Coordin, whet being daily sworn, says on oath that he is a four part subson and STATE OF GEORGIA For Applicants Heretofore Allowed Pensions.

	For Applicants Heretofore Allowed Pensions. STATE OF GEORGIA, County. PERSONALL appears of County, State of Georgia, who, being duly sworn, says on oath that he is a boya fide citizen and resident of Georgia, and has been such continuously since the in the military service of the Confederate States (or of the State, of during the war between the States) and served as a Volunteers Volunteers Of County, State of Georgia, who, being duly sworn, says on oath that he is a boya fide citizen and resident of georgia, and has been such continuously since the interpretation of the State, of the State, of during the war between the States and served as a Volunteers Volunteers Of County, State of Georgia, who, being duly sworn, says on oath that he is a boya fide citizen and resident of the State, of the State of Georgia, who, being duly sworn, says on oath that he is a boya fide citizen and resident of the State, of the State of Georgia, who, being duly sworn, says on oath that he is a boya fide citizen and resident of Georgia, and has been such continuously since the state of Georgia, who, being duly sworn, says on oath that he is a boya fide citizen and resident of Georgia, and has been such continuously since the state of Georgia, who, being duly sworn, says on oath that he is a boya fide citizen and resident of Georgia, and has been such continuously since the state of Georgia, who, being duly sworn, says on oath that he is a boya fide citizen and resident of Georgia, and has been such continuously since the state of Georgia, and has been such continuously since the state of Georgia, and has been such continuously since the state of Georgia, and has been such continuously since the state of Georgia, and has been such continuously since the state of Georgia, and has been such continuously since the state of Georgia, and has been such continuously since the state of Georgia, and has been such continuously since the state of Georgia, and such continuously since the state of Georgia, and such continuously since
	of the Regiment of Volunteers Jacobs.'s Brigade: that whilst engaged in such military service at the battle of
	in the State of All Control on the
	September N 186 2 he was wounded as follows:
	am of way mist of Clory or nest the
	print training away the newsoles Sinemed to the former of the thing the training the training of the training of the training training to the training training to the training training to the training
	Deponent desires to participate in the benefits of the Act approved October at 1889, and
	the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1892. I have heretofore been allowed a pension of
	Dollars for Mich cho'alility
	Sworn to and subscribed before me this the
	day of 14 UTV 1892.)
	Note- State fully nature of wound or character of disease which causes the disability, and explore particularly the extent of thydosobility
	POWER OF ATTORNEY.
	STATE OF GEORGIA.
	(ict' (county.)
	Know all Men by these Presents, That I.
	of 1 Got to
	County, in said State, do hereby appoint of MCO to the 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 add to
	the Confederate States (or of the State) as stated in the formation of the injury received as aforesaid in the military service of
Đ	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 HUTNESS WHEREOF, I have hereunto set my hand and seal this
	18
	Executed in the presence of us:
	Mil the
	fill Store Only
	DIRECTION.
	Send money to me as follows, by
	to P. O.

-County, Georgia.

For Applicants Heretofore Allowed Pensions. STATE OFIGEORGIA who being duly sworn, eave on oath that he is and has resided therein continuously ever since the 18 Chat he enlisted in the military service of the Confederate States or of the S es to practicate in the benefits of the Act, approved October 44th, 168, thereof, and makes application for the allowance to which he is entitled to the second of the sec Ordinary of said County, applicant list he foregoing affidavit, and am well satisfied that the statements made by him in his dividual se represents himself to be and that he readed in this County.

A NEW MARKET TO THE PROPERTY OF THE P said affidavit are true, and that he is disabled, to the extent he claims, and I know he is the in-STATE OF GEORGIA POWER OF ATTORNEY

POWER OF ATTORNEY.

County, State of	on by these Presents.	UNTY. That I,	and lawful attorney in fact, for	
State of Georgia States (or of this ney to receipt in a which may be con 1N WITE day of	by reason of an injury. State), as stated in my name for any War aning to me for the reason WHEREOF, I had in the presence of a	e received as aforesaid in the mill in the foregoing affidavit; hereby frant that may be issued by the Gox son aforesaid, ave hereunto set my hand and sea 1894.	tary service of the Confederate y authorizing my said Attor- cernor, or for any sum of money dl, this.	
	Tex rell	DIRECTIONS. to County, Georgia.	_P, O,	
(For Those Already Enrolled.)	Soldier's Pepsion.	Name And Aules Standards Alexander Amount \$ 3.2.0 1894	W. At. HARRISON. Secretary Executive Impactment. NARRANT BANDED TO NARRANT BANDED TO On W. Herror, their Printe, Albert.	

	POWER OF ATTORNEY.	
	STATE OF GEORGIA, County. KNOW ALL MEN BY THESE PRESENTS, That I, County, State of Georgia alo hereby appoint of matter than my true and lawful attorney in fac	
	me and in my name, to receive and receipt for whatever amount of money I may be entitled to frot State of Georgia by reason of an injury received as aforesaid in the military service of the Confes States (or of this State) as stated in the foregoing affidavit; hereby authorizing my said Attorney to r in my name for any Warrant that may be issued by the Governor, or for any sum of money which be coming to me for the reason aforesaid. IN WITNESS WHEREOF, I have hereunto set my hand and seal, this day of	derate ec e ipt
	DIRECTIONS.	
	Send money to me as follows, by to County, Georgia.	P.O.
1	R'S PENSION. R'S PENSION. SD5. 2 of (c	Harter, Allacta.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA.
COOC Gunty.
PERSONALLY appears A Fuller of Oolo
County, 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 Upul 19 3(ahat he enlisted in the military service of the Con-
federate States (or of the State of) during the war between the
States, and saved as a in Company J, of the Regiment of A. Solunteer Charles & Brigade; that whilst engaged in
such military service at the battle of the plant in the State
of Mid on the 19 day of Ast 186 2 tie was
wounded as follows:
Word Munshor Strikery no
Um Bufut legist and Theret
bushing one love and to origing
they thish and Muscles for this
defourt is Regular practice see
The month of the benefit of the Asy approved October 24th, 1881,
and the acts amendatory hereof, and makes application for the allowance to which he is
entitled for the year opting October 26, 1804. I have heretofore been allowed a pension of
dollars, for the year 1803
Swory of and subscribed before me, this, the \ ID Julle
day of beach 1894.
1 My 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.
County.
1 Stores Ordinary of said Commun
do certify that I am well acquainted with the
applicant in the foregoing affidavit, and an well satisfied that the statements made by him
in his said affidavit are true, and I know he is the individual he represents himself to be
and that he resides in this County.
Given under my official signature and seal, this
day of Mal 1844.
Adia Special Andreas A

For Applicants Heretofore Allowed Pensions.

STATE OF, GEORGIA,
County.
personally appears A Filler 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 45 that he culisted in the military service of the Confederate States for of the State of 1 during the war between the
States, and served as a Drivate, in Company 0, of oath Regiment
of M. Volunteers, Gow w's Brigade; that whilst engaged in
such military service at the battle of The State
of M. d., on the day of 1860, he was
The want and between the thinking
Aslow proting the lone for
Musel flish We in Such as
way that deforment is of a for colors
he pelly incompetent to perform the
Deponentesires to participate in the benefits of the Act, approved October 26th, 1887,
and the acts amendatory thereof, and makes application for the allowance to which he is
entitled for the year ending October 26th, 1895. I have heretofore been allowed a pension
dollars, for the year 189
Sworn to and subscribed before me this, the
day of 1895.
Nort Spate fully the astern of wound or character of decision which causes the disability, and explain particularly the extent
f the distributive, resulting from the wound or disease.
STATE OF OPODOLA
STATE OF GEORGIA,
County.
I, Ordinary of said County,
to certify that I am well acquainted with the
applicant in the foregoing affidávít, and am well satisfied.that the statements made by him n his said affidavit are true, and I know he is the individual he represents himself to be
and that he resides in this County.
Given under may official signature and seal, this
day of (Mdh. 1895.)
Table 1
in Security of the security of
Ordinary Coll County.

POWER OF ATTORNEY.	POWER OF ATTORNEY.
STATE OF GEORGIA, County. I. D. Hully hereby authorize J. June Marietta Ju.	STATE OF OEORGIA, La John County. I. John John Manually 4 Au
to receive and receipt for the pension paid hereon and request that he remit same to	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 1896. Executed in pressure of us [L. S.]	IN WITNESS WHEREOF, I have hereunto set my hand and seal, this day of July
GM Heming	Executed in presence of
Ger These Airsaty Enriched.) No. 2195 1896. 1896. 1896 RICHARD JOHNSON, Secrety Enrich, Department, S. 37. RICHARD JOHNSON, Secrety Enrich Department. WARRAST HARDED TO THE ACTUAL SECRETY BARDED TO THE ARRAST HARDED TO THE ACTUAL SECRETY BARDED TO THE ACTUAL SECRET	Cost County Cost County (For Those Mirary Etribut) No. 3444 INVALID OILDIER'S PERSION. 1887. 1897. At et

For Applicant 19

For Applicants Heretofore Allowed Pensions.

101 hpp://dents 1101/0001010 mile it ou 1 outstone
STATE OF GEORGIA,
Colo County
Dersonally appears & Vielly of Col
County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen
and resident of said State, and has resided therein continuously ever since the
day of 18 2 Chat he collisted in the military service of the Con-
federate States (or of the State of) during the war between the
States, and served as a . Or Wak in Company of can Regiment
of Volunteers, \ acology 's Brigade; that whilst engaged
in such military derrice in the State of M., on the day
of 180 he was wounded, injured or diseased as follows:
of by butter through
the sight aspen to horse tollow
and hones Koring the army
to pie as ! Sepont is Thirty
Viridend brock cole membets
to Diform the ording Money
advator of like
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 become as a resident of
Color county been allowed a pension of \$50.
dollars, for the year 189 (5.
Sworn to and subscribed before me, this, the
3 1 day of M a N 1896.
Mil Atomo Om
Norse-State fully the nature of wound or character of assesse which causes the disability, and explain particularly the extent
of the disability, resulting from the wound or disease.
STATE OF GEORGIA.
110
County 1
I, Ordinary of said County,
do certify that I am well acquainted with the
applicant in the foregoing affidavit, and am well satisfied that the statements made by him
in his said affidavit are true, and I know he is the individual he represents himself to be
and that he resides in this County.
Given under my official signature and seal, this
day of
(mr. 1 - At
med here.
Ordinary County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Cold County.
Dersonally appears & Stuller of
County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen
and resident of said State, and has resided therein continuously ever since the
day of 1836 that he enlisted in the military service of the Con-
federate States (or of the States of) during the war between the
States, and served as ain Company of Countries ofin Company of Countriesin Countries
of 186 7, he was wounded, injured or diseased of follows:
134 Ourselite thather the
1 De Contraction of the
ngm + col
whom I want - by the
on descore of which
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sucompatrat to performethy the
Deponent desires to participate in the benefits of the Act, approved October 24th, 1887,
and the acts amendatory thereof, and makes application for the pension to which he is
entitled for the year ending October 26th, 1897. I have heretofore under said law as a
resident of county been allowed an invalid pension of
Dollars, for the year 189
Sworn thand subscribed before me, this, the
day of 1897. POST OFFICE THE FULL
Norm-State fully the nature of wound or character of disease which causes the disability, and explain perticularly the extent of the disability, resulting from the wound or disease.
STATE OF GEORGIA,
County.
1. Not of South of Ordinary of said County,
do certify that I am well acquainted with the
applicant in the foregoing affidavit, and am well satisfied that the statements made by him
in his said affidavit are true, and I know he is the individual he represents himself to be
and that he resides in this County.
Given under my official signature and seal, this
day of \$1897.
Min Start
your seal here
Ordinary County.

POWER OF ATTORNEY.

STATE OF	GEORGIA, OF GOOD County. A hereby authorize J. Div. Stone of The good County.	1
to receive and	receipt for the pension paid hereon and request that he remit same to	
2-2	rietta Ga	
IN WIT	NESS WHEREOF, I have hereunto set my hand and seal, this 28	
day of	2 cty	
Exec J.	nted in presence of	
(For Those Already Enrolled.) No. 3328	SOLDIER'S PENSION. 1898. Name () () () () () () () () () (₹

POWER OF ATTORNEY



For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
S Cobb County.
personally appears J. D. Cheller of Cable
County, State of Georgia, who being duly sworn, says on oath that he is a tona fide citizen,
and resident of said State, and has resided therein continuously ever since the
day of A-fw, 1836; that he enlisted in the military service of the Con-
federate States (or of the State of) during the war between the
States, and served as a Private in Company B, of 60th Regiment
of Volunteers, Volunteers, Brigade; that whilst engaged
in such military service in the State of Lad, , on the 17 thay
of Sext. 1862, he was wounded, injured or diseased as follows:
By grand shot through right
anyl - bytween wrist and
ello fractioning vous and
rendering afifile court fractically
- incomfolitated to perform I
manchal avocations of life,
Deponent desires to participate in the benefits of the Act, approved October 24th, 1887,
and the acts amendatory thereof, and makes application for the pension to which he is
entitled for the year ending October 26th, 1898. I have heretofore under said law as a
resident of county been allowed an invalid pension of
Dollars, for the year 189 Z.
Sworn to ad subscribed before me, this, the Jr Included the State of t
of the doming, resulting from the would or disease
STATE OF GEORGIA,
Could County.
1, Stone Ordinary of said County,
do certify that I am well acquainted with J. D. Heller the
applicant in the foregoing affidavit, and am well satisfied that the statements made by him
in his said affidavit are true, and I know 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 Children 1808.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
County.
personally appears J. D. Thulles 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 Afril 1836; that he enlisted in the military service of the Con-
federate States (or of the State of) during the war between the
States, and served as a ferivate in Company Q, of 60th Regiment
of So. Volunteers, Lawtone's Brigade; that whilst engaged
in such military service in the State of Qued, , on the 17 day
of Seft. 1862 he was wounded, injured or diseased as follows:
By guy shot striking right
able thereby rendering
applicant firactically
incompetent to perform
ordinary manual
avocations of life.
Deponent makes application for the pension to which he is entitled for the year end-
ing October 36th, 1909. I have heretofore under said law as a resident of
County been allowed an invalid pension of
Dollars, for the year 189 8.
Sworn to and subscribed before me, this, the JD Frulle
1899. POST OFFICE marella
My Home
or a date fully the nature of wound or character of disease which causes the disability, and explain particularly the extended by disability resulting from the wound or disease.
extent of the disability resulting from the wound or disease.
STATE OF GEORGIA,
County.
I. J. Ow. Store, Ordinary of said County,
do certify that I am well acquainted with J. D. Trulley the
applicant in the foregoing affidavit, and any cell satisfied that the statements made by him
statements made by him
in his said affidavit are true, and I know he is the individual he represents himself to be
in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County.

Affix Jour -enl here

dinary Coun

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POWER OF ATTORNEY

to receive and	D. Thul	ler pension Ya	ofof paid bere by	Ma on and re	rette equest the	the r	emit same to	
day of OM	ed in presence of	_1900.					L. S.	
(For Those Arrady Enrolled.) No. 3 4 2 9	INVALID SOLDIER'S PENSION.	1900.	Name J. D. Kuller	Disability Of New Amount, \$ 50.	Warrant issued the chit 1900.	Commissioner of Physicas.	TO CALL	

POWER OF ATTORNEY. STATE OF GEORGIA, Harler

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

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

Jo Fulle Executed in presence of

SOLDIER'S PENSION DISABLED 1901.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,	
County.	
personally appears I. 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	1
day of Afiril 1836; that he enlisted in the military service of	
the Confederate States (for of the State of the tween the States, and served as a Arrivate in Company of of the	F
tween the States, and served as a fitter in Company of of the Regiment of Ja. Volunteers, Lawlow 's Brigade; that whilst	1
engaged in such military service in the State of Ma, on the	
day of september 1362, he was wounded, injured or diseased as follows:	
By guyshot striking right leg	1
thereby rendering tapplicant	
firstically incomfitteet to	
performed ordinary manual	
avocations of stife	
-	1
Deponent makes application for the pension to which he is entitled for the year	1
ending October 26th, 1900. I have heretofore under said law as a resident of County been allowed an invalid pension of	
Dollars, for the year 1899.	
Sworn to and subscribed before me, this, the J. S. J. C. C. 120 (1. 1900.) FOST OFFICE Marietta, Via	1
M Den	1
Nyra viala fully the nature of wound or the state of the state of the disability resulting from the wound or disability resulting from the wound or disability.	1
STATE OF GEORGIA,	- 1
Cool county.	
I. J. M. Stace Ordinary of said County,	
do certify that I am well acquainted with J. Fuller the	
applicant in the foregoing affidavit, and amwell satisfied that the statements made by him	•
in his said affidavit are true, and I know he is the individual he represents himself to be	1
and that he resides in this County. Given under my official signature and seal, this	
	1
day of March (1900)	
Maone	
Ordinary Cobb County.	
e ^{rith}	

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
County.
Personally appears & Fully of Cubb
County, 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 Uprail 1836, that he enlisted in the military service of the Con-
federate States (or of the State of) during the war between the
States, and served as a Arrale in Company B, of Oth Regiment
of Ja Volunteers, Lawlon 's Brigade; that whilst engaged
in such military service in the State of Md, on the 17 day
of Sefet 1862, he was wounded, injured or diseased as follows:
By Gun that Striking oight les thereby
condining applicant practically inch
pelint to berform orling in bronnal
and the first of which is
as o warms of right
N. W. C.
the state of the s
County been allowed an invalid pension of Dollars, for the year 1900. Sworn to and subscribed before me, this the
Sworn to and subscribed before me, this the J. Jaulle
day of Holly Postoffice
form sugar, oran
Nove/State fully the nature of the wound or character of disease which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease.
STATE OF GEORGIA, County. 1. County. Ordinary of said County.
to certify that I am well acquinted with ' Q D Haller the
applicant in the foregoing affidavit, and am well satisfied that the statements made by him
n his said affidavit are true, and I know he is the individual he represents himself to be
and that he resides in this County.
- 1/2
Given under my official signature and seal, this
day of 1901.
Tohu Cuohens
Ordinary Oolf County.

STATE OF GEORGIA, Of County. I, I of wells hereby authorize of County.	
John Ohnbey 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	
Executed in presence of M. Garn	
FULLE, J. B. CODE ALTENDY ENCLED. No. 3// B-C/DISABLED SOLDIER'S PENSION 1 BOQ2. Name A. Muller Count C. S. S. Amount, S. S. JOHN W. LINDSEY, Count C. S. S. JOHN W. LINDSEY, SAMOUNT, S. S. JOHN W. LINDSEY, Count C. S. S. JOHN W. LINDSEY, Count C. S. Sold C. S. JOHN W. LINDSEY, Count C. S. Sold C	
	G.

THE APPLICATOR STREETS ORE ALLOWED PENSIONS.

	POWER	OF ATTO	RNEY.		
STATE OF C	GEORGIA, County.	hereby	authorize		
at at	receipt for the pens	by			
Executed in	n presence of		uller		[L. S.]
(FOR THOSE ALREADY ENROLLED.) No. 2007	DISABLED SOLDIER'S PENSION 1903.	Name LA Fuller Coparty Co. B. Regiment 60	Disability W	JOHN W. LINDSEY,	WARRANT HANDED TO CON N. Marriers Rose Frience, Alman

31)

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

The state of the s
STATE OF GEORGIA,
Cosh County.
Personally appears & Fully of Cook
County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen
and resident of said State, and has resided therein continuously ever since the
day of Upril 1836; that he enlisted in the military service of the Con-
federate States (or of the State of) during the war between the
States, and served as a many in Company of oth Regiment
of Volunteers, Law lows's Brigade; that whilst engaged in such military service in the State of M. S., on the 17 day
of Lift 1.86 2, he was wounded, injured or diseased as follows:
By your short striker.
right by thereby behindering applicant
practically indoversalent to perfor
My ordinaty avoadlionsof Chil
end to the second of the secon
Deponent makes application for the pension to which he is entitled for the year
ending October 200h, 1902. I have heretofore, under said law, as a resident of
County, been allowed an invalid pension of
Dollars, for the year 1901.
Sword to and subscribed before me, this the Jo Fully
day of Full 1902. Post-office Micrielly
Note. State fully the nature of the wound or character of disease which causes the disability, and exploin particularly the extent of the disability resulting from the wound or disease.
particularly the extent of the disability resulting from the wound or disease.
STATE OF GEORGIA,
County.
I John Grothers & Ordinary of said County.
do certify that I am well acquainted with I Defuller
the applicant in the foregoing affidavit, and am woll satisfied that the statements made by
him in his said affidavit are true, and I know 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.
beal here
Ordinary Collins County.
Nors.—Fill all blanks and of Company and Regiment. Nors.—All vouchers and affidavits must bear date after January 1, 1902.
2.5 12

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
County.
Personally appears & Jully of Chil
County, 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 is 30 ; that he enlisted in the military service of the Con-
federate States (or of the State of) during the war between the
States, and served as a first company of 60 th Regiment
of Volunteers, Tawww 's Brigade; that whilst engaged
in 1 111 1 1 1 7 1
of white the State of the day
wounded, indured of diseased as follows:
In sur sout shoting right
by thinky origining applicant many acc
In burform ording remail avocation
of life
Deponent makes application for the pension to which he is entitled for the year
ending October, 26th, 1903. I have heretofore, under said law, as a resident of
County, been allowed an invalid pension of
Dollars, for the year 1902.
Sworn to and subscribed before me, this the land of th
day of 1903. Post-office Murully
Simony
North.—State fully the nature of the wound or character of disease which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease.
STATE OF GEORGIA,
County. Difficle
I Ordinary of said County,
do certify that I am well acquainted with
the applicant in the foregoing affidavit, and am well satisfied that the statements made by
him in his said affidavit are true, and I know he is the individual he represents himself to
be and that he resides in this County.
Given upder my official signature and seal, this
day of Ann (3903)
Affix Milling
ordinary County.
Norm:-Fill all blanks and or Company and Regiment.
Norm.—All youghers and affidavits must bear date after January 1, 1908.

POWER OF ATTORNEY.

STATI	E OF GE	ORGIA,	-	}				
ĺ.	CX	7	M	COUNTY.			h	reby authorize
- L	1	J C IN	-	of.			ne	reby authorize
to recei	ve and re	ceipt for th				request t	hat he r	emit same to
at				by.				, 0
In	WITNESS	Whereof, I	have h	nereunto set n	ny hand a	nd seal, this.	19	a
day of	an		190	4.	9.Fr			
Ex	ecuted in p	presence of		7.	, and	and .		[L. S.
1	nig	nu		_				
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Ι.								
ED.	li .					1904	unions	
CODE SECTION 1250. FOR THOSE ALREADY ENROLLED.		S	•		9		LINDSEY.	O Glanta
isso. IY EN	ئا مد	YS PEN	4	3	te e	25	JOHN W. LINDSEY.	WARRANT HANDED TO
CODE SECTION 1250.	8 76 ox	Š	Ō	Child R	Regiment	o' Nri	V. L.I.N	T HAN
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욷	-	ĬĮ,		Tot	ity (3)	Amount, \$50	ř	W A
FOR		<u> </u>		Name	Co. A	пош		
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POWER OF ATTORNEY.

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STATE OF GEORGIA,	COUNTY.		~	
14 A	Fuller		h	ereby authorize
to receive and receipt for	of		nuest that h	e remit same to
to receive and receipt for	the pension paid in		quest ender ii	
at.				
In WUTNESS WHEREOF,	I have hereunto	et my hand a	nd seal, this	· 12
	1905.	set my name a	na bean, em	
day of	. 1908. L	2 Frul	la	_[L. 8.]
Executed in the pr	1	C 0		-(u, v.)
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		- (9	T. LINDSEY,	
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	30	Ħ	AN 23 JOHN W. LINDSEY	NDED TO
	3 3 %	Regiment	LIN	23
	9 W.C.	. Re	83 ≥	F 8 1
No. No.	H 43	5	NHO NHO	2
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	Name	Co Disabilit Amount,		
	Con	A Di	. 1	1 1 1

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FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
Coff County.
O A Street Ole
Personally appears & Tuller of will
County, 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 Upril 1836; that he enlisted in the military service of the Con-
federate States (or of the State of) during the war between the
States, and served as a in Company O, of 60 th Regiment
a brigade, that withst engaged
//
1862, he was wounded, injured or diseased as follows:
ley Thenh sendenic applicant brack
Cally mornifetent to kerbone dodies
avocations of l. x.
Deponent makes application for the pension to which he is entitled for the year
ending October 26th, 1904. I have heretofore, under said law, as a resident of
County, been allowed an invalid pension of
Dollars, for the year 1903.
Sworn to and subscribed before me, this the
Post-office
service in the
Nors.—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 CEODOLA
STATE OF GEORGIA,
County.)
Ordinary of said County,
do certify that I am well acquainted with _ & Huller
the applicant in the foregoing affidavit, and am well satisfied that the statements made
by him in his said affidavit are true, and I know 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 1904.
(AME) John Chilory
hai bere. Ordinary Cosh 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,
County.)
Personally appears IN Fueler of Soft
County, 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#6; that he enlisted in the military service of the Con-
federate States (or of the State of) during the war between the
States, and served as a fraction in Company 12, of 60 th Regiment of Volunteers Surface 's Brigade; that whilst engaged
in such military service in the State of_ Just, on the /7 day
of Sift In 1862 he was wounded, injured or diseased as follows: Application markedly offermation to perform the diseased Medial abrestinos of life.
Marie Committee of the
Deponent makes application for the pension to which he is entitled for the year ending October 180th. 1805. I have heretofore, under said law, as a resident of County, been allowed an invalid pension of Dollars, for the year 1904.
Sworn to and subscribed before me, this the 12 day of 1905. 1905. Post-office
Norn.—State fully the nature of the wound or character of disease which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease.
STATE OF GEORGIA, COUNTY. I. So In the transport of said County, do certify that I am well acquainted with.
the applicant in the foregoing affidavit, and am well satisfied that the statements made
by him in his said affidavit are true, and I know he is the individual he represents himself
to be, and that he resides in this County.
Given under my official signature and seal, this
day of 1906.
Ordinary Coth County.

