

W. L. Lindsay
Care of the...

COBB COURT OF ORDINARY
MARIETTA, GA.
JOHN AWTRY, JUDGE PROBATE

Georgia, Cobb County - Personally known.
J. F. Hendrix, and answers the
Charge made by the Grand Jury
at the March Term 1902 after
says that, he is entitled to an
Order of remission under Section
1254 of the Code of Georgia
1885, and in defense of said
Claimant respectfully calls attention
to the proofs submitted in the
original application, and also to
the proofs submitted some weeks
ago in his petition for reinstatement - Claimant also alleges
and submits proofs herewith to show,
that he had no opportunity to be
heard or to submit proofs before
said Grand Jury, but that its action
was entirely arbitrary - His
answer to said charge made against
me this April 27th 1903.

John Anthony, Attorney at Law,
Decatur, Ga.

COBB COURT OF ORDINARY,
MARIETTA, GA.
JOHN AWTRY, JUDGE PROBATE

Georgia, Cobb County. Personally comes A. A. Bishop and who being duly sworn depose and say that they were members of the Cobb County Grand Jury at the March Term 1902, at which time it was recommended the S. T. Hendrix be dropped from the prison roll. They further say, that said action was taken after an ex parte hearing, and that said Hendrix did not have a hearing before said body.

W. D. Dobbs
J. T. Garver

Sworn to and Subscribed
before me this April 27th 1903,
And I certify that above affiants are
bona fide residents of this County of
Good Character, whose statements are
worthy of full faith & credit -
John Anthony, Clerk

Jno. W. Lindsey,
Commissioner of Pensions,
Atlanta, Ga.

PENSION OFFICE.

Atlanta Ga 3/23 1903

To T. T. Hendrix

Cobb County Ga.

SIR

You are hereby notified to furnish to this office on or by the 15th day of April 1903, sufficient competent evidence, why you should not be stricken from the Pension Roll of Cobb County, for cause stated below, preferred against you by Grand Jury held Dec. 1902

This evidence must be first-class, made before Ordinary of your County, clearly and distinctly showing, beyond doubt, your right to this Pension under the law

Charge that you are not entitled to Pension & should be dropped. You must take account of all your other occupations with Cobb County, and be sure that you are not entitled to Pension for any other occupation & responsible position that may be claimed by you on which you have some right to the Pension is clearly & fully shown.

J. W. Lindsey
Com. of Pension

March Adjourned Term

Cobb Superior Court

Grand Jury
Presentments

We, the Grand Jury chosen and sworn for the second week of the March Term 1902, of Cobb Superior Court, make these our general presentments

We recommend that the name of T. T. Hendrix be dropped from the pension list

D. V. Stokely Foreman

Georgia
Cobb County

I, J. B. Reeves, clerk of Cobb Superior Court do certify that the above and foregoing is a true and correct copy of as now appears of record in this office.

Witness my hand and official seal this 6th day of September 1902

J. B. Reeves
Clerk

Case of Charles

most affairs of record in this office
Witness my hand and official seal
this 6th day of September 1902
- J. B. Greer
Clerk

Mr. J. S. Hurdick being infirm
and paralyzed is unable to do any manual
work, and being uneducated and
with no professional calling, is un-
able to make a living at any calling
or occupation and
therefore also subscribed and attested
before me this 10th day of Sept.
1902
J. M. Stone
Clerk

POWER OF ATTORNEY.

STATE OF GEORGIA,

County, }

herby authorize

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

at

by

Witness my hand and seal, this

1st day of

1903.

Specified in presence of

John W. Lindsey

[L. S.]

John W. Lindsey

CODE SECTION 1254.

(FOR THOSE ALREADY ENROLLED.)

In custody of
No. *113*
20 *January* Co. 1904

INDIGENT SOLDIER'S PENSION 1903.

Name *M. B. Loring*
County *Ordn*
Co. *B* 38th Regiment *La. Inf*

WARRANT ISSUED

20

1903.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Ordy

Geo. Harrison, State Printer, Atlanta.

No date

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, W. B. Nearing hereby authorize
John D. Herring of _____
 to receive and receipt for the pension allowed and request that he remit same to
 _____ at _____
 by _____

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

Executed in presence of

John D. Herring

[L. S.]

John D. Herring
113 North Georgia
Atlanta, Ga.

CODE SECTION 134.

(FOR THOSE ALREADY ENROLLED)

In Herring 1102
No. 1324
Do Herring Co. 1204

INDIGENT

SOLDIER'S PENSION

1903.

Name W. B. Nearing
 County Chick
 Co. B. 38th Regiment Gallop

WARRANT ISSUED

1903.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Ordy

Gen. Harrison, State Prison, Atlanta.

No debt

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cobb County.)

Personally appears W.B. Hemming of Cobb County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the _____ day of _____ 1860; that he is 71 years old and by occupation a farmer, that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served for the term of 4 yrs in Company A, of 38th Regiment of La Palo; that his physical condition is as follows: From age infirmity and poverty

that his property consists of the following items: Nothing

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

Deponent desires to participate in the benefits of the Act, approved December 16th, 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 Paulding county been allowed a pension for the year 1902

Sworn to and subscribed before me, this the _____ day of _____ 1903. } W.B. Hemming Ordinary.

STATE OF GEORGIA,

Cobb County.)

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

Given under my official signature and seal, this 5th day of January 1903. John Purdy Ordinary Cobb County.



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

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb COUNTY, I, Wm. H. Hensley hereby authorize F. M. Hensley of Kennesaw to receive and receipt for the pension allowed, and request that he remit same to me at Kennesaw by hand

WITNESS my hand and seal, this 15th day of January 1906.
[L. S.] Wm. H. Hensley

Executed in the presence of
J. W. Hays

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb COUNTY, I, Wm. H. Hensley hereby authorize F. M. Hensley of Kennesaw to receive and receipt for the pension allowed, and request that he remit same to me at Kennesaw by hand

WITNESS my hand and seal, this 12th day of January 1907.
[L. S.] Wm. H. Hensley

Executed in presence of
W. C. Hensley

INDIGENT
SOLDIER'S PENSION
1906.

Name Wm. H. Hensley
County Cobb
Co. d Regiment 36

WARRANT ISSUED

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDLED TO
Hensley

INDIGENT
SOLDIER'S PENSION
1907.

Name Wm. H. Hensley
County Cobb
Co. I Regiment 36

WARRANT ISSUED

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

WARRANT HANDLED TO
Hensley

Gen. W. H. Hensley, State Pension Agent.

STATE OF GEORGIA

FOR APPLICANTS HEREFOR TO RECEIVE PENSIONS

Hensley, C. E.,
Cobb Co.

FOR THOSE ALREADY ENROLLED

No. 704

710 cl. to

no date

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,

Cobb County,

Personally appears E. E. Rice 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 1st day of Jan 1884; that he is 63 years old and by occupation a farmer, that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served for the term of 8 years in Company D, of 36th Regiment of Infantry; that his physical condition is as follows:

Infirmit

that his property consists of the following items: sub

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

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

Sworn to and subscribed before me, this 1st day of Jan 1906. } E. E. Rice
John Westray Ordinary.

State of Georgia,

Cobb County,

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

Given under my official signature and seal, this 4 day of Jan 1906.
John Westray Ordinary Cobb County.

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,

Cobb County,

Personally appears E. E. Rice of Cobb

County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the _____ day of _____ 18____; that he is _____ years old and by occupation a _____, that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served for the term of _____ in Company _____ of 36th Regiment of Infantry; that his physical condition is as follows:

Age & Infirmit

that his property consists of the following items: _____

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

Deponent desires to participate in the benefits of the Act approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1907. I have heretofore, as a resident of Cobb County, been allowed a pension for the year 1906.

Sworn to and subscribed before me, this 1st day of Jan 1907. } E. E. Rice
John Westray Ordinary.

State of Georgia,

Cobb County,

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

Given under my official signature and seal, this 1st day of Jan 1907.
John Westray Ordinary Cobb County.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cherokee COUNTY. }

Sarah Huggins hereby authorize

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

at *18*

day of *January* 1906. *Sarah Huggins* [L.S.]

Executed in presence of

William

To Those Heretofore Paid.

1906.

(From Cherokee Co 1906)
No. *470*

WIDOW'S PENSION

For year ending Dec. 31, 1906.

PAID TO

Mrs. Sarah Huggins

OR

Capt County,
Widow of *Sarah Huggins*
Co. _____ Regiment

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED

18 1906,

AND HANDED TO

024

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb COUNTY.

I, Sarah Higgins, hereby authorize John A. Wray of _____ to receive and receipt for the pension paid hereon, and request that he remit same to _____ at _____.

In Witness Whereof, I have hereunto set my hand and seal, this 18th day of January, 1906.

Sarah Higgins [L. S.]

Executed in presence of

J. Mann

Higgins, Sarah
Cobb Co.

To Those Heretofore Paid

1906.

(Trans. Dec. 31, 1906)

WIDOW'S PENSION

For year ending Dec. 31, 1906.

PAID TO Mrs. Sarah Higgins

Widow of Capt. Sarah Higgins

County, _____

Co. _____ Regiment _____

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED

12 1906,

AND HANDED TO

Wray

First Printed at Pensacola and Publication Co. 108 N. Main St., Ala.

Higgins, Sarah
Cobb County
To Those Heretofore Paid.

1907.

No. 100

WIDOW'S PENSION

For Year ending Dec. 31, 1907.

PAID TO Mrs. Sarah Higgins

Widow of Capt. Sarah Higgins

County, _____

Co. _____ Regiment _____

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED

12 1907,

AND HANDED TO

See W. Barton, State Printer, Atlanta

STATE OF GEORGIA

FOR WIDOWS HERETOFORE ALLOWED PENSIONS

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of Cobb

PERSONALLY COMES Mrs.

Sarah Higgins

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

Isaac Higgins

who was a soldier in Company

of the

Regiment of

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

186

and served in the Army up to

186

That he lost his

life on the

day of

18

(State here

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

Due of Union

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 18

I have been paid a pension as a resident of Cherokee County, for the year ending December 31, 1905, and now apply for the pension provided by law for the year ending December 31, 1906.

Sworn to and subscribed before me

this 15 day of January 1906.

John A. Wray, Ordinary.

Post Office

State of Georgia,

Cobb County.

Ordinary of said County, certify that I am well

acquainted with Mrs. Sarah Higgins, who made the above affidavit, and

am satisfied that the facts therein stated are true, and I know she is the individual she represents

herself to be, and that she has continuously resided in this State since the

day of 18

Given under my official signature and seal, this 18 day of January 1906.

Official Seal

Ordinary of Cobb County.

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

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of Cobb

PERSONALLY COMES Mrs.

Sarah Higgins

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

Isaac Higgins

who was a soldier in Company

of the

Regiment of

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

186

and served in the Army up to

186

That he lost his

life on the

Died in prison

18

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

Age Infirmary & poverty

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 18

I have been paid a pension as a resident of Cobb County, for the year ending December 31, 1906, and now apply for the pension provided by law for the year ending December 31, 1907.

Sworn to and subscribed before me

this 14 day of January 1907.

John A. Wray, Ordinary.

Post Office

State of Georgia,

Cobb County.

Ordinary of said County, certify that I am well

acquainted with Mrs. Sarah Higgins, who made the above affidavit, and

am satisfied that the facts therein stated are true, and I know she is the individual she represents

herself to be, and that she has continuously resided in this State since the

day of

18

Given under my official signature and seal, this 14 day of January 1907.

Official Seal

Ordinary of Cobb County.

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

Hill, Fannie C. (Mrs.)

Widow of Henry C. Hill. (Dec 1906)

COBB COUNTY.



O..K.

Widow's Application

Under Act of 1810, as Amended by Act of
1919, and Constitutional Amendments
of 1920 and 1937, *and 1965*

County COBB

Name Hill, Fannie C. (Mrs.)

Widow of Henry C. Hill

Date of Marriage Prior to 1906

Date of Husband's Death Oct. 14, 1906

Company C, 27th Battalion

Regiment Ga. Infantry.

Approved Jan. 26 1963

L. H. Anderson
Director.

Atlanta, Ga., Jan. 26, 1953.

H. C. Hill was admitted to
the pension rolls of Cobb
County, Ga. in 1922, on the
following statement:

Enlisted Jan. 10, 1864, in
Co. C, 27th Battn. Ga. Inf.
Surrendered, Greensboro,
N. C., Apr. 26, 1865.

L. H. Anderson
Director.

CONFEDERATE PENSION X
State Department of Public Welfare X

CONFEDERATE PENSION AND RECORD
DEPARTMENT
404 State Capitol,
Atlanta 3, Georgia

15

Atlanta, Ga., Jan. 26, 1953.

H. C. Hill was admitted to the pension roll of Cobb County, Ga. in 1922, on the following statement:

Enlisted Jan. 10, 1864, in Co. C, 27th Battn. Ga. Inf. Surrendered, Greensboro, N. C., Apr. 26, 1865.

Director.

Hill, Fannie C. (Mrs.)

Widow of Henry C. Hill.

COBB COUNTY.



O. A. S.

Widow's Application

Under Act of 1910, as Amended by Act of 1919, and Constitutional Amendments of 1920 and 1937, and 1952.

County COBB
Name Hill, Fannie C. (Mrs.)
Widow of Henry C. Hill
Date of Marriage Prior to 1906.
Date of Husband's Death Oct. 14, 1935.
Company Co. 27th Battalion
Regiment Ga. Infantry.
Approved Jan 26 1953
William H. Anderson
Director.

CONFEDERATE PENSION AND RECORD
DEPARTMENT Capitol,
404 State
Atlanta 3, Georgia

CONFEDERATE PENSION AND RECORD

DEPARTMENT Capitol,
404 State
Atlanta 3, Georgia

15

APPLICATION FOR PENSION BY A WIDOW OF A CONFEDERATE SOLDIER

(Under Act of 1910, as Amended by Act of 1919, and Constitutional Amendments of 1920 and 1937.) and 1952 and 1953.

QUESTIONS FOR APPLICANT TO ANSWER:

STATE OF GEORGIA,

COBB

COUNTY.

Personally appeared before me, Mrs. Fannie C. Hill of said State and County, and hereby applies for the pension allowed by the Act of 1910, as amended by the Act of 1919 and the Constitutional Amendments of 1920 and 1937, and submits testimony to support the same, and, after being duly sworn, true answers to make to the questions propounded, answers as follows, to-wit:

SECTION I.

1. What is your name, and where do you reside? (Give Post Office and County)
Mrs. Fannie C. Hill, Acworth, Ga.
2. How long and since when have you been, continuously, a bona fide resident citizen of the State of Georgia?
Born in 1881 Age? 72
3. (1) When, (2) where and (3) to whom were you married? Prior to 1906 in Mississippi, to Henry C. Hill
4. Have you married since the death of first and soldier husband? No
5. When and where did your soldier husband die? at Austell, Ga. Oct. 14, 1935
6. Were you residing together when he died? Yes.
7. If not, how long had you resided apart?
8. Are you now a widow? Yes.
9. Have you or your husband heretofore been paid a pension by the State? Husband did
10. If so, in what county was first pension drawn and what year were you or your husband placed on rolls? Cobb County in 1922

SECTION II.

1. When, where and in what Company and Regiment did your husband enlist as a soldier in Confederate Army or Georgia Militia. (Give name of Colonel and Captain.) State whether Infantry, Cavalry, Artillery, Reserves, State Guards, State Militia or State Troops.
Co. Q, 27th Battn. Ga. Infantry
2. When and where was the Command of your husband surrendered? Greensboro, N. C. Apr. 26, 1865
3. Was your husband personally present with his Command when it was surrendered? Yes
4. If he was not present, state specifically and clearly where he was?
5. When did he leave the Command?
6. For what cause did he leave?
7. By whose authority did he leave?
8. For how long was his leave of absence granted? d. In what way?
9. What was his physical condition when he left his Command?
10. What effort did he make to return to his Command?
11. In what way was he prevented from going back to his Command?
12. Was he captured by the enemy at any time?
13. If so, when and where? In what prison was he held and when was he released?

Sworn to and subscribed before me, this the

23 day of January, 1953

John T. Dorsey Ordinary

Cobb County.

(SEAL OF ORDINARY)

Mrs. Fannie C. Hill
Acworth, Ga.
Applicant.

(SEAL OF ORDINARY)

STATE OF GEORGIA,

Ordinary's Certificate

COUNTY.

I, _____
that I know

she is the person she represents herself to be, and that she has been, continuously, a bona fide resident citizen of said State since January 1st, 1920; that I also know the witness who swears to the service of husband and/or the marriage; that both of them are residents of said County and were duly sworn by me before signing the foregoing affidavit, and that they are truthful and trustworthy and their statements are entitled to full faith and credit.

Given under my hand and seal of office this _____ day of _____, 1953

(SEAL OF ORDINARY)

Ordinary

of _____ County.

INSTRUCTIONS:

1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the whole truth. So help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. Only widows who married prior to January 1st, 1920, are eligible.
4. All affidavits must be made before the Ordinary of the County in which the applicant or witness resides and must be certified by such Ordinary.
5. Attach certified copy of marriage license if obtainable. If not, prove marriage by some person, or by general reputation.
6. Don't use the bulky form of Marriage Certificate in vogue throughout the State. A short, simple form is easier to handle.
7. Do not take an application from any widow who is already receiving a pension.

Applicant Ag. B. B. Whittell A.D.M.

REGISTRAR: CHECK CERTIFICATE CAREFULLY

Signed Kate Green Registrar, V.S.

Commissioner of Health,
Hilton County.

Federal Security Agency
U. S. Public Health Service

GEORGIA DEPARTMENT OF PUBLIC HEALTH
CERTIFICATE OF DEATH

Date Filed: 1000
Serial No.:

1. Place of Death: Fulton 420.0

(a) Country: Georgia (b) County: Cobb

(c) City or Town: Atlanta (d) Precinct: 420.0

(e) Hospital or Institution: Grady Hospital (f) Street: 420.0

(g) Name of Decedent: Franklin (h) Sex: Male

(i) Race: White (j) Age: 42

(k) Date of Birth: 1926 (l) Date of Death: Feb 17

(m) Usual Occupation: Hotel-Maker (n) Place of Birth: Georgia

(o) Father's Name: W H Spormaker (p) Mother's Name: Sally Hatten

(q) Cause of Death: Pneumonia (r) Manner of Death: Natural

(s) Date of Onset: Feb 17 (t) Date of Death: Feb 17

(u) Signature: Dr. Smith (v) Signature: Grady Hospital

(w) Date: 3-2-53 (x) Date: 3-2-53

(y) Signature: Walter Pinner (z) Signature: Walter Pinner

REMARKS: CHECK CERTIFICATE CAREFULLY

I hereby certify that the facts stated herein are true and correct to the best of my knowledge and belief.

Witness my hand and seal this 2nd day of March 1953.

Walter Pinner

Walter Pinner

I hereby certify that the above is a true and correct copy of the above document as the same appeared in the files of the Federal Bureau of Investigation at Washington, D. C.

Dated: Jan. 27, 1938 Special Agent in Charge

R. H. [Signature] SAC, New York

1. Place of Death

(a) County Fulton 420.6

(b) City or Town Atlanta

(c) District Grady Hospital

2. Name of Person

(a) First Name Frankie

(b) Last Name Frankie

3. Name of Person

(a) First Name W

(b) Last Name W

4. Name of Person

(a) First Name W. H. Sharmaker

(b) Last Name W. H. Sharmaker

Poland Memorial Agency
U. S. Public Health Service

1-9
1-10
1-11
1-12

1. Place of Death
(a) County Fulton 420.0
(b) City or Town Atlanta
(c) Hospital or Institution Grady Hospital

2. Name of Deceased
(a) Name as on Birth Certificate FRANKIE FRANKIE
(b) Name as on Death Certificate FRANKIE FRANKIE
(c) Name as on Burial Certificate FRANKIE FRANKIE
(d) Name as on Cremation Certificate FRANKIE FRANKIE
(e) Name as on Other Certificate FRANKIE FRANKIE

3. Sex M Age 21 Race W Birth Date 11-11-1911

4. Usual Residence (City and State) Atlanta, Georgia

5. Usual Residence (Street and Number) 1111-1111

6. Usual Residence (Room and Apartment) 1111-1111

7. Usual Residence (Other Address) 1111-1111

8. Cause of Death
(a) Immediate Cause Heart Disease
(b) Underlying Cause Heart Disease
(c) Contributing Cause Heart Disease
(d) Manner of Death Heart Disease

9. Date of Death 11-11-1911

10. Date of Burial 11-11-1911

11. Date of Cremation 11-11-1911

12. Date of Other Certificate 11-11-1911

13. Date of Death Certificate 11-11-1911

14. Date of Burial Certificate 11-11-1911

15. Date of Cremation Certificate 11-11-1911

16. Date of Other Certificate 11-11-1911

17. Date of Death Certificate 11-11-1911

18. Date of Burial Certificate 11-11-1911

19. Date of Cremation Certificate 11-11-1911

20. Date of Other Certificate 11-11-1911

21. Date of Death Certificate 11-11-1911

22. Date of Burial Certificate 11-11-1911

23. Date of Cremation Certificate 11-11-1911

24. Date of Other Certificate 11-11-1911

25. Date of Death Certificate 11-11-1911

26. Date of Burial Certificate 11-11-1911

27. Date of Cremation Certificate 11-11-1911

28. Date of Other Certificate 11-11-1911

29. Date of Death Certificate 11-11-1911

30. Date of Burial Certificate 11-11-1911

31. Date of Cremation Certificate 11-11-1911

32. Date of Other Certificate 11-11-1911

33. Date of Death Certificate 11-11-1911

34. Date of Burial Certificate 11-11-1911

35. Date of Cremation Certificate 11-11-1911

36. Date of Other Certificate 11-11-1911

37. Date of Death Certificate 11-11-1911

38. Date of Burial Certificate 11-11-1911

39. Date of Cremation Certificate 11-11-1911

40. Date of Other Certificate 11-11-1911

41. Date of Death Certificate 11-11-1911

42. Date of Burial Certificate 11-11-1911

43. Date of Cremation Certificate 11-11-1911

44. Date of Other Certificate 11-11-1911

45. Date of Death Certificate 11-11-1911

46. Date of Burial Certificate 11-11-1911

47. Date of Cremation Certificate 11-11-1911

48. Date of Other Certificate 11-11-1911

49. Date of Death Certificate 11-11-1911

50. Date of Burial Certificate 11-11-1911

51. Date of Cremation Certificate 11-11-1911

52. Date of Other Certificate 11-11-1911

53. Date of Death Certificate 11-11-1911

54. Date of Burial Certificate 11-11-1911

55. Date of Cremation Certificate 11-11-1911

56. Date of Other Certificate 11-11-1911

57. Date of Death Certificate 11-11-1911

58. Date of Burial Certificate 11-11-1911

59. Date of Cremation Certificate 11-11-1911

60. Date of Other Certificate 11-11-1911

61. Date of Death Certificate 11-11-1911

62. Date of Burial Certificate 11-11-1911

63. Date of Cremation Certificate 11-11-1911

64. Date of Other Certificate 11-11-1911

65. Date of Death Certificate 11-11-1911

66. Date of Burial Certificate 11-11-1911

67. Date of Cremation Certificate 11-11-1911

68. Date of Other Certificate 11-11-1911

69. Date of Death Certificate 11-11-1911

70. Date of Burial Certificate 11-11-1911

71. Date of Cremation Certificate 11-11-1911

72. Date of Other Certificate 11-11-1911

73. Date of Death Certificate 11-11-1911

74. Date of Burial Certificate 11-11-1911

75. Date of Cremation Certificate 11-11-1911

76. Date of Other Certificate 11-11-1911

77. Date of Death Certificate 11-11-1911

78. Date of Burial Certificate 11-11-1911

79. Date of Cremation Certificate 11-11-1911

80. Date of Other Certificate 11-11-1911

81. Date of Death Certificate 11-11-1911

82. Date of Burial Certificate 11-11-1911

83. Date of Cremation Certificate 11-11-1911

84. Date of Other Certificate 11-11-1911

85. Date of Death Certificate 11-11-1911

86. Date of Burial Certificate 11-11-1911

87. Date of Cremation Certificate 11-11-1911

88. Date of Other Certificate 11-11-1911

89. Date of Death Certificate 11-11-1911

90. Date of Burial Certificate 11-11-1911

91. Date of Cremation Certificate 11-11-1911

92. Date of Other Certificate 11-11-1911

93. Date of Death Certificate 11-11-1911

94. Date of Burial Certificate 11-11-1911

95. Date of Cremation Certificate 11-11-1911

96. Date of Other Certificate 11-11-1911

97. Date of Death Certificate 11-11-1911

98. Date of Burial Certificate 11-11-1911

99. Date of Cremation Certificate 11-11-1911

100. Date of Other Certificate 11-11-1911

CHECK CERTIFICATE CAREFULLY

REGISTER:

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STATE OF GEORGIA
COUNTY OF Cobb

AFFIDAVIT

I, Wade P. Baker, living at Austell Ga
Rt. 2 Box 390 do freely and voluntarily make the following
statement concerning the marital status of MRS. FANNIE C. HILL
and MR. HENRY C. HILL, deceased, of Austell, Cobb County, Georgia.

I, Wade P. Baker of the above cited address have been
living in Austell Ga for a period of 25 years and
have personally observed MRS FANNIE C. HILL and MR. HENRY C. HILL
living at the 'Old Bowden Farm' in Douglas County near Austell and
know personally that at the time of MR. HENRY C. HILL'S death
MRS. FANNIE C. HILL and MR. HENRY C. HILL lived together as man
and wife at 49 Love Street, Austell, Georgia

Signed and sworn to in the presence of the undersigned witnesses
on this the 22 day of January, 1953

Wade P. Baker

Witnesseth:

Edw. H. Brown
Notary Public, Georgia,
County, Cobb. My Comm. Exp. 6-58

STATE OF GEORGIA
COUNTY OF Cobb

AFFIDAVIT

I, W. F. Mozley, living at Austell
32 do freely and voluntarily make the following state-
ment concerning the marital status of MRS. FANNIE C. HILL and
MR. HENRY C. HILL, deceased, of Austell, Cobb County, Georgia.

I, W. F. Mozley of the above cited address have
been living in Austell for a period of 30 years
and have personally observed MRS FANNIE C. HILL and MR. HENRY
C. HILL living at the 'Old Bowden Farm' in Douglas County near
Austell and know personally that at the time of MR. HENRY C. HILL'S
death MRS. FANNIE C. HILL and MR. HENRY C. HILL lived together as
man and wife at 49 Love Street, Austell, Georgia

Signed and sworn to in the presence of the undersigned witnesses
on this the 22 day of January, 1953.

W. F. Mozley

Witnesseth:

Wade P. Baker M.P.
Notary Public, Georgia,
County

STATE OF GEORGIA

COUNTY OF Cobb

AFFIDAVIT

I, R M Brown, living at Austell
ge do freely and voluntarily make the following
statement concerning the marital status of MRS. FANNIE C. HILL
and MR. HENRY C. HILL, deceased, of Austell, Cobb County, Georgia.

I, R M Brown of the above cited address have
been living in Austell for a period of 47 years and
have personally observed Mrs Fannie C. Hill and Mr. Henry C. Hill
living at the 'Old Bowden Farm' in Douglas County near Austell
and know personally that at the time of MR. HENRY C. HILL'S death
MRS. FANNIE C. HILL and MR. HENRY C. HILL lived together as man
and wife at 49 Love Street, Austell, Georgia.

Signed and sworn to in the presence of the undersigned witnesses
on this the 22 day of January, 1953.

R M Brown

Witnesseth:

John M. Cawley Jr

Notary Public, Georgia,
County.

For: COBB County

Application for Payment of Pension
to Estate When Pensioner Dies
Without Cashing Check for
Current Month

James M. Hill Ordinary

For: Mrs. Frances C. Hill

Date of Death: March 1952

Amount: \$ 95.00

TO THE ORDINARY: Fill out in full and
return this application to Confederate Pen-
sion and Record Department, 406 State Cap-
itol, Atlanta 3, Georgia.

Approved and ordered paid,

3-17 1953
William H. Henderson Director.

Confederate Pension and Record
Department

Marietta, Ga.
January 26, 1953

TO WHOM IT MAY CONCERN:

This is to say that while I was Ordinary of Cobb County I knew Confederate Pensioner Henry C. Hill of Austell, a railroad man, and after his death my office had some dealings with Mr. Hill's estate and the widow, Mrs. Fannie C. Hill. Some effort was made at that time to make application for a Confederate Widow's pension for Mrs. Hill but it appears this did not have her cooperation and for that reason was not carried through.

Respectfully submitted,

Jas. J. Daniell
Jas. J. Daniell

3/1/53

OFFICE PHONE 872

THOS. E. LATIMER
ATTORNEY AT LAW
MARIETTA, GEORGIA

Jan. 26, 1953

RESIDENCE PHONE 884-J

TO WHOM IT MAY CONCERN:

This is to show that I know Mrs. Fannie Hill and have known her personally for a number of years.

After the death of her husband, Mr. Henry C. Hill, Mr. Gordon Gann and myself represented Mrs. Hill in the matter of a years support for her. As I recall this was about the year 1935.

I do not know Mrs. Hill's age but I would judge she must be near 80 years of age.

Mrs. Hill has an old house located at Austell, Georgia, but there is no income from said property and she has no other income from any source.

Thos. E. Latimer
Thos. E. Latimer

Application for
Payment of Pension to Estate When Pensioner Dies Without
Cashing Check for Current Month
(To be disbursed by the Ordinary)

GEORGIA, Cobb County:

Before me, the Ordinary of said County, comes O. B. Driskell

Georgia, of said County, who, after being duly sworn, on oath says that he knew Mrs. Fannie C. Hill late of said County, a Confederate pensioner, and that said person is the identical person named and described in the attached certified copy of burial certificate.

Sworn to and subscribed before me,

this the 14 day of March, 19 53.

John J. Driskell
John J. Driskell, Ordinary.

CERTIFICATE OF THE ORDINARY

GEORGIA, Cobb County.

I certify that O. B. Driskell who subscribed to the foregoing affidavit is known to me to be a person whose statement is entitled to full faith and credit. I further certify that I knew Mrs. Fannie C. Hill the deceased pensioner referred to in the foregoing affidavit and who was at the time of death regularly enrolled as a pensioner on the records of file in my office. I further certify that said deceased pensioner is the identical person named and described in the attached certified copy of burial certificate.

Given under my hand and seal of office, this the 14th day of March, 19 53

(Seal of Ordinary)

John J. Driskell
John J. Driskell, Ordinary.

INSTRUCTIONS:

- 1st. Certified copy of Burial Certificate must accompany this application.
- 2nd. Return this application, properly signed, to the Confederate Pension and Record Department.
- 3rd. Ordinary should see that the back of this blank, when folded, is filled out.

OFFICE PHONE 872

THOS. E. LATIMER

ATTORNEY AT LAW
MARIETTA, GEORGIA

RESIDENCE PHONE 884-J

Jan. 26, 1953

TO WHOM IT MAY CONCERN:

This is to show that I know Mrs. Fannie Hill and have known her personally for a number of years.

After the death of her husband, Mr. Henry C. Hill, Mr. Gordon Gamm and myself represented Mrs. Hill in the matter of a years support for her. As I recall this was about the year 1935.

I do not know Mrs. Hill's age but I would judge she must be near 80 years of age.

Mrs. Hill has an old house located at Austell, Georgia, but there is no income from said property and she has no other income from any source.

Thos. E. Latimer
Thos. E. Latimer

*Mr. C. B. Driskell under
phone 300 417*

Department of Confederate Pensions and Records

200 STATE CAPITOL
Atlanta, Georgia

January 26, 1953

Mr. C. B. Driskell
Douglasville, Georgia

Dear Mr. Driskell:

In reviewing the pension application of Mrs. Fannie C. Hill we find that inasmuch as Judge Duray could not sign the Ordinary's certificate stating that he knew Mrs. Hill and the witnesses as to her marriage, it will be necessary for this office to have an affidavit from a reliable person stating that they knew Mrs. Fannie C. Hill and know that she is now a resident of Cobb County, Georgia. Does Mrs. Hill receive old age compensation? It will be necessary that these matters be clarified immediately if Mrs. Hill is to be placed on the pension rolls for February. We are enclosing the portion of an application containing the Ordinary's certificate and this filled out immediately and return to this office and we will proceed with with efforts to complete this application.

Sincerely yours,

Lillian Henderson
Director

LN
mt
Enc.

Marietta, Ga.
January 26, 1953

TO WHOM IT MAY CONCERN:

This is to say that while I was Ordinary of Cobb County I knew Confederate Pensioner Henry C. Hill of Austell, a railroad man, and after his death my office had some dealings with Mr. Hill's estate and the widow, Mrs. Fannie C. Hill. Some effort was made at that time to make application for a Confederate Widow's pension for Mrs. Hill but it appears this did not have her cooperation and for that reason was not carried through.

Respectfully submitted,

JJD:j

Jas. J. Daniell

Ordinary's Certificate

STATE OF GEORGIA

Cobb
COUNTY

I, J. M. Gamm Ordinary of said County, certify that I know the applicant A. L. Hill for pension is the person he represents himself to be and resides in said county. That I also know the witness answering to the

certification, that they are both residents of said county and were duly sworn by me before signing the foregoing affidavit and they are all fully qualified persons and their statements are correct to the best of their knowledge and belief.

Witness my hand and official seal of office this 21 day of October 1924
of Cobb County }
(SEAL)

NOTES: 1. Before any questions are answered the Ordinary shall swear applicant and witnesses in the following words: "You are sworn to answer the questions asked you truthfully and to the best of your knowledge and belief. If you give shall be the whole truth, so help you God." 2. All affidavits must be sworn to in the presence of the Ordinary of the county in which the applicant or witness resides and must be verified by such Ordinary.

Hill, A. L.
Cobb County
No. 1
OK for 1922
Confederate
Soldier's Application
Under Act 1910—As Amended by Act of 1919.

County Cobb
Name A. L. Hill
Company "E"
Regiment 27th La. Battalion
Approved _____

Wm. G. Hill
10-21-1924

J. W. LINDSEY,
Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

10-21-1921

Ordinary's Certificate

STATE OF GEORGIA,

Cobb COUNTY.

I, J. M. Gamm Ordinary of said County, certify that I know the applicant, A. C. Hill for pension is the person he represents himself to be and resides in said county. That I also know the witness swearing to the same, that they are both residents of said county and were duly sworn by me before signing the foregoing affidavit and they are all truthful and trustworthy and their statements are entitled to full faith and credit.

Sworn under my hand and official seal of office this 31 day of October 1924

J. M. Gamm Ordinary
of Cobb County
(SEAL)

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

North
Confederate
Soldier's Application
Under Act 1910—As Amended by Act of 1919.

County Cobb
Name A. C. Hill
Company "Q"
Regiment 27th Va. Battalion
Approved _____

Wm. J. R. Hill
10-31-1924

J. W. LINDSEY,
Commissioner of Pensions.
My Comm. Exp. Date 1925, Atlanta.

10-31-1924

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

Questions For Applicants to Answer

STATE OF GEORGIA,

Cobb COUNTY.

A. C. Hill of said State and County, hereby applies for the pension provided by Act of 1910, as amended by Act of 1919, to Confederate Soldiers, and submits his sworn statement, with his testimony to make out the same, and after being duly sworn true answers to make to the questions propounded, answers as follows, to-wit:

1. What is your name and where do you reside? (Give County and Post-office).
A. C. Hill, Austell, Cobb Co., Ga.
2. How long and since when have you been a continuous resident citizen of this State?
All my life.
3. Did you enlist in the Army of the Confederate States or in the organized militia of this State from 1861 to 1865? Yes
4. What was your company and regiment, and in what arm and class of service?
Co. C, 27th Va. Battalion, Confederate States Army.
5. How long did you remain in the actual military service with said Company and Regiment? (Give date of discharge).
Until Johnson's Surrender at Appomattox, Va.
6. When and where was your Company and Regiment surrendered or discharged from the Service?
Appomattox, Va., April 26, 1865.
7. Were you actually present with your command when it was surrendered or discharged? Yes
8. If you were not actually present, state specifically and clearly where you were.

- a. Where was your command when you left it? Appomattox, Va.
- b. When did you leave the command? About April 26, 1865.
- c. For what cause did you leave? Was Capt. Johnson's Surrender.
- d. By whose authority did you leave? General Order.
- e. For how long was your leave granted? In what way?
- f. Why did you not return to your command after leave expired?
- g. In what way were you prevented?
- h. What effort did you make to return?
- i. Were you captured during the war? No
- j. If so, when, and where? In what prison were you held and when were you released?
9. Are you drawing a pension of any amount from this State or the United States? No
10. Have you ever applied for the Georgia Pension and had it refused? and for what cause it was not allowed? No

Sworn to and subscribed before me, this the

31 day of October 1924
J. M. Gamm Ordinary
of Cobb County.

(SEAL)

Questions for Witness as to Service

STATE OF GEORGIA,

Fulton COUNTY.

E. T. Kelly of said State and County is hereby presented as a witness in support of the application of H. C. Hill for the pension provided by the Act of 1910, as amended by the Act of 1919 in said State, and, after being sworn true answers to make to the questions propounded, answers as follows:

1. What is your name and where do you reside? E. T. Kelly, Atlanta Ga
Fulton Co
2. How long and since when have you known H. C. Hill the applicant? Since June 10th 1864
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? Aurilla Cobb County
4. When, where and in what Company and Regiment did H. C. Hill enlist during war from 1861 to 1865? (Give date and place.) Michigan Morgan Co Ga
5. How did you obtain your information of this Service? Since 10th 1864
He was in service when I joined
6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (Give date) June 10th 1864 to May 1865
7. When and where was his command surrendered or discharged (give date and place) 10th 1865
8. Were you personally present at the surrender? yes
9. If not, where were you and how came you there? yes
10. Was the applicant personally present with his command at surrender? yes
11. If not where was he and how came him there? yes
12. When did he leave his command Sumner's Georgia Where was his command when he left it? For what cause did he leave?
By whose authority did he leave? and how long was he granted leave? How do you know all that you have stated to be true? If of your own knowledge, tell clearly and specifically was present
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? yes
15. Was applicant captured as a prisoner? yes If so, when and where? In what prison was he held? and when released yes

Sworn to and subscribed before me, this the

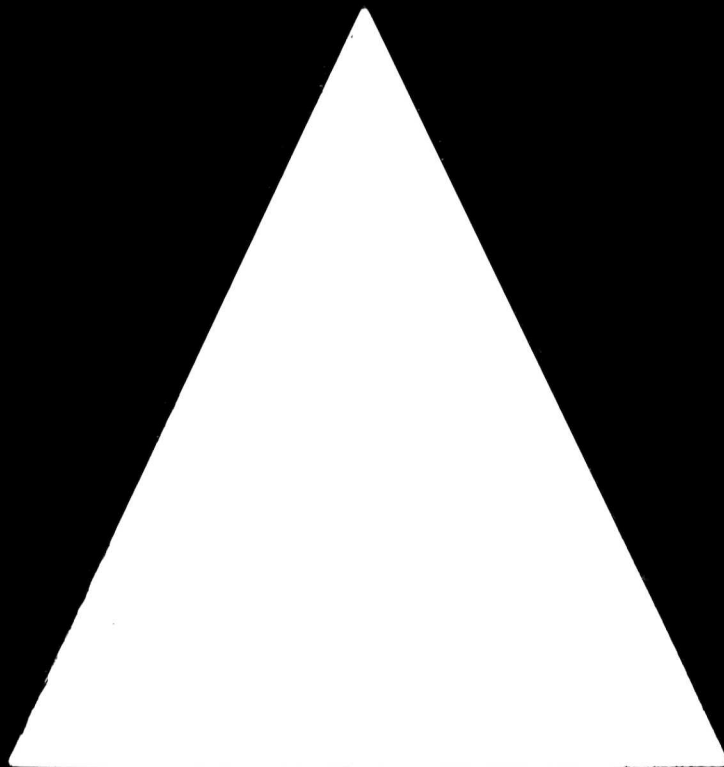
28 day of Oct, 1921

William R. McArthur Ordinary
of Fulton County.

(SEAL)

E. T. Kelly

of _____ County.)
(SEAL)



See Roll
OK for 1912
Widow of Rufus
Cobb County
No. _____

Widow's Application

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

✓
County Cobb
Name Mary Hilley
Widow of Rufus Hilley
Company H 23-1st Reg. Vol.

Approved _____

J. W. LINDSEY,
Commissioner of Pensions

CHAS. F. BYRD, State Printer, Atlanta.

11/16/11

WIDOW'S AFFIDAVIT.

STATE OF GEORGIA,

Cobb County.