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

POWER OF ATTORNEY.

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	STATE	C. J	BEORGIA,	arth							hereby	authoriz
t	o Jecei	ve and	receipt for	the pe			n, an		uest		e rem	
a	ıt											
	I	N WITN	ESS WHERE	or, I h	ave here	into set i	my ha	nd a	nd se	eal, this		U
d	lay of_	Lu	uj_	_1 9 06.								
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V	/											
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	9				1	61			1	1		Hi
	EMBOL		9 🔀	*	3.	10				SEY.	ED T	
	CODE SECTION 1250.	7	DISABLE		3	Regiment			1	JOHN W. LINDSEY	WARRANT HANDED TO	8
	ALRE.	~	S'AE	×.	We	5 %				N W	NT H	1
	Cop OSE	No.		₩,	8.	Γ				HOC	RRA	Ì
	CODE SECTION 1250. FOR THOSE ALREADY ENROLLED.	0			OX	3	lity.	It, \$			WA	lli
	€	9			Name	Couldity Co. (Disability	А топпт,			1	5
1					1 Z	C) C)		<€		II.	11	1 1

POWER OF ATTORNEY.

STATE OF	GEORGIA,	COUNTY.		, hereby authorize
to receive an	d receipt for the		hereon, and requ	sest that he remit same to
IN WAYN	ess Whereof,		set my hand and	seal, this
Ex	ecuted in presen		of Drul	le. [L. 8.]

30 Regiment 24 holo

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Sat Huller 1907.

Dissibility Toful and Linked.
Amount, 8 II.

SOEDIER'S PENSION (FOR THOSE ALREADY ENROLLED) No. 210.

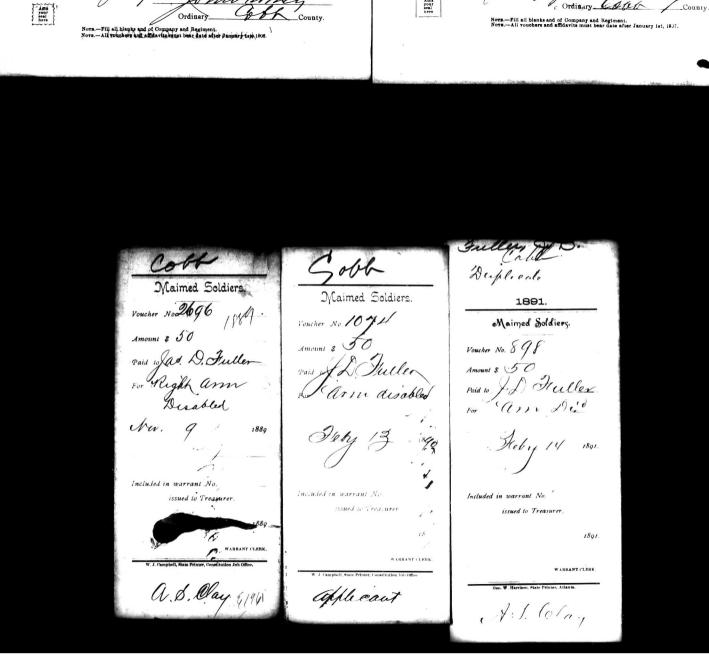
JOHN W. LINDSEY,
Commissioner of Pension WARRANT HANDED TO

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State	or Ge M	County.	}		
		In full	/	of	Coffe
		who, being duly swo			
and resident	of said State	, and has resided th	erein contin	nonely ever	is a oona nae citi
day of		18; that he	enlisted in the	he militare	since the
federate Stat	es, (or of the	State of	ounisted III to) during	he was between
States, and s	erved as a		in Compan	B	Lo Cart Detween
of	v	olunteers	,	Brigada :	the mbile
in such mili	tarv service i	n the State of		a Dingade, t	nat whilst engag
of					diseased as follow
	Ri ls	C -	as wounded,		
	The same	ann			
		-			
		,		-	
Depon nding Octol	ent makes ap oer 26th, 190	oplication for the po 06. I have hereto	ension to wh ofore, under	ich he is en	ntitled for the ye
Depon ending Octol	oer 26th, 190	06. I have hereto	ofore, under county, been	said law, allowed an	as a resident invalid pension
Sworn t	oand subscrib	bed before me, this	Dollars, for	said law, allowed an the year 190	as a resident invalid pension 05.
Sworn t	on and subscrib	Ob. I have hereto	Dollars, for	said law, allowed an the year 190	as a resident invalid pension 05.
Sworn t	on and subscribed and	bed before me, this 1808. 1808. 1808. Tally Tally Tally County. Why	ofore, under county, been Dollars, for the Post-ter of disease wind or disease.	said law, allowed an the year 190	as a resident invalid pension 05.
Sworn t	on and subscrib	bed before me, this 1808. 1808. of the wound or charactly resulting from the world wound or charactly resulting from the world wound with the world would be with the world world would be world wo	ofore, under county, been Dollars, for the Post-iter of disease wind or disease.	said law, allowed an the year 1900 A. Z. J. Office	as a resident invalid pension of. diability, and explo
Sworn t	on and subscribe on and subscribe on and subscribe on the folly the nature tent of the disability of GOO	bed before me, this 1808. Triple of the wound or charactive resulting from the wood rgia, County. Why acquainted with	pofore, under county, been Dollars, for the Post-ter of disease wind or disease wind well satisf	said law, allowed an the year 190 A. Z. J. Office Ordinat Cordinat Cordinat Ordinat Ordinat Cordinat Cordin	as a resident invalid pension 06. disability, and explo
Sworn t	on and subscribe on and subscribe on and subscribe on the folly the nature tent of the disability of GOO	bed before me, this 1808. 1808. of the wound or charactly resulting from the world wound or charactly resulting from the world wound with the world would be with the world world would be world wo	pofore, under county, been Dollars, for the Post-ter of disease wind or disease wind well satisf	said law, allowed an the year 190 A. Z. J. Office Ordinat Cordinat Cordinat Ordinat Ordinat Cordinat Cordin	as a resident invalid pension 06. disability, and explo
Sworn t Sworn t	on and subscribe of the nature of the disability of the nature of the	bed before me, this 1908. 1909. Trgia, County. Why acquainted with are true, and I know this County.	Post- ter of disease wind or disease. ### White States are states	said law, allowed an the year 190 J. Z. J. Office Ordina: Ordina: Clear Ordinathe the ddvidual he	as a resident invalid pension 06. disability, and explo
Sworn t Sworn t	on and subscribe of the nature of the disability of the nature of the	bed before me, this 1808. 1809. Tria, County. Why acquainted with are true, and I know	Post- ter of disease wind or disease. ### White States are states	said law, allowed an the year 190 J. Z. J. Office Ordina: Ordina: Clear Ordinathe the ddvidual he	as a resident invalid pension 06. disability, and explo
Sworn t	on and subscribe of the nature of the disability of the nature of the	bed before me, this 1909. Trails, County. County. Macquainted with are true, and I know this County. My official signatu	Post- ter of disease wind or disease. ### White States are states	said law, allowed an the year 190 J. Z. J. Office Ordina: Ordina: Clear Ordinathe the ddvidual he	as a resident invalid pension 06. disability, and explo
Sworn t Sworn t	on and subscribe on and subscribe on and subscribe on the disability of GOO of GOO of the disability o	bed before me, this 1909. Trails, County. County. Macquainted with are true, and I know this County. My official signatu	portion of the post-information of the post-information of disease wind or disease with the post-information of the post-infor	said law, allowed an the year 190 J. Z. J. Office Ordina: Ordina: Clear Ordinathe the ddvidual he	as a resident invalid pension 06. disability, and explo

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of	Georgia,	5	
Colh		. }	
Personally	appears I I I'm	eler of	Coph
		worn, says on oath that he	
and resident of sa	id State, and has resided t	herein continuously ever s	ince the
day of	18; that h	e enlisted in the military	service of the Con-
		during	
States, and serve	d as a	in Company B 68	Regiment
of	Volunteers	's Brigade;	hat whilst engaged
iu such military s	ervice in the State of		on theday
of	186 , he	was wounded, injured or	diseased as follows:
	Chaft a	m Droad	lus
	-	3	
		5	
		-1	
			The second second
Sworn to an	of subscribed before me, the	107. J. J. Litra	11.
De Ste	Huf Olde.	Postoffice	
Norn.—State ful	ly the nature of the wound or che the disability resulting from the	aracter of disease which causes wound or disease.	he disability, and explain
	Georgia,		
//	m well acquainted with	11 4 9	ary of said County,
		am well satisfied that th	
by him in his said	affidavit are true, and I k	now he is the individual h	represents himself
to be, and that he	resides in this County.		_
	ven under my official sign		/
day	y of Milly	1907.	1
****	11 /	wing fre	July-
Affix your seal	1	Ordinary CAGE	County.
nere	Nors.—Fill all blanks and of Nors.—All youghers and affic	Company and Regiment.	1017



No. 2696

STATE OF GEORGIA.

EXECUTIVE DEPARTMENT.

Allanta, Sa., NW 9

June of Fuller

of the County

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

Kight arm du abled

He is entitled to receive the sum of Dollars

for such disability, the same being the allowance due for the year ending October 24, 1889.

The Treasurer will pay the same and held his receipt on this voucher, and return same

to Executive Department for warrant.

By the Governor.

MA Hamson CLERK ENECUTIVE DEPARTMENT.

: 50 P 1

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

Dollars.

STATE OF GEORGIA.

EXECUTIVE DEPARTMENT.

Allanta, Sa., Johy 1

Mr. D. Aullen

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

Com desabled

He is entitled to receive the sum of

for such disability, the same being the allowance the the Year adding October 24, 1890 The Treasurer will pay the same and the percia do his socher, and return same to Executive Department for warrant.

By the Governor.

10 NH amoun CLERK EXECUTIVE DEPARTMENT.

, 5000

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

Hefty + oof

per above voucher, this 13 of The

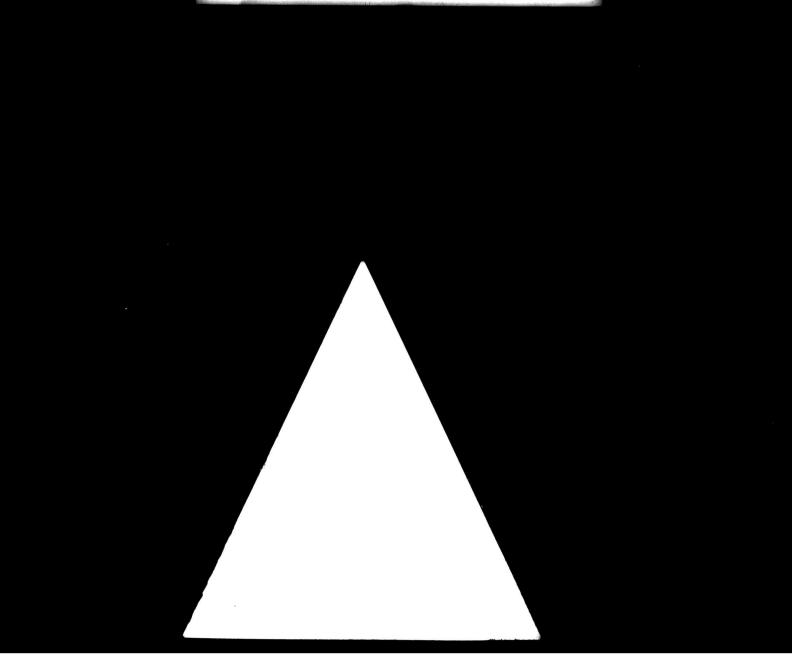
Dollars.

J. J. Freller

STATE OF GEORGIA. Allania, Ba. Dely 141891. EXECUTIVE DEPARTMENT. ID . Fuller having filed his application in the Executive Department for an allowance under the Act approved October 24, 1887, as amended by Acts approxed Dec. 24, 1888 and Nov. 11, 1889, and the same having been examined and allowed for Um dis He is entitled to receive the sum of... ye ye ending October 24, 1891. for such disability, the same being the all ld hill some to The Treasurer will pay the same and hold Executive Department for warrant By the Governor. M. Harrison Sec'y Executive Department. RECEIVED OF R. U. HARDEMAN, Treasurer of the State of Georgia.

Dollars.

1891.



Widow's Pension UNDER ACT 1910. Pension Office, 11/21/10.

Pension Office, 11/21/10. Application must contain ever fast to be proven to make outs claim for pension. J.W. Lindsey, Com. of Pensions Widow's Pension UNDER ACT 1910.

Application for Pension by a Widow Under Act of 1910 Questions
for Applicant.
STATE OF GEORGIA.
County.
Personally before me comes my Mory a Gauss 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
of1010, 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? Man a G
2. How long and since when have you been a continuing resident in the State of Georgia?
46 years. Em to Sa When 32, 3 mg gli
4. When, where and to whom were you married?
federate Army or Georgia Militia? (State the arms and glass of Service.) June 22 - 1962 AF Wanter Ha. So C Phillips Service
When and where did the Commands of your husband surrender or discharge from the army?
6. Was your husband personally present at the time of the surrender or discharge of this Command?
A From his tolements of Stalements of his Comorage for 2 ac
I the was not present state clearly where he was? - From reputation of Courses he was? - From reputation of Courses he
8. Where was his Command when he left?
a. For what cause did he leave his command?
b By whose authority did he leave his Command?
c. For how long was he granted leave of absence?
e. What was his physical condition when he left his Command?
f. What effort did he make to return to his command?.
g In what way was he prevented from going back to Command?
h. Was he captured by the enemy at any time?
1. If so, when and where captured and where held as a prisoner, and when and for what cause re-
Tanda Samuel and an
j. When and where did your husband die? Were you residing together when he died? If not,
how long had you resided apart? July 28 /88/ CTV Es.
Name property of any description did you own, note or control for your use and its cash value,
Mothing except 330 in hales
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.)
heid In The Graph while of how
for the state of
11. What property of any description of any value have you now?
Give list and cash value?
12. What are your annual earnings or income and their value?
- Supported by my epilann
13. Have you heretofore been paid a pension by the State?
the contract of the contract o
Swam and subscribed before me this the Mary A, Gaine
10/0
ordinary.
of County.
Organiana for the Witnesses on to Complete of U. J. 1. 1. 1.

to Service of Husband and Marriage.

Personally before me comes. And Dankson answers as follows:

1. What is your name and where do you reside to the transfer t	Car Tailling			
2. How long and since when have you known. Applicant? (Give date.).	to the last	TATES POST AT	ORDINARY'S CERTIF	
40 years to they of the second the second to this state! (Give date.)	No.			
When and to whom was she married? How do you know to	ROLL TO THE REAL PROPERTY.	1	Leanty One L	
5. How long and since when did you know her husband?		nat I know 9	THE WAR	Ordinary of said County do certify
6. When where and in what Commany and Regiment did anist?		the person she represe	herself to be and she is a bon	ordinary of sad County do certify the applicant for pension. She ande continuing resident citizen of said
June 22, 1962 Monella Co. C. Shillipp Byin	3	That I slee know	Ba agones	the witness who sweam
7. Were you a member of the same Company?	10 Page 1	the service of hueban	WILL PLUT GACE	who are
8. How long within your personal knowledge did in perform around milliony service with his Com-		reference to a page of the control o		was duly awore by me before signing
A When, and where did the Caste and a surround a surround a surround a surround a surround and a surround a surround a surround a surround a surround a surr	10	de la ver	was all the out of the comment	Annual Control to
「大型」を表現している。 「大型」を表現している。 「大型」を表現している。 「大型」を表現している。 「大型」を表現している。 「大型」という。	II.	08 8	dof 1910 8 A M	
Were you personally present when it was surrendered! If not there were you. I had the distance by the state of the state o	10	Sworn under my hand	and official seal of office this	7 WALL
and how came you there?		SEAL.	1/11/3	Tarres Ordinary
11. Was the husband of applicant personally present at surrender to the Not Know III not				Buth County
where was he? Theres Care pull won he was with her Community when, where and for what		(SEAL.) TES 1. Before any questions		
cause did he leave Command? (Give date.)		"You do solemnly sw you shall give will	mer answered the Ordinary shall swear ap mear that you will true answers make to each be the truth. So help you God ?"	plicant and the witness in the following words: of the questions asked you and the swidtness tent. ted. prove marriage, by some person, or by goal
long was he granted leave?	21	2 Additional affidavite 4 All affidavite must be	may be attached if blank spaces are insuffice made before the Ordinary.	lent.
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	27	5 Attach certified copi	arried prior to first January 1870, are entities of marriage license if obtainable. If not	led. , prove marriage, by some person, or by gon-
Command?VINA albool -	. 3			
13. What effort did he make to return to his Command and how do you know this? Of you own knowledge or how?	4			x 2**
Sworn to and subscribed before me this the				A STATE OF THE STA
day of 201- 1910	100	e-1 .	z. ≠ *	Y
Ordinary,			·	
ofCounty.			A	"" 对 " " " " " " " " " " " " " " " " " " "
AFFIDAVIT OF TWO FREEHOLDERS.				1
STATE OF GEORGIA,			1 1	May 34
Cost County I a Read			1 .	
Personally before me comes. But Destroy who on oath says that they are fresholders of said County and that they know.				
are freeholders of said County and that they know. Moran Mor			54	
Schedule (A) as follows	•		3 ,	
Personal property				
Notes and accounts due.				
Schedule (B).	•			
We know the property sold or given thay since Nov. 18th 1808, its fish value to be as follows:	*			Tr.
Money, Notes and accounts	'			
Schedule (C)	1			The state of the s
We also know what property she has now in her possession, use and control to wit:				**) **
Acres of land worth	1			
Cows and Hoge.				1
Other property.				
income and earnings				***
Storn and subscribed before me this the	9			
day of Calabara 100 0				•
of Course				

der Act of 1910 .-- Questions for Applicant.

STATE OF GEORGIA. 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 22 1862

He was I have seen his perole which has few lost or destroyed

Was he captured by the enemy at any time? He was and exchanged at Eliura If so, when and where captured and where held as a prisoner, and when and for what cause reby changes and neturns to his command and smed suche

When and where did your husband die? Auway in Original applicato

5. When and where did the Commands of your hutpend surrender or dispharge from the army?

Summe dead At or the Appended to the surrender or dispharge of this Command?

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

a. For what cause did he leave his command? Sussender At Vent b. By whose authority did he leave his Command? Recause

e. What was his physical condition when he left his Command? X X g. In what way was he prevented from going back to Command?

1. 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.) Auch the brigant oppolication

10. What property of any kind have you sold or given away since Nov. 4, 1908? What was received

Ausa in original application

Give list and cash value? Aus for fire of the Original List of the Company of the

If so, when and for what cause were you struck from the Roll? Alex applied before -

Mary D Gaines

.....County.

3. When, where and to whom were you married?...

7. If he was not present state clearly where he was?.. 8. Where was his Command when he left?.

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

k. Were you residing together when he died?"

for it and what did you do with the proceeds thereof? (Give items and cash value.)

11. What property of any description of any value have you now?.....

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

Sworn to and subscribed before me this the

Luc Sunkders

in Marietta in Company to Phillips Legion

Personally before me comes. Who Way and after being duly sworn, on oath says that she desires to apply for a pension allowed under the Act

lowing 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.

Application for Pension by a Widow Under

Mary Desines Cobb County
1915 Application for Pension Due Black Undertaking Company Deceased Pensioner Under Act 1904. Funeral Directors and Embalmers PHONE 400 MARIETTA, GANLLE 12 1915 Months Go of Co..... Regiment Wager Withenhein 1000 6000 Approved and ordered paid J. W. LINDSEY, Commissioner of Pensions. Beef Reaming

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, County.
•	Personally before me, the Ordinary of said County, comes
•	I. Black of said County, who, after being sworn, on oath says that
	he knew Turo Mary a Lains of said County, and that he was on
,	the Pension Roll Cobk County at the
1	time of her death, which occurred in
	Since on the 20 day of March 1996 and that
	a Pension of Six Ty She eft 200 Dollars was due Nom- and
	unpaid at the time of his death. That the letter midow or dependent children surviving him, and no
	estate of any value sufficient to pay win funeral expenses, which amounted to the sum of Listy
	Dollars, as per sworn statement, itemized, hereto attached.
	Sworn to and subscribed before me
	this 227 day of March 1915. Wastack
	111.77

Given under my hand and official seal, this. 22 day of hay on 1915.

Durinally appeared agreement of the Strate heavy duty Surmer in put Some is reasonable for the Surmer or rendered.

This three 22/15

This three 22/15

This three 22/15

OFFICE OF ORDINARY.

GEORGIA, COBB COUNTY.

do hereby certify that I have compared the foregoing copy of

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

marriage Lieuse of to P gainer and many a Sharp

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of the Court of Ordinary, this the 12 day of October 19/0

G. M. Janes OFFICIO C. C. O.





TO ANY MINISTER OF THE GOSPEL, JUDGE OF THE SUPERIOR

COURT, OR JUSTICE OF THE PEACE, TO CELEBRATE: YOU ARE HEREBY AUTHORIZED TO JOIN IN THE HONORABLE STATE OF MATRIMONY

E. P. Gained mary a Shark

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.

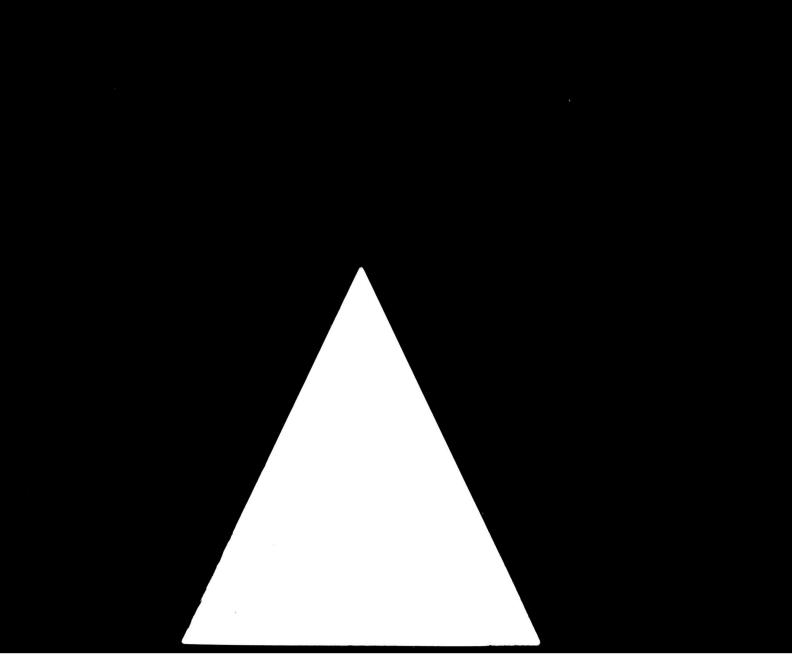
Given under my hand and seal 18 day of November 1569

leg Shupard Real

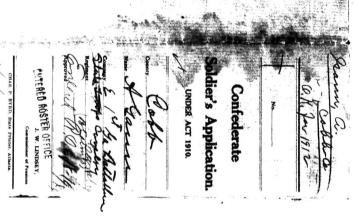
1 beredy certify, Chat & D & and and and mary a Shark

were joined together in HOLY BONDS OF MATRIMONY

Day of November 1869 by me.



Confederate Soldier's Application. UNDER ACT 1910.



APPLICATION FOR SOLDIER'S PENSION UNDER ACT 1910.

	Q nestions for Applicants to Answer.
STA	TE OF CEORGIA.
	County
propou	peason provided by Ave of 1910, to Confederate Soldiers, and submits his awon statement, we imony to make out the same, and after being duly aworn true answers to make to the questioned, answers as follows, to pri: 1. What is your make and where do you resid? (Give County and Pegt office)
4	2. How long and since when have you be in a solutioned section; citizen of this State?

	3. Did you enlist in the Army of the Confederate States or of the Organized Militia of this St
from 18	961 to 1865?
(Give d	5. How long did got remain us the actual Military Service with said Company and Regimentate of discharge 1990 1990 1990 1990 1990 1990 1990 199
ap	When and where was your company and Regiment sufrendered or discharged from the Service 1565;
/ ,	7. Were you soundly present with your Command when it was surrendered or discharged?
- 1	8. If you were not astually present, state specifically and clearly where you were
	ma gruent or me
	a. Where was your Command when you left it?
	When did you leave the Command: Affile.
.4.	e. For how long was your leave granted? In what way?
7	rau run
	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?
	Were you captured during the war?
. 1	If so, when, and where? In what prison were you held and when were you released?
	Mrs was deplus
and wife	What property of every description was owned, in the use, possession and control of yours
67%	e, and its cash value on the 4. Nov. 1998? (Make list by items and value.)
7 700	2 - 2 - 2 A
24	
10	D. What property of any kind have tous or your wife disposed of and for what purpose since 4 No
1908.	To whom and for what price?
TOPETA, THE AND	
Possess	What property of any description of any kind, and of any value now owned and in the use and control of yourself and the and its activative. (Make teamined lies).

19 What annual or mouthly income or earnings of yourself and wife and the source derived have you?

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

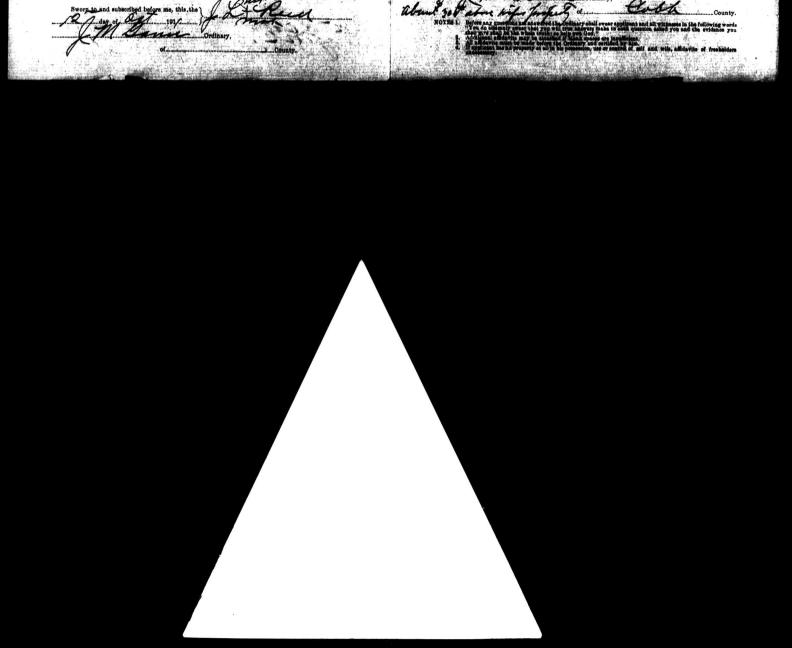
14. Have you ever applied for the Georgia Pension and had it request? and for what cause it was

not allowed?....