Personally before me comes Mrs Mary Hilley of said County, who, after being duly sworn, on oath says, that she is the widow of Rufus Hilley, to whom in the County of Cobb State of Ga she was married on the 19 day of Dec 1867 and that she remained his wife, and resided with him to the date of his death in Oct 1908 and that she has not since his death remarried. At the time of his death he was a resident of Gordon County, in Ga said State of Georgia, and he was on the Indigent Pension Roll of the State and paid a pension of \$60 in Gordon County for 1905 per annum, on account of being a soldier in Company A 23 Regiment Ga (Volunteers of State Militia).

At the death of his he was in the use and possession of the following property in of the cash value of \$ none

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

Acres land	<u>none</u>	\$
Horses and Mules	<u>none</u>	\$
Hogs, Cows, etc.	<u>none</u>	\$
Total Cash value of all property	<u>none</u>	\$

That she is now a bona fide resident citizen of said County of Cobb and she has so continuously resided since day of Jan 1908

Sworn to and subscribed before me, this 15 day of Sept 1917 } Mary Hilley
J. M. Bennett Ordinary,
of Cobb County.

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

STATE OF GEORGIA,

Cobb County.

Personally before me come Mrs Hilley and Mrs Bennett known to be responsible and truthful persons, residing in said County, who after having duly sworn on oath, say: that of their own personal knowledge Mrs Mary Hilley who made the foregoing affidavit, is the lawful widow of Rufus Hilley who died in Gordon County in said State of Ga on day of 1905 and that she has not since remarried. That she became the wife of Rufus Hilley on the 19 day of 1867 and that she and he had resided together as man and wife contiguously since day of 1867 and that the Rufus Hilley was the same man who was on the pension roll of said State from Ga County when he died.

Sworn to and subscribed before me, this 15 day of Sept 1917 } J. M. Bennett
J. M. Bennett Ordinary,
of Cobb County.

Widow's Application

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

Cobb
County: Cobb
Name: Mary Hilley
Widow of: Rufus Hilley
Company: A 23 - Ga

Approved

J. W. LINDSEY
Commissioner of Pensions

CLARK F. DYER, State Printer, Atlanta

AFFIDAVITS OF TWO FREEHOLDERS.

STATE OF GEORGIA,

Cobb County.

Personally before me comes A. M. Hetherington who after being sworn on oath says, that they are freeholders of said County, and that they know Mary Wiley of said County and knew her said husband Rufus Wiley at his death on the day of 1905 that she and he were in the use, possession and control of the following property at his death to wit: some land near the house of the late Rufus Wiley from and to which she has the property of her own living of the value of none That she is now in the use, possession and control of the following property to wit: none

of the value of \$20

Sworn to and subscribed before me, this the

15 day of Sept 1911

J. M. Bennett Ordinary

of Cobb County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Cobb County.

I, J. M. Bennett Ordinary of said County, do certify, that, I know Mary Wiley the applicant for this pension and that she is the person she represents herself to be, and that she is a bona fide continuing resident of said County and was on the

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

That the tax Books of Cobb County shows that Mary Wiley returned property to the amount of for 1908 \$0 for 1909 \$0 for 1910 \$0

Sworn under my hand and official seal of 15 day of Sept 1911.
(SEAL.) J. M. Bennett Ordinary.

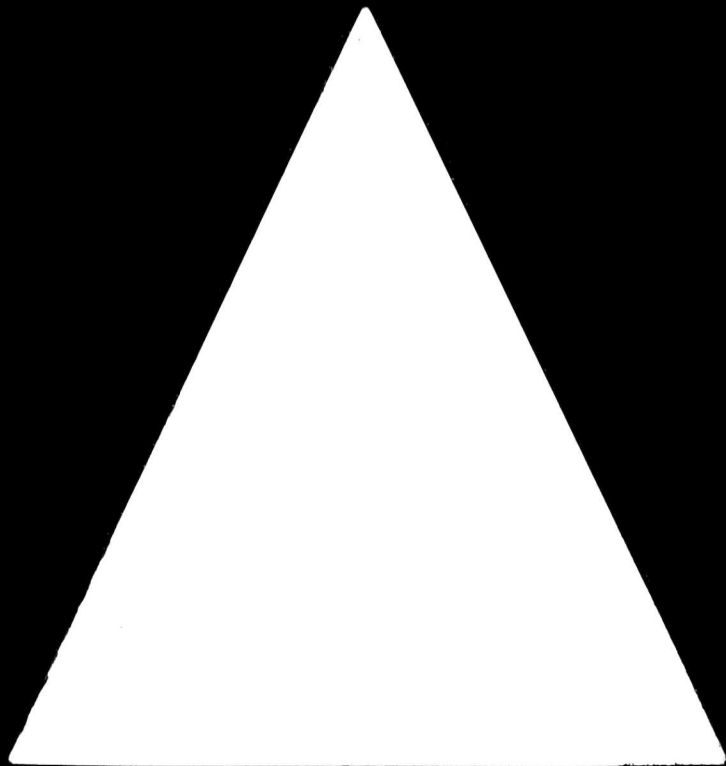
- NOTES 1. Before any questions are answered, the Ordinary shall swear applicant and the witness in the following words "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the truth. So help you God."
2. Additional affidavits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

State of Georgia To any Judge, Justice
Bartow County of the Peace, Justices of
the Inferior Court, or Ministers of the Gospel,
You are hereby Authorized to join Rufus
Wiley and Mary Hinton in the holy state
of matrimony according to the Constitution
and laws of this State and for so doing
this shall be your sufficient license.
Given under my hand and Seal, this
18th day of Dec., 1867
J. N. Howard Ordinary

Georgia I certify that Rufus
Bartow County Wiley and Mary Hinton
were joined in matrimony by me, this
19th day of Dec., 1867
J. W. Raiglen D. S.

Georgia, Bartow County
I, A. M. Hetherington Ordinary and ex officio
Clerk of the Court of Ordinary of said
County, there being no other Clerk of
said Court, do hereby Certify that
the foregoing is a true and correct
copy of the record of the marriage
of Rufus Wiley and Mary Hinton as
kept in book "E" of marriage records
of file in this office on page 404
of said record.
Witness my hand and Seal of Office
this July 2nd 1911.
J. M. Hetherington Ordinary Bartow Co Ga

Wm. Andrews Ordway Boston Co. La



POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY.

I, _____ hereby authorize

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

at _____ day of _____ 190____

Witness my hand and seal, this

Executed in presence of

Pension Office, 10/1/07.
Applicant must state the day and month and year of his detail
to work in government shops, and prove that to be true by
some one who knows.

J. W. Lindsey,
Secy. of Pensions.

INDIGENT PENSION. 190

Name J. B. Hodgins
County Cobb
Co. 14th Ga. Regt. _____
Approved _____ 190

JOHN W. LINDSEY,
Secretary of Pensions.

WARRANT HANDED TO

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

Franklin Printing and Publishing Co., Geo. W. Harrison, Mgr.,
Atlanta, Georgia.

5/11-08,

9/30/07

POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY, }

I, _____, hereby authorize

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

at _____ day of _____ 190 _____ [L.S.]

Witness my hand and seal, this _____ day of _____ 190 _____ [L.S.]

Executed in presence of _____

Pension Office, 10/1/07.
Applicant must state the day and month first year of his draft
to work in Government shops, and prove that to be true by
some one who knows.

J. W. Lindsey,
Soni. of Penitions.

Prin. Dec. 15, 1862

Handwritten signature
No. _____

INDIGENT PENSION 190

Name *J. B. Hodgins*
County *Cobb*
Co. *D. 14th Ga.* Regt. _____
Approved _____ 190 _____

JOHN W. LINDSEY,
Soni. of Penitions.

WARRANT HANDED TO

Handwritten signature
Ordinary will write name of Applicant, Company
and Regiment on back as indicated above.
Franklin Printing and Publishing Co., Geo. W. Harrison, Mgr.,
Atlanta, Georgia.

5/11-08

9/30/07

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,

6th County.

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

1. What is your name and where do you reside? D M Centry
2. Are you acquainted with John B. Hodgins, the applicant; if so how long have you known him? Yes. Have known the applicant thirty years
3. Where does he reside, and how long and since when has he been a resident of this State? Hodgins with family Georgia thirty years
4. When, where and in what company and regiment did he enlist, and how do you know? Enlisted in August 1862 at Benton Georgia Company 24th Ga. by Perry Grant Captain of 1st Regiment
5. Were you a member of the same company and regiment? Yes
6. How long did he perform regular military duty? 8 months. Then was detailed to work in army store
7. When and where was he captured and surrendered? In Virginia at Appomattox April 1865
8. Were you present when it surrendered? I was not was captured that time
9. Was applicant present? The applicant was at work in the Government store at Appomattox
10. If he was not present, where was he? Was at Appomattox working in the Government store at Appomattox

When did he leave his command? About April 6th 1865. For what cause? Was detailed to work in store at Appomattox

By what authority he left? By authority of officer in charge of the command. How do you know all of this? By being present and observing the applicant

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

12. What property, effects or income did the applicant possess in 1901, 1902, 1903, 1904 and 1905, and what disposition, if any, did he make of same? None of my own knowledge

13. Has he conveyed away any of his property in the last four years, if so, what was it, and to whom? He conveyed away a few goods that he bought himself and sold them

14. What is the applicant's occupation and physical condition? For about two years he has been unable to work at the shoe trade being totally disabled to work. The only way he lived was by selling the goods that were conveyed to him

15. Is the applicant unable to support himself by labor of any sort; if so, why? The applicant is totally unable to support himself by labor of any sort. On account of old age & physical infirmities

16. How was he supported during the years 1901, 1902, 1903, 1904 and 1905? By work at the shoe market trade & his command on the Government store at Appomattox

17. What portion of the support for these four years was derived from his own labor or income? All of his support

18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code. Old age & infirmities he being a weakly man

19. Who compose family? What property have they? Children's ages and their earning capacity? His wife & himself they have no property. He has one child

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

Sworn to and subscribed before me, this 27th day of Sept 1907

John B. Hodgins, Applicant

John B. Hodgins, Applicant

John B. Hodgins, Applicant

John B. Hodgins, Applicant

John B. Hodgins, Applicant

John B. Hodgins, Applicant

John B. Hodgins, Applicant

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John B. Hodgins, Applicant

John B. Hodgins, Applicant

John B. Hodgins, Applicant

John B. Hodgins, Applicant

John B. Hodgins, Applicant

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,

6th County.

Personally came before me Dr J M Ellis and Dr J B Lester, both known to me as reputable physicians of said County, who, being severally sworn, say on oath that they have examined carefully

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

Hodgins affected and is unable to make a living by manual labor or any other way

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

Sworn to and subscribed before me, this 27th day of Sept 1907

John B. Hodgins, Applicant

John B. Hodgins, Applicant

John B. Hodgins, Applicant

John B. Hodgins, Applicant

John B. Hodgins, Applicant

John B. Hodgins, Applicant

John B. Hodgins, Applicant

John B. Hodgins, Applicant

John B. Hodgins, Applicant

John B. Hodgins, Applicant

John B. Hodgins, Applicant

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John B. Hodgins, Applicant

John B. Hodgins, Applicant

John B. Hodgins, Applicant

John B. Hodgins, Applicant

John B. Hodgins, Applicant

State of Georgia Personally Comes D M. Henry.
Cobb County And avers that on or about Feb
of April 1863 while with his Command.

At Fredericksburg Va. That B B Hodgkins
was detailed to work in the Government shops at
Richmond Va. to make shoes for the Army. And also
that he worked in Augusta Ga about July 1864
making shoes for the Confederate Army.

Sworn to and Subscribed
before me this May 7th 1908. D M. Henry
Judge

John A. Butler

Residing
I also certify that D M. Henry
is a resident of said County
whose statements are worthy
of full faith and credit.

John A. Butler
Clerk

OFFICE OF ORDINARY,
COBB COUNTY, GA.

JOHN AWTRY,
JUDGE PROBATE.

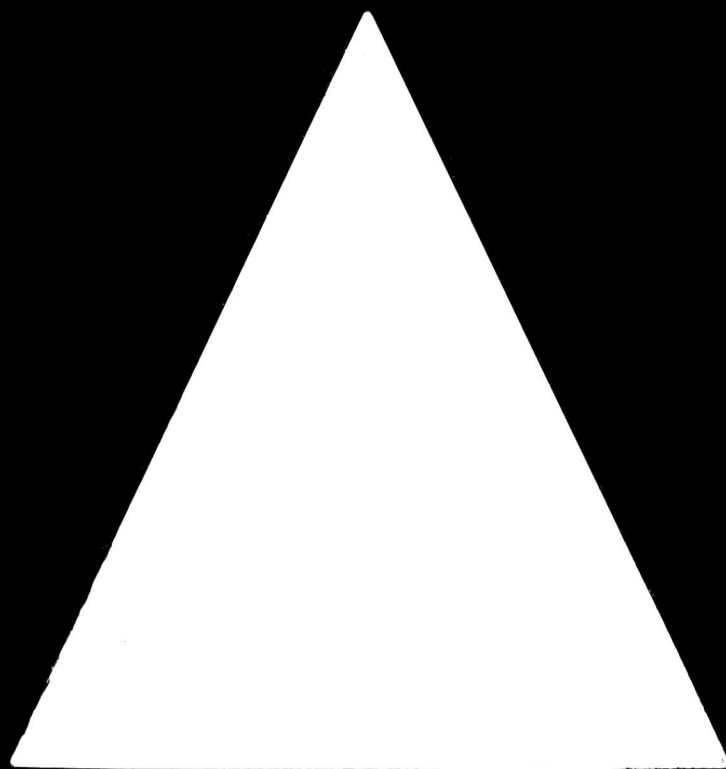
MARIETTA, GA.

1908.

State of Georgia,
Cobb County.

Personally Comes
J B. Hodgkins and avers his
application for pension and says
that on or about the 1st of April
1863, while with his Command at
Fredericksburg, Va. he was detailed to
work in the Government shops at Richmond
Va. making shoes for the Army.
About April 1st 1864, he was transferred
to the shops at Atlanta, Ga. About
July 1864, he was transferred to Augusta
Ga. where he remained until then.
D M. Henry and B B Hodgkins
Sworn to and Subscribed
before me this May 7th 1908.

John A. Butler
Clerk



POWER OF ATTORNEY.

Form 5.

STATE OF GEORGIA.

Cobb County.

KNOW ALL MEN BY THESE PRESENTS, That I, *William Holbrook*

County in said State, do hereby appoint

of *Cobb* County

my true and lawful attorney in fact, for

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

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

day of *May* 1893.

William Holbrook [L. S.]

Executed in the presence of us:

Wm. Stone

Chas. Gray

DISEMBOTTON.

If allowed, send amount by

me at

and oblige,

to

Cobb Co.

No. *389*

Holbrook, William
Soldier's Pension.

1893.

Name *William Holbrook*

County *Cobb*

Disability *Brig. Gen.*

Amount, \$ *50*

May 11

1893.

W. H. HARRISON,

Secretary Executive Department.

WARRANT HANDLED TO

J. H. Harrison

(Geo. W. Harrison, State Printer, Atlanta.)

POWER OF ATTORNEY.

Form 5.

STATE OF GEORGIA, }

Cobb County. }

KNOW ALL MEN BY THESE PRESENTS, That I, Merrimon Holbrook

of Cobb County,

County in said State, do hereby appoint

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

In Witness Whereof, I have hereunto set my hand and seal this 9th day of May 1893.

Merrimon Holbrook [L. S.]

Executed in the presence of us:

M. Stone
Ord.

DIRECTION.

If allowed, send amount by me at

, and oblige,

to

Cobb Co.

No. 389

Holbrook, Merrimon
Soldier's Pension.

1893.

Merrimon Holbrook

County Cobb

Disability Brig. Gen.

Amount, \$ 50

May 11 1893.

W. H. HARRISON,

Secretary Executive Department.

WARRANT BLANKED TO

J. G. Green

Gen. W. Harrison, State Printer, Atlanta.

FOR USE OF APPLICANTS WHO HAVE NOT HERETOFORE DRAWN.

Form 1.

STATE OF GEORGIA, }

Cobb County. }

PERSONALLY appears Merrimon Holbrook Cobb

County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of Georgia, and has been continuously since the 2nd day of

January 18 44 that he enlisted in the military service of the Confederate States (or the State of) during the war between the States, and served as a Private in Company G, of 56th Regiment of Ga. Volunteers Cummings Brigade; that whilst engaged in such military service, at the battle of in the State of Ky. on the day of October 186 2, he was disabled as follows:

While assisting to roll the wagons up a hill, the wagon backed and caught applicant between the hind part of the wagon and the tongue and, instead of the wagon behind, bringing and damaging his side, back & breast - He was able to do any more duty on account of said injuries - has not been able on account of said injuries, to work much since the war - Deponent is rendered, practically, incompetent to perform the ordinary manual occupations of life on account of said damages

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 thereunder, ending October 26th, 1893.

Sworn to and subscribed before me this the

18 day of May 1893.

M. Stone

Ordinary.

Merrimon Holbrook

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

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

Affidavit for Witnesses.

STATE OF GEORGIA.

County of Forsyth

PERSONALLY appears before me, the undersigned, Ordinary in and for said County, William Allen, Cary Anderson, Thos. Culbrook and James D. Petty John each of whom, being duly sworn according to law, severally say, under oath, that they are personally well acquainted with Marvin Culbrook

whose application is herewith presented for a pension, and that they served with him in the army, and from our personal knowledge he was injured by the service as follows: (Give full statement, and tell in your own language how badly applicant is disabled from work. If he does any labor, or can do any, state what.) He was badly hurt, while assisting in rolling the wagon up a hill in the State of Kentucky in the month of October 1862, by the wagon running back against the tongue's breast, tore of another wagon just behind him, catching him between the two wagons, breaking in & severely bruising & injuring his right side & spine, rendering him unable for further service in the army & permanently disabling his side & back. In consequence of said wound or injury applicant is, and has been ever since the war, unable to perform manual labor. He was a stout able bodied man when he enlisted. He still lived close neighbors to applicant from the time of surrender up to about 7 years ago, & have seen him frequently since that time.

We personally know above stated facts. We were with him in the army and have known him ever since. Applicant is permanently disabled as stated and has been so to our certain knowledge ever since 1862. We have no interest in the recovery of a pension by him.

Sworn to and subscribed before me this

William Allen

day of May 1893.

Cary, - Anderson

Thos. Culbrook

James D. Petty John

ORDINARY.

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

2. Witnesses are asked to make their statements full and explicit.

PHYSICIAN'S AFFIDAVIT.

STATE OF GEORGIA.

Cobb County.

PERSONALLY comes before me J. H. Stone Ordinary of said County, J. T. Greer and Geo. L. Egzard, both known to me as reputable physicians of said County, who, being severally sworn, say on oath that they have carefully examined Merriman Holbrook and after such personal examination say that the applicant has been injured as follows:

His Spine, by contusion, was permanently injured—causing frequent & severe attacks of neuralgia & corresponding disability. His right chest under his right breast had a severe fracture of 2 or more ribs & flattened, making the breast bone is disfigured, the ribs make pressure on the right lung & are a source of constant irritation & pain, & frequent cough. He can't move nor breathe enough to work.

We have treated applicant professionally for _____ years.

Sworn to and subscribed before me this

day of May 1893.

J. H. Stone

Ordinary.

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

STATE OF GEORGIA.

Cobb County.

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

Given under my official signature and seal this 27 day of May 1893.

J. H. Stone

Ordinary Cobb County.

POWER OF ATTORNEY.

STATE OF GEORGIA.

Cobb COUNTY.

Know all Men by these Presents. That I,

M. Hollbrook

County, State of Georgia, do hereby appoint

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

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

day of *March* 1894. *M. Hollbrook* [L. S.]

Executed in the presence of us

J. M. Stone
Chas. E. Stone

DIRECTIONS.

Send money to me as follows, by

to
County, Georgia.

P. O.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.

KNOW ALL MEN BY THESE PRESENTS, That I,

M. Hollbrook

County, State of Georgia, do hereby appoint

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

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

day of *March* 1895. *M. Hollbrook* [L. S.]

Executed in presence of us

J. M. Stone
Chas. E. Stone

DIRECTIONS.

Send money to me as follows, by

to
County, Georgia.

P. O.

(For Those Already Enrolled.)

588

Soldier's Pension.

1894.

Name *M. Hollbrook*
County *Cobb*
Disability *Body wounded*
Amount \$ *500*

1894

W. H. Harrison

Secretary Executive Department.

WARRANT HANDSD TO

D. J. Brown
Use of Bureau, Ohio Prison, Alaska.

(For Those Already Enrolled.)

207

SOLDIER'S PENSION.

1895.

Name *M. Hollbrook*
County *Cobb*
Disability *Body injured*
Amount \$ *500*

1895.

Richard Johnson

Secretary Executive Department.

WARRANT HANDSD TO

W. H. Harrison
Use of Bureau, Ohio Prison, Alaska.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County, }
Personally appears *M. Holbrook* 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 *July* 1841, that he enlisted in the military service of the Confederate States for of the State of *Georgia* during the war between the States, and served as a *Private* in Company *C*, of *56th* Regiment of *Volunteers*, *Cumming*'s Brigade; that whilst engaged in such military service at the battle of *Ag.* on the day of *Sept* 1862, he was wounded as follows:

that while on the retreat
my comrade was shot in the stomach
my comrade was caught between
the wagons and crushed - a leg
drift, side and back - so that
deponent is rendered practically
incapable to perform the ordinary manual

Dependent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1894. I have heretofore been allowed a pension of

\$50 dollars, for the year 1893.
Sworn to and subscribed before me, this, *11* day of *March* 1894. *M. Holbrook*

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

STATE OF GEORGIA,

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

Given under my official signature and seal, this *7th* day of *March* 1894. *J. M. Stone* Ordinary *Cobb* County.



For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County, }
Personally appears *M. Holbrook* 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 *July* 1841; that he enlisted in the military service of the Confederate States for of the State of *Georgia* during the war between the States, and served as a *Private* in Company *C*, of *56th* Regiment of *Volunteers*, *Cumming*'s Brigade; that whilst engaged in such military service at the battle of *Ag.* on the day of *Sept* 1862, he was wounded as follows:

was mashed up with
a wagon while retreating near Cumming
gap. - breast, ribs & back
were so bruised and mashed
that deponent is rendered practically
incapable to perform the ordinary manual
duties of life.

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

\$50 dollars, for the year 1894.
Sworn to and subscribed before me, this, *6th* day of *March* 1895. *M. Holbrook*

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

STATE OF GEORGIA,

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

Given under my official signature and seal, this *6th* day of *March* 1895. *J. M. Stone* Ordinary *Cobb* County.



POWER OF ATTORNEY.

STATE OF GEORGIA,

I, Cobb County, }
M. Holbrook hereby authorize J. M. Stone
of Manitla }
to receive and receipt for the pension paid hereon and request that he remit same to
me by him

at
IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 6
day of March 1896.
M. Holbrook [L. S.]

Executed in presence of us
G. H. Fleming

POWER OF ATTORNEY.

STATE OF GEORGIA,

I, Cobb County, }
M. Holbrook hereby authorize J. M. Stone
of Manitla }
to receive and receipt for the pension paid hereon and request that he remit same to
me by him

at
IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 2
day of March 1897.
M. Holbrook [L. S.]

Executed in presence of

Holbrook

3198
No. 3198
Those Already Enrolled.

SOLDIER'S PENSION.
1896.

Name M. Holbrook
County Cobb
Disability Body
Amount, \$ 50.
320

1896
RICHARD JOHNSON,
Secretary, Executive Department.
CURRENT HANDLED TO
6/1/11
W. S. S.

No date

Georgia, M.
Cobb County

(For Those Already Enrolled.)
No. 3210

INVALID
SOLDIER'S PENSION.
1897.

Name M. Holbrook
County Cobb
Disability Body
Amount, \$ 50.
March 16 1897.

RICHARD JOHNSON,
Secretary, Executive Department.
CURRENT HANDLED TO
J. M. S.

No date

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Colbert County.

Personally appears M. Holbrook Cobb
County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the day of May 1844 that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company B of 24th Regiment of Volunteers, Union's Brigade; that whilst engaged in such military service in the State of Georgia, on the day of Sept 1862, he was wounded, injured or diseased as follows:

By being caught between two wagons. Breaking the ribs and injuring the back. Dependent is rendered practically incapable to perform the ordinary manual avocations of life.

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 29th, 1896. I have heretofore as a resident of Colbert county been allowed a pension of \$50 dollars, for the year 1895.

Sworn to and subscribed before me, this, the 6th day of March 1896, by M. Holbrook Cobb
Full Stone Org

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,

Colbert County.

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

Given under my official signature and seal, this 6th day of March 1896.



Ordinary Full Stone Cobb County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Colbert County.

Personally appears M. Holbrook Cobb
County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the day of May 1844 that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company B of 24th Regiment of Volunteers, Union's Brigade; that whilst engaged in such military service in the State of Georgia, on the day of Sept 1862, he was wounded, injured or diseased as follows:

By being caught between two wagons. So that Applicant is rendered practically incapable to perform the ordinary manual avocations of life.

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 29th, 1897. I have heretofore under said law as a resident of Colbert county been allowed an invalid pension of \$50 Dollars, for the year 1896.

Sworn to and subscribed before me, this, the 6th day of March 1897, by M. Holbrook Cobb
Full Stone Org POST OFFICE Room at Ma

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,

Colbert County.

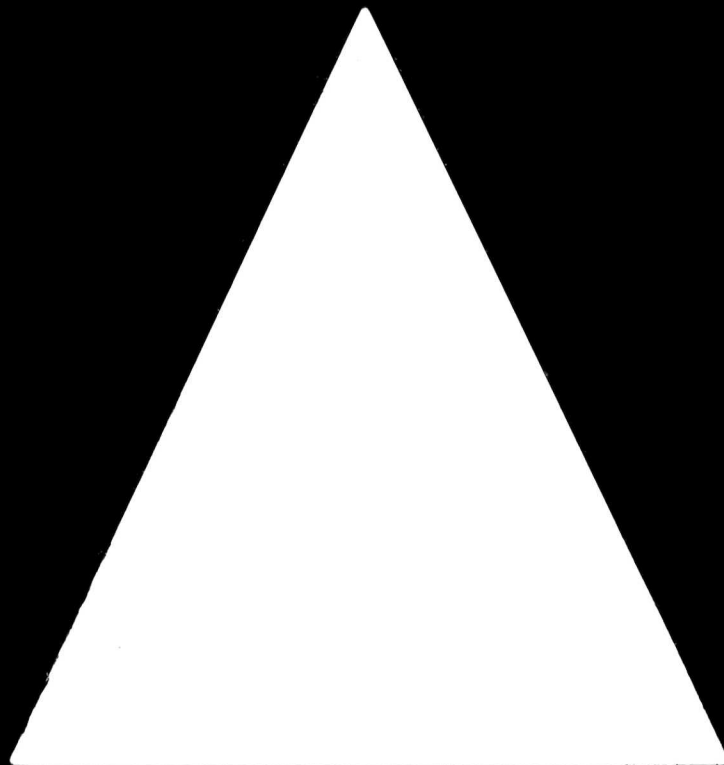
I, Full Stone Ordinary of said County, do certify that I am well acquainted with M. Holbrook Cobb the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides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

Given under my official signature and seal, this 2nd day of March 1897.



Ordinary Full Stone Cobb County.

Ordinary 1000 County.



Power of Attorney.

STATE OF GEORGIA,

County, }

I, _____ hereby authorize _____

of _____ to receive and receipt for the pension allowed and

request that he remain same to _____ by _____

at _____

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

day of _____ 1901.

Executed in the presence of _____

[L. S.]

Code Section 1230.

No. _____

INVALID

Soldier's Pension,

1901-1902

Name Thos J WalbrookCounty CobbCo. 42 Pa Regt.Disability Body woundAmount, \$ 1.2

1901.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO _____

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

Geo. W. Harrison, State Printer, Atlanta.

8/3-1902

Power of Attorney.

STATE OF GEORGIA,

County, }

I, _____ hereby authorize _____
 of _____ to receive and receipt for the pension allowed and
 request that he remit same to _____ by _____
 at _____
 IN WITNESS WHEREOF, I have hereunto set my hand and seal, this _____
 day of _____ 1901.

[L. S.]

Executed in the presence of

INVALID

Soldier's Pension,

1901.

Name of Soldier

County

Rank

Disability

Amount

1901.

JOHN W. LINDSEY,

WARRANT HANDED TO

Ordinary will enter Name of Applicant, Company

and Signature on back as indicated above

Ordinary will enter Name of Applicant, Company

and Signature on back as indicated above

Ordinary will enter Name of Applicant, Company

and Signature on back as indicated above

Ordinary will enter Name of Applicant, Company

and Signature on back as indicated above

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and Signature on back as indicated above

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and Signature on back as indicated above

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and Signature on back as indicated above

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and Signature on back as indicated above

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and Signature on back as indicated above

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and Signature on back as indicated above

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and Signature on back as indicated above

Ordinary will enter Name of Applicant, Company

and Signature on back as indicated above

Ordinary will enter Name of Applicant, Company

and Signature on back as indicated above

Ordinary will enter Name of Applicant, Company

and Signature on back as indicated above

For Use of Applicants Who Have Not Heretofore Drawn.

STATE OF GEORGIA,

County, }

PERSONALLY appears Thomas J. Holbrook of said County
 County, State of Georgia, who being duly sworn, says on oath that he was born on the _____ day of _____
 18 23, that he is a bona fide citizen and resident of Georgia, and has been
 continuously since the _____ day of his birth to _____ that he enlisted
 in the military service of the Confederate States (_____) on the _____
 day of March 186 2, during the war between the States, and
 served in Company E of 42nd th Regiment of Georgia Volunteers
Benton & Stovall's Brigade, and was honorably discharged on the 26 day of
April 186 5; that whilst engaged in such military service, and in line of duty in
 the State of Tennessee, on the 16 day of December 186 4
 he was disabled or wounded as follows: in the second day Battle
at Nashville, Tenn., he was badly wounded
by the explosion of a shell from a Federal
Battery striking a large rock causing the
same to fall upon him and crush him
and he such an extent as to cause his hands
to protrude, and which resulted in a permanent inf
of the same existing to the present time and
which has disabled him to such an extent as
to render him entirely unable to perform any
sort of labor at the present time. That said
injury is growing worse and requires constant
medical attention

Where was command surrendered? Trenton, N.J.
 Was applicant present? Yes; present If not, where
 was he? _____ How come there? _____

And by whose authority? State fully: Applicant states that he
captured a Federal soldier in the Battle of
Bentonville, brought him out & turned him over to the guard
 Dependent desires to participate in the benefits of Section 1250 of the Code, and the Acts amendatory thereof,
 and makes application for the pension to which he is entitled for the year thereunder, ending October 26th, 1902.

Sworn to and subscribed before me, this _____ day of February 1902, Thomas J. Holbrook
John R. Wilkinson Ordinary not
 Post Office _____

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

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

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

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb COUNTY.

I, John W. Lindsey hereby authorize
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 21
day of January 1904.

Executed in presence of

J. J. Holbrook [L. S.]

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb COUNTY.

I, John W. Lindsey hereby authorize
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 21
day of January 1905.

Executed in the presence of

John W. Lindsey [L. S.]

Holbrook, J. J.
Cobb Co.
No. 32576

OUR SECTION 156.

(FOR THOSE ALREADY ENROLLED.)

DISABLED

SOLDIER'S PENSION

1904.

Name J. J. Holbrook

County Cobb

Co. D. 412 Regiment 44 Vol.

Disability reduced

Amount, \$ 50.00

No. 25 1904.

JOHN W. LINDSEY,

Commissioner of Pensions

WARRANT HANDLED TO

Geo. W. Harrison, New York Agent.

no date

Holbrook, J. J.
Cobb Co.
No. 32576

(FOR THOSE ALREADY ENROLLED.)

No. 32

DISABLED

SOLDIER'S PENSION

1905.

Name J. J. Holbrook

County Cobb

Co. D Regiment 42

Disability

Amount, \$ 50

1905.

JOHN W. LINDSEY,

Commissioner of Pensions

WARRANT HANDLED TO

Geo. W. Harrison, New York Agent.

no date

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cobb County.

Personally appears *J. J. Walbrooks* of *Cobb* County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the day of *1837*; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *private* in Company *D*, of *42nd* Regiment of *Volunteers* *Stonewall*'s Brigade; that whilst engaged in such military service in the State of *Tenn*, on the day of *1864*, he was wounded, injured or diseased as follows:

Has marked by oak leaves by a shell exploding, apparent rendering unable to perform

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 *Gulton* County, been allowed an invalid pension of *50* Dollars, for the year 1903.

Sworn to and subscribed before me, this the *21* day of *July*, 1904. *J. J. Walbrooks* Post-office *Stark*

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

STATE OF GEORGIA,

Cobb County.

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

Given under my official signature and seal, this *4th* day of *January*, 1904.



Ordinary *John A. Wray* County.

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cobb COUNTY.

Personally appears *J. J. Walbrooks* of *Cobb* County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the day of *18*; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *private* in Company *D*, of *42nd* Regiment of *Volunteers* *Stonewall*'s Brigade; that whilst engaged in such military service in the State of *Tenn*, on the day of *1864*, he was wounded, injured or diseased as follows:

Body Wound

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

Sworn to and subscribed before me, this the *21* day of *July*, 1905. *J. J. Walbrooks* Post-office *Stark*

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

STATE OF GEORGIA,

Cobb COUNTY.

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

Given under my official signature and seal, this *11* day of *July*, 1905.



Ordinary *John A. Wray* County.

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

POWER OF ATTORNEY.

STATE OF GEORGIA.

Cobb COUNTY. }
I, *J. J. Holbrook*, hereby authorize
John Lindsey of _____
to receive and receipt for the pension paid hereon, and request that he remit same to
by _____
at _____

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

Executed in the presence of

J. J. Holbrook [L. S.]
Min

YOUR SECTION 1906
FOR THOSE ALREADY ENROLLED.

No. *2-1*

DISABLED
SOLDIER'S PENSION
1906.

Name *J. J. Holbrook*
County *Cobb*
Co. *42nd* Regiment *Ca. 10th*
Disability *Discharge*
Amount, \$ *50*

1906.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

THE PUBLIC PRINTING AND BOOK-BINDING CO. OF ATLANTA, GEORGIA.

no date

Holbrook, Thomas J.

Cobb Co.

YOUR SECTION 1906
FOR THOSE ALREADY ENROLLED

No. *221*

DISABLED
SOLDIER'S PENSION
1907.

Name *J. J. Holbrook*
County *Cobb*
Co. *42nd* Regiment
Disability *Discharge*
Amount, \$ *50*

JAN 21 1907.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

THE PUBLIC PRINTING AND BOOK-BINDING CO. OF ATLANTA, GEORGIA.

no date

POWER OF ATTORNEY.

STATE OF GEORGIA.

Cobb COUNTY. }
I, *J. J. Holbrook*, hereby authorize
John Lindsey of _____
to receive and receipt for the pension paid hereon, and request that he remit same to
by _____
at _____

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

Executed in presence of

J. J. Holbrook [L. S.]
Min

Min

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,

Cobb

County.

Personally appears J. J. Holbrook of Cobb County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the day of 18, that he enlisted in the military service of the Confederate States, (or of the State of Georgia) during the war between the States, and served as a Private in Company D, of 42th Regiment of Volunteers 's Brigade; that whilst engaged in such military service in the State of Georgia, on the 1 day of 186, he was wounded, injured or diseased as follows:

body maimed

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1906. I have heretofore, under said law, as a resident of Cobb County, been allowed an invalid pension of 30 Dollars, for the year 1905.

Sworn to and subscribed before me, this the 1 day of January, 1907.

John H. Hooten
Post Office

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, John H. Hooten 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 1 day of January, 1907.

Ordinary

County.

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,

Cobb

County.

Personally appears J. J. Holbrook of Cobb County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the day of 18, that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company D, of 42th Regiment of Volunteers 's Brigade; that whilst engaged in such military service in the State of Georgia, on the 1 day of 186, he was wounded, injured or diseased as follows:

body maimed

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1907. I have heretofore, under said law, as a resident of Cobb County, been allowed an invalid pension of 30 Dollars, for the year 1906.

Sworn to and subscribed before me, this the 1 day of January, 1907.

John H. Hooten
Post Office

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

State of Georgia,

Cobb

County.

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

Given under my official signature and seal this 1 day of January, 1907.

John H. Hooten
Ordinary

Cobb County.

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

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

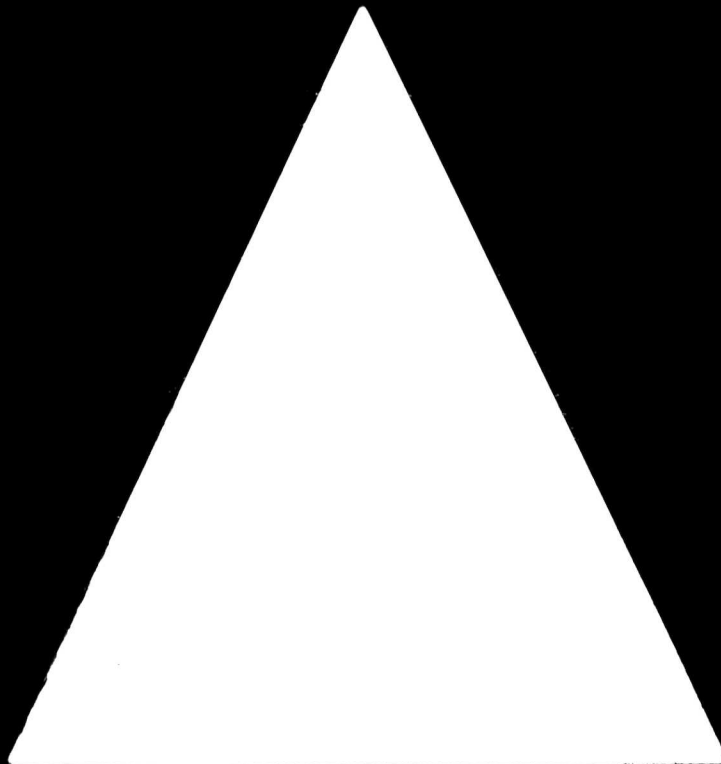
your
stamp
here

Ordinary _____ County.

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

NOTE.—All vouchers and affidavits must bear date after January 1st, 1906.

NOTE.—All vouchers and affidavits must bear date after January 1st, 1907.



POWER OF ATTORNEY.

Form No. 5.

STATE OF GEORGIA,
COUNTY. }

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

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

Executed in the presence of

Holcomb Elizabeth R
Cobb County

No. 3827

Widow's Pension,
1897.

PAID TO
Mrs Elizabeth R. Holcomb
OF
Cobb County.
Widow of *Samuel Holcomb*

RICHARD JOHNSON,
Commissioner of Pensions.

Warrant Issued,

4/13 1897
AND HANDED TO

Mr Stone
Ord.

Geo. W. Harrison, State Printer, Atlanta.

3/29/97

POWER OF ATTORNEY.

STATE OF GEORGIA,
COUNTY.

I, _____ hereby authorize _____

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

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

day of _____ 1897.

Executed in the presence of _____

Form No. 5.

Affidavit to be Made by the Widow.

Form No. 1.

STATE OF GEORGIA,
COUNTY OF Cobb

In person came before me, the undersigned Ordinary in and for the County of Cobb Mrs. Elizabeth Holcombr, who being sworn according to law, says under oath that she is the widow of Shemond Holcombr, who was a soldier in the service of the Confederate States, and served as a member of Company No 64 of the 1st Regiment of Pa. Volunteers; that he enlisted in said services on or about the _____ day of April 1863, and was in the _____ Army up to _____ 1864. That while in the _____ Army, he was on the _____ day of Fall 1864. (See Note No. 1)

Captured during the siege of Petersburg, Va. in the Fall of 1864. He was taken to the Federal Prison at Elmira N.Y. After that he was never heard from any more. Nor did he ever return home after the war - nor has he ever been heard from nor returned up to this time

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 _____ day of July 1844, and that she was born in Elbert Co. Ga. and has resided in Georgia continuously _____ during my whole life that Georgia is her home, and was such on the 23rd 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, 1897, and herewith tenders the proof of her right to receive the pension granted by said Act.

Sworn to and subscribed before me, this _____ day of Nov. 1897. Elizabeth Holcombr Widow Anyrna Ga.
M. Stone Ordinary.

Note 1.—State in blank about the date of the death of the husband, and how, and when, and where he died. And in case his death resulted from disease, state how the disease is known positively to have resulted from the service of the soldier to the Army and not from any other cause.
Note 2.—The Ordinary will see that ALL blank spaces are filled before the affidavits are signed.

The instructions as set out in the notes, MUST be observed.