QUESTIONS FOR	WITNESS AS TO SERVICE.
STATE OF GEORGIA,	
County.	
John L Keed	of said State and County is basely presented
as a witness in support of the application of.	and the same of th
	oing sworn true answers to make to the questions propounded,
answers as follows:	O O O
21. What is your name and where do	you reads?
Drugma Coth	60 0 mg
4. How long and since when have you	known the applicant?
tifly gravo	
3. Where does he now reside, and sine	ce when has he been a bona fide, continuing resident in this
state and how do you know?	a court co. 99 wer sing
V Frank Turn	
4. When, where and in what Company	7.
rar from 1861 to 1865? (Give date and place)	, and the second
5. How did you obtain your informati	on of this Service? A was in Same Imy
ca + originent	084112
6. How long within your own person	al knowledge did he perform actual military service with
	will but of afent 1865. about 2 year
7. When and where was his Command	surrendered or discharged (give date and place)
Locheryed at Mason Gy &	1 / 2
8. Were you personally present at the 8	1
9. If not, where were you and how cam	e you there? & Was freezen
10. Was the applicant personally present	
11. If not where was he and how came hi	im there?
12 What did by 1 1/2 1.2	10 ha (h) 06.7 1812
12. When did he leave his Command?	2 Command
By whose authority did he last	for what cause did he leave?
that you have stated to be true? Mol your o	Bow do you know
	A C. See Manual of the Control of th
13. In what way was he prevented from	The state of the s
ow do you know?	
14. What effort did he make to return to	
	ms Command and not do you know?
15. Was applicant captured as a spisoner	Zad If so, when and where?
In what prison was he held?	
An water prison was de neidram.	and when released?
Samuel and a bandle of the state of the stat	1000
Sworn to and subscribed before me, this	ino Latrece
191/	
	Ordinary,
of the advantage	County.

AFFIDAVIT OF TWO FREEHOLDERS

	wil	ore me comes	The standard was	ty and we know	My S	Section 1	the on or
				that is now in t		sion and contr	
3.9	5 999	The transfer of	The state of the state of	y items and val	Contract Con		
12	The state of	2	33 °C	1000-	-		••••••••••
A	4 2 0		44		· · · · · · · · · · · · · · · · · · ·	5 10 5	100000
1.	200		s been sold or	given away by	the applican	t or his wife a	ince 4 No
1908? (by items.).		e-sage			
		h	me				
2.	When and	to whom was i	sold or given	to? The			
3.	What was	he price paid or	stated to be I	aid? Z	-9-1	4	
4.		on is the party	****	0 0000000000000000000000000000000000000	2		
5.			1	eds of the sale?	11.6.1		
8.	Was the di	sposition of thi	s property ma	de in good faith	and full va	uea? h	Sug
- -y	JA	M. Ja	hlum. A	Ordinary	M.	Dho	m
-y -m.s.	JA	of	1.00	Ordinary	Count	DLv.	m
	J	01	e e	2088		Dh.	m
	77	of	e e	CERTIFI		Dh.	m
STAT	J Z	ORDI	NARY'S	2088		020	m
STAT	OF GE	ORDI	NARY'S	CERTIFI	CATE.		m
STAT	m.	ORDI	NARY'S	CERTIFIC	CATE.	unty, certify t	
STATE THE POPULATION OF THE PO	maria	ORDI	NARY'S	CERTIFIC Ordinate person he re	CATE.	unty, certify t	d resides
said Coun	And Add	ORDI	NARY'S	CERTIFIC Ordinate person he re	CATE.	unty, certify t	d resides
said Coun	And Add	ORDI	NARY'S	CERTIFIC Ordinate person he re	CATE.	unty, certify t	d resides
said Coun	anta Aa	ORDIORGIA,	NARY'S County. Pennion is it	CERTIFIC Ordinate person he re	cate.	unty, certify t	d resides aring to to olders, the
said Coun	canta Andrews of the state of t	ORDIORGIA,	NARY'S County. Pennion is it	CERTIFIC Ordinates to person be re-	cate.	unty, certify t	d resides aring to the olders, the ffidavit ar That the
said Counservice as they are a they are a	canta Andrews of the state of t	ORGIA, for glag know, for said County a direction worthy	NARY'S County, Pension is the state of the s	CERTIFIC Ordinates to person be re-	cate.	unty, certify t	d resides aring to the
said Counservice as they are a they are a	ant A that I had a like of	ORGIA, for said County a directive or the said County and treasurements of the said County and th	NARY'S County, Pension is the state of the s	CERTIFIC Ordinaries person he re person he re worst by me bet mente are entitle shows to 1909 store	cate.	unty, certify t	d resides aring to the olders, the ffidavit ar That the
said Counservice as they are a they are a Tax Resu	ant A that I had a like of	ORGIA, for said County a directive or the said County and treasurements of the said County and th	NARY'S County, Pension is the state of the	CERTIFIC Ordinaries person he re person he re worst by me bet mente are entitle shows to 1909 store	cate.	unty, certify t	d resides aring to the olders, the ffidavit ar That the



Widow's Application To Be Put on Rell in Her Own Right When Husband Was on the Indigent Roll or Put on Under Act of July 11, 1910. County Coff Name: Blacksoutine Game Widow of God Gazara

Company A 9 & Battalling

J. W. LINDSEY,

WIDOW'S AFFIDAVIT.

	STATE OF GEORGIA,	
	County	
4	Personally before me comes Mrs Chammeting &	
19	who, after being duly sworn, on oath says, that she is the widow of	
100	in the County of State of Say she was	married on the 26
	day of the seed of and that she remained his wife, and resided with him	to the date of his death
*	19/0 and that she has not since his death remarried.	At the time of his death
	he was a resident of County, in said	State of Georgia, and he
120	was on the Pansion Roll of the State and pa	ida pension of \$50
	in County for 1915 per annum, on account of be U. 92 La Raddellion Regiment Colling (Volunto	ing a soldier in Company
0	(Volunte	ers of State Militia.)
18	At the death of Ed Manue, he was in the use and p	ossession of the following
13	property 40 acres of Land Value 80000 Que lumbs	Tow Entrs
3	of the cash value of \$ 9 70	
	What property of any kind and of any value have you in your use, contro	and possession now, and
60		,800
3		26
3		1 26
24	Total Cash value of all property	10000
31	That she is now a bona fide resident citizen of said County of	
	has so continuously resided since all the faday of	9
!	8 worn to and subscribed before me, this the	ann
1	Ordinary,	
i	of Cook County	* ×
1		
i	A 601 1 6	
1	Affidavit of Witnesses to Prove Marriage and to	WhomDate of
1	Death of Husband.	
1	STATE OF GEORGIA,	
1	County	
1.	Personally before me come	nown to be responsible
1	and truthful persons, residing in said County, who after having duly sworp on	ooth sout that of their
Ł	own personal knowledge Mrs. Classification who made the	e foregoing affidavit, is
A	the lawful widow of the who died in said State of on 7 day of the lawful lay of the l	
1		on the 25 day
1	And of 1866 and that she and he had resided together as man and wife continuo	usly since
1	2 5 day of How 1864 and that he how hand	was the
ı	same man who was on the pension roll of said State	County
	when he died.	
	Sworn to and subscribed before me, this the	11111
4	28 day of 0 1914	
1	Clerke Sechanor Court Cold Count	

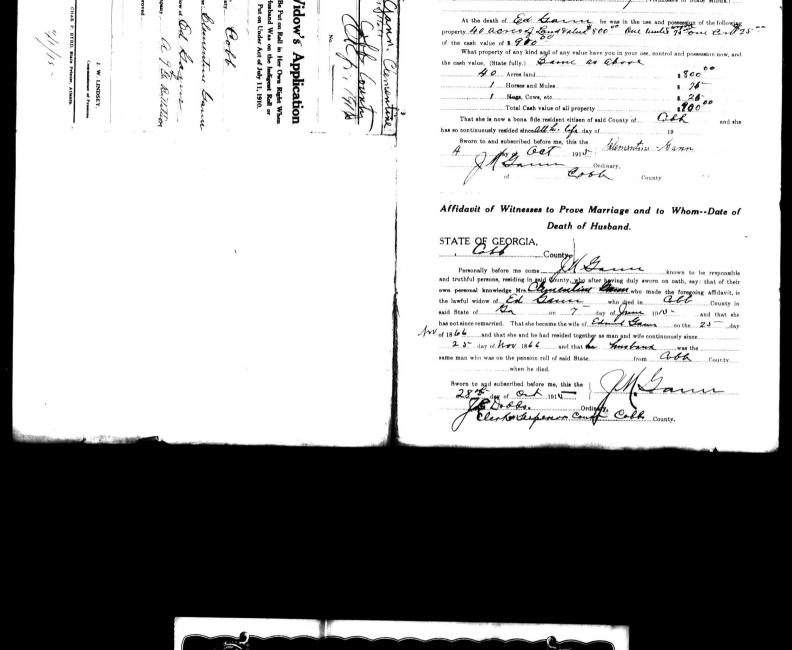
1/1/1/2

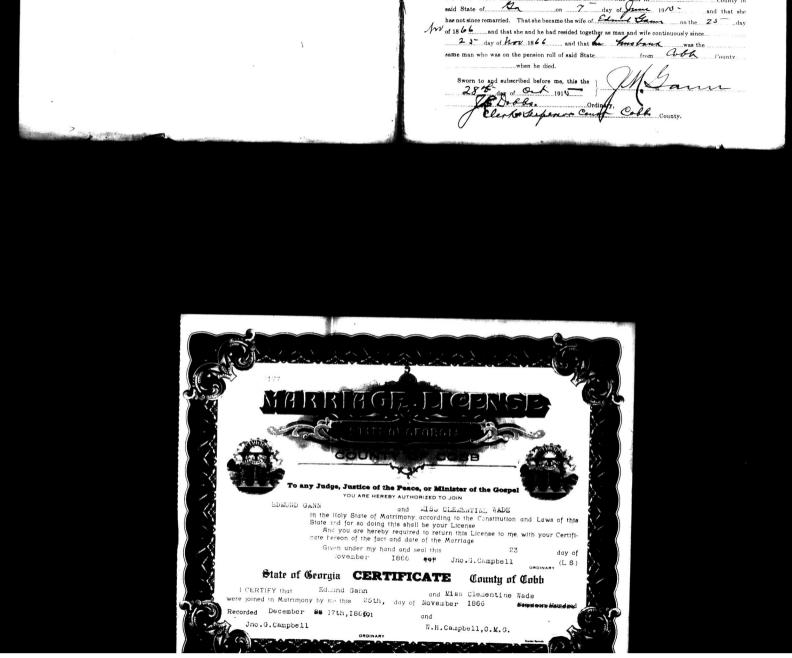
J. W. LINDSEY,

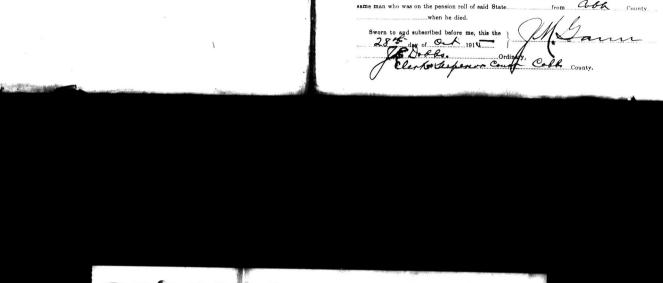
Widow of Ed Raysus

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.

Widow's Application



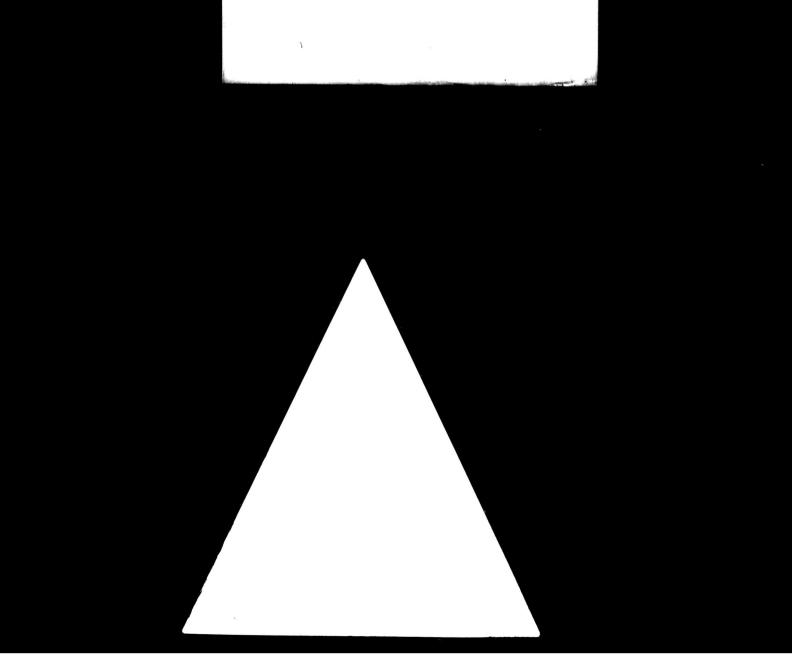


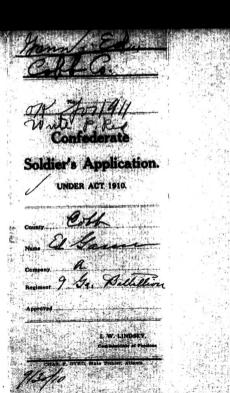




AFFIDAVITS OF TWO FREEHOLDERS.

Personally before me composited and the says, that they are freshighers of said County and that they know of said County and knew her said husband. The said husband of the said o
oath says, that they are freeholders of said County, and that they know said County and knew her said husband. It is this death on the said husband. It is that she and he were in the use, possession and control of the following property at his death to wit: Out to the value of the value of the said to wit: Sworn to and subscribed before me, this the sworn to and subscribed before me, this the of the value of the v
and County and knew her eald husband. At his death on the may of 1912 that she and he were in the use, possession and control of the following roperty at his death to wit: I have been supported by the value of th
the value of \$ Sworn to and subscribed before me, this the county. Of County. County. County. County.
the value of Sworn to and subscribed before me, this the Cantage Sworn to and subscribed before me, this the Cantage Sworn to and subscribed before me, this the Cantage Sworn to and subscribed before me, this the Cantage Sworn to and subscribed before me, this the Cantage Sworn to and subscribed before me, this the Cantage Sworn to and subscribed before me, this the Cantage Sworn to and subscribed before me, this the Cantage Sworn to and subscribed before me, this the Cantage Sworn to and subscribed before me, this the Cantage Sworn to and subscribed before me, this the Cantage Sworn to and subscribed before me, this the Cantage Sworn to and subscribed before me, this the Cantage Sworn to and subscribed before me, this the Cantage Sworn to an account to the following sworn to an account to the following sworn to an account to the following sworn to account to the following swor
the value of \$. Sworn to and subscribed before me, this the A. M. Stone Of County.
Sworn to and subscribed before me, this the At Cantrall of Stone Ordinary, M. Stone of County.
Jan of Oct 1915 Film Stone Oct Ordinary M. Stone County.
ORDINARY'S CERTIFICATE, TATE OF GEORGIA.
County.
Ordinary of said County, do certify, that, I
represents herself to be, and that she is a bona fide continuing resident of said County and was on the
we then by year
Thay i mao know witness as to marriage and I also know
Minu Carlos who I know to be a resident free holder of said County
t all of the foregoing were duly sworn by me before signing the respective affidavite and that they are thful and trustworthy and their statements are entitled to full faith and credit.
That the tax Books of County shows that 4 the returned property to the
ount of for 1948 8.6.4.5 for 1966 8 445 for 1966 8 4 45
Sworn under my hand and official seal of office Arts 126 day of Oak 1000
(SEAL.) Ordinary.
PTES 1. Before any questions are answered be Ordinary shall swear applicant and the witness in the following word: "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 belp you God." 2. All advants may be attached if blank spaces are insufficient. 3. All advices will be a successful to the proof of t





	APPLICATION FOR SOLDIER'S PENSION UNDER ACT 1910.
	Questions for Applicants to Anguer.
	STATE OF GEORGIA,
	County
	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 this 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 Fost-office)
	2. How long and since when have you been a continuous resident citizen of this State?
	3. Bid you enlist in the Army of the Confederate States or of the Organized Militia of this State from 1861 to 1865;
Soldier Sproved	4. When pick where, and in what Company and Regiment did you gallet? (Give the arm and class of Service) Attack of the Company and Regiment of the Service with said Company and Regiment? (Give date of discharge) Attack of the Service with said Company and Regiment? (Give date of discharge) Attack of the Service of the
0 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	The Colored Control of the State of the Stat
onfederation of the state of th	7. Were you actually present with your Command when it was surrendered as discharged? The S. If you were not actually present, state specifically and clearly where you were. It was a free sent that the sent of
Application AG 1910. L. W. LINDSEY. Canadisses of Pressure And Pressure of Pressure Law Change of Pressure And Pressure of Pressure And Pressure of Pressure And Pre	a. Where was your Command when you left it?
	b. When did you leave the Command?
5	c. For what cause did you leave?
1	d. By whose authority did you leave?
for the second s	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?
The state of the s	i. Were you captured during the war?
	Sept 9 1863. Cumbelling of Lance Courte Story on beld and when were you released? 9. What property of every discription was owned, in the use, possession and control of yourself
	and wife, and its cash value on the 4. Nov. 1908? (Make list by items and value.)
	40 Rans of Fred Value 40000 Hagor 11 - Buggy 20,
·	2 Como 4000
	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?
4	11. What property of any discription of any kind, and of any value now owned and in the use, possession and control of yourself and wife and its cash value? (Make itemized list)
*	46 agres of Land Wales 400 00 Nayon 10 Buggare
	2 0 2
	What annual or monthly income or earnings of yourself and wife and the source derived have
	you? Ithis
	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
	Same and a state and

	Q UESTIONS	计数位设置的设置的中央部分	ESS AS TO	SERVICE
	e of georgia.	的政治中心是否可以通过的特殊的	SEVER OF	
		County.	ALC: UNITED NO.	
	James & Bay	-	of said State	and County is hereby pr
as a fit	ness in support of the applet of 1910, in said State,	plication of	Jane	
answers	as follows:	and after being awo	n true answers to m	de to the questions prop
0 1	What is your name and	l where do you resi	to & I Bo	el.
Acres		就是一个人。 1. 人。	A Section of the sect	
4.2	How long and since wh	en have you known	12/14	the ap
13	Where does he now resi	de and since when	7 0 C	
State an	d how do you know?	any on		Boung &
		Tours	Leann	LANGUE CONTRACTOR
4.	When, where and in wha	it Company and Beg	iment did	Carrie enlist
war from	1861 to 1865? (Give dat How did you obtain you	e and place)	CINDEN Jones	-x c: 4.7 % g-4
V %	allalling of A	ir information of th	is Service?	money of In
			ledge did be perfer	m setual military land
athis Com	pany and Bogiment?	ve date) Market	Sept 9 15	63. Su But
we m	When and where was hi	6 Command surrence	ered or discharged	give date and place),
8.	Were you personally pre-	sent at the Surrends	17 7	
	If not, where were you a		ero	
	Was the applicant perso	A STATE OF THE REST.	A Company of the Comp	by by
11.	If not where was he and	how came him there	ommand at sur	renger7
	2. not where was he and	now came mm there		A COLOR
12.	When did he leave his Co	mmand?		Where was his Con
when he l	eft it?	for	what cause did he le	ve?
	By whose authori			
long was	he granted leave?			How do you
all that yo	u have stated to be true?			
13	In what way was he prev			2212874
	ou know?			
14.	What effort did he make	to return to his Com	mand and how do ve	ou know?
		di.		
	Was applicant captured a	s a prisones	If so, when	and where gent 9
15.	/ A spendant captured a			
larlin 3.	what prison was !	he held?	Many Son	and when rele
Lang. Ha	1865 I left for	non and age	4770	A new when rele
Bw Bw	1865 I Lift for	ge me, this the	179	Manufacture Under Commencer Under
Bw Bw	Asset the what prison was 1866. I will for to and subscribed beigg	pre me, this the	for the	and whon religions
Bw Bw	1865 I Lift for	pre me, this the	k form	linking
Bw Bw	Asset the what prison was 1866. I will for to and subscribed beigg	pre me, this the		County.
Bw Bw	Talos & Land Delicon was form to and subscribed before to and subscribed before to the form of the for	pe me, this the	VA C Panagani Charles	County.
3/ 3/	AFFIDAV	pe me, this the	FREEHOLI	County.
3/ 3/	AFFIDAV	of TWO	VA Change of the control of	County.
STATE	AFFIDAV	pe me, this the	VA Change of the control of	County.
3/ STATE	AFFIDAV	of Connection	FREEHOLI	County.
3/ STATE	AFFIDAV	of Connection	FREEHOLI	County.
STATE	AFFIDAV	of TWO	PREEHOLI	County.

	为 对各种政策 (16) 100 (10) 建二烷基
2. When and to whose walls old to owner at the contract of the	
What relation is the party to applicantl	Autonomorphic actions
6. What disposition was made of the proceeds of the alle?	CONTRACTOR OF THE
5. Was the disposition of this property made in road faith and full values?	
was it made to obtain a pension?	
Sworning and subscribed before me, this the	う なない。
21 TO THE WARREST	
- 0/ () - 10 mary Margaret 1010) () I Lea BE	
Ordinary	A second second
Of County	The Company of Mills

ORDINARY'S CERTIFICATE.

SIAIE OF GEO	CHA	2 1 22 1 2 2 2	A LANGE TO THE	學一樣實際
- 700	County.	An Sugar Creeker		State of the last
VMA	and a		48 472 40	Styr J.
the expression El E			of said County, cer	
The second second second second		is the purion he rep		
said County. That I als	know		the witness	swearing to the
service and		CHECK!	who are fre	se holders, that
they are all freddents of a	aid County and were	taly aworn by me befo	re signing the forego	ing affidavit and
Tax Results of	AND SEPTEMBERS OF THE SECOND S	\$1000 FEBRUARY \$1000 FEBRUARY	高兴 医电影公司 在公司	the state of the state of the state of
CO 100 LOST 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		shows the		and wife
value for tax is in 1908			建筑是一个"一个"的图像中的大型的	At 1,000 C 22 A 5/29 Lt.
Sworn away of	and and official seal of	of office this.	day of	1010
X XII	vun	Ordinary.	0 11	CHARLES !
		of	VATA	County
"You do solemni	ions are answered the Or	dinary shall sweat applica to answers make to each o	nt and all witnesses in	he following words
shall give shall be	the whole trucks he bele	Want Clad !!	I have now without Last with	rue et wence 2.00

the applicant for pension and fer now the property that is now in the use, presention and control of himself and wife and of termship value to with the same of the property of any, has been sold or given away by the applicant or his wife share a Noy.

No. 665 Application for Allowance Gul Derebit Hope -Applicant Fif James County Coll Amount Des John See Entered on Rebord,

District Department.

That of geny in for your on affected before me Hudynelds for ference of the forten who of a morting of & game of flind afformed Get 24th 1887 Ley that the effect of the gen shall mund has resulted in nerdining said Games openmountly and forgetically incomputed) for the forfarmones of the asdinary manual oxocations of life. Laving statund his producing occasional nising heating and numing in the neageine of the majoring of the mine of the majoring of a staver & & subsender Typel - a distinct Moves & Subsended Tufene - Why a the med to the Manual of the Work of the Month of the Manual of the I have Certify that KV. Reguelos and J. D. Malow i Knownto me to be Regardable Blyriain of Said County Vo No watt Oram ony

County. T.

1. Yo Il Voom well Ordinary of said county, do certify that I am well acquainted with Frances F. Same applicant in the foregoing affidavit, and am well satisfied that the statements made by him in 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 Order any 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 1837 Vo.-16. Yearmet County

POWER OF ATTORNEY

STATE OF GEORGIA. Tullar

Know all men'by these presents. That I

Francis & Gann Golf Al fleains

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 States, as stated in the foregoing affidavit. Hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

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

Frances Fi Gara L.S.

Executed in the presence of us:

6K Genedishlet

STATE OF GEORGIA bobb County

PERSONALLY appears France & Same of Cobb	county.
State of Georgia, who, being duly sworn, says on oath that he is a hona fide citizen and residen	t of said
State, and has been such since the 10 - day of Curante 1834:	that he
enlisted in the military service of the Confederate States (or of the State of Surraw)
during the war between the States, and served as a hiertenant in Company	& , of
th Regiment of State Volunteers Stavall 's Briga	de; that
whilst engaged in such military service, at the battle of Cultanta	, in
the State of Iseorgia on the 22 day of July 1864.	he was
wounded as follows: by a Yun Shat Wound in the inner	doat
locality as the legt-lig- Tout from the again	T-
of Which deponent is premomenty disabled	To.
payor manual taba-	

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

Sworn to and subscribed before me, this the

Francis For Jann

' COMMISSIONED OFFICER'S AFFIDAVIT

STATE OF GEORGIA. County.