Widow's Pension,

1897.

PAID TO

Mrs. Elizabeth Holcombr

OF

County

Widow of Shemond Holcombr

RICHARD JOHNSON,

Commissioner of Pensions.

Warrant Issued,

4/13

1897

AND HANDED TO

M. Stone

329/97

Holcombr, Elizabeth
Cobb Co. Ga.

No. 3827

Affidavit for Three Witnesses.

Form No. 2.

STATE OF GEORGIA, } In person came before me, the undersigned Ordinary in
COUNTY OF *Shelburne* } and for said County, witnesses *J. M. Stone* and *W. W. Worley*

and *W. W. Worley* (each known to said Attesting Officer as truthful, reliable and reputable citizens), who severally say under oath, that, FROM THEIR OWN PERSONAL KNOWLEDGE, Mrs. *Elizabeth Dring* is now a resident of the County of *Cobb* State of Georgia, is the widow of *Shirwood S. Dring* who was a soldier in Company *8* of the *68th* Regiment of *Georgia* Volunteers. That said soldier enlisted in the service of the Confederate States (or the Georgia State Troops) on or about the day of *186* That while in said service or by reason of said service in the Army, he died on the day of

18*63* from the following causes: *Witness J. M. Stone and J. H. Black* *testify that he was killed in the army in the State of Georgia. It was that he was a soldier in the 68th Regt. Witness W. W. Worley deposes and says that he was present when Shirwood Dring was murdered in the service of the Confederate States Co. 84th Regiment. Dring was or about 17th of April 1863. And to the best of my knowledge & belief he died in prison Kings New York*

Our opportunity for knowing the facts stated in reference to death of applicant's husband were

We further swear that she became the wife of said soldier on the day of *1863* and so remained to his death, since then she has not again married, and that she resided in said State of Georgia on the 23d of December, 1890, and that she has so continued to reside up to this date.

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

Sworn to and subscribed before me, this *24* day of *Feb* 1897. *J. M. Stone* *W. W. Worley*
Shelburne Ordinary.

NOTE 1.—Witnesses must not testify about things they may believe, but confine their statements to such facts as they personally know.
NOTE 2.—If the husband died after the war of wounds or disease state fully and particularly how you, as witnesses know the service as a soldier was the immediate cause of his death.
NOTE 3.—All blank spaces must be filled when signed.

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

Form No. 2.

STATE OF GEORGIA, } I, *J. M. Stone* Ordinary
COUNTY OF *Cobb* } in and for said County of *Cobb*

State of Georgia, hereby certify that I am acquainted with Mrs. *Elizabeth Dring* the applicant for a pension in this case, and know from my own knowledge, (or from positive proof presented to me by reputable witnesses), that she resides in this County, and that she resided in the State of Georgia on December 23d, 1890, and has not lived out of the State since that date. I also certify that the witnesses, to-wit: *J. H. Black* *J. R. Holcomb* and *Mrs. Lyon*, whose testimony she presents to sustain her claim, are known to me to be truthful witnesses, entitled to full faith and credit as such, and that the full text of the affidavit was read to and understood by them before same was signed. I am fully satisfied that this claim is made in good faith, and that I have caused the applicant and the witnesses to read or hear read the proofs they sign.

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this, the *27th* day of *Mar* 1897.

{
SEAL
}

J. M. Stone Ordinary.

Form No. 4.

NOTES.

The pension is only payable to certain classes of widows.
Those whose husbands were killed in service.
Those whose husbands died in the army of wounds or disease contracted in the service.
Those whose husbands went to the army and have never been heard from since the war.
Those whose husbands were wounded in the army and have since died from the direct effects of the wounds.
No pension can be paid for previous years.
Those whose husbands contracted disease in the service and who after the war, died of the disease caused by the service. The disease directly causing the death.
No widow is entitled unless she was the wife of the soldier during the service, and has never remarried.
The law does not provide for any one living out of the State of Georgia, or who did not live in the State at the date of the Act.
The facts to establish a claim must be substantiated by the testimony of three witnesses who personally know of the enlistment of the husband and his death and the immediate cause of the death.
If the husband died since the war testimony by physicians must be produced.
Widows who have married since the service of their husbands in the army are not entitled.
If witnesses live in another County from that wherein applicant resides, they must go before the Ordinary of their County and testify. The attestation of a Justice of the Peace or Notary will not answer, in any case.
If proofs must be made out of the State, the witnesses must be sworn before a Judge of a Court of Record under Seal, and the witnesses must be certified to as reliable, and that their signatures are genuine.
Fill out Power of Attorney authorizing some one who can call at Treasurer's office in Atlanta and receive the money, to receipt for same.
Fill out the "directions" below Power of Attorney, so that your Agent will know where and how to send the money.
Widows whose husbands enlisted from another State or served in other Commands than Georgia Commands are not entitled to pensions unless they were born in Georgia and can make proof of that fact.
By order of the Governor.

RICH'D JOHNSON,
Commissioner of Pensions.

Affidavit for Three Witnesses.

STATE OF GEORGIA,

In person came before me, the undersigned Ordinary in

COUNTY OF

Cobb

and for said County, witnesses

*H. A. Black**J. R. Holcombr*

and

(each known to said Attesting Officer as truthful,

reliable and reputable citizens), who severally say under oath, that, FROM THEIR OWN PERSONAL KNOWLEDGE,

Mrs. *Elizabeth Holcombr*, now a resident of the County of *Cobb*,State of Georgia, is the widow of *Sherwood Holcombr*, who was a soldier inCompany *H* of the *64th* Regiment of *M* Volunteers.

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

We think day of *April* 1863. That while in said service or by

reason of said service in the Army, he died on the

18th day of *April* 1863.from the following causes: — *H. A. Black and J. R.**Holcombr* know that the said *Sherwood**Holcombr* went off as a soldier in the

Confederate Army. — We understood he

was taken prisoner at Petersburg Va.

and carried to Prison at Elmwood N.Y.

We know he has never returned

home since the war, nor has he

ever been heard of since the war.

Our opportunity for knowing the facts stated in reference to death of applicant's husband were

*We Black & Holcombr were intimately**acquainted with Sherwood Holcombr and**his family, his wife &c. before and during**the war. We have been neighbors and**intimately acquainted with Elizabeth Holcombr ever since the war.*We further swear that she became the wife of said soldier *before the war* *before the war* *before the war*— 18th —, and so remained to his death, since then she has not again

married, and that she resided in said State of Georgia on the 23d of December, 1890, and that she has so continued

to reside up to this date.

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

Sworn to and subscribed before, this the

26th day of *March* 1897.

Ordinary.

*H. A. Black**J. R. Holcombr*

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

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

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

POWER OF ATTORNEY.

State of Georgia.

Cobb County.

I, Elizabeth Holcomb hereby authorize J. M. Stone of Marionette Ga. to receive and receipt for the pension paid hereon and request that he remit same to me by him

In WITNESS WHEREOF, I have hereunto set my hand and seal, this 1st day of July 1898.

Elizabeth Holcomb
mk

Executed in the presence of

POWER OF ATTORNEY.

State of Georgia.

Cobb County.

I, Elizabeth Holcomb hereby authorize J. M. Stone of Marionette Ga. to receive and receipt for the pension paid hereon and request that he remit same to me by him

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 1st day of July 1898.

Elizabeth Holcomb
mk

Executed in presence of

Halcomb, Elizabeth
Cobb County
For Those Heretofore Paid.

1898.

NO. 3710

WIDOW'S PENSION,

For year ending February 15th, 1898.

PAID TO
Mrs. Elizabeth Holcomb

Cobb
County,
Widow of Samuel Holcomb

RICHARD JOHNSON,

Commissioner of Pensions

WARRANT ISSUED

July 8
AND HANDLED TO
J. M. S.

GEORGE W. HARRISON, STATE PRINTER, ATLANTA

Halcomb, Elizabeth
Cobb County
For Those Heretofore Paid.

1899.

NO. 3266

WIDOW'S PENSION,

For year ending February 15th, 1899.

PAID TO
Mrs. Elizabeth Holcomb

Cobb
County
Widow of Samuel Holcomb

RICHARD JOHNSON,

Commissioner of Pensions

WARRANT ISSUED

2/8
AND HANDLED TO
J. M. S.

GEORGE W. HARRISON, STATE PRINTER, ATLANTA

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of Cobb

Personally Comes Mrs.

Elizabeth Holcomb

who, being sworn, says on oath, that she is a bona fide resident of said county of
Cobb State of Georgia, and that she has resided in said State

continuously ever since 1863. That she is the Widow of

Sherwood Holcomb who was a Soldier in Company
of the 64th Regiment of Ga.

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

1863 and served in the Army up to 1865. That he lost his

life on the day of 18 (State here

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

That while in the Confederate Army he was captured and taken as a prisoner to Elmira New York. He never returned home after the war nor was ever heard of any more.

Dependent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1844.

I have been allowed a pension as a resident of Cobb County for the year ending February 15th, 1897, and now apply for the pension provided by law for the year ending February 15th, 1898.

Sworn to and subscribed before me, this day of May 1898.

Elizabeth Holcomb

Post-Office

J. W. Stowe

State of Georgia,

Cobb County, Ordinary of said County, certify that I am well acquainted

with Mrs. Elizabeth Holcomb who made the above affidavit, and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she

has continuously resided in this State since the day of May 1898.

Given under my official signature and seal this day of May 1898.

Official Seal.

Ordinary of

Cobb County.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of Cobb

Personally Comes Mrs.

Elizabeth Holcomb

who, being sworn, says on oath, that she is a bona fide resident of said county of
Cobb State of Georgia, and that she has resided in said State

continuously ever since 1862. That she is the Widow of

Sherwood Holcomb who was a soldier in Company
of the 64th Regiment of Georgia

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

1862 and served in the Army up to 1865. That he lost his

life on the day of 18 (State here

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

That the said deceased husband, either died or was killed while in the Confederate Army. He was never heard of, nor returned home after the war.

Dependent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1844.

I have been allowed a pension as a resident of Cobb County for the year ending February 15th, 1898, and now apply for the pension provided by law for the year ending February 15th, 1899.

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

Elizabeth Holcomb

Ordinary.

Post-Office

Anyona Ga.

State of Georgia,

Cobb County, Ordinary of said County, certify that I am well acquainted

with Mrs. Elizabeth Holcomb who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she

has continuously resided in this State since the day of May 1899.

Given under my official signature and seal this day of May 1899.

Official Seal.

Ordinary of

Cobb

County.

J. M. STONE,
Ordinary & Judge Probate.

OFFICE OF ORDINARY,
COBB COUNTY, GA.

Marcella, Ga.

1897

She had no one to go to
work, and get the matter up
for her & I together with
some of her neighbors have
taken the matter in hand
to see what can be done
in her case, believing that
she is entitled under the
law.

I am satisfied that you
will do the best you can for
her - if the evidence is not
sufficient return it & we
will file more evidence.

Yours Truly
J. M. Stone
Okey

J. M. STONE,
Ordinary & Judge Probate.

OFFICE OF ORDINARY,
COBB COUNTY, GA.

Marcella, Ga.

Mar 27 1897

Richard Johnson
Pension Comissio
Atlanta, Ga.

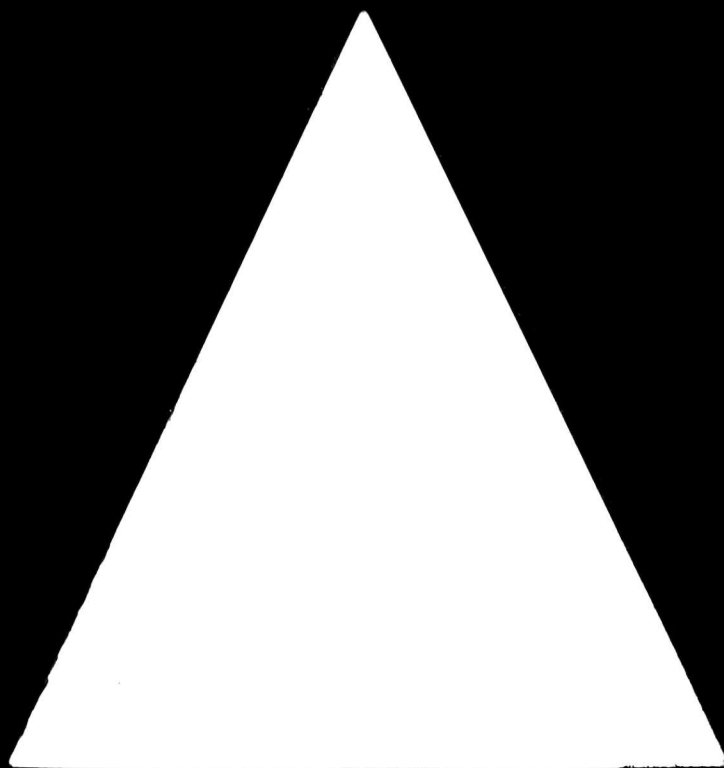
Dear Sir:- I enclose
to you the Application for Pen-
sion of Mrs Elizabeth Holcomb.
I understand from all
sources from which I have
gathered any information con-
cerning this Applicant is a
worthy woman and is entitled
to Pension.

As you see her is one
of those cases in which
her husband went into the
Army and never returned nor
was ever heard of after the
war. She is an old lady
and ignorant as to legal
matters hence her delay of
not applying before this time.

testifies that he lived a near
neighbor to Sherman Holcomb.
And his wife Elizabeth Holcomb
before and during the war
and has known Elizabeth
Holcomb and her family
ever since the war and know
that the facts as he has
stated them are correct.

M. P. Lyon

Given to and
subscribed before me
this 27th day
of March 1897.
J. H. Stone
Only



Additional Testimony

J. H. Holland, J. H.
Cobb Co.

INDIGENT PENSION

1898.

Name J. H. Holland
County Cobb.

Approved 1898.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO

W. H. HARRISON, STATE PRINTER, ATLANTA

1/19/99
2/28/98- 6/28/1898-

Pension Office 7/1/1898
It must be proven for
long a time applicant
has been a resident of
this state -

Witness to service must be
certified as on the 1st page
of this form -

Applicant bases claim on
age but he does not give it
He also says that he is
incapacitated from working
at his home - the statute
covers any kind of labor
or calling -

Rich. Johnson
Com. of Pensions

POWER OF ATTORNEY.

STATE OF GEORGIA.

Cobb COUNTY.

I, James H. Holland, hereby authorize

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

at day of month 1898.

Witness my hand and seal this 28th day of June 1898.

Executed in presence of

John A. Holland (L.S.)

POWER OF ATTORNEY.

STATE OF GEORGIA.

Cobb COUNTY.

I, James H. Holland, hereby authorize
J. H. Holland of Georgia and my special power
to receive and receipt for the pension allowed and request that he remit same to

at Lawrence by Hall

Witness my hand and seal this 12 day of June 1898.

Executed in presence of

J. H. Holland (L.S.)

INDIGENT PENSION

1898.

Name J. H. Holland
County Cobb

Approved _____ 1898

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDED TO

STATE OF GEORGIA.

11/13/99 6/25/1898

Questions for Applicant.

STATE OF GEORGIA.

Cobb County.

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

1. What is your name and where do you reside? (Give State, County and post office.) Lawrence, Cobb County, Georgia
2. How long and since when have you been a resident of this State? Twenty Years
3. When and where were you born? Henry, Georgia, born in 1830
4. When and where and in what company and regiment did you enlist or serve? 2nd Co. 1st Regt. 1861, Mississippi
5. How long did you remain in such company and regiment? until April 1865
6. For how long a period did you discharge regular military duty? about 4 years
7. When, where and under what circumstances were you discharged from service? at Louisville, Alabama where I was paroled
8. What is your present occupation? Nothing
9. How much can you earn (gross) per annum by your own exertions or labor? about \$100 per year
10. What has been your occupation since 1865? nothing
11. Upon which of the following grounds do you base your application for pension, viz: first, "age and poverty," second, "infirmity and poverty," or third, "blindness and poverty"? age and poverty
12. If upon the first ground, state how long you have been in such condition that you could not earn your support? If upon the second, give a full and complete history of the infirmity and its extent? If upon the third, state whether you are totally blind and when and where you lost your sight? about 4 years, lost an attack of rheumatism at the time which was operable in the same way as a child
13. What property, effects or income do you possess, and its gross value? nothing
14. What property, effects or income did you possess in 1894, 1895, 1896 and 1897, and what disposition, if any, did you make of same? nothing
15. In what County did you reside during those years, and what property did you then return for taxation? in Cobb County, nothing
16. How were you supported during the years 1896 and 1897? as supported by my widow's estate
17. How much did your support cost for each of those years, and what portion did you contribute thereto by your own labor or income? my board was given to me
18. What was your employment during 1896 and 1897? What pay did you receive in each year? odd jobs only a few dollars
19. Have you a family? If so, who composes such family? Give their means of support? Have they a homestead? no
20. Are you receiving any pension? If so, what amount, and for what disability?

Sworn to and subscribed before me this the

12 day of July, 1898.

J. H. Holland Applicant.

Ordinary

Cobb County.

Resumed Jan 18th 1899
Del. J. H. Holland

Pension office 8/1/1898
It must be proven for
long a time applicant
has been a resident of
this State -
Witness to since must be
certified as in the 1st page
of this form -
Applicant bases claim on
age but he may not over it
He also says that he is
incapacitated from working
at his home - the state
owns an acre of land
in or calling - Rich. Johnson
County Revenue

Additional Testimony
J. H. Holland
Cobb

QUESTIONS FOR WITNESS.

STATE OF Georgia

COUNTY. }
Chatham

of said State and County, having been presented

as a witness in support of the application of J. H. Holland for pension under the Act approved December 15th, 1894, and after being duly sworn true answer to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? G. C. Woods
2. Are you acquainted with J. H. Holland, the applicant; if so how long have you known him? Yes. Since June 4 years
3. Where does he reside, and how long and since when has he been a resident of this State? He lives in Georgia. Near New Richmond Long
4. When, where and in what company and regiment did he enlist, and how do you know? The Civil War 1861 in my company B-28th Miss Georgia
5. Were you a member of the same company and regiment? I was Captain
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 went out with 2nd Co. 28th Miss Georgia in March 1861. Remained in service until the Surrender. Serving 4 years in Service
7. What property, effects or income has the applicant? (Give your means of knowledge.) None. He has no property to applicant
8. What property, effects or income did the applicant possess in 1896 and 1897, and what disposition, if any, did he make of same? None. None
9. Has he conveyed away any of his property in the last three years, if so, what was it, and to whom? None
10. What is the applicant's occupation and physical condition? Brick Mason by trade but not able to work at same. He is not able to do anything
11. Is the applicant unable to support himself by labor of any sort, if so, why? He is not able to account for age and infirmity
12. How was he supported during the years 1896 and 1897? By his brother
13. What portion of his support for these two years was derived from his own labor or income? Nothing. None
14. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under the Act of December 15th, 1894? Chronic rheumatism. Infirmity and age.
15. What interest have you in the recovery of a pension by this applicant? None

Sworn to and subscribed before me, this }
the 12 day of March 1898.

Witness.

G. C. Woods Ordinary. W. H. Pace Witnesses
My Dearest Chatham to questions 7 to 15

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,

COUNTY. }
Chatham

Personally came before me Robert P. Smith M.D. and

W. H. Pace M.D., both known to me as reputable physicians of said County, who, being severally sworn, say on oath that they have examined carefully

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

He is sixty eight years old and fully unable to work regularly at his trade of a brick mason and by reason of age and infirmity is not able to support himself. He is not able to do anything. He has a chronic rheumatism in his back and partial paralysis in his right arm and leg.

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

Sworn to and subscribed before me this the }
23 day of July 1898.

Robert P. Smith M.D.
W. H. Pace M.D.
Ordinary.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

COUNTY. }
Chatham

I G. C. Woods Ordinary in and for said County, hereby certify that the applicant J. H. Holland resides in said County, and has

been a bona fide resident of this State since the 1st day of June 1894 for 3 years

and that the witnesses, viz: W. H. Pace and J. H. Holland

are of trustworthy character, and that their statements are entitled to full faith and credit.

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

I further certify that the tax digests of Chatham County show that applicant returned for taxation in his name in 1896 Nothing Dollars

of property, and in 1897 Nothing Dollars of property.

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

Witness my hand and seal of office, this 23 day of May 1898.

G. C. Woods Ordinary
of Chatham County.

NOTE.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

I, _____ hereby authorize

of

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

at

by _____

Witness my hand and seal, this _____ day of _____ 1900.

[L. S.]

Executed in presence of

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

I, _____ hereby authorize

of

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

at

by _____

Witness my hand and seal, this _____ day of _____ 1901.

[L. S.]

Executed in presence of

Holland, J. H.
Cobb Co

CODE SEC. 1284
(For Those Already Enrolled.)

NO. *579*

INDIGENT
SOLDIER'S PENSION,
1900.

Name *J. H. Holland*
County *Cobb*

WARRANT ISSUED
July 17 1900.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDLED TO
W. H. H.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDLED TO
W. H. H.

JOHN W. LINDSEY,
Commissioner of Pensions.

No data

Holland, J. H.
Cobb Co

CODE SECTION 1284
(For Those Already Enrolled.)

No. *642*

INDIGENT
SOLDIER'S PENSION.
1901.

Name *J. H. Holland*
County *Cobb*

WARRANT ISSUED
July 17 1901.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDLED TO
W. H. H.

JOHN W. LINDSEY,
Commissioner of Pensions.

No data

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears *J. H. Holland* 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 *2nd* day of *May* 18*80*; that he is *62* years old and by occupation a *Brick Layer*; that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served for the term of *4 years* in Company *B*, of *28th* Regiment of *Mississippi Vols.*; that his physical condition is as follows: *On account of age, infirmity and poverty he is unable to support himself* that his property consists of the following items

Nothing

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

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1900. I have heretofore as a resident of *Cobb* county been *rated as a pensioner* for the year *1890-1900*

Sworn to and subscribed before me, this, *16th* day of *January* 1900.

Ordinary.

State of Georgia,

Cobb County.

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

Given under my official signature and seal, this *16th* day of *January* 1900.



Ordinary.

County.

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

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears *J. H. Holland* 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 *2nd* day of *May* 18*80*; that he is *60* years old and by occupation a _____ that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served for the term of *4 years* in Company *B*, of *28th* Regiment of *Mississippi Vols.*; that his physical condition is as follows: *On account of age, infirmity and poverty he is unable to support himself* that his property consists of the following items

Nothing

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

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1900. I have heretofore as a resident of *Cobb* county been allowed a pension for the year *1900*

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

Ordinary.

STATE OF GEORGIA,

Cobb County.

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

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



Ordinary.

County.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

County, }

I, _____ hereby authorize _____

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

_____ at _____
by _____

Witness my hand and seal, this _____ day of _____ 1902.

[L. S.]

Executed in presence of

*Holland, J. H.
Cobb County*

3
(FOR THOSE ALREADY ENROLLED.)

No. *45*

INDIGENT

SOLDIER'S PENSION

1902.

Name *J. H. Holland*
County *Cobb*
Co. *B* Regiment *28*

WARRANT ISSUED

1/4 1902.

JOHN W. LINDSEY,
Commissioner of Pensions

WARRANT HANDED TO

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

no data

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cook County.

Personally appears J. H. Holland 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 2nd day of May 1880; that he is 72 years old and by occupation a Blacksmith, that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served for the term of 4 years in Company B, of 28th Regiment of Mississippi Vol; that his physical condition is as follows: On account of age infirmity and poverty he is unable to support himself

that his property consists of the following items _____

Nothing
of the value of _____ Dollars, that by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

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

Sworn to and subscribed before me, this 7 day of January 1902.
John H. Holland Ordinary.

STATE OF GEORGIA,

Cook County.

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

Given under my official signature and seal, this 7th day of January 1902.

John H. Holland Ordinary. Cook County.

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

Examination of record
 in Cobb County } The undersigned
 on oath says he has
 known J. H. Hall and for
 many years - that he knows
 that he has lived in the state
 of Georgia many years of his
 life - perhaps all his life
 that he has never been
 in Fulton County and now
 resides he is informed in
 Cobb County and has lived
 there now for years - that if
 he ever had a home out-
 side of this state he never
 knew of it - a head of a
 man and J. H. Hall
 would say
 on This Dec 12 1898

P. W. Calhoun, N.P.

Fulton Co. Ga.

I am acquainted with above facts and
 they are true

A. H. Stewart
 H. P. Rice

State of Georgia in person
 Cobb County } appeared before
 The undersigned
 a Justice of the Peace in and
 for said County, J. H. Hall and
 who upon oath says that - he
 was born in the State of Georgia
 and has been a Resident of this
 State all of his life with the exception
 of the four years that he was
 in the Confederate Army. he
 further says that - he is sixty-
 eight years old - and that he is
 physically unable to ever taking
 at any kind of labor and further
 states that - his widow sister has
 been supporting him since 1893
 Summary and Dues entered
 before me This Dec 5 1898

Thos. P. Whitfield J.P.

J. H. Hall and
 Wm. H.

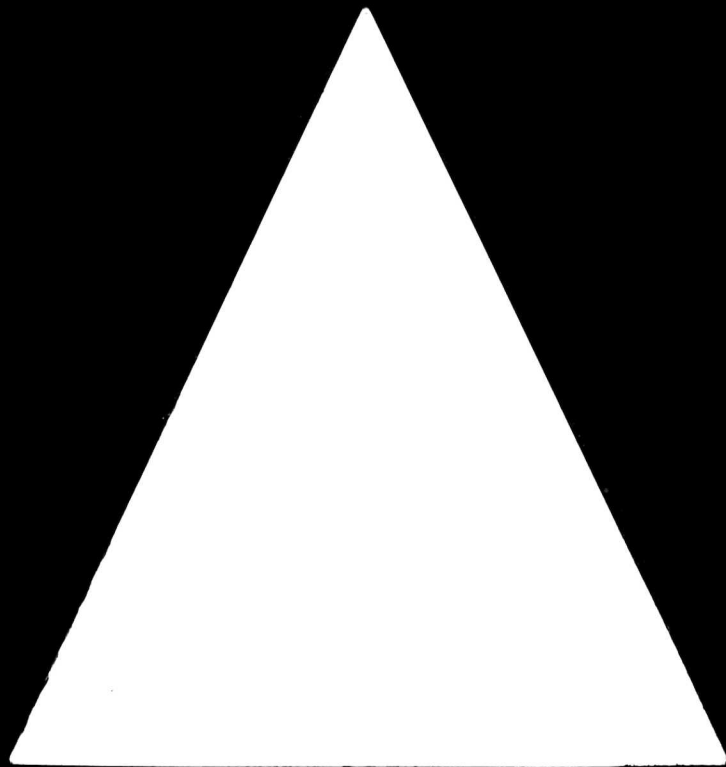
Georgia Cobb County
 Thos. P. Whitfield before
 whom the above affidavit is
 made is a Justice of Peace in
 said County, duly Commissioned
 as such.

Dec 18/99

J. H. Stone
 Clerk.

Aug 10/49

Gray.



Hollemann, C.B.
Cobb County

No. 1906

INDIGENT PENSION

1908.

Name C. B. Hollemann

County Cobb

Co. 7th Ga. Inf. + Cavalry

Approved 1908

JOHN W. LINDSEY
Commissioner of Pensions

WARRANT HANDED TO

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

Geo. W. Harrison, State Printer, Atlanta

10/5/03 - 9/15/05

Pension Office, 7/20/04.

This man had as good a chance to
return to his command as he
had to get home. He had no au-
thority to join other command.
Therefore he was absent from his
lawful command. Under present
testimony he is not entitled to I
Indigent Pension. Tax Books show
him the owner of property, must ac-
count for same.

J. W. Lindsey,
Com. of Pensions

STATE OF GEORGIA.

COUNTY, }

POWER OF ATTORNEY.

I _____ hereby authorize

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

at _____ by _____ 1908.

Witness my hand and seal, this _____ day of _____ 1908.

Executed in the presence of _____ [L.S.]

POWER OF ATTORNEY.

STATE OF GEORGIA,

_____ COUNTY.

I, _____ hereby authorize

of _____

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

at _____

by _____

Witness my hand and seal, this _____ day of _____, 1903.

[L.S.]

Executed in the presence of _____

Pension Office, 7/20/04.

This man had no good chance to return to his command as he had to get home. He had no authority to join other command. Therefore he was absent from his lawful command. Under present testimony he is not entitled to Indigent Pension. Tax Books show him the owner of property, must account for same.

J. W. Lindsey,
Com. of Pensions.

INDIGENT PENSION

1903.

1906

Name: C. B. Holliman

County: Cobb

Ca. 7/20/04 - C. B. Holliman

11/20/04 - J. W. Lindsey

Approved: _____

JOHN W. LINDSEY

Commissioner of Pensions.

WARRANT HANDLED

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

10/5/03 - 7/15/05

QUESTIONS FOR APPLICANT.

STATE OF GEORGIA,

_____ COUNTY.

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

1. What is your name and where do you reside? (give State, County and post-office)
C. B. Holliman, Powder Springs, Cobb County, Ga.
2. How long and since when have you been a resident of this State? Since 1858,
45 years
3. When and where were you born? Atterville Co. S.C. 1835.
4. When and where, and in what company and regiment did you enlist or serve? Co. 7th Ga. Cavalry, Powder Springs, Ga. Enlisted Home about January 1st 1865. Could not get back and joined Co. J. 1st Heavy Art. in Mobile, Ala. in
January 1st 1865, and with Moffatts Command till close of war
5. How long did you remain in such company and regiment? I remained in 7th Ga. Cav. about January 1st 1865, and with Moffatts Command till close of war
6. When and where was your company and regiment surrendered and discharged? Kingston, Ga. May 1865.
7. Were you present with your company and regiment when it was surrendered? Yes.
8. If not present, state specifically and clearly where you were, when you left your command, for what cause and by whose authority? I was present.

Every Question MUST b Answered.

9. How much can you earn (gross) per annum by your own exertions or labor? Nothing
10. What has been your occupation since 1865? Farmer.
11. Upon which of the following grounds do you base your application for pension, viz: first, "age and poverty," second, "infirmity and poverty," or third, "blindness and poverty"? All three
12. If upon the first ground, state how long you have been in such condition that you could not earn your support? If upon the second, give a full and complete history of the infirmity and its extent? If upon the third, state whether you are totally blind and when and where you lost your sight? I lost two eyes - I am paralyzed wholly on my right side and can do nothing - Am almost blind from paralysis - Am 68 years old.
13. What property, real and personal, or income, do you possess, and its gross value? Nothing.
14. What property, real or personal, did you possess in 1894, 1895, 1896, 1897, 1898, 1899, 1900, 1901 and 1902, and what disposition, if any, by sale or gift, have you made of same? I had 20 acres land till about 2 years ago. I sold it for a support and now have nothing at all.
15. In what County did you reside during those years, and what property did you then return for taxation? In Cobb County. Returned 20 acres land till 1894. Since then nothing at all.
16. How were you supported during the years 1899, 1900, 1901 and 1902? By my son who has a family of his own - I try labor up to two years ago.
17. How much did your support cost for each of those years, and what portion did you contribute thereto by your own labor or income? For last two years have contributed nothing - Antoin what
18. What was your employment during 1898, 1899, 1901 and 1902? What pay did you receive in each year? Farmed until 2 years ago - Since then have done nothing at all.
19. Have you a family? If so, who composes such family? Give their means of support? Have they a homestead or other property? Their ages and how employed? Yes. Wife 60 years old - My sons a small home, which is made mortgage. She has no occupation or other income.
20. Are you receiving any pension? If so, what amount and for what disability? No.
21. Have you ever made an application for pension before? No.
22. How many applications have you ever made and under what claim? None

Sworn to and subscribed before me this the _____ day of _____, 1903.

John Lindsey Ordinary,

C. B. Holliman Applicant.

of _____ County.

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,

COUNTY.

Thos. J. Hardage

as a witness in support of the application of C. B. Holloman for pension under section 1254, Code, and after being duly sworn true answers to make to the following questions, depose and answer as follows:

- What is your name and where do you reside? *Thos. J. Hardage, Powder Springs, Cobb County, Ga.*
- Are you acquainted with C. B. Holloman, the applicant; if so, how long have you known him? *Since at least 1865.*
- Where does he reside, and how long and since when has he been a resident of this State? *Powder Springs, Cobb County, Ga. Since 1865 to my knowledge.*
- When, where and in what company and regiment did he enlist, and how do you know? *Powder Springs, Ga. 1st. Buffords Command about January 1865. at*
- Were you a member of the same company and regiment? *Yes.*
- How long did he perform regular military duty? *About 3 months in my Company*
- When and where was his command surrendered? *Kingston, Va. May 9th 1865.*
- Were you present when it surrendered? *Yes.*
- Was applicant present? *Just.*
- If he was not present, where was he? *He was present.*

When did he leave his command? For what cause? By what authority he left? How do you know all of this?

With him - He was together.

- What property, effects or income has the applicant? (Give your means of knowledge.) *Nothing that I know of - Have lived clear right 38 years.*
- What property, effects or income did the applicant possess in 1898, 1899, 1900, 1901 and 1902, and what disposition, if any, did he make of same? *He owned 20 acres of land until about 1865 - he sold it.*
- Has he conveyed away any of his property in the last four years, if so, what was it, and to whom? *Only what is stated above - Sold it in support*
- What is the applicant's occupation and physical condition? *Has no occupation - totally disabled by paralysis of right side.*
- Is the applicant unable to support himself by labor of any sort, if so, why? *Yes, wholly unable, on account of paralysis.*
- How was he supported during the years 1898, 1899, 1900, 1901 and 1902? *By farming - two years ago - since then by his son.*
- What portion of this support for these four years was derived from his own labor or income? *Yes in last two years.*
- Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code. *He is old and totally disabled by paralysis.*
- Who composes family? What property have they? Children's age and their earning capacity? *His wife - his wife is a small home - has no children at home.*
- What interest have you in the recovery of a pension by this applicant? *None.*

Sworn to and subscribed before me, this 30th day of Sept. 1903.

Thos. J. Hardage

Witness.

Ordinary.

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,

COUNTY.

Personally came before me

Wm. Knight M.D.

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

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

He has a complete paralysis of right side rendering him entirely helpless, is any nothing of the disability of old age.

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

Sworn to and subscribed before me, this 30th day of Sept. 1903.

John Purdy

Wm. Knight M.D.

Ordinary.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

COUNTY.

I, John Purdy, Ordinary, in and for said County, hereby certify that the applicant C. B. Holloman resides in said County and has been a bona fide resident of this State since the 1st day of January 1865, and that the witnesses, Thos. J. Hardage and J. B. Glover are of trustworthy character, and that their statements are entitled to full faith and credit.

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

I further certify that the tax digest of Cobb County shows that applicant returned for taxation in his name in 1899 \$345, Dollars of property, and in 1900 \$335, Dollars of property, and in 1901 \$245, Dollars of property.

In my opinion the foregoing claim is made in good faith. Witness my hand and seal of office, this 30th day of Sept. 1903, John Purdy Ordinary, of Cobb County.

NOTE.

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

QUESTIONS FOR WITNESS.

STATE OF GEORGIA.

Cobb COUNTY.

S. P. Glover of said State and County, having been presented as a witness in support of the application of O. W. Holloman for pension under section 1254, Code, and after being duly sworn true answers to make to the following questions, depose and answers as follows:

1. What is your name and where do you reside? S. P. Glover
Decatur, Georgia
2. Are you acquainted with O. W. Holloman, the applicant; if so, how long have you known him? Since 1863
3. Where does he reside, and how long and since when has he been a resident of this State? Under Stoneville, Ga. for more than 45 years
4. When, where and in what company and regiment did he enlist, and how do you know? Sept. 1863. 1st Mass. Sharp. 2d S. C. Regt. I was there
5. Were you a member of the same company and regiment? Yes
6. How long did he perform regular military duty? Went home on furlough Jan 1865
7. When and where was his command surrendered? At Appomattox with his army
8. Were you present when it surrendered? No
9. Was applicant present? Not with 7 Regt
10. If he was not present, where was he? Don't know
When did he leave his command? After Jan 1865 For what cause? Furlough
By what authority he left? Went home on furlough How do you know all of this?
I was there
11. What property, effects or income has the applicant? (Give your means of knowledge.)
Don't know
12. What property, effects or income did the applicant possess in 1896, 1897, 1898, 1899, 1900, 1901 and 1902, and what disposition, if any, did he make of same? Don't know
13. Has he conveyed away any of his property in the last four years, if so, what was it, and to whom?
Don't know
14. What is the applicant's occupation and physical condition? Blacksmith
15. Is the applicant unable to support himself by labor of any sort, if so, why? Not able. Paralyzed
16. How was he supported during the years 1898, 1899, 1900, 1901 and 1902?
Don't know
17. What portion of his support for these four years was derived from his own labor or income?
Don't know
18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code? He is paralyzed. Paralyzed on right side
19. Who composes family? What property have they? Children's age and their earning capacity?
Wife. Don't know. none with him
20. What interest have you in the recovery of a pension by this applicant? None
O. W. Holloman
Sworn to and subscribed before me, this the 25th day of Sept, 1903.
John A. Harty Ordinary.

Witness.

POWER OF ATTORNEY.

STATE OF GEORGIA.

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

WITNESS my hand and seal, this *8th* day of *January* 1906.
E. B. Holliman [I. S.]

Executed in the presence of

J. M. Gann

COMMISSIONER 1904
FOR THOSE ALREADY ENROLLED.

No. *678*

INDIGENT

**SOLDIER'S PENSION
1906.**

Name *E. B. Holliman*
County *Cobb*
Co. *9th Regt.*

WARRANT ISSUED

14th *24th* 1906.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Grady

THE FARMERS' TRUST AND SAVINGS CO. OF GEORGIA, INC.

no date

Holliman, E. B. Jr
Cobb Co.,

Once Renewed 1904
(FOR THOSE ALREADY ENROLLED)

No. *609*

INDIGENT

**SOLDIER'S PENSION
1907.**

Name *E. B. Holliman*
County *Cobb*
Co. *9th Regt.*

WARRANT ISSUED

14th *24th* 1907.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

THE FARMERS' TRUST AND SAVINGS CO. OF GEORGIA, INC.

no date

POWER OF ATTORNEY.

STATE OF GEORGIA.

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

WITNESS my hand and seal, this *14th* day of *Jan* 1907.

E. B. Holliman Jr [I. S.]
Executed in presence of
J. M. Gann

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,

Cobb County.

Personally appears C. B. Holloman of Cobb

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

Discharged, Paralysis

that his property consists of the following items:

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

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

Sworn to and subscribed before me, this 8 day of Jan 1906. C. B. Holloman Ordinary.

State of Georgia,

Cobb County.

I, C. B. Holloman Ordinary of said County,

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

Given under my official signature and seal, this 8 day of Jan 1906. C. B. Holloman Ordinary. Cobb County.

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,

Cobb County.

Personally appears C. B. Holloman of Cobb

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

that his property consists of the following items:

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

Deponent desires to participate in the benefits of the Act approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1907. I have heretofore, as a resident of Cobb County, been allowed a pension for the year 1906.

Sworn to and subscribed before me, this 14 day of Jan 1907. C. B. Holloman Ordinary.

State of Georgia,

Cobb County.

I, C. B. Holloman Ordinary of said County,

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

Given under my official signature and seal this 14 day of Jan 1907. C. B. Holloman Ordinary. Cobb County.

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

Georgia Cobb County

So to name it may consume.

This is to certify that I know
of him or know of his wife that the
11th Regt that Mr. G. B. Holloman
was ordered passed Texas on in the
1902 was able to pay his debts
and to live upon. And I further know
that he has not been able to do any
manual labor since Dec 21st 1901

I also further certify that I interviewed
Mr. G. B. Holloman Oct 18 1905
as to the reason that he was not
with the 7th Ga. Inf. Co. that he
first joined when he intended
to serve in the 1st. He stated to me
that he could under the present
condition of his mind. That at
the time he got to see his family
which was then in South Ga.
and having ^{for} home he got an
order from the office to go to his
family to the south and go to Boston
where his wife was then
living to get on, and in the
mean time the medical man
had got back between him and

and his Co. which was then
some where in Va. and that
orders were received that all
soldiers at home on furlough or
other cause join Worfield's Co.
which he did and served with
it until the close of the war
and surrounded with this Co.
near King's River Ga.

A. A. Brown

I am to and subscribed before
me this 14th day of Sept. 1905

J. A. Martin A. P. T. P.

Georgia
Dade County.

Amendment
Sept. 15th 1905.

I, John Stewart Ordway,
of said County, certify that C. B.
Hallowman has given in no report
for taxes since 1902, as appears
from the tax digest.
This Sept. 15th 1905.
John Stewart,
Ordway.

Dr. J. D. MIDDLEBROOKS,
POWDER SPRINGS, GA.