Personally came before me				
r and tame 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 rec	eived the wounds
(or contracted the disease) in the militar	ry service, as	stated in his fo	regoing affidavit,	and that wounds
(or disease) permanently disables the sa	iđ		, as sta	ted by him in said
affidavit. Deponent further states that	said			is a bona fide
citizen of this State, and resides in		c	ounty.	
Sworn to and subscribed before me, this		day of		- 00

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.	1
Colle County)	
PERSONALLY CAME William D. Bulger J. P. Bowis	
and ay. Hours	
citizens of Cobba county, in said State,	
who, being duly sworn, say that they are acquainted with France St. Law.	
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 Cobbo County, and we are well satisfied that all the state-	
ments in his affidavit are true.	1 '
Sworn to and subscribed before me, this 19 day of Neer 1887 Your Recurrent Walls Brille S.S. Volume Recurrent Walls Brille S.S. Volume Recurrent Walls Brille S.S.	
STATE OF GEORGIA, County.	4
PRINONALLY comes before me & M. Mocumust Ordinary of said county,	
BV. Reguestale and It It hole both known to	
me as reputable physicians of said County, who, being severally sworn, say on oath that they have	1
carefully examined Francis F. Ggun and after such examination says that the	
applicant has been injured as follows: Gunshot Would in the	1
Effects of which are conciden him formaments sientled to perform manual lotor	
Sworn to and subscribed before me, this HVReynolds W.D.	1
19 day of her 1887	
V6 26 46 commett	

Maimed Soldiers.

Woucher No. 1913

Amount & G

Pard to Muller Finer.

For Guerral Scrabelf

But by mercus

Marrons No.

1889

Included in Warrons No.

1889

WARRANT CLEMK

W. J. Compbell, Mate Printer, Constitution Job collect

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

ORDINARY

GK Genobishlet

STATE OF GEORGIA. bobb County

PERSONALLY appears France I Dames 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 Curante enlisted in the military service of the Confederate States (or of the State of Surviva during the war between the States, and served as a hiertenant in Com, any & , of 18th Regiment of State Volunteers Storall whilst engaged in such military service, at the battle of Cutoute the State of Iseorgia . on the 22 day of July wounded as follows by a gun shot wound in the inimideat locality agther legi-ling- Tout from the exects of Which deponent is fernamenty disabled to pegan manual labor-

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

Sworn to and subscribed before me, this the

Francis For Mann 19 day of he Yb. No. Noam wett tray

NOTE State fully rature of wound or character of disease which causes the disability, and orfion perbodically the extent

' COMMISSIONED OFFICER'S AFFIDAVIT.

STATE OF GEORGIA.

County.

Personally came before me

of the county

State of Georgia, who, being duly sworn, says that he was a commissioned officer in Company 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

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. 120 B

STATE OF GEORGIA.

Allanta, Ga March ~ 1889

Mr. Francis F: Jann

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

yearel disability from bory mind

He is entitled to receive the sum of the ear ending October 24, 1889. for such disability, the same being the alloward

The Treasurer will pay the same and half he tolk on this Quehey and return same to

M. N Hanisa

Executive Department for warrant.

CLERK EXECUTIVE DEPARTMENT.

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

per above voucher, this

Trais & Gassa

Dollars

PPUGATION FOR ALLIGNAMICE

Amount State of Warrant Miles of Manner of Manner

STATE OF GEORGIA,

State of Georgia, whis being duly sword, says on oath that he is a bona fide citizen and resident of said State, and has been such continuously since the day of the said State, and has been such continuously since the day of day of the said State, and has been such continuously since the day of the said served as a discount of the said served as a discount of the said of the

allowance to which he is entitled for the year ending Oct. 26, 1889.

Sworn to and subscribed before me, this

Sworn to and subscribed before me, this the Hay of Mchy 1889 Januarias Hy Gas-

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

STATE OF GEORGIA

Personance control of the late of the late

Sworn to and subscribed before me, this to the Hey molds his to the day of march 1889 sinder Wa love for A

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 GLORGIA. STATE OF GEORG 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 Millian 1884 POWER OF ATTORNEY. STATE OF GEORGIA. - 6. Al county, in said State, do hereby appoint

of Hereby appoint my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid. In witness whereof have hereunto set my hand and seal, this Isanio & farm (L.S.) Executed in the presence of us: DIRECTION: Send money to me as follows, by

County, Georgia.

MOTES

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

2. The law makes no allowance for an arm or leg, unless the arm or leg has been 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, if would seem to be a fair construction of the

Act, and the world 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 of the proofs multiple made to show the

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

6. If papers are returned for correction, and ameriaments are stated to any of the affidavits, the amendments must be made under, but before an officed and the proofs must show that the amendments have been duly short to.

7. Every application must be certified by the Ordinary of the country of the residence

of the applicant. The certificate of any other

Ordinary of said county, do certify that I am well acquainted with o Flo ancis H. Cam 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 whom the foregoing affidavits were made and power of attorney was signed, is a of said county, and the said affidavits and signatures thereto are genuine. Given under my official signature and seal, this 10 day of Chric 189 0

County.

signatures thereto are genuine. Given under my official signature and seal, this 20 day of Meh. 1891.

Ordinary County. pplication for

do certify that I am well acquainted with The Garage

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

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

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

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

of said County, and the said affidavits and

STATE OF GEORGIA

I further certify that

before

APPLICATION FOR ALLOWANCE

For Applicants Heretofore Allowed Pensions.

County.

PERBONALLY appears Facility of State of Georgia, who, being duly aworn, says on oath that he is a bona fide citizen and resident of said State, and has been such continually since the day of the County.

Additional of the State of the State of the Content of the Content of the State of the Stat

of Jan. Wolunteers & the Tophe Store W's Brigade; that whilst engaged

in such military service at the battle of Motor les in the State of & exercise on the 20 day of Jeel 1869, he was wounded as follows: by Lein that in the secult of the thing join to the state throughout affect by time of the same of the state that the same property of the state throughout the same of the

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

Swan to and subscribed before me this the francis & Garner 10 day of Affing 1890

Note: State title parce of a count or charges of Junga hick causes the deaddity, and explose posterilarly, the extent

POWER OF ATTORNEY.

STATE OF GEORGIA,

Know all Men by these Presents, That I. A H

county, in said State, do hereby appoint A. Pycach

of my true and lawful attorney in fact, for me and in my unane, 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 affiavit; hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason

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

day of April 1890
Executed in the presence of us:

Il Home Orday

Send money to me as follows, by

nty Georgia

P. O.

County, Georgia.

For Applicants Heretofore Allowed Pensions.

	County
	PERSONALLY Appears \$ 9 Jac 11 12 of Colle
	County, State of Georgia, who, being duly aworn, 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 10 1824; that he enlisted in the military service of the Con-
	federate States (or of the State of Lunguet) during the war between the
	States and served as a 2 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
	States, and served as a Loud Linternal in Company L., of Let the Regiment
	of Jeongia Volunteers Milhout Street 's Brigade; that whilst engaged
	in such military service at the battle of Allenta in the State
	of Secretary on the 2d day of Leely 1864, he was
	wounded as follows to heiry the time the soulity of the stiff forsit the sall we
,"	C COME BLAND SO ON ACOUNT IN MAN WILL TO ME CONTROL OF THE TAIL OF
11 c	THE MENTILLE ALORS IN CALLED A THE
4	dend nevering lepty one to have months up to murch 11 f. in 1876 to fall
	THE ME MADE ALOUS THERE HAVE AND THE WHOLE COULD IN CO. ALL TO W
	Deponent desires to participate in the benefits of the Act, approved October 24, 1887,
	the year chang October 26, 1891. I have heretofore been allowed a pension of
	hundred dollars, for Total dies belit
	Sworn to and subscribed before me, this, the
	20 day of March 1801
	IM Stores Cond
	North State fully nature of wound or character of disease which cause the disability and order
	Norsh-State fully nature of wound or character of disease which cause the disability, and esplain particularly the extent of the disability, resulting from the wound or disease.
	POWER OF ATTORNEY.
	STATE OF GEORGIA,
	- Late County.)
	Know all Men by these Presents, That 1, F & Lunga
9	County, State of Georgia, do hereby appoint
	1 Shewing
•	of Feel ton my true and lawful attorney in fact, for
	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 of the confederate S
- 1	my said attorney to receipt in my name for any Warrant that may be issued by the Cover
	nor, 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
	day of Communication of the last this
	Executed in the presence of us:
	and the presence of the
-	7.2. Power
	This A. henra
_	DIRECTION.
	Send money to me as follows, by
-	toP. O.

		1									
\mathbf{ST}	ATE		EOR	GIA	.						
	-100	00	(1)	Topp	ty.	-					
I,			. >	M		lon	1		Ordinary	of said	count
do cert	tify that I	am wel	l acquain	ted wit	h	4	XI.	Va	211		ti
							ed that	the states	nents mad		
said aff	idavit are	true, a	nd that	le is di	isabled.	to the	extent	he claim	s, and I	know he	n in i
individu	al he rep	esents l	nimself to	be, an	d that	he resid	les in th	na county	1/	Allow III	. 19
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3	100	Q	DING	2.	0	70.	0	1	AR	E.	3 8
11. 0	IER'S	10 00 00	EN.	2.5	V	1	8	5//	W. H. HARRISON	LAGENT	8.8
್ಲಿಕ್ಷ	H	П	EAR	1.,	\checkmark	10	1	200	T. (6.1	Barrie ,
5	DI		HEY	2		, 6	**	83	= 1	n.	0
Thought.	\equiv		FOR THE YEAR ENDING OCTOBER 36, 188	2	nty	擅	vint,	5 /2	1	4	8
3	SC		ž	Name	County	Disa	Amount, \$	Entered on record	II		
					•	_	,	_	- 1		

STATE OF GEORGIA. come Come Organia Know all Men by these Presents, That I County, State of Georgia, do hereby appoint Charlet my crue and lawful attorney in fact, for me and in my hatne, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of the injury needlyed as aforemed in, the military nextyles of the Confederate States (or of this State), as stated in the foregoing attituding any smill atterney to receipt in my name foreign my arrant that may be based by the Governor, or for any sum of money which may be consider to make the reason aforesaid.

WHINES WHEREOF, I have hereunto set my hand and seal, thisCounty, State of Georgia, do harmesents himself to be, the Ket he reside in the ounty Send money to me as follows, by STATE OF GEORGIA, or el marter of memor may comme the year miling Oc the accountendatory yel oneu ner STATE OF GEORGIA. For Applicants Heretofore Allowed Pensions.

	Y. C.
For Applicants Heretofore Allowed Pensions.	
STATE OF GEORGIA	
left County.	
Personally appears # # Ullill	
of County, State of Georgia, who, being duly sworn, says	
on oath that he is a bona fide citizen and resident of Georgia, and has been such continuously since the Level field day of Negaust 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 2. Licelland in Company	
of // th Regiment of Yangara Volunteers 1/4/ / Hank	
Brigade; that whilst engaged in such military service at the battle of Attuato	
CAV OI	2
will had no londer	- /
in the ter sure is was ever where find and a track from chefore me a cody La or a last come codin at the ar seon day may be to know	
to odly Latora I rat um contin det his de to score dat miller he tounk	1000
be within the me a men of I have to the deal outlinearly position to dear naise	H.
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the acts amendatory thereof and makes application for the allegance and the acts amendatory thereof and makes application for the allegance and the acts amendatory thereof and makes application for the allegance and the acts amendatory thereof and makes application for the allegance and the acts amendatory thereof and makes application for the allegance and the acts amendatory thereof and makes application for the acts and the acts amendatory thereof and makes application for the acts and the acts and the acts are all the acts are all the acts and the acts are all the acts and the acts are all the acts and the acts are all the acts are all the acts are all the acts and the acts are all the acts are all the acts are all the acts and the acts are all th	1.7
The year chang october 20, 1092. I have herefoldre been allowed a pension of	2. 7
Sweet to and subscribed before Dollars for Dand Drombelly	3 5
Sworn to and subscribed before me this the	3.5
1892.)	2 8
Notes State of the disability nature of wound or character of disease which causes the disability, and explain particularly the agreement of the disability.	077
	. 2
STATE OF GEORGIA,	^ ,
Know all Men by these Presents, That I,	20
	3 2
County, in said State, do hereby appoint	2/12
at Francis County	- 2
from the State of Georgia la man receipt for whatever amount of money I may be entitled to ~	₹, 24
my said attorney to receipt in my same for a stated in the foregoing amdavit; hereby authorizing	×
or for any sum of money which may be coming to me for the reason aforesaid.	7 3
The state of the second of the	2 2
Executed in the presence of us.	25 %
Executed in the presence of us:	7:
Mo At En	3 2
Me von Chury	20 2
DIRECTION.	250
Send money to me as follows, by	*E
P. O.	73
County, Georgia.	5-7

For Applicants Heretofore Allowed Pensions.

	STATE OFIGEORGIA,
	PREMONALLY appears H. H. Laun of Loolet
	County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and
al.	resident of said State, and has resided therein continuously ever since the 1944 they
	day of August 1834; that he enlisted in the military service of the Con-
	federate States (or of the State of Silvering) during the war between the
1.3	States, and served as a Second Suntingut in Company &, of first th Regiment
	of Volunteers At Miller Storal Brigade; that whilst engaged in
	such military service at the battle of Alanda in the State
	of the day of the was
al in	wounded as followed by being that in the do of the left de front the Bell so
agrico to	
then I'l	1. I the light of the thing of the things
or lising	The king a raning line but the month up to march 1881 in 1876 the
was cut	and about the left deg is wary work and the whole Sustain is effected by we
Till the	be of time that Deferent is seniable to ferform any I ranual lover enany
: L	Deponent desires to praticipate in the benefits of the Act, approved October 24th 1887 and
	the acts amendatory thereof, and makes application for the allowance to which he is entitled for
	the year ending October 26, 1893. I have heretofore been allowed a pension of
	Sworn to and subscribed before me, this, the)
	Handay of Africe 1893.
	(1093.)
	Jan Store Continue
	Norz - State fully nature of wound or character ordinant with dance the disability, and enplain particularly the extent of the disability, resulting from the wound or disease.
	STATE-OF GEORGIA,)
	County
	7 7
	do certify that I am well acquainted with the
	applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his
	said affidavit are true, and that he is disabled, to the extent he claims, and I know he is the in-
	dividual he represents himself to be, and that he resides in this County.
	I further certify that
	before whom the foregoing affidavitative restriction and power of attorney was signed, is a
	signatures thereto are genuine.
	The state of the s
	Given under my official signature and seal, this day of Africa 1893.
	Ningal Men by these Presents The Antonio
	Ordinary County
	STATE OF GEORGIA.
	CTATE OF CEORG 4.3
Colonia.	DOWERIOF ALTORNEY

POWER OF ATTORNEY. POWER OF ATTORNEY. STATE OF GEORGIA. STATE OF GEORGIA, Coob KNOW ALL MEN BY THESE PRESENTS, That I, F F Hann my true and lawful attorney in fact, for 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 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 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 States (or of this State), as stated in the foregoing affidavit; hereby authorizing my said Attorin my name for any Warrrant that may be issued by the Governor, or for any sum of money which may ney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money be coming to me for the reason aforesaid. which may be coming to me for the reason aforesaid. IN WITNESS WHEREOF, I have becount set my hand and seal, this IN WITNESS WI EREOF, I have bereunto set my hand and seal, this. nol. F. F. Jam day of J. J. Galle [1. 8.] Executed in the presence of us Clear to Gara RECTIONS. DIRECTIONS Send money to me as follows, by Send money to me as follows, by _ to P.O. P. O. County, Georgia. County, Georgia. DIER'S PENSIO Those Already Enrolled. 503 Soldier's

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA.	
LOOU County.	
PERSONALLY appears FIFT Form of Cool	
County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citize	n
and resident of said State, and has resided therein continuously ever since the 10 th	
day of Vigues 1834; that he enlisted in the military service of the Cor	
federate States (or of the State of 100) 100) during the war between the	
States, and served as a 2 " for formal in Company &, of I th Regimen	it
of Y. A. in Volunteers Mali Dee L. Mein Uk Brigade; that whilst engaged i	
such military service at the battle of Al Coules in the Stat	
wounded as follows: It to be great in the becaute of the the think is in the	an .
wounded as tollows: It be worther in the beauty of a gray of the first	1. 1/60062
12 1 . To formal has been comprine to his head I form they wish	Suchen
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read at a bearing it is could be modera to more 1859 bots 16 160	
Link Sur work woods down to down is a con byweakness	Por The
It a Will about a some to marker any Manual interior	
Deponent desires to participate in the behefits of the Act, approved October 24th, 188	7,
and the acts amendatory thereof, and makes application for the allowance to which he	
entitled for the year anding October 20, 1804. I have heretofore been allowed a pension	of 30 2
dollars, for the year 180 3	~ =
Swarm to and subscribed before me, this, the	
thy of 1894.	3.35
The Stone Premy	7. 2
Note State fully the nature of wound or character of disease which causes the disability, and explain particularly the exte	nt 3,2
of the disability, resulting from the wound or disease	1,7
	3 3
STATE OF GEORGIA,	2 2
Cover [county.]	25
I De De Drdinary of said Count	7.2
-1.7.4	he of
applicant in the foregoing affidavit, and am well satisfied that the statements made by hi	4 ~
in his said affidavit are true, and I know he is the individual he represents himself to	
and that he resides in this County.	₹ ~
Given under my official signature and seal, this	- Ita
day of Male (894.)	2/8
Ani	7.5
pai per	- 2/2
Adinary Colo Coun	1v 22
out of the state o	3/2
e ^{go}	50

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, County. Personally appears H. F. Sann of Loobs
County, 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 during the said State, and has resided therein continuously ever since the fitted and the distance of the Confederate States for of the State of factor during the war between the States, and served as a language for Company Good of the Regiment of the Volunteers, the war in Company Good of the Regiment such military service at the battle of the said day of factor with the state of the said day of factor the said for the
Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26th, 1895. I have heretofore been allowed a pension of 100. dollars, for the year 189 4. Sworn to and subscribed before me, this, the 1895. Sworn to and subscribed before me, this, the 1895. Note—State fully the nature of round or characters of the disability, and explain particularly the axient of the disability, resulting from the wound or disease.
STATE OF GEORGIA, County. I. County. Ordinary of said County, do certify that I am well acquainted with F. Four the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 Mounty Story Ordinary County.

POWER OF ATTORNEY. POWER OF ATTORNEY. to receive and receipt for the pension paid hereon and request that he remit same to to receive and receipt for the pension paid hereon and request that he remit same to IN WITNESS WHERBOF, I have hereunto set my hand and seal, this 7 7 Jann Executed in presence of us Executed in presence of SOLDIER'S PENSION SOLDIER'S PENSIO RICHARD JOHNSON, INVALID RICHARD JOHNSON, 1896. No. W

For Applicants Heretofore Allowed Pensions.

1.	
STATE OF GEORGIA,	
Cook County	
personally appears of A Hann of John	
County, 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 Usefus 1824 that he enlisted in the military service of the Confederate States (or of the State of)	
States, and served as a clienty. in Company o, of th Regiment	
of Volunteers, Swapel 's Brigade; that whilst engaged	
in such dilitary service in the State of Ja., on the day	
of 1804, he was wounded, injured or diseased as follows:	
of the the termination of the state of	
of the refer hip sourt, in vally une	
The things of the total	2
mit till 1876 - On Paget of Ania	-
lovered de bout is notable to dor am	
derok - part of the Time not able to look	
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 deretofore as a resident of	
county been allowed a pension of	
Sworn to and subscribed before me, this, the	
Sworn to and subscribed before me, this, the	
Me Strue Dree	
Nora dead fully the nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease.	
of the dissourcy, reculting from the wound or disease.	
STATE OF GEORGIA,	
County.	
A Codingon of said County	
do certify that I am well acquainted with He Hann the	
applicant in the foregoing affidavit, and am well satisfied that the statements made by him	
in his said affidavit are true, and I know he is the individual he represents himself to be	
and that he resides in this County.	
Given under my official signature and seal, this	
and of	
Ani Some	
Ordinary County.	

For Applicants Heretofore Allowed Pensions.

Gounty.
Dersonally appears Hof famos
County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen
and resident said State, and has resided therein continuously ever since the
day of Cleignst 1832/that he enlisted in the military service of the Con-
federate States (or of the State of A) during the war between the
States, and served as a a full a company to, of the Regiment
of Ju Strongers, Grovall's Brigade; that whilst engaged
in such military, service in the State of Ja, on the Laday
of 1864, he was wounded, injured or diseased of follows:
1. Dy gunshot striking the
Lett mp wint The vall range up, when
and been to imbraded in the hip
that it swas never taken out
tol 1876 whenh and on
agant it which labelia to
is totall directed to do anoth
in the war of work to
Deponent desires to participate in the benefits of the Act, approved October 24th, 1887
and the acts amendatory thereof, and makes application for the pension to which he is
entitled for the year ending October 26th, 1897. I have heretofore under said law as a
resident of county been allowed an invalid pension of D. Dollars, for the year 189
Sworn to and subscribed before me, this, the
day of 1897. POST OFFICE Mcoleton
Stone On
Norse Blate 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,
Lobb County.
Al Stone
I, Ordinary of said County,
do certify that I am well acquainted with the applicant in the foregoing affidavit, and am well satisfied that the statements made by him
in his said affidavit are true, and I know he is the individual he represents himself to be
and that he resides in this County.
Given under my official signature and seal, this
day of Mah 1897.
17. 1 X
Affix Four
(Line)
Ordinary County.

	FUWE	K OF ALL	ORNE I.	1
I, to receive and	DEORGIA, County To C	of sion paid hereon by	Cobb	Comin Coya. ne remit same to
IN WITH	NESS WHEREOF	_1898.	Fr. Garen	
(For Thoss Aiready Enrolled.)	SOLDIER'S PENSION.	Name H. Lann County Coll. Disability Total disability	Amount, \$ \(\text{OO} \), \$\frac{3}{2} \text{3} 1898. RICHARD JOHNSON, Communication of Fraction.	WARRANT HANDED TO R. L. LANDED TO THE R. LANDED TO THE R. LANDED TO THE R. L. LANDED TO THE R. LANDED TO THE R. L. LANDED TO THE R. LANDE

POWER OF ATTORNEY,
STATE OF GEORGIA, I. It I Have hereby suphorize M. Slove of Moretta U.S.
to receive and receipt for the pension paid hereon and request that he remit same to
me by nesse
at
IN WITNESS WHEREOF, I have hereunto set my hand and seal, this
day of Hilly 1899.
Executed in presence of

Name H. H. Asum

1899.

Disability Hounds

Аточит, \$ 190.

RICHARD JOHNSON,

SOLDIER'S PENSION. 40/16.0N INVALID

For Applicants Heretofore Allowed Pensions.

1 Approaches (torocororo infocutod i offstoffs.
STATE OF GEORGIA,
County.
personally appears H. H. Jann of Color
County, State of Georgia, who being duly sworn, says on oath that he is a tona 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 Con-
federate States for of the State of) during the war between the
States, and served as a dieut in Companyo, of the Regiment
of Ma. July volunteers, Stryall's Brigade; that whilst engaged
in such military service in the State of A., on the 22 day
of 1864, he was wounded, injured or diseased as follows:
that he was that it to be
dil surei di la
the tright upmont in said hip
that it was never taken out fill
my year 18 16. From and on
account of baid wound applicant is
totally presabled - Confined for the
Most part to his sooner.
Deponent desires to participate in the benefits of the Act, approved October 24th, 1887,
and the acts amendatory thereof, and makes application for the pension to which he is
entitled for the year ending october 26th, 1898. I have heretofore under said law as a
resident of county been allowed an invalid pension of
Dollars, for the year 189 .
Sworn to and subscribed before me, this, the) 27
day of Man 1898. POST-OFFICE Mableton &
1000. POST-OFFICE MALLELON Ga
Me Some Only
Nove-that fully the nature of wound or character of disease which causes the disability, and exploin particularly the extent of the disability, resulting from the wound or disease.
STATE OF GEORGIA.
(County.)
I, Ordinary of said County,
do certify that I am well acquainted with
applicant in the foregoing affidavit, and am well satisfied that the statements made by him
in his said affidavit are true, and I know he is the individual he represents himself to be
and that he resides in this County.
Given undar my official signature and seal, this
day of Man. 1808.
(AMI)
(mal ber.)
Ordinary. Coll County.
County.

For Applicants Heretofore Allowed Pensions.

tor utherroduce from occasions united of the stone.
STATE OF GEORGIA,
County.
personally appears F. J. Lauw of Cobb
County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen
and resident of said State, and has resided therein continuously ever since the
day of 1834; that he enlisted in the military service of the Con-
federate States (or of the State of) during the war between the
States, and served as a secut in Company , of th Regiment
of Monte and Systes Brigade; that whilst engaged
in such ditary service in the State of , on the day
of July 3864, he was woulded, injured or diseased as follows:
of grander tomber
my my on all
The state of the s
to and totally digitled
to the way maked taken
Description of the state of the
Deponent makes application for the pension to which he is entitled for the year ending October 20th, 1899. I have heretofore under said law as a resident of
ing October 26th, 1899. I have heretofore under said law as a resident of County been allowed an invalid pension of
Dollars, for the year 189 8
Sworn to and subscribed before me, this, the A. A. Canal Joseph Company of 1890. Post Office Mableton
Sy Standard of
Jac Production
Note State fully the nature of wound or character different which causes the disability, and explain particularly the
STATE OF GEORGIA,
County.
1. Questanie
do certhy that I am well acquainted with Tr. Sauce the
do certain that I am well acquainted with the

in his said affidavit are true, and I know 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 Grdinary County.

POWER OF ATTORNEY.

STATE OF GEORGIA,
County.
1. It. If Mace hereby authorize f. M. Istoice of Marketta, Sa.
of Marletta, ega.
to receive and receipt for the pension paid hereon and request that he remit same to
by live
as Marietta
IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 2/4
day of March 1900.
day of Whaten 1900. It. J. Jaim [L. 8]
Executed in presence of
I. J. Samby
<i>(</i>

SOLDIER'S PENSION

INVALID

(For Those Already Enrolled.) No. 3436

ann.

POWER OF ATTORNEY. WHEREOF, I have hereunto set my hand and seal this Fit Gann [L. S.] Executed in presence of SOLDIER'S PENSION (For Those Already Enrolled.) DISABLED 1901.