To whom it may Concern
& hereby certify that in
Dec. 1901 that I was called
to attend Mr. C. B. Hallowman
who was stricken with
Paralysis, & gave him
professional attention
about two months, and
during the latter part of
1902 said C. B. Hallowman
paid his house and
applied the entire proceeds
of same towards paying
doctor's bill due me
J. D. Middlebrooks, M. D.

He also appeared before
me A. H. Hallowman & parties of Power,
J. D. Middlebrooks was acting as
agent for the above parties
in the sum of \$1000.00
before me this 15th day of Sept. 1905
A. H. Hallowman & P.

Close to bill due me
of to Middlebrook, Va.
I appeared before
me A. Florence & Justice of Peace,
J. O. Middlebrook was acting duly
in my case that the above State
must be true. I am a T. S. 84-60
before me this 18 day of Sept. 1905
A. Florence J.P.

Georgia,
Cobb County } I, John Justice, Ordinance of
said County, Certify that H. W.
Florence and A. J. Martin are Justices of the
Peace in said County. I further certify that
Powder Springs being about 13 miles from
Marietta, I authorized them to administer
the oaths in this amendment. I also
know C. B. Holloman personally and know that
he has been helpless from paralysis for 3 or 4 years,
and that his mind is seriously affected thereby.
This Sept. 20th, 1905. John Justice, Ord.

Ordinary's Certificate.

STATE OF GEORGIA

COUNTY.

I, John D. Dwyer Ordinary in and for said County, hereby certify
that the applicant, _____ resides in said County,

and has been a bona fide resident of the State since the _____ day of _____
1901, and that the witnesses, Mr. Florence and J. D. Maddux
are of trustworthy character, and that their statements
are entitled to full faith and credit.

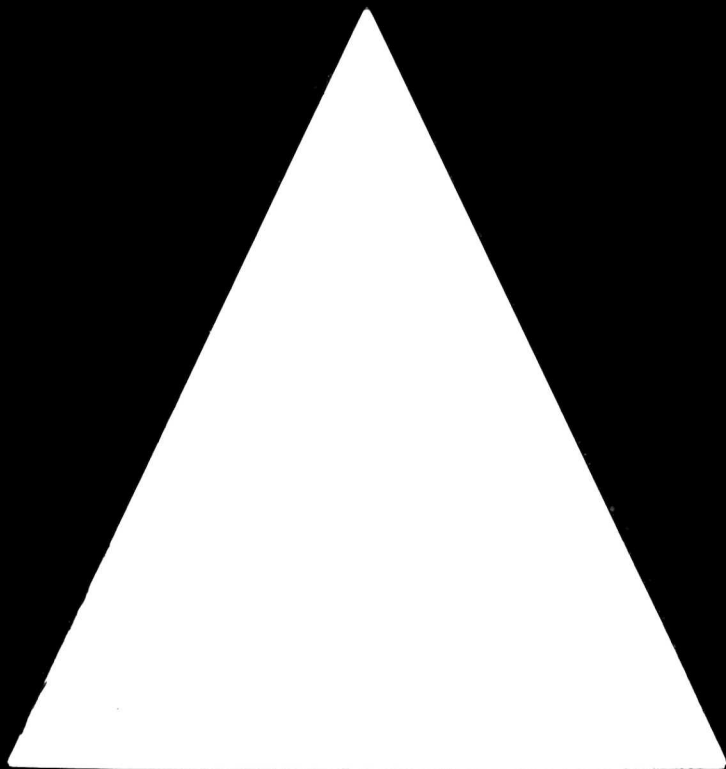
I do further certify that before answering the foregoing questions, the applicant and said witnesses
took the oath herein prescribed, and the full text of the affidavits was read to the applicant and witnesses
before the same was signed and subscribed.

I further certify that the tax digest of _____ County shows that applicant
returned for taxation in _____ own name in 1900 _____ dollars worth
of property, and in 1901 and 1902 _____ dollars worth of property.

Witness my hand and official seal this 20th day of Sept. 1901.
John D. Dwyer Ordinary,
1901 County.

[SEAL.]

(over)



POWER OF ATTORNEY.

STATE OF GEORGIA.

COUNTY.

I

of

herby authorize

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

at

by

Witness my hand and seal, this

day of

190

Executed in presence of

[SEAL]

Holloman, (Mrs) C. B.
Cobb County

Disappeared 7/8/1909
ACT 1907, No. 1007

No.

WIDOW'S PENSION,

190

to B. Holloman

County of Cobb

Widow of B. B. Holloman

Warrant issued

and handed to

J. W. LINDSEY,

Commissioner of Pensions.

John W. Harrison, State Printer, Atlanta.

4/10-1909

Pension office
7/8-1909

Applicant is in
the possession
control of property
of a valuable value
cannot cut off
delt amount value
of property - to
establish indigency
cannot apply for
J. W. Lindsey
Comm of Pensions

POWER OF ATTORNEY.

STATE OF GEORGIA,

_____ COUNTY.

I, _____ hereby authorize

of _____

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

at _____

by _____

Witness my hand and seal, this _____ day of _____ 190 _____

[SEAL]

Executed in presence of _____

WIDOW'S AFFIDAVIT.

STATE OF GEORGIA,

Personally came Mrs. C. B. Holloman

COUNTY OF COCK

who says on oath she is the

widow of C. B. Holloman

to whom, in the County of

COCK

State of Georgia

she was married on the

2 day of Dec. 1860, that she remained his wife up to the 29

day of Sept. 1908, at which time he died, and that she has not since married.

At the time of his death he was a resident of COCK County, in said State of

Georgia, and was on the Indigent pension roll of the State of Georgia, having been allowed

a pension of \$6.00 per annum on account of being a soldier in Company

74 Regiment, Pa. Volunteers or State (Gov. Sec. 2)

What affliction have you and how does it affect you? I am afflicted with

rhumatism and kidney trouble and am in bed

a good portion of the time - am 65 years old.

What have you been doing to earn a support since 1st of January, 1900? _____

Nothing.

What property or effects had you on 1st January, 1900? 30 acres land - have since sold

a portion for support and balance is under a loan deed.

His claim against it will take it all.

What have you acquired since, and what income have you now? Nothing - I have no

income.

What disposition have you made of any property since 1st January, 1900, and at what price and for what

purpose? Sold 20 acres land for \$250 to pay debt. The balance

is owed to my son and brother all gone for

support. My husband was paralyzed 7 years & helpless.

Deponent further says that she is now a resident of COCK County, and has contin-

uously resided in the State of Georgia since the _____ day of Dec. 1865

She applies for the pension provided by Act of the General Assembly, approved December 18, 1901.

Sworn to and subscribed before me, this 6 day of March 1909

Jon Gamm only

COCK County

Ordinary of _____ County.

NOTE.—All blank spaces must be filled before signing.

Holloman, Mrs. C. B.
COCK County

Received - 12/19/09

No.

WIDOW'S PENSION,

190

C. B. Holloman

County of COCK

Widow of C. B. Holloman

Warrent issued _____

and handed to _____

J. W. LINDSEY,

Comptroller of Pensions.

100, W. Harrison, State Printer, Atlanta.

4/10-1909

Pension office
7/8-1909
affidavit is in
the warrent
control of P. office
of a soldier's name
cannot get off
debt unpaid name
of P. office - to
substantiated in equity
cannot approve
W. L. Lindsey
Cann of Penn

AFFIDAVIT FOR THREE WITNESSES.

STATE OF GEORGIA, } Personally came L. J. Miller
COUNTY OF Cobb } Mrs. S. E. Miller and
W. P. E. Appling known to me to be reputable and truthful person, who says
on oath that from his own personal knowledge Mrs. C. B. Holliman
who made the foregoing affidavit, is the widow of C. B. Holliman
who died in Cobb County and State of Georgia on the
14 day of Sept 1913, and that she has not since married; that she became his
wife on the 2 day of Dec, 1860, and so remained up to the time of his death,
and that she has resided in this State continuously since the 1 day of 1845
With what affliction does she suffer? Rheumatism and kidney trouble,
being often confined to bed.
What property or income had she on 1st January, 1909? a small piece of farm
land
What has she in her possession, and control now? 60 acres farm land - It is divided
in money lender, and nothing will be left when the same is
paid
How was she supported in 1900 and 1901? Her husband's pension has been main
support for several years. Her mother-in-law has also helped her
for several years. Her husband was a paraplegic and bedridden for 7 years
before his death, and everything had gone, and she is left
without a support

I have no personal interest in the pension asked for

Sworn to and subscribed before me, this 30 day of May, 1909

Ordinary Cobb County, Georgia.

PHYSICIANS' AFFIDAVIT.

STATE OF GEORGIA, } Personally came before me
COUNTY OF Cobb } J. D. Middlebrooks M.D.
and J. A. Callaway M.D., both of whom are known to me to be reputable
physicians, who say on oath that they personally know Mrs. C. B. Holliman
mentioned in the foregoing affidavit, that she is permanently afflicted with (state disease and how it pre-
vents her earning a support) Rheumatism and
debility.

Sworn to and subscribed before me, this 20 day of May, 1909

Ordinary of Cobb County.

CERTIFICATE OF ORDINARY OF THE COUNTY OF APPLICANT'S RESIDENCE.

STATE OF GEORGIA, } I J. M. Gamm Ordinary,
COUNTY OF Cobb } do and for said County of Cobb
State of Georgia, hereby certify that I am acquainted with Mrs. C. B. Holliman
the applicant for a pension in this case, and know from my own knowledge (or from positive proof pre-
sented to me by reputable witnesses) that she resides in this County, and that she has resided in the State
of Georgia continuously since the 1 day of 1845, and has not
lived out of the State since that date. I also certify that the witnesses, to-wit: S. E. Miller
and W. P. E. Appling,
whose testimony she presents to sustain her claim, are known to me to be truthful witnesses, entitled to full
faith and credit as such, and that the full text of the affidavit was read to and understood by them before
same was signed. I am fully satisfied that this claim is made in good faith, and I have caused the appli-
cant and the witnesses to read or hear read the proofs they sign.

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this 30
day of June, 1909.

Ordinary.

NOTES.

The Pension is only payable to those widows whose husbands were on Pension Roll at the time of death. The
marriage must have existed at the time husband was a soldier, and the widow must have remained unmarried since the
death of such husband. Date of marriage is essential and must be submitted.
Proofs by one witness and two physicians will be accepted when it is shown that the same cannot be furnished,
but in all cases the best proof accessible will be required, and it is incumbent on the applicant to make out a clear case
covering the above points.

Affidavits must be made in presence of the Ordinary.

This Department cannot accept the valuation of property based on Tax Valuation, or approximately thereto. As a rule, the actual, salable, cash value will exceed the tax valuation from one half to one third in value. Apply this rule to applicant's tax valuation, and you will be close on to the actual cash value of the property.

Widow's Application

To Be Put on Roll in Her Own Right, when
Husband Was on Roll at Death.

Country

Name: _____

Adopt

Approved

J. W. LINDSEY
Commissioner of Pension

Chas. F. Byrd, State Printer, Atlanta

STATE OF GEORGIA.

County

Personally before me comes Mrs. C. B. Holloman of said County, who, after being duly sworn, on oath says, that she is the widow of C. B. Holloman to whom in the County of Cobb State of Ga. she was married on the 2 day of December and that she remained his wife, and resided with him to the date of his death in Sept 1908 and that she has not since his death remarried. At the time of his death he was a resident of Cobb County, in _____ said State of Georgia, and he was on the Indigent Pension Roll of the State and paid a pension of \$60.00 in Cobb County for 1908 _____ per annum, on account of being a soldier in Company _____ Regiment _____ (Volunteers of State Militia).

At the death of B. B. Luman he was in the use and possession of the following property None

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

Acres land	\$1000.00
Horses and Mules	\$
Hogs, Cows, etc	\$
Total Cash value of all property	\$

That she is now a bonafide resident citizen of said County of Wash and she
has so continuously resided since for 60 years day of 19

Sworn to and subscribed before me, this the 1st day of Sept 1910 miss E B Hollenbeck
J. M. Jones Ordinary.
 of Clark County.

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

STATE OF GEORGIA.

County

Personally before me by _____ J. B. Holloman known to be responsible
and truthful persons, residing in said County who after having duly sworn on oath, say: that of their
own personal knowledge Mrs. C. B. Holloman, who made the foregoing affidavit, is
the lawful widow of C. B. Holloman who died in _____ Cobb County in
said State of _____ on _____ day of Sept 1908 _____ and that she
has not since remarried. That she became the wife of _____ on the _____ day
of 18____ and that she and he had resided together as man and wife continuously since 1880
_____ day of _____ 18____ and that the C. B. Holloman was the same
same man who was on the pension roll of said State from Cobb County _____
when he died.

Sworn and subscribed before me, this the 7th of Sept 1910 S. C. Florence
J. M. Lane Ordinary in and for
of Cobb County.

Georgia, Cobb County:---

I, J. M. Gann, Ordinary of said County Certify that all records in this office including the marriage Record of said county was burned together with the Court House by Shermans Army in the year 1864 and we have no County records previous to 1865.

Oct 10 1910

J M Gann
Ordinary.

AFFIDAVITS OF TWO FREEHOLDERS.

STATE OF GEORGIA,

Cobb County.

Personally before me comes *E. C. Hallman & Calvary* who after being sworn on oath says, that they are freeholders of said County, and that they know *Ma E. B. Hallman* of said County and knew her said husband *E. B. Hallman* at his death on the day of *Sept* 190*8* that she and he were in the use, possession and control of the following property at his death to wit:

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

Acres of Land
of the value of \$.....

Sworn to and subscribed before me, this the

10 day of *Sept* 1910

J M Gann Ordinary.

Cobb County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Cobb County.

I, *J M Gann* Ordinary of said County, do certify, that, I know *Mrs. E. B. Hallman* the applicant for this pension and that she is the person she represents herself to be, and that she is a bona fide continuing resident of said County and was on the

01
That I also know *E. B. Miller* witness as to marriage and I also know *E. C. Hallman & Calvary* who I know to be a resident free holder of said County that all of the foregoing were duly sworn by me before signing the respective affidavits and that they are truthful and trustworthy and their statements are entitled to full faith and credit.

That the tax Books of *Cobb* County shows that *she* returned property to the amount of for 1908 \$*525.00* for 1909 \$*525.00* for 1910 \$*575.00*

Sworn under my hand and official seal of office this *10* day of *Oct* 1910
(SEAL) *J M Gann* Ordinary.

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

Kearney Cobb County
Personally appeared before me the undersigned *David J. Miller* who being duly sworn says that he was present at the marriage of *E. B. Hallman* and *Miss E. B. Miller* that they were married December 2nd 1860 that they lived together as man & wife until the death of *E. B. Hallman* and that *Mrs. E. B. Hallman* is now the widow of *E. B. Hallman*
Subscribed and sealed
David J. Miller
this 10th day of *Oct* 1910
J M Gann Ordinary

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

STATE OF GEORGIA,

County,

Personally before me comes _____ who after being duly sworn true answers to the following questions, answers as follows:

1. What is your name and where do you reside?
2. How long and since when have you known _____ applicant?
3. How long and since when has she continuously resided in this State? (Give date.)
4. When and to whom was she married? How do you know?
5. How long and since when did you know _____ her husband
6. When and where did _____ the husband of Applicant die?
7. Were the applicant and her husband living together as husband and wife at the date of his death?
8. If not, how long did they live apart before his death?
9. Were they divorced?
10. When, where and in what Company and Regiment did _____ enlist?
11. Were you a member of the same Company?
12. How long within your personal knowledge did he perform actual military service with his Company and Regiment?
13. When and where did his Command surrender, and was discharged?
14. Were you personally present when it was surrendered? If not where were you _____ and how came you there?

14. Was the husband of applicant personally present at surrender? If not where was he? _____ when, where and for what cause did he leave Command? (Give date) _____ By whose authority did he leave his Command? _____ and how long was he granted leave? _____ How do you know all this?

15. For what cause, if you know of your own knowledge, was he prevented from returning to his Command?

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

Sworn to and subscribed before me this the _____ day of _____ 19____

_____ Ordinary
of _____ County.

AFFIDAVIT OF TWO FREEHOLDERS.

STATE OF GEORGIA,

County,

Personally before me comes Almon Hays & S. D. Stansell who on oath says that they are freeholders of said County and that they know Wick O. R. Hallman of said County and know what property she owned on 4th Nov. 1908, and its cash value to be set out by Schedule (A) as follows.

Personal property \$
Notes and accounts due \$
Total \$

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

Schedule (C).
We also know what property she has now in her possession, use and control to-wit:
_____ Acres of land, worth \$800.00
This land lies in the South West Corner of Cobb County, the nearest town being 4 1/2 miles West of this land is Gray Springs, and some of it is built on by the Hallmans and this being the land on place but little of it is built on and one lot of it is covered with oak and hickory
Total Value of all property and effects \$800

Sworn and subscribed before me this the _____ day of _____ 19____
J. M. Lamm Ordinary.
of _____ County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

County.

I, J. M. Lamm Ordinary of said County do certify that I know _____ the applicant for pension. She is the person she represents herself to be and she is a bona fide continuing resident citizen of said County and was on the 4th Nov., 1908.

That I also know Almon Hays & S. D. Stansell the witness who swears to the service of husband, and _____ who are freeholders. That all of them are now residents of said County and were duly sworn by me before signing the foregoing affidavits and that they are truthful, trustworthy, and their statements are entitled to full faith and credit.

That the Tax Returns _____ Returned for Tax is for 1908 \$ _____ for 1910 \$ _____

Sworn under my hand and official seal of office this _____ day of _____ 19____
W. H. Hays Ordinary.
(SEAL) _____ County.

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

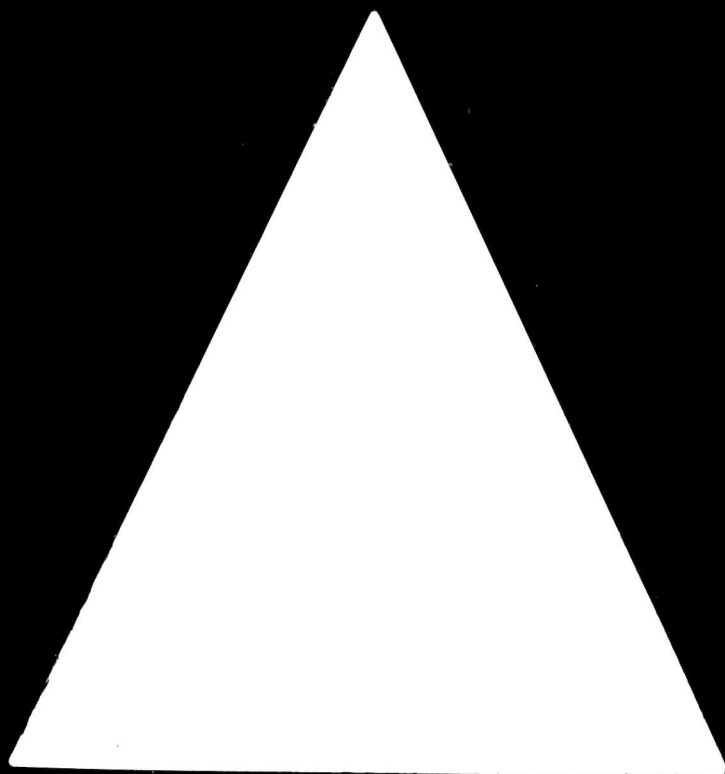
DR. J. D. MIDDLEBROOKS,
POWDER SPRING, GA.

Mar. 8, 1909,

Hon. J. W. Lindsey.
Comm. Pensions.

Dear Sir:-

I have known the applicant
Mrs. C. B. Holloman for 25 yrs.
She is nearly in dependent
Circumstances, her husband died
a few months ago and was a
helpless invalid for 7 yrs, on
account of Paralysis. I am
quite sure this is a deserving
case and we hope you will
be able to give her a pension,
Yours truly, J. D. Middlebrooks.



WIDOW'S AFFIDAVIT.

STATE OF GEORGIA.

County.

Personally before me comes Mrs H A Hollifield of said County, who, after being duly sworn, on oath says, that she is the widow of H A Hollifield to whom in the County of Cobb State of Ga she was married on the 23 day of March 1916 and that she remained his wife, and resided with him to the date of his death in 1916 and that she has not since his death remarried. At the time of his death he was a resident of Cobb County, in Georgia said State of Georgia, and he was on the Subsistent Pension Roll of the State and paid a pension of \$70.00 in Cobb County for 1916 per annum, on account of being a soldier in Company Volunteers of State Militia Regiment.