Name of the Sa

JOHN W. LINDSEY, WARRANT HANDED TO 1900.

FOR Applicants Heretofore Allowed Pensions.	
STATE OF GEORGIA. CO. B. 4th Regt Sa State As	1
- Calle county	
County /	
personally appears. H. H. Gille of Lobb	
County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen	
and resident of said State and County, and has resided therein continuously ever since the	
day of Neigerst 1834; that he enlisted in the military service of	
the Confederate States (or of the State of) during the war be-	
tween the States, and served as a forward in Company 6, of the	
Regiment of Law, State Transfer Stovall's Brigade; that whilst	
engaged in such military service in the State of QQ., on the 22mg	
, he was wounded, injured or diseased as follows:	
By guishot striking in the left	
hefe - on account of which would	
afifilicant is rendered totally	
disabled to do any manual	
labor.	
The state of the s	
Deponent makes application for the pension to which he is entitled for the year	
ending October 26th 1900. I have heretofore under said law as a resident of	
County been allowed an invalid pension of	
Dollars, for the year 1899	
Sworp o and subscribed before me, this, the 1 H, H, Sauce	
day, of 1900.) POST OFFICE	
My Zini a	
Note "Slate fully the nature of wound or character of disease which causes the disability, and explain porticularly the	
tint of the disability resulting from the wound or disease.	
STATE OF GEORGIA,	
Cobb County.	
I. J. U. Stoul of Ordinary of said County	
to certify that I am well a series I am	
applicant in the foregoing affidavit, and am well satisfied that the statements made by him	
in his said affidavit are true, and I know he is the individual he represents himself to be	
and that he resides in this County.	
Given under my official signature and seal, this	
Amir day of 1990.	
your died the	
- Come	
Ordinary Cool O. County.	

For Applicants Heretofore Allowed Pensions.
OF Apprioduces perfectione Allowed February
STATE OF GEORGIA,
Cobb County.
Personally appears FF Game of Boff
County, 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 Ungust 18.34; that he collisted in the military service of the Con-
federate States (of of the State of
of Ga Stale Irradianteers Sharelle 's Bringle about the Regiment
of ba State Stronger Shralls s Brigade; that whilst engaged in such military service in the State of Ja , on the 2 day
of 186 4, he was wounded, injured or diseased as follows:
By Gun Shot striking in left
hip on adarm of which wound
applicant is scholered totally disabled
or do any manual labor
4
The second of th
Deponent makes application for the pension to which he is entitled for year end-
ing October 26th, 1901. I have heretofore under said law as a resident of County been allowed an invalid pension of
Dollars, for the year 1900.
Sworn to and subscribed before me, this the J. J. Lasen
gay of January 1901. Postoffice
John Awthey
Norg.—State fully the nature of the woundor character of disease which causes the disability, and expluin particularly the extent of the disability resulting from the wound or disease.
STATE OF GEORGIA.
County.
I, John Awbrey Ordinary of said County,
do certify that I am well acquinted with H. A. Sanue the
applicant in the foregoing affidavit, and am well satisfied that the statements made by him
in his said affidavit are true, and I know 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 1901
John Howbug
Ordinary County.
The state of the s

POWER OF ATTORNEY. STATE OF GEORGIA, County. I hereby authorize 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 for 1902. Executed in presence of

	and receipt for the	pension	paid hereon as	nd request	hat he rem
at					
IN WI	TNESS WHERE	OF, I hav	ve hereunto set	my hand an	d seal this_
day of		1903.	4 4	R	
			F.F.	Las	me
	ed in presence of				
MIL	Lann	Name to the state of the state	-		
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ŝ	%	,		1908.	11984
OLLED.)	NOIS	,		1908.	Y,
ENROLLED.)	EDENSION	*	at the	1308.	DSEY, mitebour of Pombies
ADV EMPOLLED.)	PENSION	93.	tr. C. Siment Why.	13 3 1908.	LINDSBY, commissions of Presses.
CODE SECTION 100. FOR THOSE ALREADY ENROLLED.)	DISABLED IER'S PENSION		Menry L Regiment The	(2, 3, 1908.	W. LINDSBY, Commissions of Presions

The second second by the second second second

POWER OF ATTORNEY.

STATE OF BORGIA

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

FOR APPLICANTS HERETOFORE ALLOY

STATE OF GEO	ORGIA,
Ciff	Coun

Personally appears & H Jann County, State of Georgia, who being duly sworn, says on oath that he is a bone fide citizen

and resident of said State, and has resided therein continuously ever since the day of Clit great __ 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 Frentementin Company & , of 1th Regiment of Ga State Fresh Volunteers, Ilvally 's Brigade; that whilst engaged

in such military service in the State of 59 , on the 22 mday

of filey and the state of the property of the file of the was wounded, injured or diseased as follows:

The hip ort the covered of which termine the property of which termine the property of the country diseased to the country in a country to the c

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

Sworn to and subscribed before me, this the day of face 1902. Post-of 1902. Post-office Trabliting bg

STATE OF GEORGIA. Caff County.

Affix your seal here

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

Given under my official signature and seal, this

COLOR OF ATTORNEY

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORG	HA, Count	.		0.4.
Personally appears	4 1	auce	of	with
County, State of Georgia, who be and resident of said State, and he	as resided	therein conti	nuonaly ave	e since the
day of mount 18	34; the	t he enlisted	in the milits	ry service of the Co
federate States (or of the State of	f) durin	or the man hat
States, and served as a Single Voluntee	rs, Ilu	In Comp	oany <u>CC</u> , 's Brigade	of th Regime
in such military service in the St	_, he wa	s wounded, in	jured or dis	eased as follows:
Til sendered total	ita	which	4rouse D	Maline
manual labor	7	n		- any
Deponent makes application	for the	pension to w	hich he is	entitled for the yes
ending October 20th, 1903. I	nave he	retofore, uno	ler said lav	w, as a resident of
\$ 150	-	County, b Dollars, for tl	een allowed	an invalid pension

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

STATE OF GEORGIA.

Ordinary of said County, do certify that I am well acquainted with 7 7 Facu the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County.

Given under my official signature and seal, this.

bere your your

Ordinary.

1903. Post-office Madhen

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

POWER OF ATTORNEY.

STATE OF GEORGIA,	COUNTY.		
John Froling	of		hereby authorize
to receive and receipt for the	pension paid hereon, and re	equest that	he remit same to
0 -	ve hereunto set my hand and s		18
Executed in promper of		run	[L. B.]
,	•		
NSION		1904	er of Pensions TO
(FOR THOSE ALREADY EMPOLLED.) No. 3 - C DISABLED OLDIER'S PENSIO	Regiment.	AN 25 A	ANDED Truster
THOSE A NO DIS JURER	Name A M. Name County Co. Disability A M. O.	JAN 25	WARRANT H
S	Name County Co. Disability		1 1

POWER OF ATTORNEY.

	STATE OF	GEORGIA. Awher	COUNTY.	_of_		_here	eby authorize
1	to receive a	nd receipt for the	pension pa	id hereon	, and request	that he	remit same to
•	7	2.		_by			y y - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
	at.	, H	*				
		RESS WHEREOF, I	have hereun	to set my	hand and se	al, this.	21
	day of	com.	1905.				
ı	day of		1000	1	7.7. Ga	my	_[L. s.]
	P. Exec	ented in the prese	ence of			,	
	// 7.	Jann					
	1	- week					
1							
-	Nation of the second	order or the contract of the second	en i como contratar	one and high street	Scanner could proceed		
James, 27 7	(FOR THOSE ALREADY EMROLLED.)	SOLDIER'S PENSION	1905.	County CALL. Co. L. Regiment //2/	Disability. Amount, \$100.00 JAN 33 1905.	JOHN W. LINDSEY, Commissioner of Persions.	WARRANT HANDED TO

no data

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
County.
Personally appears & Samme of Level.
County, 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 Hu day of curg. 1834; that he enlisted in the military service of the Con-
federate States (Fof the State of Level in Company & of Oth Regiment
of Star Stall hor paneers Swood 15 's Brigade: that whilst annual
in such military service in the State of Sa., on the 22 - day
of Luly. 186.4, he was wounded, injured or diseased as follows:
high for account of which wound
applicant is rendered totally
disabled o to any manufal
tabor. of
. ,

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

Sworn to and obscribed before the, this the day of the

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

County,

I,

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

Given under my official signature and seal, this

ay of 1904.
Opinary Count

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,
COUNTY.
Personally appears. F. F. Ganne is 8. Sh
County, State of Georgia, who, being duly sworn, says on oath that he is a bong fide citizen
and resident of said State, and has resided therein continuously ever since the
day of 1834; that he enlisted in the military service of the Con-
rederate States (or of the State of
States, and served as a himlerent in a
of La Slate From Volunteers Storell in Company 6, of / th Regiment of La Slate From Volunteers Storell is Brigade; that whilst engaged in such military service in the State of State of On the 2 day
in such military service in the State of day
of 1864, he was wounded, injured or diseased as follows:
July on account of Which to sund in the
of July By tun shot Striker in the left fallely disabled to do any Menual 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 County, been allowed an invalid pension of Dollars, for the year 1904.

Sworn to and substituted before me, this the flag formula of the wound or character of disease which causes the disability, and explain the wound or disease.

STATE OF GEORGIA, COUNTY.

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

Ordinary Coff

County.

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

POWER OF ATTORNEY.

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STATE	OF G	EORGIA,		}					
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KEM	VYV	rrey		0	f				
to receiv	e and	receipt for t	he pen			d reque	st that he	remit :	same to
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at	7							10	
L	WITNE	SS WHEREO	F, I hav	e hereunto	set my h	and and	seal, this	0	
day of	2	n.	1906.		4-	7 L	1-		
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THE PROMED BEARING

POWER OF ATTORNEY.

STATE OF GEORGE		}			
Johnson &	ann	.County. of		· ·	hereby author
to receive and receipt	for the per	nsion paid h	ereon, and re	equest that	he remit same
at		by			
In Witness When	REOF, I have	hereunto se	t my hand as	ıd seal, this	15-
day of Jany	190	77. 47.	2, Ju	211	
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FOR APPLICANTS !

JEORE ALLOWED PENSIONS

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS. State of Georgia, County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has resided therein continuously ever since the____ _18___; that he enlisted in the military service of the Con-) during the war between the federate States, (or of the State of_ States, and served as a Volunteers ___'s Brigade; that whilst engaged in such military service in the State of___ ______, he was wounded, injured or diseased as follows: Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1906. I have heretofore, under said law, as a resident of County, been allowed an invalid pension of Dollars, for the year 1905. Sworn to and subscribed before me, this the Post-Office Nork .- State fully the nature of the wound or character of disease which causes the disability, and explain attirly the extent of the disability resulting from the wound or disease State of Georgia. 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

Nors. - All roughers and affidaying multy bear date after January date, 1906.

your seal here e B. Ath Theyt Is state turpe and

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,	
County.)
Personally appears F. F. Gar	mi of Coll
County, State of Georgia, who, being duly swe	. 01
and resident of said State, and has resided the	
	enlisted in the military service of the Co
federate States (or of the State of	
States, and served as a	in Company , of The Regime
State Ivo P Volunteers	
in such military service in the State of	on thed
	was wounded, injured or diseased as follow
De Julul Dis	abilily from
Lady Evenne	
	7
	220
Sworn to and subscribed before me, this day of 190 Solution for the 190	1 4 4 1
Note.—State fully the nature of the wound or char particularly the extent of the disability resulting from the w	racter of disease which causes the disability, and expertound or disease.
State of Georgia,)
1//	}
County.)
1, John Holmy	Ordinary of said Coun
do certify that I am well acquainted with	J. F. Game
the applicant in the foregoing affidavit, and at	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
by him in his said affidavit are true, and I kno	
to be, and that he resides in this County.	A.
Given updar my official signat	ture and seal this/5-
day of January	1907.
	Jolen Aw fre
AM:	0.11
SOUTH MES CON	rdinary County. County.

Bann, J. F. Sobh Come Maimed Soldiers. 1891. Voucher No. 2/20. Maimed Soldiers. Voucher No. 2830 Part Shurers J. Samon Amount \$ 100 Paid to J. D', Sann rodolally sterablad For Sotully aid by by House. mich 21/ 1891. Included to searrant No. Included in warrant No. issued to vertiber issued to Treasurer. 1891. W. J. Campbell, State Printer, Constitution Job Office. WARRANT-CLERK W. J. Space

A. Kelpenin

EXECUTIVE DEPARTMENT. Allanta, Sa., V/h (1/ 1890.
Mr Frances J. Gann of the Country
the County of th
Department for an allowance under the Act approved October 24, 1887, as amended by Act,
pproved, Dec 24, 1888, and the same having been examined and allowed for Do lat Keonbelly Journal Concerd The is entitled to receive the sum of One Municipal Dollars
or 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
by the Governor. CANCEL ED GOVERNOR. GOVERNOR. CLERK EXECUTIVE DEPARTMENT.

atheil 1890.

F & Fann by his chiliting

\$100

RECEIVED OF STATE TREASURER, R. U. HARDEMAN

per above voucher, this

No. 2720

Mr. J. J. Gann 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 des by morrieds.
He is entitled to receive the hum of Oll Strudell & of Dollars for such disability, the same being the allowance due for the year ending October 24. 189:. The Treasurer will pay the same and hold his receipt on this voucher and return same to Executive Department for warrant. By the Governo SECV EXECUTIVE DEPARTMENT. Que Necedice & ochien per above voucher, this 94 of 3) 1arel

1891. No. 2834

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.

Allanta, Ba Moh DA 1891.

youngen for penson came before me HV. to of count Reynorth the on oath rays That he is a recorden authorized for no licing forgerane The worth he is acquointed with \$ 51 Gana o Cox Sestriel in coth event gengin Tia I said Gann is say sung from the effects a gun stat wound ing wicked by heing tat in The kef! Life (as This deformat is informe and retimes on the exday of ful 1864 in the Falls al toon () hat said & & gam is show the effect, a said shound rendered Saks tonkate und where unable to taken that the facts of his condition as at out in is apprealion son for ion on 191 " which his off dovit is other is man the "is of ident is made from person acquaintance on he last 14 years of Loning here his fine treing Physian for a good fost of faid line That said som when he goes mic that 10 th think 1540 out, our hour even is comfetted to casey some out Moderat and cane for hon = A Villywords MNO From to and Subscriber befor mithis 10 day of Elpie 1899 Un Stone Ordny

Buys . That I he is a negation of Machonges fractiony Pogein of Laid court That he is well acquainted with 47 game of soul county and has treated him as his thysian that said gum is suffering from the effect, of a gun shot mound in The left high which has effected his whole sigs teem to such an by teent that he has become is meat and convented from the conin in risings at intervele of on few months ofust and growing out of the effect of said thound that he has he come Totale unable to lakon in any monal Exercise wing a regel part of his time with Diwn get out of his norms inner to and who never hying S. V. Malow MD

All Stom

Grany.

Colf ecunt } f. D. Malone who on with

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GA. DEPT. OF ARCHIVES AND HISTORY

THRU

(PENSION APPLICATIONS OF CONFEDERATE SOLDIERS AND WIDOWS WHO APPLIED FROM GEORGIA)

Title CROWDER WILLIAM CO C 11th Regt Ga. Cav.

GANN, F. F. (RRANCIS)

Volume

COBB COUNTY

Number

186139- 2886 13**9-9**2

I CERTIFY I WAS THE OPERATOR WHO
PHOTOGRAPHED THIS FILM IN ATLANTA,
GEORGIA, August 31 1963

SIA, August 31 1962 IN ATLANIA,

15 X V

DATE

MANN FILM LABORATORIES

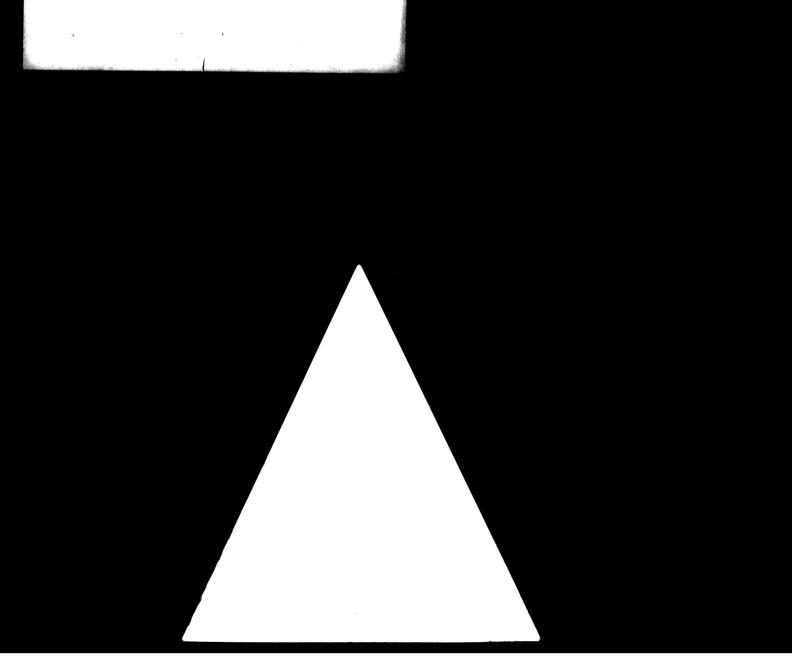
Application for Pension Due to a Deceased Pensioner

Under the Act of August 15, 1904.

To Be Paid to the Ordinary for Funeral Expenses and Expenses of Last Illness

GEORGIA, County.	ex etaleuna
Personally before me, the Ordinary of said County, comes It Leloy, unditake for	O. T. STHIBLING PRESIDENT BY THEADURCH
Receive moust g Ca of said County, who, after being sworn, on oath says that	ANAMA ALGAME
he knew Mangaret & To the of said County, and that he was on	The strong will by 2
the Pension Roll of Cole County at the	CONTRACTOR OF THE PARTY OF THE
time of his death, which occurred in Rocerce, Crac County, in this	
State, on the 22 nd day of Vaccory 1918 and that	
a Pension of Eighty 200 from Dollars was due biss and	6
unpaid at the time of his death. That he left no widow on dependent children curring him, and no	ORDER NO.
estate of any value sufficient to pay his funeral expenses, which amounted to the sum of //3 68	Ros
Dollars, as per sworn statement, itemized, hereto attached.	Sold to Clarker for me
Sworn to and subscribed before me	TERMS: INTEREST CHARGED ON ALL ACCOUNTS AFTER MATURITY
this 12 day of Fet. 1918, H. Le Rog	Que 33 / Cartit Plan at
Mushall EGroom Doding	0,
notary Enolic Coll County.	law for use of string
GEORGIA. Cobh County.	Pary Color of 19 min
Oyn li	Servin Round
1. Carry Ordinary of said County, do certify	Con Par & P.
that personally know T. L. Lakey , who is a resident	undertaken fortourselve and
citizen of said County, and that we is of a truthful and trustworthy character, entitled to full faith and	Suron Bays the abon and
gradit	in Carried
I also knew Miss Margarit Garten while in life; that he	demonst his and
was the same person whose name appears on the Williams Pension	The steel 12 100
Roll of County, and was paid a Pension	77710
Dollars in said County for 1912, and	Marshall E Froon
I now believe him to be dead.	Notary Rublic Coff Colsy
a Illand	- morary autore copt with
Given under my hand and official seal, this b day of Muricine 1918.	
Janey Ordinary,	
County.	

CC FOSTER. 6033



Ordinary's Certificate

COUNTY.

STATE OF GEORGI

No	
1 1 Jan 1820	
Confederate	
Soldier's Application Under Act 1910—As Amended by Act of 1919.	be certified
County Party	y such Ordinary
Name Company	17
Regiment Phellipp Rigins Con	
Approved	
J. W. LINDSEY, Commissioner of Pensions.	

ing affidavit and they are all truthful and trustworthy and their statements are entitled to full faith and service; that they are both residents of said county and were duly sworn by me before signing the foregoresides in said county. That I also know and official seal of office this RALLA Ordinary swed has Onlinary shall swear applicant and witnessen in the following words:

rec will true names on make to do do the questions saled you said the evidence
to help you God, "or make to come for the contract of the bank propose are immediately
from the Ordinary of the county in which the applicant or witness resides and -- County. pension is the person he represents himself to be and

the witness swearing to the Ordinary of said County, certify that I know ... the witness swearing to the 19/9

Nova Printing Co., State Printers, Atlanta.

10-30-1919

Ordinary's Certificate

8	TATE OF GEORGIA,	1		
-	Cold, con	UNTY.		
	1 0m Dann	Ordina	ry of said County, certi	ify that I know
- (1	applicant I If Fowler		erson he represents hir	
	//	han Take	erson ne represents mi	nacif to be an
	ddes in said county. That I also know		the witness	
Me	vice, that they are both residents of said con	unty and were duly	sworn by me before sign	ning the forego
ir	s affidavit and they are all truthful and tre	ustworthy and their	statements are entitled t	o full faith and
at	dit.	`		
	Sworn under my hand and official seal of of	fice this 2	y of Defet	19/9
~	IM Gann or	dinary)	,	,
(Caph o	tu }		
(2	EAL	ounty. J		
and the same of				

NOTES: 1. Indoor any questions are asswered the Ordinary shall swear applicant and witnesses in the following words:

to you do solimity haven that you will true asswers make to each of the questions asked you and the eridence
you give shall be the whole truth.

Additional affidavits may be attached if blank spaces are insufficient.

3. All affidavits must be made before the Ordinary of the county in which the applicant or witness resides and
must be certified by such Ordinary.

Application Confederate Soldier's

Application for Soldier's Pension Under Act 1910 Amended by Act -1919

Questions For Applicants to Answer

STATE OF GRORGIA COUNTY.
for the pension provided by Act of 1910, as smeanded by Act of 1919, to Confederate Holdiers, 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:
A What is your name and where do you reside! (Alive County and Post-office)
2. How long and since when have you been a continuous resident citizen of this State!
3. Did you enlist in the Army of the Cornedcrate States or in the organized militia of this State from
4. When, and where, and in what Company and Regiment did you enlist! (Give the arm and class of Service Delet 1862, so the Carrie Co. C. Chillippe & grown
5. How long did you remain in the actual military service with said Company and Regiments (Give date of discharge Meddid April 26 1860;
6. When and where was your Company and Regiment surrendered or discharged from the Service!
7. Were you actually present with your command when it was surrendered or discharged!
a. Where was your command when you left it! Mrsanskurrnigh H. C.
b. When did you leave the command Capril 26 -1865,
o. For what cause did you love theme on Description I love over
d. By whose authority did you convo! General Order
d. By whose authority did you heave Tantad 1 In what way 172 from
d. By whose authority did you leave granted? In what way for from long was your leave granted? In what way for from from from from from from from
d. By whose authority did you heave Tantad 1 In what way 172 from
d. By whose authority did you leave granted? In what way for from the form of
d. By whose authority did you leave granted? In what way? I feet. 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?
d. By whose authority did you heave! Accepted to the Por how long was your leave granted! In what ways? I find the Port of the Young the West of the Ways were you prevented! h. What effort did you make to return! i Were you esptured during the war! 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!
d. By whose authority did you heave! Accepted 1 In what way 1 2 Accepted 2 In what way 1 2 Accepted 2 In what way were you prevented 1 In what effort did you make to return 1 i Were you captured during the war! If so, when, and where! In what prison were you held and when were you released!

Questions for Witness as to Service

STATE OF GEORGIA.
and State and County is hereby presented
as a witness in support of the application of 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 resided the Tall,
Marilla Ol Ha Col Ha
2. How long and since when have you known the applicant!
3. Where does he now reside, and since when has he been a bona fide, continuing resident in this State,
and how do you know! Marulla La, ever Burse & French
hm
4. When, where and in what Company and Regiment did A. J. 1970 enlist during war from 1861 to 18651 (Give date and place.)
5. How did you obtain your information of this Service! I was a Turenty of
The Barne Re & Regument
6. How long within your own personal knowledge did be perform actual military service with this Company and Regiment! (Give date) best of Africa Ab 1765
7. When and where was his conymand surrendered or discharged (give date and place)
april 26-1966; Houndmongh Tail.
8. Were you personally present at the surrender! - 410
9. If not, where were you and how came you there! I was fresent
00,
00,
9. If not, where were you and how came you there! I was freehold
9. If not, where were you and how came you there! I was first the applicant personally present with his command at surrender! It not where was he and how came him there! It was the applicant to the applicant personally with his command. Where was his command.
10. Was the applicant personally present with his command at surrender? 11. If not where was he and how came him there! 12. When did hy joave his command? When he left it is become the command when he left it is become the command.
10. Was the applicant personally present with his command at surrender? 11. If not where was he and how came him there! 12. When did hydrave his command? When he left it to be a command w
10. Was the applicant personally present with his command at surrender? 11. If not where was he and how came him there! 12. When did hydrave his command? When he left it to be the command when he left it to
10. Was the applicant personally present with his command at surrender? 11. If not where was he and how came him there! 12. When did hydrave his command? When he left it to be a command w
10. Was the applicant personally present with his command at surrender! 11. If not where was he and how came him there! 12. When did hydrave his command! 13. When did hydrave his command! 14. When he left it is the second of the leave! 15. By whose sutherity did he leave! 16. And how long was he granted leave! 17. How do you know only have stated to be true! 18. How on which he leave and how long was he granted leave! 19. How do you know only how have stated to be true! 19. If your own knowledge, tell clearly and propositionly.
10. Was the applicant personally present with his command at surrender? 11. If not where was he and how came him there! 12. When did hydrove his command! When he left it to be a command when he left it to be successful to the command when he left it to be successful to the command when he left it to be successful to the command when he left it to be successful to the command when he left it to be successful to the command when he left it to be successful to the command when he command when he left it to be successful to the command when he command when he left it to be successful to the command when he command when he command when he left it to be successful to the command when he command to the command when he left it to be successful to the command when he command when he left it to be successful to the command when he command when he left it to be successful to the command when he command when he left it to be successful to the command when he command when he left it to be successful to the command when he command when he left it to be successful to the command when he command when he left it to be successful to the command when he command when he left it to be successful to the command when he left it to be successful to the command when he left it to be successful to the command when he left it to be successful to the command when he left it to be successful to the command when he left it to be successful to the command when he left it to be successful to the command when he left it to be successful to the command when he left it to be successful to the command when he left it to be successful to the command when he left it to be successful to the command when he left it to be successful to the command wh
10. Was the applicant personally present with his command at surrender? 11. If not where was he and how came him there! 12. When did hydrove his command! When he left it to be authority did he leave! How do you know 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 apositionally and the leave of the state of the sta
10. Was the applicant personally present with his organized at surrender? 11. If not where was he and how came him there! 12. When did hydrace his command! Where was his command when he left it? Where was his command when he left it? Where was his command when he left it? And how long was he granted leave? How do you know only have stated to be true! If of your own knowledge, tell clearly and propidently. The state of the
10. Was the applicant personally present with his organized at surrender? 11. If not where was he and how came him there! 12. When did hypore his command! Where was his command when he left it? 13. If whose authority did he leave! And how long was he granted leave? 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. 16. Was applicant captured as a prisoner. 17. If so, when and where!
10. Was the applicant personally present with his organized at surrender? 11. If not where was he and how came him there! 12. When did hypare his command! When he left it? Where was his command when he left it? Hy whose authority did he leave! How do you know long was he granted leave? How do you know was he prevented from returning to his command? How do you know? 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. In what prison was he held? and
10. Was the applicant personally present with his command at surrender? 11. If not where was he and how came him there! 12. When did hydrace his command! Where was his command when he left it? Where was his command where! How do you know! It was applicant captured as a prisoner. It so, when and where! In what prison was he held! and
10. Was the applicant personally present with his command at surrender? 11. If not where was he and how came him there! 12. When did hydrave his command! Where was his command when he left it is reserved. A Cker 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 propriently. 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. In what prison was he held! and when released Sworn to and aubscribed before me, this the AMM Jatu
10. Was the applicant personally present with his organized at surrender? 11. If not where was he and how came him there! 12. When did hydrave his command? Where was his command when he left it is a command? When was his command when he left it is a command? Hy whose authority did he leave? How do you know long was he granted leave? How do you know was he prevented from returning to his command? How do you know? 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 esptured as a prisoner. In what prison was he held? and when released Sworn to had subscribed before me, this the day of Man. 194.9 AdM. Talk.
10. Was the applicant personally present with his command at surrender? 11. If not where was he and how came him there! 12. When did hylpave his command! Where was his command when he left it? 13. Hy whose authority did he leave! And how long was he granted leave? Althor what cause did he leave! Althor what you know and how you know! Althor 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. In what prison was he held! and when released Sworn to and subscribed before me, this the day of Market of this the Ordinary Ordinary
10. Was the applicant personally present with his organized at surrender? 11. If not where was he and how came him there! 12. When did hydrave his command? Where was his command when he left it is a command? When was his command when he left it is a command? Hy whose authority did he leave? How do you know long was he granted leave? How do you know was he prevented from returning to his command? How do you know? 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 esptured as a prisoner. In what prison was he held? and when released Sworn to had subscribed before me, this the day of Man. 194.9 AdM. Talk.

Application for Pension Dige Decessed Stidler

him and unpaid his Pension of. witness, and he is of a truthful and trustworthy character and entitled to full credit.

(SEAL.) Ordinary

I hereby authorize and constitute: lawful attorney to collect, and receipt for me in my name, for the Pension due me through my deceased husband,

GRORGIA

Pension Roll and paid from Witness my hand this. Attested before me:

Application for Pension Due Deceased Soldier VAGE AND APPROVED OCTOBER 5, 1821 (1877) 10 HIAT? STATE OF GEORGIA Personally before me comes Mrs. LN Fully Personally before me comes Mrs . The following of said County, who after being duly sworn, on oath says that she is the widow of . The following who Sewie who was duly enrolled as a.... and was pad a Pension of One hunder one mel County for 19 20, and that the said L' 7 Fouter died in Court. the 16 day of man, 1921, and at the time of his death a Pension of a 224 was due him from County and unpaid for 1991.

Applicant further swears that she married the said An House aday of 2000 1866 in State of Storming, 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 Im Garn, Ordinary. Jun & W. Fouler a. 8. Labb AFFIDAVIT OF WITNESS STATE OF GEORGIA. County Personally before me comes John Jak on oath says that he knew LIF Gowler and that he knows Mrs. LIF Gowler

above applicant; that he knows that the said & If how les

and brook & These (Now Years & H. Floor were in due form of law married in the Country day of Zur

1844, and that they resided together as husband and wife from date of marriage to the day of his death on the . 1924 and I know that she is his dependent widow. and subscribed before me this 27 day of Alexander

WOUNDED?

RELEASED:

BURIED:

SB.

WITNESSES:

RANK:

COMPANY AND REGINENT?

NAME OF CAPTAIN AND COLONEL?

CAPTURED, WHEN AND WERE?

DIED, WHEN AND WHERE?

John Tate

ENLISTED WHEN AND WHERE?

WHEN AND WEERE BORN?

Mar Fowler, L. W.

WHEN AUD WHERE SURREIDERED? April 26, 1865, Greensboro, North Carolina.

- -same command

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

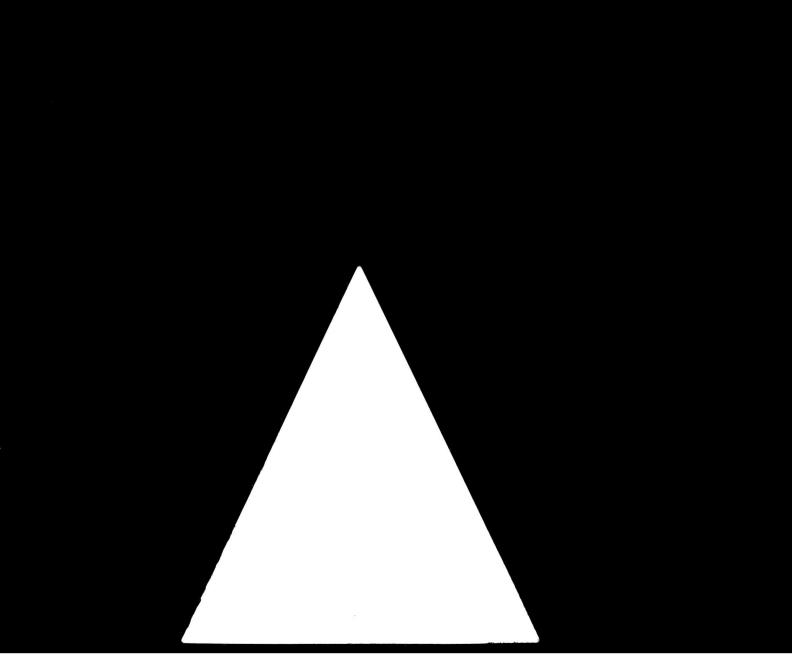
YEAR 1920 COUNTY Cobb.

Company C, Phillipp's Legion Cavalry.

A resident of Georgia all my life,

75 years.

September 2nd.1862, Cobb County, Ga.



State of Reorgie, Cobb County. Personally appeared before the undersigned attesting officer, AFFIDAVIT AS

who being duly sworn on oath says that he is acquainted with the applicant,

G. T. Fowler during

John Tate

his lifetime. Affiant says that he has known the parties herein mentioned years, and were mairied on the 19th for a pariod of 5 7 years, that they lived in Gobb County for a number A. J. Powler, and was acquainted with the deceased, day of that the

applicant and deceased lived together as husband and wife until the date 1850

were known end recognized as husband and wife.

the death of the decembed, on Sept.

1888, that they lived together,

and subscribed before

Cobb County, leorgia.

Widow's Pension UNDER ACT 1910.

J. W. LINDSEY,

B. Philips But

ENTERED ROSTER OFFICE

AFFIDAVIT AS TO MARRIAGE.

State of Georgia, Cobb County.

Personally appeared before the undersigned attesting officer, John Tate.

were known end recognized as husband and wife. Sworn to and subscribed before me this day of Nov. 1911.

Orlinary Jobb Sounty, Jeorgia.

Widow's Pension UNDER ACT 1910.

applicant and deceased lived together as husband and wife until the date of the death of the decembed, on Sept. _____1888, that they lived together, and

who being duly sworn on oath says that he is acquainted with the applicate.

his lifetime. Affiant says that he has known the parties herein mentioned

for a period of 5 7 years, that they lived in Cobb County for a number of years, and were married on the 19th day of Nov. 1850, that the

Mrs. 7. J. Fowler, and was acquainted with the deceased, G. T. Fowler during

Pension office 11-85-1915, whet did spelicent's numbered do from mary 1864

factures off north equation to assure the restol by Anggmon state to its factures off north equations of new worthouse off. ... 2.0 to it man to enotened to not weather. ... 2.0 end of the warste keep out of thrther service? bid he enlist agains atate company by letter and rest by mumber, was command by the contract of t

ROSTER (

Pension office 11-23-1911. That did applicant's husband do from TRIV 1864 to the end of the war-to keep out of further servicefflid he enlist again if the state company by letter and regt by number, was command Od.Malitia or was it of C.Set. Then and how was he discharged from the service?

J.W.Lindsey, Son Of Pensions.

Widow's Pension

UNDER ACT 1910.

WHO IS South

When a St. South

When a St. South

Ordinary Cobb County, Beorgia.

Mey of Mov. 1911.

State of Georgia, Cobb County.

Sworn to and subscribed before me this

who being dily aworn on oath asya that are are attested officer, John Late, which sulfaneate, who has a contract the supplication of the supplication of the supplication of the supplication of the dily when the tend of the distribution of the distribution of the supplication of supplication of the supplication of supplications of supplications

ENTERED ROSTER OFFICE

APPIDATH OF SA TIVACIETA

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

STATE OF GEORGIA,
County.
Personally before me comes May. It is to the me 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
lowing questions to wit: 1. What is your name, and where do you reside? THUS. It I forther looks Cot
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 Hall 19 160 6 4 Les. Head.
4. When, where and in what Company and Regiment did your husband enlist as a soldier in Con-
federate Army or Georgia Militia? (State the arms and class of Service.) Aug. 1863 of March 1864 Le. B. Collin Boltz Le. 5. When and where did the Commands of your husband surrender or discharge from the army?
Was your husband personally present the time of the surrender or discharge of this Command?
The second secon
6. If he was not present state clearly where he was?
8. Where was his Command when he left? Disthings
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?
and physical condition when he left his Command
to he command.
g. In what way was he prevented from going back to Command? h. Was he captured by the enemy at any time?
i. If so, when and where captured and where held as a prisoner, and when and for what cause re-
leased?
J. When and where did your husband die? Jak. 1881, Colo. Co. Kon.
k. Were you residing together when he died
tong and you resided aparts.
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.)
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.)
11. What property of any description of any value have you now? Plane
Give list and cash value?
12. What are your annual earnings or income and their value? Holling
13. Have you heretofore been paid a pension by the State? HO If so, when and for what cause were you struck from the Roll?
Sworp to and subscribed before me this the. Man Man from the front of the form of the f
of County.

Questions for the Witnesses as to Service of Husband and Marriage.
STATE OF GEORGIA,
County.
Personally before me comes. J. H. Melichy who after
being duly sworn true answers to make, to the following questions, answers follows:
1. What is your name and where do you reside? A. R. M. L. C. L.
2. How long and since when have you known Man. 1. 2. Total applicant?
3. How long and since when has she continuously resided in this State? (Give date.)
4. When and to whom was she married for the How do you know the how the how do you know the how the how do you know the how the how do you know the how the how do you know the how the how do you know the how the how do you know the how the how do you know the how the how do you know the how the ho
5. How long and since when did you know the first the her
husband? 16 yerro / Buyer / H.S.
6. When and where did
the husband of Applicant die? Suff 10, 1811 in Oth Co. E.
7. Where the Aplicant and her husband living together as husband and wife at the date of his death?
8. If not, how long did they live apart before his death?
Were they divorced?
9. When, where and in what Company and Regiment didd to the control of the contro
ang 1863 - at marista, En. Co. B. Ohillyo Bettaken
10. Were you a member of the same Company?
11. How long within your personal knowledge did he perform actual military service with his Com-
pany and Regiment? Fif maniles
12. When, and where did his Command surrender, and was discharged?
any 1864 nor Snying coff later (Dischory
13. Were you personally present when it was allowed by the line where
were youand how came fou there?
Minter
14. Was the husband of applicant personally present at accounter
where was he?
cause did he leave Command? (Give date.)
authority did he leave his Command? Distriction and how
long was he granted leave?
Busawas & was personally present and know fair
ower promuly and the fact hames was present
15. For what cause, if you know of your own knowledge was he prevented from returning to his
Command? Buchus he was abbilleaged to distant
16. What effort did he make to return to his Command and how do you know this? Of your
own knowledge or how?
Swarmen and subscribed before me this the
day of 211 191/
January,
of County.

AFFIDAVIT OF TWO FREEHOLDERS

CIA 1		ELHOLDERS.	
County.			
ne comes of M. Jo	221 PM	Burger	
Control of the Contro	Um	a. 21 C. Family	says that they
that property she own	and on 4th Nov. 1	008 000	
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Zan property		\$	
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Total	7	\$	
ty sold or given away	since Nov. 4th 1	908, its cash value to be	as follows:
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property she has now	iedule (C).		
property she has now	In her possessio	n, use and control to wit	
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VI		County.	
ORDINARY	S CERTIF	ICATE.	
County.			
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Ly Jours		the applicant fo	or pension. She
na herself to be a	nd she is a bon	afide continuing resider	t citizen of said
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sor // cou	+ Dy	the with	ness who swears
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em are now residents	of said County as	nd were duly eworn by m	a before dealer
that they all, are tr	uthful, trustwor	thy, and their statement	ts are entitled to
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		Est	County
	what property she own all property Total Total Seh rty sold or given away resonal property oney, Notes and accou- property she has now go of lard, worth as got Hogs er property me and earnings Total Value of all p bed before me this ORDINARY' DA County. A A County. A A County. Total Value of all p bed before me this In the self to be an Noy, 1908. A dd, and A dd,	County. Total by Schedule (D). Total by Schedule (D). Total by Schedule (D). Total by Schedule (C). Property she has now in her possession of the by Schedule (C). Property she has now	County. The come of the state of the come

All affidavite must be made before the Ordinary.
Only widows who married prior to first January 1870, are entitled.

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

"You do administy swares that you will trie accurate a mile to easily of the desirable and the virtues in the following words:

You half give will be the trief. So highly you fold," so easily of the desirable and the desirable and the evidence of the trief.

Additional affidative may be made before the Ordinary.

Only widows who married point to first Jenuary, 1870, are antitled.

Attack, carried adopted or desirable orbital orbital orbital in Inst prove marriage, by some person, or by sen-

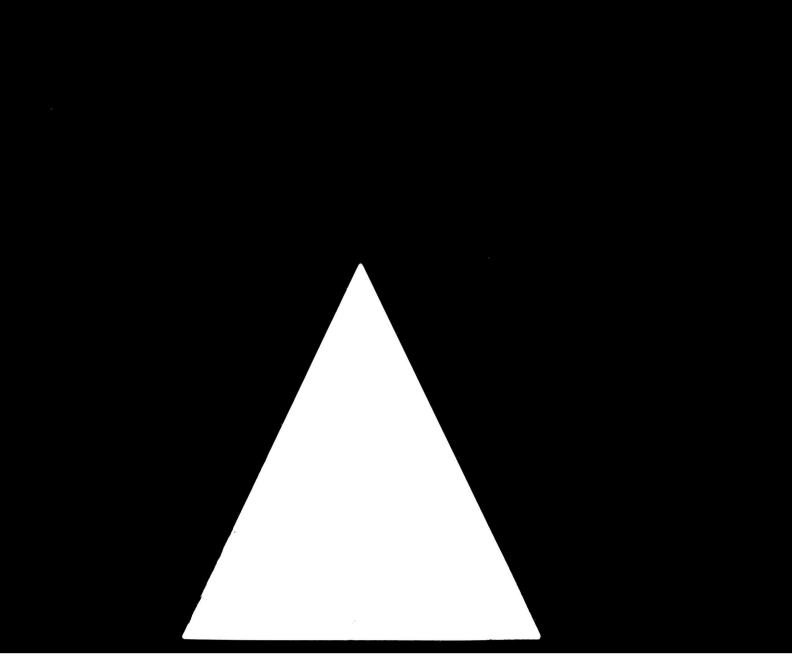
State of Georgia, Cobb County.

Personally appeared before the undersigned attesting officer Mrs. H. 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

day of July 1912.

Mrs H X Howler

Ordinary Cobb County Georgia.



No. off County Widow's Application	NOTES: 1. Below 2. Addition 2. Addition 3. Addition 4. Addition 6. Addition 6. Wilson 6. Wilson 6. Wilson	Sworn under (SEAL.)	That I also know (know Mrd. A	TW 1	STATE OF OL
To Be Put on Boll in Her Own Right Whesi Hanband Was on the Indigent Boll or Put on Under Act of July 11, 1910 As Amended by Act of 1919. County Of S. Name Dally Hawler Widow of X. Hawler	any questions are answered the Ore to assembly a vaccinate you will be a all affairst may be attached of the after must be made referre the Ore active that he was a series of the answer metals on married points of married assembly the active that the active the active that a of Dualshed Phenomenous marries who	fficial scal	That I also know A The Later that both of the foregoing were duly swen by ma before signing the respective affidavits, and that they are truthful and trustworthy and their statements are entitled to full faith and credit.	thow Mrd Halley Storesche person she represents herself to be, and that she that of	M Kann	ORDINARI
Company E Regiment Phillips Lycin Approved	many shall seem applicant and the sit- green make to ends of the questions. A speem are insufficient to any set in south of resolvent. The county of resolvent. The county of resolvent. The county of resolvent. The county of resolvent to the county of resolvent. The county of resolvent to the county of resolvent. The county of resolvent to the county of the county of resolvent. The county of resolvent to the county of the c	of office this Do day, o	witness as t; that both of the foregoin they are truthful and trustw	is a bona fide continuing resid		rs certificate
J. W. LINDSRY. Commissioner of Pensions. Byrd Printing Co., State Printers, Atlanta.	a not the witness in the following words: the questions asked you and the evidence thereon. The property of th	Mex Ordinary.	witness as to marriage, and I also know that both of the foregoing were duly swern by me are truthful and trustworthy and their statements	-the applicant for this pension, and that she is the bona fide continuing resident of said County and was toold to the formalled the	Ordinary of said County, do certify that I	

ORDINARY'S CERTIFICATE

	STATE (of georgia,	, ,)		1 5 1 1	
		Cos	cour	NTY.		- 100	
•	I,	Im A	un		ordinary of said Co	ounty, do certify t	that I
	know Mrs	Sally &	Howler	the applicat	at for this pension	n, and that she i	is the
	person she	represents herself	to be, and that she i				d was
	on the	day of		1900 6	my Icua	lledge	
	That	I also know.	D Ben	eon	witness as to man	rriage, and I also	know
. 1		· · · · · ·		; that both of	the foregoing we	ere duly swern b	y me
			affidavits, and that	they are truthfu	and trustworthy	and their states	nents
		d to full faith and		1	71- 1	7-	
	Sworn	under my hand	and official scal of	office this	May of C		2.1.
	(SEA	L.)		X	1 an	Ordinary.	
				<i>V</i>	Carx	Coun	nty.
	NOTES: 1.	Before any questions	are answered the Ord	inary shall swear ap	plicant and the witne	es in the following v	vorda:
	2.	you shall give will be Additional affidavits	ear that you will true the truth. So help you 0 may be attached if blas	iod."	irient.	manua you and the ev	ruence
	4.	Only widows who man Attach certified copies reputation.	may be attached if Diale made before the Ord ried prior to first Janu of marriage license if	ary, 1881, are entiti obtainable. If not,	ed. prove marriage, by	some person, or by g	eneral
	6.	Widows of Disabled	Pensioners must use the	Hlue Application F	Uank and state and or		
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W.C				n. 100 100 000 000	and an extension of the same of		
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	0	3 ° °	County Name	Company	Approved		
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WIDOW'S AFFIDAVIT

WIDOW'S AFFIDAVII	
STATE OF GEORGIA, COUNTY,	
Personally before me comes Juliu Francis of said County,	
who, after being duly aworn, says that she is the widow of A. A. Fawley to whom, in the County of State of Ja	
the day of 200	
date of his death in May 16th 1924 and that she has not since his death remarried. At the time of his death he was a resident of	
of Georgia, and he waspon the Pension Roll of the State and paid a pension of \$102, in a State of Georgia and he waspon the Pension Roll of the State and paid a pension of \$102 in County for 1922, per annum, on account of being a soldier in	٠,
of \$100) in County for 1922 per annum, on account of being a soldier in Company Regiment Pullsplanty use (Volunteers or State Militia)	
That she is now a bona fide resident citizen of said County of	
has so continuously resided sinceday of All My life 19	
Sworn to and subscribed before me, this the Subscribed by the subscribed before me, this the Subscribed by the subscri	
(SEAL)	
Affidavit of Witnesses to Prove Marriage and to Whom.	
Date of Death of Husband	
STATE OF GEORGIA, COUNTY.	
Personally before me comes & Dinson 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 Howler, who made the foregoing affidavit, is the lawful widow of A Howler who died in Cold	
County in said State of on _ Le day of Hey 1924.	
and that she has not since remarried. That she became the wife of Life Howeler on	
the & day of MVV 1866., and that she and he had resided together as man and	
wife continuously since day of 18 and that the Howler was	- 1

the same man who was on the pension roll of said State

That prident at he Ultimery

County

Sworn to and subscribed before me, this the

Aday of Assaul 1871

Aday of County

County

County

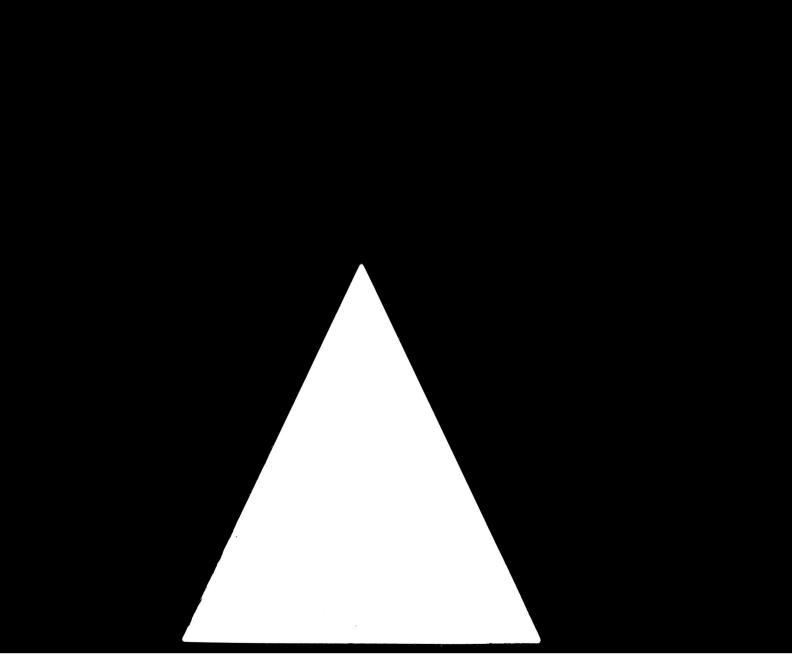
(SEAL)

the same man who was on the pension roll of state to trom Cobb

County when he died. Sworn to and subscribed before me, this the M Jaun Ordinary ot O County Traffic Town North 1. J. . bin , toursey a . . Trank, seedify that I a warle to "and resert of the parabers of i. ". sowler, who was erriet in the sert, in this. I further sen it, that the there were the life to term a application team or righted y the contract of the second strere . First reference of a term

wife continuously since day of 18 and that the AM Frobler was

(SEAL)



POWER OF ATTORNEY.

Know all Men by these Presents, That I, STATE OF GEORGIA.

Sarah G. Vanter Colo 6 Kaymen d. Kattenler

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 my true and lawful attorney in fact, for 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 County in said State, do hereby appoint of x) 111 () 111

hereunto set my hand WITNESS WHEREOF. (1) have day of aforesaid. IN

1. rate & Healter How Enter Executed in the presence of us

L.S.

and seal,

681

If allowed, send amount by me at

and oblige,

10

Widows' Pension

3100.00.

AND HANDED TO

Mo.3289,

1891

Warrant Issued

POWER OF ATTORNEY, FORM NO.

STATE	OF.	GEO	RGIA.
STATE	1.1	1	County

Know all Men by these Presents, That I, Sarah IC, Honich
of Many in said State, do herein appoint

Know all Men by these Presents, That I, Sarah IC, Honich
of Many in said State, do herein appoint

Know all Men by these Presents, That I, Sarah IC, Honican

County, in said State, do hereby appoint.

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

in WITNESS WHEREOF, (1) have hereunto set my hand and seal, this day of hereunto set my hand and seal, this

Executed in the presence of us:

M. Stoux Ching

If allowed, send amount by

me at

and oblige



Widows' Pension Widows' Pension Widows' Pension Warrant Issued 1891

Affidavit to be Made by the Widow. Form No.

STATE OF GEORGIA.	
County of Ost in and for the County of Ost in and for the County of County o	
Mrs. Srah & Honler who being sworn according to law, says und	er
oath that she is the widow of 11. It. It. It. who, was a soldier	in
the service of the Confederate States, and served as a member of Company , of the	
Regiment of Volunteers; that he enlisted in sa	iid
service on or about the day of /// , & h 1867, and was in the	he
Army he was on the land day of Hay 1862. That while in the day of Hay 1862, (See Note No.	he
Army, he was on the day of 121 al., 186,3, (See Note No.	1)
Mississippi, he was tolled	6
Mississippi, He hours Rollet	
Mynd out the Cattle Vield	
- by a bullet	v

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 1th day of 1 ctinciv 1854, and that she has resided in Georgia continuously since the day of 1 ctinciv 1854, and that she has resided in Georgia is her home, and was such on the 23d day of December, 1890, and since said date she has not lived in any other State or locality. Deponent, as the widow of said deceased soldier husband, applies for the pension provided by Act of the General Assembly of Georgia, approved December 23d, 1890, for the pension year ending February 15th, 1892, and herewith tenders the proof of her right to receive the allowance granted by said Act.

Sworn to and subscribed before me, this, the day of the 1891.

NOTE: 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 hence positively to have resulted from the service of the soldier in the Army and not from any other cause.

STATE OF GEORGIA.

In person came before me, the undersigned Ordinary

County of / in and for said County, witnesses

and Robert Broken Mohing In all cont (each known to said Attesting Officer as truthful, reliable and reputable citizens), who severally say under oath, that, from their own personal knowledge, Mrs. Surah & Priver . of the County of Loobb-State of Georgia, is the widow of Malbicon A Fromber

, who was a soldier in of the 145 Regiment of Inkustra' ha Volunteers. That said soldier enlisted in the service of the Confederate States (or the Georgia State Troops) on or about the driver day of morely 1862 That while in said service, or by reason of said service in the Army, he lost his life as follows: That he was killed m the Buttle of Bakero levels in the Mile of Inno on Mid 16' dont

of ment wis but then shot

We further swear that Mrs. Larah & nearles soldier during the service, and that she has not intermarried since his death, and that she resides in 10066- 30 County of the State of Georgia.

Sworn to and subscribed before me, this, the

19 day of Jane Colony W Fritman Ordinary

I be responded the above named witnesses in tenowed i me to be troublant persons + intilled to fall father creat as Darch, this game 19 = 1591 ON Promone common

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

STATE OF GEORGIA.

1, Jill Stoye Ordinary in and for said Coupy of Cololo

State of Georgia, hereby certify that I am acquainted with Mrs. Surah En In len 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. Talso certify that the witnessee whose testimony she presents to sustain her plaim are known to me to be Northful witnesses, untitled to full faith and credit as such. I am tully satisfied that this claim is made in good faith, and that I have caused the applicant and the witnesses to read or hear read the proofs they sign.

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

Ordinary.

Form No. 4

The pension is only payable to certain classes of widows

Those whose husbands were killed in service.

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

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

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

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

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

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 /ull and specific instructions, and give ample opportunity to every claimant.

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

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

Fill out the "directions" below Power of Attorney, so that your Agent will know where and how to send the money.

By order of the Governor.

W. H. HARRISON,

Sec. Ex. Department.

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA, County of KO & & &

South E storles

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

State of Georgia, and that she has resided in said State continuously ever since / S / N v / N 8 3 / That she is the Widow of who was a Soldier in Company who was a Soldier in Company Regiment of Regiment of Cryg. C.

Volunteers, that he enlisted in said Regiment on or about the month of 186 2 and served in the Army up to 16 186 3. That he lost his life on the 186 3 the husband's death, when, where and from what cause)

Congress dring as above state a, the congress the dring as above state a, the field it to the field it to the state of the

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 1857/2; that Georgia is her home and she resided in this State 23d day of December, 1890, and his not fived 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 su's cribed before me, this

And of Sich, 1893.

Described before me, this

And of Sich, 1893.

Post-office Any malla

For Widows Heretofore Allowed Pensions

STATE OF GEORGIA	Personally comes Mrs.
County of Coll	Darah E. Fronter
who being sworn, says on oath, that she is a bona fide	resident of said County of
State of Georgia, an	d that she has resided in said State
continuously ever since Love,	18.3 That she is the Widow of
Itm & Fronter	who was a Soldier in Company
of the A3 Regim	ient of Ferrain
Volunteers, that he enlisted in said Regiment on or ab	out the month of Make.
186 and served in the Army up to Miles	
life on the 16 day of Ma	1. 186 3 (State here
full particulars of the husband's death, when, where an	
That while	/
	he battle of
	- the that of
1	Rilled dead
on The balle h	1.0.

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 2 That of the 1894. Sarah Extraction 1894. Post-office Smyn 4 a

CLA9

Certificate of Ordinary of the County of Applicant's Residence. OF OFORGIA, County of Ordinary in and for said County of State of Georgia, hereby certify that I am acquainted with Mrs. the applicant for a pension in this case, and know from my own knowledge (or from positive proof presented to me by reputable witnesses), that she resides in this County, and that she resided in the State of Georgia on December 23, 1890, and has not lived out of the State since that date. That she is the Im A . Honor deceased, and as such has heretofore been allowed a pension for the year ending February 15th, 1854. of Thave hereunto set muchand and affixed the seal of my office, 1895 Ordinary. Form No. 6 POWER OF ATTORNEY. STATE OF GEORGIA. KNOW ALL MEN BY THESE PRESENTS, County in sald state, do hereby appoint Maratta of. my true and lawful attorney in fact, for me, and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia as a widow of a Confederate Soldier, as stated in the foregoing affidavit; hereby authorizing my said Attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid. IN WITH WHEREOF, I have hereunto set my hand and seal, this [L. S.] Executed in the presence of us DIRECTIONS. Send amount by me at , and oblige for year ending Febuary 15th, THOSE HERETOFORE PAID.

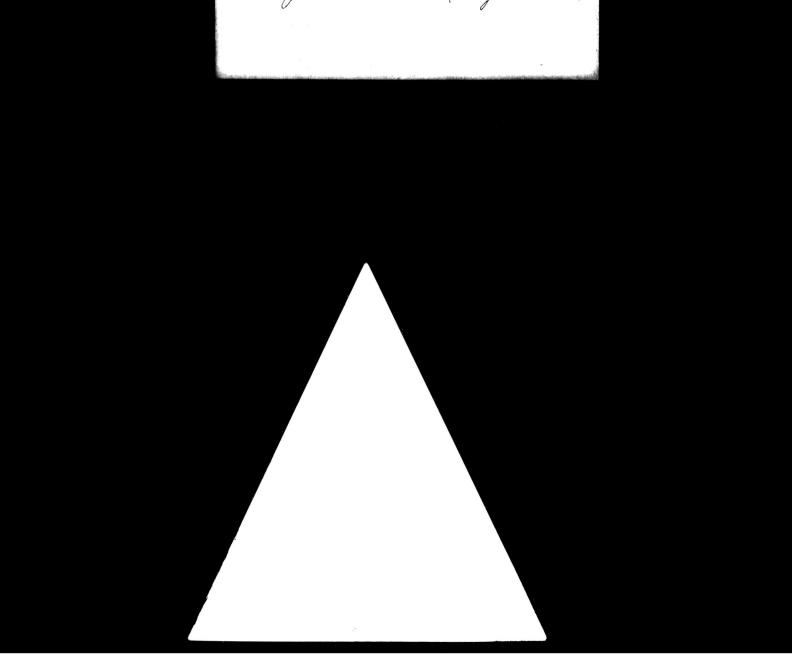
For Widows' Heretofore Allowed Pensions.

who being sworn, says on oath, that she is a bona fide resident of said county of State of Georgia, and that she has resided in said State continuously ever since 18 3 That she is the Widow of who was a Soldier in Company of the Regiment of Volunteers, that he enlisted in said Regiment on or about the month of 1863 and served in the Army up to 1863 That he lost his life on the day of 1863 (State here full particulars of the husband's death, when, where and form what cause.)
State of Georgia, and that she has resided in said State continuously ever since 18 3 That she is the Widow of who was a Soldier in Company of the Regiment of Wolunteers, that he enlisted in said Regiment on or about the month of 1863 and served in the Army up to 1863 That he lost his life on the day of 1863 (State here full particulars of the husband's death, when, where and form what cause.)
Volunteers, that he enlisted in said Regiment on or about the month of 1867 and served in the Army up to 1863. That he lost his life on the 6 day of 1863 (State here full particulars of the flush shadow when, where and form what cause.)
life on the 6 day of Mey 1863 (State here full particulars of the husband's death, when, where and form what cause.)
H + A
Mary Daid desques Polelin
of Jaken Ereck in the
Lay of May 1863.
Deponent swears that she was the wife of said deceased soldier, during his service in the

Day of They 1895.

All The Ordinary.

Post-office Dayma Da.



Pensin off 5/1-1/10 lines Commend mas Calinul at Kingaling the rolum it was Cun INDIGENT PENSION miles. of co, way link chil it cland Curd Cay they the was 1899. with it - and let POWER Williams Concer Arthur Clating prairy -County Approved RICHARD JOHNSON, WARRANT HANDED TO 429-1900

STATE OF GEORGIA.

COUNTY. hereby authorize to receive and receipt for the pension allowed, and request that he remit same to Witness my hand and seal this 1899 day of Executed in presence of (L. S.)

Questions for Applicant.

STATE OF GEORGIA

William W. Fotos 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. Whin pay Fater _ O. W. Maniella Coll Co Kag.

2. How long and since when have you been a resident of this State. All rung lefe

3. When and where were you born! June 10 \$ 1889 Arregth Co See

When and whose and in what i mayor and recipen did you enlist operior Bullster Aro's 1862

5. How long did you remain in such company and regiment little April 1865 - De-Means and five Months

6. For how long a period did you discharge regular military duty ? Two years of fire Months T. When, where and goder what circumstances were you discharged trong services of the remainder of the assures I necessary may be note at Kingston Ba

8. What is your present occupation ? Croffice How much can you can (gross) per annum by your own exertions or labor they lettle. What has been your occupation sinto 1865 . Crop feer

11. Upon which of the following grounds do you see four apprention for pension, v.z.; first, "upon and poverty," second, "infirmity and poverty," or third, "blundars and poverty," definedly proved to the first ground, state how long you have been in such condition that you could not carn

your support? If upon the second, give a full and complete history of the infirmity and its extent?

upon the third, you whether you as to also you have med super you has your sight? The product of the infrared of the product o

position, it any this you make at same - The Renee as Membrour and 1818, and what do the Action of Kome - I have disposed of Kome - I free ded in Chenko to be in 1894, 1895: 1896, Single that Time I have loved in Cott Carl had no effect from the one

La above auswer I returned Household furniture Value \$150 16. How were you supported during the years 1897 and 1898 : By what little I could keake as a cropper.

what I could wake.

with composes such tamily? Live their means of support. Have two

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

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,	
leebs COUNTY.	
W. W. Nothing	
as a witness in support of the application of W.W. Froter for pension	
under Section 1254, Code, and after being duly sworn true answers to make to the following questions.	
deposes and answers as follows: 1. What is your paye and whore do you reside? Win W. Robinson.	
Ca lott to da	
2. Are you requainted with If W. Figs to how long have you known him? Les. I have proven him a touch 38 Means -	
3. Where does he reside and how love and since when he had be the think of the same	
3. Where does he reside, and how long and sings, when has he been a resident of this State? I be the the the the los the how the stated in the the state of a squared to the line.	
I Shen, where and in what company and regiment did be callet, and how do you know? he fort	
of the Price Conservation 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	
the Regular Way distances, the was paroled when	
Proposed do Ningoton La	
What property, effects or income has the applicant? (Give your means of knowledge.)	
continue to fear hord figuriture of fan Well	in
s. What property, effects or income did the applicant possess in 1899, 1897 and 1898, and what dispo-	
sition, if any, did he make of same? I one - ox apt as above ineutioned	
9. Has be conveyed away any of his property in the last three years, if so, what was it, and to whom?	
Jour	
10. What is the applicant's occupation and physical condition? He is a Orofo from	
He is fuble. The suffer from heart desane -	
11. Is the applicant unable to support himself by labor of any sort, if so, why? Res Because	
Of let fuble Condition from above Cause -	í
12. Yow was be supported during the years 1807 and 1808? By What Little be and	
his laughtoos Could make as Corphers	2
13. What portion of his support for these two years was derived from his own labor or income?	
Ouly figh as a feeth mean could Could Contribute in backing	
14. Cive a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Gode? The Condition to a pension to a full and the section 1254.	
a Suffer from heart deser-	
5. What is south to	
5. What interest have you in the recovery of a pension by this applicant?	
ne 9th day of Nien (1890.) W. Robinson Witness.	
Ordinary.	
11	

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,
COUNTY!
Personally came before me W. M. Skeunky aug S.
both known to me as reputable physicians
Al Al. who, being severally sworn, say on oath that they have examined carefully
Tr. YY. Crosury, applicant for pension under Section 1254, Code, and after such personal examination say that his precise physical condition is as follows:
the find applicant - huppening dram
Diabeter and Mital mafficiency tramet to that
be cand by an and elick at night.
Account to the same of the sam
We further are an art also de la la
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.
Sworm to and subscrib perfore me this the WMITCHE IN 11
day of A 2 1899. Intellimps of mas
Ordinary.
OPPINARY
ORDINARY'S CERTIFICATE.
STATE OF GEORGIA,
Cobb COUNTY
1 October 1
that the applicant. Of the state of the stat
been a bona fide resident of this State since the day of the day of the
are of trust worthy character, and that their statements are entitled to full faith and dredit.
I further certify that before answering the foregoing questions the applicant and each witness took.
the oath hereon prescribed, and that the full text of the affidavits was read to the applicant and witnesses
Delore same was signed.
returned for taxation in his name in 1907
of property and to 1808 () A add to 180
In my opinion the foregoing claim is. A made in good faiting.
Witness my hand and seal of office, this day of tech 1899.
- Clan Cordinary
of County.
NOTE.
1. Before any questions are snawered, the Ordinary shall awar applicant and the state of the sta

shall just answer make to each of the questions asked of you, and the sections of your live of the section of your live of the property of the section of t

STATE OF GEORGIA,	County.	
1. 10. 70. A. to	hereby authorize	Tope Snow
to receive and receipt for	the pension allowed and request the	fat he remit same to
by land	ITE D	
Witness my hand and	seal, this the day of James	1901; [L. 8.]
Thu (1107)	of.	
0		

Same W. W. Frater

1901.

1901.

WARRANT ISSUED

JOHN W. LINDSEY,

WARRANT HANDED TO

2 C. Frein

POWER OF ATTORNEY.
STATE OF GEORGIA, County, I, W. W. States 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 his footer [L. 8.]
Executed in presence of

Joster W.W.

SOLDIER'S PENSION. (For Those Already Enrolled.) INDIGENT 101 OX

Hoster, W. W.

SOLDIER'S PENSION INDIGENT

1902.

(FOR THOSE ALREADY ENROLLED.)

No. 500

Regiment 107

WARRANT ISSUED

JOHN W. LINDSEY,

WARRANT HANDED TO

no dota

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,	
Lobb County.	
Personally appears W. W. Fite of Colf	
County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citize	n
and resident of said County and State, and has resided in said State continuously eve	т
since the O day of June 1837; that he is 6/ years old an	
by occupation a Croffer that he enlisted in the military service of the Con	-
federate States (or of the State of) during the war between th	e
States, and served for the term of 2/2 1473 in Company of the Regimen of Car 1751, 1500 pts.	t
of that his physical condition is a	s
follows: Miletis - + Neuration from nohible he is made to Response Manual Labor-	
Mission Milacol Labor-	
that his property consists of the following items . For the the taken fund	1
	į.
211- 1-15	
of the value of Fifteen or litterly Dollars, that by reason of his physica	
condition and poverty he is unable to support himself by his own exertion or labor, and	1
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 Lott	
county been allowed a pension for the year 1901	
Sworn to and subscribed before me, this the	
1 day of January 1901.	
John (whey Ordinary.	
STATE OF GEORGIA,	
1, I that I am well acquinted with MM Foller the	
do certify that I am well acquinted with MM Hoolin the	
applicant in the foregoing affidavit, and am well satisfied that the statements made by him	
in his said affidavit are true, and I know 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 facey. 1901	

Nork —The blank spaces must be filled.

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

Manuscript on the Control of the Con
STATE OF GEORGIA, County.
Personally appears M. W. Frostin of Cosh
County, State of Geoogia, who being duly sworn, says on oath that he is a bona fide citizen
and resident of said County and State, and has resided in said State continuously ever
since theday of 18#0; that he is 6 / years old and
by occupation a that he enlisted in the military service of the Con-
federate States (or of the State of) during the war between the
States, and served for the term of 3 Junes in Company M, of / th Regiment
of Say State Proofes ; that his physical condition is as
follows: On account of Internet and
poverly he is most to support hunself
and at any of the usual avocations of life
that his property consists of the following items, Whing
and an experimental Metabolic interest interest of the Control of
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
is entitled for the year 1802. I have heretolore as a resident of
Sworn to and subscribed before me, this the
day of fare 1902.) mont
John Miny Ordinary.
STATE OF GEORGIA.
County
ON THE
1, John Williamy of said County,
do certify that I am well acquainted with Whot less 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
ST
,
Ana Dhu Ansher
Given under my official signature and seal, this day of January 1902. Ame The law hey

Norg.—The blank spaces must be filled.

Norg.—Affidavit should not be attested before January 1st, 1992.

	E OF	GEORGIA,	County.		
I,			hereby	authorize	
			of		
reco	ive and	receipt for the	pension allowed a	id request tha	t he remit same to
			nt		
·				4	
Wi	itness m	y hand and seal, tl	his de	lis For a	1903.
			IIIII	toy 4	[L. S.]
Ex	ecuted i	n presence of	7,	7271	
_	I		1 1 1		F . F . F
<u>G</u>		0	- +	1903	S. S
5		ER'S PENSIO	17 9		2 P
E	0		73	S C	JOHN W. LINDSEY, Commissioner of Commissioner of Commissioner of Commissioner of Commissioner of Commissioner of the commissio
6	0		7 2 7 1	SSL	NDS missel NDE
SE ALREADY E	X	INDIGENT	A Comment	WARRANT ISSUED	JOHN W. LINDSEY Commissioner of CARRANT HANDED 7 (CX dx) THE HATTERS, SEER PTRIEF, AURE
ALF	`	10 a	The man	AAN	N F N S
2	j.	Z E	とい	/AR	HN KRA
SE				3	O P
THOSE	No.		T.	1	D B 1 3
(FOR THOSE ALREADY ENROLLED.	N		Name Name County		J W 18

POWER OF ATTORNEY

1	The	GEORGIA,	- 6.50	0	hereby			at he re	mit s	same t
by	itness n	ny hand and se	al, this	- 12	dayo	17.5	7.22.	<u>_</u> `		1904
jamen 11	Execute	ed in presence	of	,	يه ا - لحد	in,		7		[L. 8
	•									
D		NO			12		1904.	rions.		
CODE SECTION 1354. SE ALREADY ENROLLED.	No. 666	INDIGENT IER'S PENSI	1904.		2 Regiment	WARRANT ISSUED	135	JOHN W. LINDSEY. Commissioner of Pena	WARRANT HANDED TO	Harrison, State Printer, Atlanta.
(FOR THOSE		IOTO:		ame	ounty	19		JC	/w	8

SOLDIER'S PENS 1904. INDIGENT

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,	19	
County.	1	
War Short	. Gas	1
County, State of Georgia, who, being duly sworn,	01 00	a 6d altimo
and resident of said County and State, and has		
	1840; that he is	
/	enlisted in the military servi-	•
federate States (or of the State of) during the wa	
States, and served for the term of Julius	in Company , of	
of la State troops	; that his physical	
follows: On acct of Enfin	wit khount he	15
mable to support please	UP Y	
that his property consists of the following items		
that his property consists of the following items		
ming.		
of the value of condition and poverty he is unable to support hi	Dollars, that by reason of	
that he receives no pension but the one herein ap		or labor, and
Deponent desires to participate in the bene		cember 15th.
1894, and the Acts amendatory thereof, and make		
is entitled for the year 1903. I have heretofore	as a resident of God	^
county been allowed a pension for the year 190	2111	
Sworn to and subscribed before me, this the	7. Mis	TR
1903.	11 11 7 000	our
John July	rdinary.	
STATE OF GEORGA.		
County.		
$(10 \circ 0) \perp$		¥
1. John Shiting	W * Ordinary of	said County,
I. John Rutury do certify that I am well acquainted with I I	Hoster	
1. John Putter do certify that I am well acquainted with I I the applicant in the foregoing affidavit, and am w	ell satisfied that the statement	ents made by
I. John Rutury do certify that I am well acquainted with I I	ell satisfied that the statement	ents made by
do certify that I am well acquainted with I have applicant in the foregoing affidavit, and am whim in his said affidavit are true, and I know he is be and that he resides in this County.	Hostic ell satisfied that the statem is the individual he represen	ents made by
do certify that I am well acquainted with I the applicant in the foregoing affidavit, and am whim in his said affidavit are true, and I know he is be and that he resides in this County. Given under my official signa	Hostic ell satisfied that the statem is the individual he represen	ents made by
do certify that I am well acquainted with I have applicant in the foregoing affidavit, and am whim in his said affidavit are true, and I know he is be and that he resides in this County.	Hostic ell satisfied that the statem is the individual he represen	ents made by

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.
or azonam,
Qounty.
Personally appears M. Howley of Well
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 1842; that he is years old and
by occupation a farmer , that he enlisted in the military service of the Con-
federate States (or of the State of) during the war between the
States, and served for the term of Jo Heart in Company of /Pth Regiment
of In Mule Broke ; that his physical condition is as
follows: A advanced of artificially accel
prond,
that his property consists of the following items:
that his property cousins of the following trems
of the value of Dollars, that by reason of his physical
condition and poverty he is unable to support himself by his own exertion or labor, and
that he receives no pension but the one herein applied for.
Deponent desires to participate in the benefits of the Act, approved December 15th,
1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1904. I have heretofore as a resident of
County been allowed a pension for the year 1903
County been anowed a pension for the year 1720
Sworn to and subsocibed before me, this the
Ordinary.
STATE OF CEORGIA
STATE OF GEORGIA,
County
I, Ordinary of said County,
do certify that I am well acquainted with
the applicant in the foregoing affidavit, and am well satisfied that the statements made
by him in his said affidavit are true, and I know he is the individual he represents himself
to be, and that he resides in this County.
Given under may official signature and seal, this
day of 7 1904.
(AMX)
ordinary County

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

refuse for Georgia	hereby authorize
to receive and receipt for the pension allowed, and request the	nat he remit same to
WITNESS my hand and seal; this they have the	1905. Les [L. s.]
Exeguted in the presence of	

SOLDIER'S PENSION

INDIGENT

1905.

Name // County Co. + H

Footer, William M.

(FOR THOSE ALREADY ENROLLED.)

No. \$70

POWER OF ATTORNEY.

STATE OF GEORGIA,	
County.	T
	hereby authorize
to receive and receipt for the pension allowed, and request ti	
at	
WITNESS my hand and seal, this Way of	L. S.
Executed in the presence of	

nodate

WARRANT HANDED TO

JOHN W. LINDSEY.

WARRANT ISSUED

Regiment

South Will

CODE SECTION 1234.
(FOR THOSE ALREADY ENROLLED.)

INDIGENT SOLDIER'S PENSION

1908.

Nаше /

Co. H. Regiment A. L. WARRANT ISSUED

JOHN W. LINDSEY.
Commissions of Per
WARRANT HAN 9ED TO

no doto

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
County.
Personally appears WW Forler of Cook
County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen
and resident of said County and State, and has resided in said State continuously ever
since the day of 18#0; that he is 6 4 years old and
by occupation a farmer, that he enlisted in the military service of the Con-
federate States (or of the State of) during the war between the
States, and served for the term of & years in Company to , of 1 th Regiment
of Ey Elate Freefel ; that his physical condition is as
follows: Caaonut age Infinis and
hours
that his property consists of the following items:
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- 4 may
of the value of Dollars. I am now earning
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,
1864, and the Acts amendatory thereof, and makes application for the pension to which he
is entitled for the year 1905. I have heretofore as a resident of
County been allowed a pension for the year 1904.
Sworn to and subscribed before me, this the
1905 day of Jane 1905.
John Anthry Ordinary.
- Ordinary.
STATE, OF GEORGIA,)
Gounty.
1. John Huhry Ordinary, of said County,
do certify that I am well acquainted with MM Goales
the applicant in the foregoing affidavit, and am well satisfied that the statements made
by him in his said affidavit are true, and I know 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 1200 0905.
sohn tulia,
Ordinary Coll.
nere County,

Norz.—The blank spaces must be filled.

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,)
Cu	. • •
Personally appears MY	Tooler of Popl
	sworn, says on oath that he is a bona fide citizen
and fesident of said County and State, s	and has resided in said State continuously ever
since theday of	18; that he isyears old and
by occupation a, the	at he enlisted in the military service of the Con-
federate States (or of the State of) dueling the war between the
States, and served for the term of	in Company , of Regiment Regiment ; that his physical condition is as
follows: _ ·	· .
- An	finis pered
that his property consists of the following	items:
The second secon	
CONTROL OF THE CONTRO	
of the value of	Dollars. I am now earning
	Dollars per month. That by reason of his
	able to support himself by his own exertion or
labor, and that he receives no pension but	
Deponent desires to participate in t	he benefits of the Act approved December 15th,
1894, and the Acts amendatory thereof, an	d makes application for the pension to which he
is entitled for the year 1906. I have here	
County, been allowed a pension for the ye	, 7,
Sworn to and subscribed before me,	
dayof	, , , , , , , , , , , , , , , , , , , ,
Johnsons	Ordinary. MASS
	*· · · ·
State of Georgia,	?
Count	y.)
I, John Awhy	Ordinary of said County,
do certify that I am well adquainted with	
the applicant in the foregoing affidavit, a	nd am well satisfied that the statements made
	know he is the individual he represents himself
to be, and that he resides in this County.	• 00.0000000
Given under my official sig	nature and seal, this
day of muy	1906. //
0	John Aw hay
Affix Four Seal	Ordinary Coth County
Nors.—The blank spaces m	

Nors. - Affidavit should not be attested before January 1st, 1900

recei	whi	Hon Whey receipt for	No.	of						y authorities		
W	Execut	ny hand and	ice of	19	W. 2	hix.	y of g	tu		1907	s.]	
Copy Baction 1254. (FOR THOSE ALREADY ENROLLED)	No 557	SOLDIER'S PENSION	1907.	Name IN M. Starter	Cart 20 Suck Referent lucin	WARRANT ISSUED	JAN 21 1907.	JOHN W. LINDSEY, Commissioner of Pensions.	WARRAND-HANDED TO	Oss, W. Elakinor, Otati Printil, Atlasta.		+ 1

SOLDIER'S PEN 1907.

Losta, William W.

State of Georgia,	,
Cosh County.	
Personally appears ATTY Thurk	lex of Both
County, State of Georgia, who, being duly swo	orn, says on oath that he is a bona fide citizen
and resident of said County and State, and h	as resided in said State continuously ever
ince theday of	18; that he isveere old
and by occupation a, that	he enlisted in the military service of the Con
federate States (or of the State of) during the war between the
States, and served for the:term of	in Company / , of 20 chi regimen
of Go State Troops	
ollows:	; that his physical condition is as
onous.	the way
	The second secon
hat his property consists of the following ite	108;
	and the same of th
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of the value of	Dollars. I am now earning

by my labor, Dollars per month. That by reason of his physical condition and powerty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for. Deponent desires to participate in the benefits of the Act approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1907. I have heretofore, as a resident of County, been allowed a pension for the year 1906. Sworn to and subscribed before me, this the day of fluttery Ordinary.

State of Georgia,

Cobb County.

to be, and that he resides in this County.

your your here

do certify that I am well acquainted with MM Conley

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

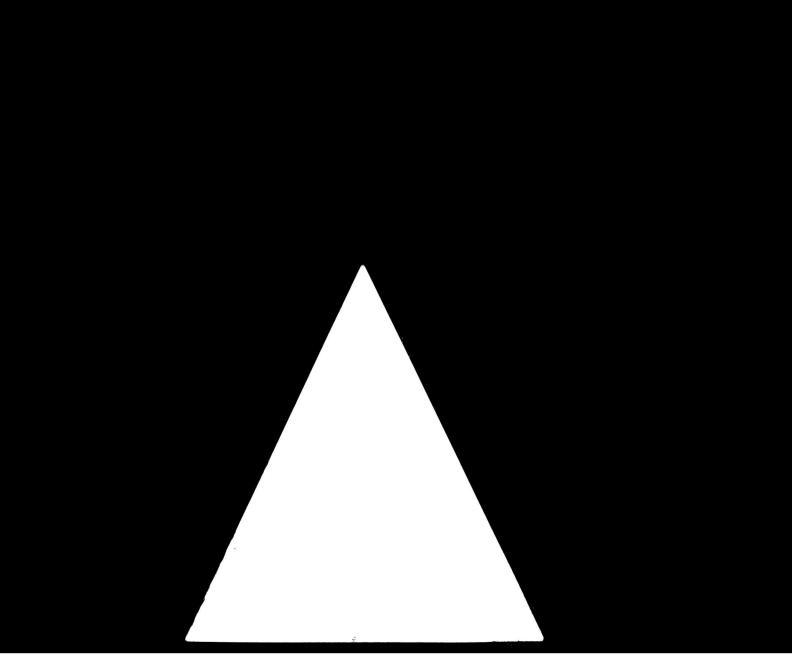
Given under my official signature and seal this

__Ordinary of said County,

County.

Ross.—Rabbinsk spaceamusaba.filleft.: Nors.—Affidavit should not be attested before January 1st, 1907.

Additional Vistimony Stale of Surgia Col County . - Personally appeared before State Of Georgia & Personally appeared hopen 3 Uce, the Newdor signed, Order Cold Bounty. - Que the Alucar begins, Ordinary Ull in and for Said County W. W. Plat Sin and for Said County from Sonato, appear W. W. Diston, Son Who being Sworn, Suyo on oath, that he was a weember of the Same Why bring didy thom says on outh Company and Regiment to wit, Co Hat W. W. Duster was That Said that be whisted as Stated to Store faithfully Mutil the Reviewder, Officent Stubs that after the Campaige Mange Fister Made a faithful Boldier Va and South Carolina the besiden and performed all the duties require of his Requient With Several Comman Of line It the Surrender a Number Were ordered to Register Su as (6) Commands were ordered to report one of the points from which former at Rugolon da as one of the points Were Granted Afficient Command dia from he hide paroles were granted Who were left after the Campaign report at Tally ston and wen regularly paroled as Stated in through La and South Corolina, wen afficient application and that he Adequied his parole as Stated. to doved to Kingston to be paroled and before nu this Septemb. WW. Hooker SM Stone Only did to Afficient and Said Hoster Vivon to and Subscribed Mer aarong the Uneber and arre regularly paroled as Stated in applicant petition and affaut. Firms Officavit, Jun to Wuterike W.W. Kobinson before Au this Sept 17 4900, The Somording



Walanta shallawful attorney in fact, for The applicant or this cure must make (4) ed by the Govern fuller front before of may be ATTORNEY ver amount of money. I m. r. as stated in the foregoing warrant that may be issue nesty aband may have Widour's Pension. has some swelling for year ending February 15, 1894. feet in 1863 at Vienting my name for any Warrant the PÍRECTIONS but he served on during 1894 the war and was in son me and in my name, to receive and receipt for whatever is State of Georgia as a widow or a Confederate Soldier, as zing my said Attorney to receipt in my man for any Wa any sum of money which may be coming to no bor the reand oblige. POWER OF to served mule may 1860 Ne lood 12 years after TESF GEORGIA. sum of money which may be com
IN WITNESSWHEREOF, I be
of All laft the wan. in and State, do hereby : He do not thuch the fade shown auchomo 3 AND HANDED TO If allowed, direct result any sum ar a The Clavice is

The state of the s
STATE OF GEORGIA. 1
STATE OF GEORGIA. Know all Men by these Presents. That I, Miss M. D. Joren Klei. County, in gold State, do hereby appoint of the Delay of Misself Mental Mental State of the Delay of the
Know all Men by these Presents. That I, Man M. S. Jose William
Know all men by these Presents. That I.
150 Ht 2100 100 100
county, in mid State, do hereby appoint 7. 6. At or lead to the state of the country in fact, for
nty true and lawful afforney in fact, for
me and in my name, to receive and receipt for whatever amount of money 1 may be entitled to from the State of Georgia as a widow of a Confederate Soldier, as stated by 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.
15 WILLSEASY WILLELY I. I have hereinto set his hand and seal, this
day of F Yelly 1891.
Expented in the presence of us
Executed in the presence of us
all Jon
D1RECTIONS
It allowed, send amount by
ne at and oblige.
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36 4, 6, 6 1. 10 2. 60 6 3 2. 5, 6, 8, 5 14 14 16 16 18
5: 2 6 3 40 2 1 13 6 2 7 2 6 B 2 1 CK (C) 5.5
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Signature of the state of the s
J. K. 6. 1 125 1 2 2 6 6 6 6 1 1 1 1
20 6 203 3 8 8 3 6 3 6 3 6 3 6 3 6 3 6 3 6 3 6
and of the same of the bill
77 1 92 3 3 50 512 10 8 X 20 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
12 1 1 2 2 2 3 6 2 3 2 2 2 2 2 2 2 2 2 2 2 2 2
213 226 3 34 3 34 3 34 4 4 1 1 1 1 1
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Affidavit to be Made by the Widow.

Form No. 1.

STATE OF GEORGIA.) In person came before me, the understand Ordinary
COUNTY OF Right () in and for the County of Roll
Mrs. M. L. Stranklije , why being sworn according to law, says under
outh that she is the widow of W. J. Granklin , who was a soldier in
the service of the Confederate States, and served as a member of Company of the
36th Sa - Regiment of Sa - Volunteers; that he enlisted in said
service on or about the day of 186/, and was in the
Army up to May 186 5 . That while in the
Army, he was in the day of 186 6 (See Note No. 1)
down far with tropsy and died
my ediate expents of said finance
Dantra atra
war wanded in the lear in
a stattle mean Mer Hates Sin Rould
James les sout died Lynn The
electo of the broken brought
on the ont can white months
agin Service, the durn attack
of dropped came an him while
at Claritung miss and never
regovery gulow sound masage,
and sound desease Doused his distr
Deponent further swears that she was the wife of said deceased soldier during his term of service-in the
Army, and that the has never married since his death; that she became his wife on the
day of 1867, and that she has resided in Georgia continuously since the
/9 day of MOh - 1888; that Georgia is her home, and was such on
the 23d day of December, 1890, and since said date she has not lived in any other State or locality. Deponent, as the widow of said deceased soldier husband, applies for the pension provided by Act of the
General Assembly of Georgia, appreved 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
2 3 A, 4
14 th and of Hock - 1894
AL AL
Me Zario

Note 1. State in black above the date of the death of the hosband, and how, and when, and where he died. And in case his dark residuel from those, state how the disease is known positively to have resulted from the service of the address the Arms and not from any other cases.

State of Georgia, County of Series 7	In person came before me, the undersigned Ordinary in and for said County, witnesses Will King Cand
& D. Fienklin	and the state of t
d	(each known to said Attesting Officer as truthful,
liable ad reputable citizens), who s	severally say under oath, that, FROM THEIR OWN PERSONAL KNOWL-
ME, Mrs. M. L. Guene	
ate of Georgia, is the widow of	
ompany. A of the	136 Regiment of League Volunteers.
	rvice of the Confederate States (or the Georgia State Troops) on or
	of May 186 That while in said service or by
	he lost his life as follows:
That My were ever	dupy sat the signal techning
hat he con backet	died in this couly in 1824
	That said dury was course
of a superine	re while engaged in the series
	the hospital fast of the time and
efice able was	in the serice from that time
11 the Carlot	come oxyphermed with him from the
till the sea of	sel and theit he was newscuell
in his with	that he diel droppy, and
trate in the	pay was centraled in the and
mil vine en	psig was amused the state of
Our opportunity for knowing the	facts stated in reference to death of applicant's husband were
	before the war, that he went from
2	to the war that they eve senede
,	The now and lived in the neighborhood
	cor will his chath
	L. Dress Police was the wife of said
	at she has not intermarried since his death, and that she resides in
Colle	County of the State of Georgia.
Sworn to and subscribed before me	this the
20 1 day of Roman	1 18 1 Tans
X S. Whitwork	(1) 0 8 2 14.

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

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!

In and for said County of County of State of Georgia, hereby certify that I am acquainted with Mrs. Mr. A Struckling the applicant for a pension in this case, and know, from my own knowledge, for from positive pension of Georgia on December 23d, 1890, and has not lived out of the State since that date. I also certify that the suitanesses whose testimony site presents to match for a labor certify that the state since that date. I also certify that the suitanesses whose testimony site presents to match for a labor certify that the state since that date. I also certify that the state since that date. I also certify that the state since that date. I also certify that the state since that date. I also certify that the state since that date. I also certify that the state since that date. I also certify that the state of Georgia on December 23d, 1890, and has not lived out of the State since that date. I also certify that the state of Georgia on December 23d, 1890, and has not lived out of the State since that date. I also certify that the state of Georgia on December 23d, 1890, and has not lived out of the State since that date.

I also certify that I also certify that the state of Georgia on December 23d, 1890, and has not lived out of the State since that date. I also certify that the state of Georgia on December 23d, 1890, and has not lived out of the State since that date.

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

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 wilese pushings went to the army and have never been heard from since the war.

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

No pension can be party previous years.

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

No widow is outlined the was the wife of the soldier during the war, and has never remertled. The law does not perfect the date of the Act.

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 testiment by physicians must be produced.

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

There is no need of employing a larger 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 Notury will not answer, in any case.

If proofs must be made nation the State of Record under State, and that their signatures are so

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.

Form No. 4.

POWER OF ATTORNEY. STATE OF GEORGIA, _____County. bereby authorize___ County, to receive and receipt for the pension allowed and that he . Executed in presence of County. SEAL

	Questions to	or Applicar	nt.	
STATE OF	GEORGIA,) we still the co	7.0	. 4"
Cush	County.	}	,	20
matte 9	Fourten		r.) .	
avail harself of the Pensis	n allowed to Indigent Widows	of sa	id State and County, desirin	g to
following questions, Depor	es and answers as follows:	nd after being duly swor	n true answers to make to	the
L Franklin	name and where do ou reside?	(Give State, County a	nd Post Office.) Morth	4
2. How long and	since when have you been a re	sident of this State?	Il my life	
3. When and wh	ere were you bern? /835.	Ewmull a	J 4.	
1828 Elbert	Bo ga Hillim Jo	ate his full name, and w	hen were you and he marri	ed f
5. When and wh	ere, and in what Company and May 86 2 al ker	Regiment did your bue	band enlist or serve during	the
36 The Wal	may Rb 2 al Ru	orone ville leve	mult lo. lo K	
	your husband serve in said Cor			an
birburg Mit, a	flerund at the	and Regiment surrender	and was discharged ?	1
// 8. Was your hust	and present at the tital and pla	ice when his Company ap	d Regiment surrendered?	n mu
9. If not with his	command at surrender, states	Home who	in the armes al	Sun
	by what authority?			om-
Acceptable on the second of the second	The second secon			-
10. When and w	here did your husband die?	Sumuet (2)	Feb 28- 1876	
11. Which of the	following grounds do you be	ase your application for	Pension, viz : First-Age	and
	ity and Poverty, or Third-B			3
 If upon the fi your support. If upon th 	rst ground, state how long yo e second, give a full and compl	u have been in such a cete history of the infirmi	condition that you cannot e	arn
thin, state whether you as	re totally blind, and when and	where you lost your sight	Age and	
13. What has bee	n your occupation since your	husband's death ?	sing & Dred Me	Les.
		7	Fac. 16 11	1
14. How much ca 15. What propert	n you earn gross, by your own y, real or personal, or income d	o you have possess, and	d its gross value?	1.
	yereal or personal, did you per	rottung	an ha laft man and a C C	
1899 1900, and what dish	ejtion, if any, by sale or gift, h	ave you made of the sar	ne?	ear
17. In what equal	you reside in 1899 and	1900 and what property	did you return for towards.	-
cura po	Hune .	1. 1. 1	1.10	
18. How have you	been supported since death of	husband, and especialty		T.,k
19. How much til	t your authors that for each of	those years and her	ch did you contribute by yo	C W
our moon or meanier.	and the second s	1 1909—how much did yo	ira	7
I done sue	n mungs, r	Tavu Con	Ild I help	
21. Have you a fi	amily & If soowho composes su	och family? Give their		- <
any lands or other property	4 4		means of support? Have the	hey
22. Have you eve	r made an application for pens	ion before?	ma ^t	
Last A How many ap	plications have you made for a	Pension, and under what	class?	-/
Sworn wand subspribed b	ed Doldies who	In The	alla ones	ou u
V	Trans and sustained and an arrangement of the sustained and arrangement of the sustained arrangement of the sustaine	ININ MA. IN	THAT IN THE	tr.

Questions for Witnesses.

ATE OF GBORGIA,	
County.	*
() Lim-	4
presented as a witness in support of the Application of Mrs. Marth	of sald State and County, having
	duly sworn true answers to make to the
ng questions, deposes and answers as follows:	-411
What gyour name and where do you reside?	Maloney
2. Are you acquainted with the applicant, Mrs. Martha	f the de:
ow long have you known her?	J. Manketta
3. Where does she reside, and how long and since when has she be	en a resident of this State ?
	· · · · · · · · · · · · · · · · · · ·
4. When and where was she born?	
5. Were you ever acquainted with her husband?	nkling. Todo
5. Where did he reside in 1861?	initie of of q
. see and to whom was he married .	and the second s
5. When and where was he born? How long have you known him? Ever Amer 185	6
10. When and where did A & Hombilian	enlist in the war between
es, and in what Company and Horiment did he enlist and how do	you know this? Turnelly &
19/2 1862 Ou Il 96 7a boli.	
1/ Were you a member of the same Company and Regiment?	Geo
V-	10.000 1010
2. How long did be perform regular military daty ? from	129 11/04/862 mile
3. When and where was his Company and Horimont surrous	ndered and discharged from service?
as my por on and only the	when her are
4. Were roll with the command whon it surrendered?	voi/met
as million and cont day	the husband of applicant present?
6. If not present, where was he?	
7. When and where did he leave his Command? He wo	Augrandered of
1 chuse? The army was Survey	dred there
authority he left?	, 7
men know all the? (State fully and slearly.) Wes	1, wo other all
and John on home of elle	Marget to the Sun
ms after had I wa	in prison and do
when and where did the work the	die?
Where wid he reside at his death and how long has he beer	
mit coya, all kishel	01/1/0-261
Do you of your own knowledge know that applicant is the la	wful widow of A FORWER
Has she remained unmarried since her soldier husband's death	11
Has she remained unmarried since her soldier husband's death,	and is now his widow?
2. What properly, effects or income has the applicant, if any,	and how do you know this of your
	and the state of your
wienge: ~ ////	
3. What properly, effects or income did applicant possess in 1899	and 1900 and what disposition did she
3. What properly, effects or income did applicant possess in 1899	and 1900 and what disposition did she
of not ruder	
What properly effects or income did applicant possess in 1899	
What properly effects or income did applicant possess in 1899	

26. Is applicant able to earn a support at labor of any sort, if not why?	
Town two	1
27. How was she supported for 1899 and 1900?	not know
28. How much did applicant contribute to her support for last two years	· Do hot know
29. Give a full and complete statement of applicant's physical condition	
30. What interest have you in the recovery of this pension by the application	ant? Mare
Sworn to and subscribed before me this 16	
day of Sept 1 1901	Malmust
(M) Con Mari	· · · · · · · · · · · · · · · · · · ·
Ordinary,	
County.)	Witnesses.
Affidavits of Physicia	ans.
STATE OF GEORGIA,	
County. 2/d.	0
Personally beforemy comes That	Zand
both	known to me to be reputable
	have examined carefully Mrs.
	n under Act of 1900, and after
in alisin for spouldour Take	in white
sid age transport practice	ally & Substance
add a so ordinary ment	wern, her lo
nd we have no interest in said pension if allowed.	~ · · · · · · · · · · · · · · · · · · ·
Sworn to and subscribed before me this	X 5 12 6 5
ay of Hely 1902) Ofthe	1 The Heart Will
Q9/ 6 Q 7	2 4 . 8 3 3 5 5
Dhy Chicaginary, Cop as	0. 70 c 4 2 201
County./	7
ORDINARY'S CERTIFICAT	E R E STATE
TATE OF GBORGIA,	walla-
J. A. GEORGIA,	0 58 7 7 7
Squaty)	9 1 6 1 6 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
I. Thu Mushus a Ordinary	in and for said commer, thereby
rtify that the applicant, Mrs. Mastra 68, Frank	un resident propaid
unty, and has been a bona fide resident of this State since day	of laute HH
D, and that the witnesses, Mr. Melone	0.
e entitled to full faith and credit.	acter, and that their statements
I do further certify that before answering the foregoing questions, the appli	cant and said witnesses took the
tto nerein prescribed, and the full text of the affidavits was read to the applicant	and witnesses before the same
as signed and subscribed. I further certify that the tax digest of	
turned for taxation in her own name in 1899.	county shows that applicant
property, and in 1900	dollars worth
Witness my hand and official seal, this 200 dayof	Tales, 190 2
The Otes	7
SEAL	Ordinary,
OTES Refore any questions are assured to Q &	County.
OTES—1. Before any questions are enswered, the Ordinary shall swear applicant as words: "You do solemily swear that you will true answers make to each and the evidence you shall give will be the whole truth; so help you God. Additional affidavits may be attached, it blank spaces are insufficient. All suffacts must be made before Ordinary.	nd the witnesses in the following h of the questions asked of you,
 All anidayits must be made before Ordinary. Only widows, who were the wives of the dead husbands while they were widows. Those married since 28th April, 1886, not entitled. 	soldiers need apply—and are now

	90	Co L X Im.	RGIA, Shark Anoton pt for the	cin 7	of					
day of	In Witi	TESS WI	HERROY, I ha	ve here	into set	my hand an	d seal, ti	his		
			esence of		an in Manager					
RE PAID.	•		NOISN	BER 31, 1904.	Lin	County,	Regiment	or of Pensions.	1904,	Allanta
TO THOSE HERETOPORE PAID	904	No. 197	W'S PEN	FOR YEAR ENDING DECEMBER 31, 1904 PAID TO	2 Hound	388 Jonkl		JOHN W. LINDSEY, Commissioner of	WARRANT ISSUED JAN 25	AND HANDED TO
TO THOS	_			FOR YEAR I	mu In	Widow of M	8	ř		Geo. W

mandeling m. & and

POWER OF ATTORNEY.

STATE OF GEORGIA,	}
John Award	, hepeby authorize
to receive and receipt for the pension pair	d hereon, and request that he remit same to
In Witness Whereof, I have hereunday of	nto set my hand and seal, this
Executed in presence of	Masse Masses 8.

To Those Hektodore Paid.

1905.

No. 2 4 4.

INDIGENT
WIDOW'S PENSION,

WARRANT ISSUED

JARI CG 1 190

AND HANDED TO

THE PRAME, IN PRINTING AND PUBLISHING CO., ATLANTA GEO. W. HARRISON, MANAGER, FOR STATE PRINTER,

Widow of AT Traublin.

For year ending Dec. 31, 1905.

Me Ile Franklin

JOHN W. LINDSEY,
Commissioner of Pensions

La con Miller Carlo

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA, PERSONALLY COMES MRS.
County of Cold 1 Donathin
who, being sworn, says on oath that she is a bona fide resident of said County of State of Georgia, and that she has RESIDED in said State
continuously, ever since all her life. That she is the Widow of
Who was a soldier in Company of the 36 Regiment of 99
of the 36 Regiment of 99
Volunteers, that he enlisted in said regiment on or about the month of
186 L, and served in the Army up to 186 \(\) . That he died
on the1818
and forward That is maded to
A STATE OF THE STA
Department of the second of th
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
I have been allowed an Indigent pension as a resident of
County, under Act 1900, for the year 1903, and now apply for the pension provided by law for the
year ending Decomber 31, 1904.
Sworn to and subscribed before me, Markey saukling
John Awlony Ordinary. Post Office
Ordinary.
State of Georgia, 1 1 And Trans
County. Ordinary of said County, certify that I am well
acquainted with Mrs. M & Frankling who made the above affidavit, and
am satisfied that the facts therein stated are true, and I know she is the individual she represents
herself to be, and that she has continuously resided in this State since the
day of18
Given under my official signature and seal, this the
OBOIA John Antrey
Ordinary of Cold County
NOTE.—All blanks must be filled.

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA County of The Transce
who, being sworn says on oath, that she is a bona fide resident of said County of State of Georgia, and that she has RESIDED in said State continuously ever since That she is the Widow of who was a soldler in Company of the Regiment of Volunteers, that he enlisted in said regiment on or about the month of
the 16 day of Huy, 1872. Books
Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 18 6 7. I have been allowed an Indigent pension as a resident of
year ending December 31, 1905 Sworn to and subscribed before me, this If I day of Suprecy 1905. Thus I would be the post-office Mainta, 64,
State of Georgia, County, Ordinary of said County, certify that I am well acquainted with Mrs. Mos Franking, 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 topo, and that she has continuously resided in this State since the day of the state of
Official Seal. Ordinary of Oog County.

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

STATE OF GEORGIA,	
COUNTY.	
1. M. L. Franklin	pereby authorize
from swift of Marile, &	'Aı
to receive and receipt for the pension paid hereon, and request that he	remit same to
me at his office	
In Witness Whereof, I have hereunto set my hand and seal, this	
day of Milnary 1908.	
M. L. X TELA	ullia s.
Executed in presence of	,
Proceded in procede in	

	 ipt for the p	of pension paid	hereon, and ato set my hand	request that	B	-
<u>Ji</u>	d in presence		M.E.	XTIRAMI WHL	Clin	[1
de la	 TWE	cading Dec 31, 1907.	County,	W. LINDSEY,	WARRANT ISSUED 2 1907. AND HANDED TO	

WIDOW

Widow of

WIDOW'S PENSION, JOHN W. LINDSEY,
Commissioner of Pens M. S. Fraulin For year ending Dec. 31, 1906. WARRANT ISSUED AND HANDED TO

To Those Heretofore Paid.

1906.

No. 306

Grankling M. S. Dr.

INDIGENT

John, M.S. Ones)

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,	M. D. Maullin
V) A A Z	e is a bona fide resident of said County of is, and that she has RESIDED in said State
continuously ever since before The W	
My Hranklin	who was a soldier in Company
1 lof the 364	Regiment of Sa
Volunteers, that he enlisted in said regiment on or about	the month of
186.2, and served in the Army up to While	That he died on
the day of July	1822
age mismite of 10	resty.
	7
The state of the s	No. of the control of
	Control of the Contro
The same of the sa	
Deponent swears that she was the wife of said deceased at	oldier, during his service in the Army as a
soldier, and that she has never married since his death af	oresaid, and that she became his wife in
the year illefore the was-	f 4
I have been allowed an Indigent pension as a resid	
County, under Act 1900, for the year 1905, and now apply	for the pension provided by law for the
year ending December 81, 1906.	444
Sworn to and subscribed before me	L. LX Frauthin
this day of wiff 1906.	mask
Post	Office
State of Georgia,	John Survey
160	ary of said County, certify that I am well
acquainted with Mrs. M. L. Flaullin	, who made the above affidavit, and
am satisfied that the facts therein stated are true, and I kn	
herself to be, and that she has continuously resided in this	State since the
day of Asmary 1894	,
Given under my official signature and seal, this the	19 day of / 1906.
(Official)	hu Alustust
Seal Ordinary of	County,
NOTE.—All blanks must be filled.	, county,

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,	PHREONALLY COMES MRE.
continuously ever since Jarry	Ays on each, that she is a bona fide resident of said County of State of Georgia, and that she has RESIDED in said State That she is the Widow of who was soldier in Company Regiment of
Volcunteers, that he enlisted in said regi	ment on or about the month of
	o186.5. That he died on
the day of	18.22,
age Ho	munty
soldier, and that she has never married the year 1944-1944. The Was I have been allowed an Indigent pe County, under Act 1900, for the year 19	16-11
sworn to and subscribed before this \$day of flavor	1907. M. L.X Hranklin
	nty. Ordinary of said County, certify that I am well found the above affidavit, and are true, and I know she is the individual she represents
	sly resided in this State since the
Given under my official signature a	~ 0