At the death of H A Hollifield he was in the use and possession of the following property one small house & lot on Roswell of the cash value of \$800.00 on which he owed \$200.00

What property of any kind and of any value have you in your use, control and possession now, and the cash value, (State fully.) nothing except property named above

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

That she is now a bona fide resident citizen of said County of Cobb and she has so continuously resided since 1866 day of 19

Sworn to and subscribed before me, this the 10th day of Oct 1917 E J Coleman Ordinary, of Cobb County.

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

STATE OF GEORGIA,

County.

Personally before me come E J Coleman known to be responsible and truthful persons, residing in said County, who after having duly sworn on oath, say: that of their own personal knowledge Mrs H A Hollifield who made the foregoing affidavit, is the lawful widow of H A Hollifield who died in Cobb County in said State of Georgia on 1916 day of March and that she has not since remarried. That she became the wife of H A Hollifield on the 23rd day of March 1916 and that she and he had resided together as man and wife continuously since 1916 day of March 18 and that H A Hollifield was the same man who was on the pension roll of said State from Cobb County when he died.

Sworn to and subscribed before me, this the 10th day of Oct 1917 E J Coleman Ordinary, of Cobb County.

Widow's Application

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

County.

Name.

Widow of.

Approved.

J. W. LINDSEY

Commissioner of Prisons

CHAS. F. BYRD, BANK TRUST, ATLANTA

State of Georgia Cobb County.
 I J. H. Gann Ordinary of said Co.
 Hereby certify that the within is a true
 copy of Marriage as appears of record
 in my office.

J. H. Gann Ordinary.

MARRIAGE LICENSE

OF

AND

Issued

191

and recorded on page

Book

of Marriage Licenses.

(Ordinary)

AFFIDAVITS OF TWO FREEHOLDERS.

STATE OF GEORGIA,

Cobb

County.

Personally before me comes *E. E. Coleman* who after being sworn on
 oath says, that they are freeholders of said County, and that they know *the M. H. Ballfield* of
 said County and knew her said husband *M. H. Ballfield* at his death on the
 day of *Dec* 191*6* that she and he were in the use, possession and control of the following
 property at his death to wit: *one small house & lot*

of the value of *\$600.00* That she is now in the use, possession and control of the following
 property to wit: *one house & lot in Roswell*

of the value of *\$600.00*

Sworn to and subscribed before me, this the

3

day of *Oct*

191*7*

E. E. Coleman
J. H. Gann Ordinary,
 of *Cobb* County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Cobb

County.

I, *J. H. Gann* Ordinary of said County, do certify, that, I
 know *M. H. Ballfield* the applicant for this pension and that she is the person
 she represents herself to be and that she is a bona fide continuing resident of said County and was on the
20 years to my knowledge

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

That the tax Books of..... County shows that..... returned property to the
 amount of..... for 1908 *\$400* for 1909 *\$400* for 1910 *\$400*

Sworn under my hand and official seal of office this *3* day of *Oct* 191*7*.
 (SEAL.) *J. H. Gann* Ordinary,
 of *Cobb* County.

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

MARRIAGE LICENSE

OF

AND

191

Issued
and recorded on page

Book of Marriage Licenses.

Ordinary

THIS MARRIAGE LICENSE IS VALID FOR THE COUNTY OF COBB, GEORGIA.

of the value of \$400.00

Sworn to and subscribed before me, this the

3 day of Oct 1917

J. M. Gann Ordinary

of Cobb County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Cobb County.

I, J. M. Gann Ordinary of said County, do certify, that, I know Mrs. M. J. Gann the applicant for this pension and that she is the person she represents herself to be and that she is a bona fide continuing resident of said County and was on the 20 years to my knowledge

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

who I know to be a resident free holder of said County that all of the foregoing were duly sworn to by me before signing the respective affidavits and that they are truthful and trustworthy and their statements are entitled to full faith and credit.

That the tax Books of Cobb County shows that returned property to the amount of for 1908 \$400.00 for 1909 \$400.00 for 1910 \$400.00

Sworn under my hand and official seal of office this 3 day of Oct 1917

(SEAL.)

J. M. Gann Ordinary.

Cobb County.

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

1847

MA
COUNTY OF
GEORGIA

1847

You are hereby authorized to join
 arrison, Elizabeth and Samuel Gilbert
 in the Holy Rite of Matrimony according to the Constitution and
 Laws of this State and for so doing this shall be your License.
 And you are hereby required to return this License to me with your
 Certificate hereon of the fact and date of the Marriage.

STATE OF GEORGIA

CERTIFICATE

COBB COUNTY

I Certify that Veronica Bridges and Harriet Dobson
were joined in Matrimony by me this 2nd day of June 1871. Weston Hundred
and

Recorded 4.2.30 571 19

_____ Ordinary.

A. L. Alexander & Co.

ORDINARY'S CERTIFICATE

STATE OF GEORGIA

Cobb COUNTY

I, Jim Gunn Ordinary of said County, do certify that I know Mrs. M. A. Hallyfield the applicant for this pension, and that she is the person she represents herself to be, and that she is a bona fide continuing resident of said County and was past 40 years on the 1st day of Oct 1919

That I also know E. Coleman witness as to marriage, and I also know that both of the foregoing were duly sworn by me before signing the respective affidavits, and that they are truthful and trustworthy and their statements are entitled to full faith and credit.

Sworn under my hand and official seal of office this 29 day of Oct 1919

(SEAL) Jim Gunn Ordinary
Cobb County

- NOTES: 1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the truth. So help you God."
2. Additional affidavits may be attached if blank space are insufficient.
3. All affidavits must be made before the Ordinary of the county of residence.
4. Only widows who married prior to first January, 1881, are entitled.
5. Attach certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.
6. Widows of Disabled Pensioners must use the Blue Application Blank and state and prove full term of husband's service because he made no proof of service and was not required to do so.

Sw. Recd. Hallyfield, M. A.
M. A. Hallyfield
No. Cobb Co.

Widow's Application

To Be Put on Roll in Her Own Right When Husband Was on the Indigent Roll or Put on Under Act of July 11, 1910—As Amended by Act of 1919.

County Cobb
Name Mrs. M. A. Hallyfield
Widow of M. A. Hallyfield
Company "E." 1917
Regiment 18th Co. Infantry
Approved _____

J. W. LINDSEY,
Commissioner of Pensions.
Byrd Printing Co., State Printers, Atlanta.

10-30-1919

1921

MARRIAGE LICENSE **STATE OF GEORGIA** **Cobb County**

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

You are hereby authorized to join
 Harrison Hallifield and Marjorie Redburn
 in the Holy Matrimony according to the Constitution and
 Laws of this State and for so doing this shall be your license.
 And you are hereby required to return this license to me with your
 certificate hereon of the fact and date of the marriage.

Given under my hand and seal this 13th day of
 March 1921
 J. M. Gammon
 JUDGE

STATE OF GEORGIA
 CERTIFICATE
 COBB COUNTY
 I certify that Harrison Hallifield and Marjorie Redburn
 were joined in Matrimony by me this 2nd day of March 1921
 and they

J. M. Gammon
 JUDGE

WIDOW'S AFFIDAVIT

STATE OF GEORGIA,

Cobb

COUNTY.

Personally before me comes Mrs M. A. Hallifield of said County,
 who, after being duly sworn, says that she is the widow of H. A. Hallifield
 to whom, in the County of Cobb State of Ga. she was married on
 the 2nd day of March 1871, and that she remained his wife, and resided with him to the
 date of his death in December 1916, and that she has not since his death remarried. At
 the time of his death he was a resident of Cobb County, in said State
 of Georgia, and he was on the Indigent Pension Roll of the State and paid a pension
 of \$60.00 in Cobb County for 1912, per annum, on account of being a soldier in
 Company E 18th Ga. Regiment, Infantry (Volunteers or State Militia)

That she is now a bona fide resident citizen of said County of Cobb and she
 has so continuously resided since in Ga. for 35 years day of 19

Sworn to and subscribed before me, this the

13 day of October 1921

J. M. Gammon

Ordinary

(of

Cobb

County

(SEAL)

Mrs M. A. Hallifield
 mar

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

STATE OF GEORGIA,

Cobb

COUNTY.

Personally before me comes E. J. Coleman known to be
 responsible and truthful persons, residing in said County, who after having been duly sworn, says: that
 of their own personal knowledge Mrs. M. A. Hallifield, who made the foregoing
 affidavit, is the lawful widow of H. A. Hallifield who died in Cobb
 County in said State of Ga. on day of Dec 1916
 and that she has not since remarried. That she became the wife of H. A. Hallifield on
 the day of 18, and that she and he had resided together as man and
 wife continuously since day of 18, and that the was
 the same man who was on the pension roll of said State Ga. from Cobb
 County when he died

Sworn to and subscribed before me, this the

28 day of Oct 1921

J. M. Gammon

Ordinary

(of

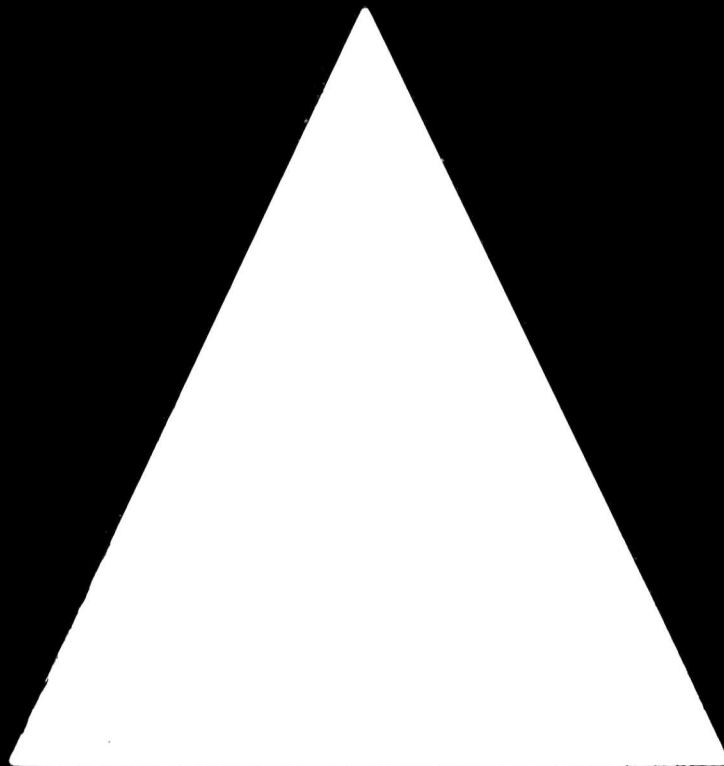
Cobb

County.

(SEAL)

E. J. Coleman
 mar

(or County)
(SEAL)



POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY, }

herby authentic

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

Witness my hand and seal, this _____ day of _____, 190_____.

[L. S.]

Executed in presence of _____

INDIGENT PENSION.

1905.

Name _____

County _____

Co. _____

Approved _____

190_____

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO _____

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

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

9/30/05

POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY.

I, _____ hereby authorize

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

Witness my hand and seal, this

day of

190

[L. S.]

Executed in presence of

QUESTIONS FOR APPLICANT.

STATE OF GEORGIA,

COUNTY.

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, depose and answers as follows:

1. What is your name and where do you reside? (Give State County and post-office).
W. H. Hollifield Cobb County Howell Ga
2. How long and since when have you been a resident of this State?
65 years
3. When and where were you born?
1848 in Summing County, Ga
4. When and where and in what company and regiment did you enlist or serve?
1868 in Summing County in Company B 11 Ga Cavalry
5. How long did you remain in such company and regiment?
14 months until the surrender was surrendered in South Carolina
6. When and where was your company and regiment surrendered and discharged?
April 28th Was surrendered in S.C. and Paroled at Augusta Ga
7. Were you present with your company and regiment when it was surrendered?
Yes
8. If not present, state specifically and clearly where you were, when you left your command, for what cause and by whose authority?
the war closer and was Paroled and exchanged to the U.S. Cavalry
9. How much can you earn (gross) per annum by your own exertions or labor?
very little
10. What has been your occupation since 1865?
farming while able to work
11. Upon which of the following grounds do you base your application for pension, viz: first, "age and poverty," second, "infirmary and poverty," or third, "blindness and poverty"?
infirmary & 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?
information of the Army I have bin affected for 20 years and not bin able to work the last 10 years
13. What property, real and personal, or income, do you possess, and its gross value?
nothing
14. What property, real or personal, did you possess in 1894, 1895, 1896, 1897, 1898, 1899, 1900, 1901 and 1902, and what disposition, if any, by sale or gift, have you made of same?
did not have any in those years had none to dispose
15. In what County did you reside during those years, and what property did you then return for taxation?
in Cobb County
16. How were you supported during the years 1899, 1900, 1901 and 1902?
by my children
17. How much did your support cost for each of those years, and what portion did you contribute thereto by your own labor or income?
do not know as I lived with my children
18. What was your employment during 1898, 1899, 1901 and 1902? What pay did you receive in each year?
had no employment not being able to work
19. Have you a family? If so, who compose such family? Give their means of support? Have they a homestead, or other property? Their ages and how employed?
yes wife and three children ages 26, 24, 11 & 6 kids youngest son has no home school they work in cotton mill
20. Are you receiving any pension? If so, what amount and for what disability?
no
21. Have you ever made an application for pension before?
no
22. How many applications have you ever made and under what class?
none under any class

Subscribed and sworn to before me this the
24th day of Sept 1905
John W. Lindsey, Clerk of Court
of Cobb County, Georgia.

Every Question Must Be Answered.

INDIGENT PENSION.

1905

W. H. Hollifield

Cobb County

Co. B - 11th Ga

Regt. 190

JOHN W. LINDSEY,

Clerk of Court of Probate.

ARRANT HANDED TO

Ordinary will write name of applicant, Company and Regiment on back as indicated above.

John W. Lindsey, Clerk of Court, Atlanta, Ga.

9/30/05

QUESTIONS FOR WITNESS.

STATE OF GEORGIA.

Cobb County.

John C. Burgess, of said State and County, having been presented as a witness in support of the application of A. H. Hallifield for pension under Section 1254, Code, and after being duly sworn true answers to make to the following questions, depose and answers as follows:

1. What is your name and where do you reside? John C. Burgess
Cumprine, Cobb Co., Ga.

2. Are you acquainted with A. H. Hallifield, the applicant; if so, how long have you known him? for 41 years

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

has been a resident of Ga. all his life. Reside in C. Ga.

4. When, where and in what company and regiment did he enlist, and how do you know?

Enlisted in C. E. 11. Ga. Cavalry, I was present

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

Yes

6. How long did he perform regular military duty?

14 months

7. When and where was his command surrendered?

Dont know. I was

for 14 months with Meade's and was left in power, South,

which I built three weeks. No. 10 was destroyed.

8. Were you present when it surrendered?

Dont know

9. Was applicant present?

He was with the Company. When I was sent

When did he leave his command?

Dont know. For what cause? Dont know

By what authority he left?

Dont know. How do you know all of this?

My information was that he was injured with

his Company till it surrendered, which was about three

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

Dont know

12. What property, effects or income did the applicant possess in 1898, 1899, 1900, 1901 and 1902, and what disposition, if any, did he make of same?

Dont know

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

Dont know

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

Dont know

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

Dont know

16. How was he supported during the years 1898, 1899, 1900, 1901 and 1902?

Dont know

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

Dont know

18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code?

Dont know

19. Who composes family? What property have they? Children's age and their earning capacity?

Dont know

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

None

Sworn to and subscribed before me, this the

22nd day of July, 1905.

J. C. Burgess Ordinary.

J. C. Burgess Witness.

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA.

Cobb

Personally seen before me

J. H. Mur

and

W. H. Hallifield

both known to me as reputable physicians

of said County, who, being separately sworn, say on oath that they have examined carefully

W. H. Hallifield, applicant for pension under Section 1254, Code, and after

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

Mr. W. H. Hallifield is suffering from Chronic Pharyngitis

and Chronic Catarrhs of the throat often has palpitation

of the heart that disabled him from doing any kind of

work. This is also true in terms of

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ORDINARY'S CERTIFICATE.

STATE OF GEORGIA.

Cobb

County.

I, J. H. Mur

Ordinary, in and for said County, hereby certify

that the applicant, W. H. Hallifield

resides in said County, and has

been a bona fide resident of this State since the

day of January, 1894

and that the witnesses, viz: J. H. Mur

are of trustworthy character, and that their statements are entitled to full faith and credit.

I further certify that the tax digest of Cobb

County shows that applicant

returned for taxation in his name in 1902

Dollars of

property, and in 1903

Dollars of property; in 1904

Dollars of property; in 1905

Dollars of property.

In my opinion the foregoing claim is made in good faith

Witness my hand and seal of office, this 22nd

day of July, 1905

J. H. Mur Ordinary,

of Cobb County.

NOTE.

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

POWER OF ATTORNEY.

STATE OF GEORGIA.

Cobb COUNTY. }
I, W. H. Hollifield hereby authorize
F. M. Hembre of Roswell
to receive and receipt for the pension allowed, and request that he remit same to
me at Roswell
by Hand

WITNESS my hand and seal, this 4 day of January 1906.
W. H. Hollifield [L. S.]

Executed in the presence of

J. E. Hembre

POWER OF ATTORNEY.

STATE OF GEORGIA.

Cobb COUNTY. }
I, W. H. Hollifield hereby authorize
F. M. Hembre of Roswell
to receive and receipt for the pension allowed, and request that he remit same to
me at Roswell
by Hand

WITNESS my hand and seal, this 4 day of January 1907.
W. H. Hollifield [L. S.]

Executed in presence of

A. E. Sherman

Class Section 134.
(FOR THOSE ALREADY ENROLLED.)

No. 621

INDIGENT
SOLDIER'S PENSION
1906.

Name W. H. Hollifield
County Cobb
Co. E Regiment 11 ba

WARRANT ISSUED
1/22 1906.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
Hembre

The Pension Service, First National Co., City & State, 1906.

no date

Hollifield, W. H.
Cobb Co

Class Section 134.
(FOR THOSE ALREADY ENROLLED.)

No. 644

INDIGENT
SOLDIER'S PENSION
1907.

Name W. H. Hollifield
County Cobb
Co. E Regiment 11 ba

WARRANT ISSUED
1/22 1907.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
Hembre

The Pension Service, First National Co., City & State, 1907.

no date

STATE OF GEORGIA

FOR APPLICANTS HERETOFORE ATTORNEY PENSIONS

STATE OF GEORGIA

FOR APPLICANTS HERETOFORE ATTORNEY PENSIONS

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,

Cobb County,

Personally appears W. H. Halliburton 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 4 day of February 18 41 ; that he is 65 years old and by occupation a , that he enlisted in the military service of the Confederate States (or of the State of 1868) during the war between the States, and served for the term of 14 months in Company C , of 4th Regiment Cavalry ; that his physical condition is as follows: Infirmary

that his property consists of the following items: nothing

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

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

Sworn to and subscribed before me, this the 11th day of August 1906. W. H. Halliburton Ordinary.

State of Georgia,

Cobb County,

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

Given under my official signature and seal, this 1 day of August 1906.

John J. J. Ordinary Cobb County.



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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,

Cobb County,

Personally appears W. H. Halliburton of Cobb

County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the day of 18 ; that he is years old and by occupation a , that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served for the term of in Company E , of 11th Regiment Cavalry ; that his physical condition is as follows: Age 4 years

that his property consists of the following items: nothing

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

Deponent desires to participate in the benefits of the Act approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1907. I have heretofore, as a resident of Cobb County, been allowed a pension for the year 1906.

Sworn to and subscribed before me, this the day of 1907. John J. J. Ordinary.

State of Georgia,

Cobb County,

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

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

John J. J. Ordinary Cobb County.



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

State of Georgia
Cobb County

J W Thompson of said State and County
having been presented as a witness in
Support of the application of
W H Hollisfield for pension under
Act 1254 code and after being duly sworn
has answered to make to the questions
set forth in said application deposes
and answers as follows

1st question

he answers

J W Thompson Cobb County Ga

2nd question

he answers

yes has known him 34 years

3rd question

Reswell Cobb County Ga was since I know
him

11 question

he answers

has no property I know for I live
a near neighbor to him

12 question

he answers

he had no property in those years
mentioned and did not receive of
any

13 question

he answers

he has not

14 question

he swears to be Surfin from Liver
complaint or indigestion

15 question

he is not by reason of age and disability

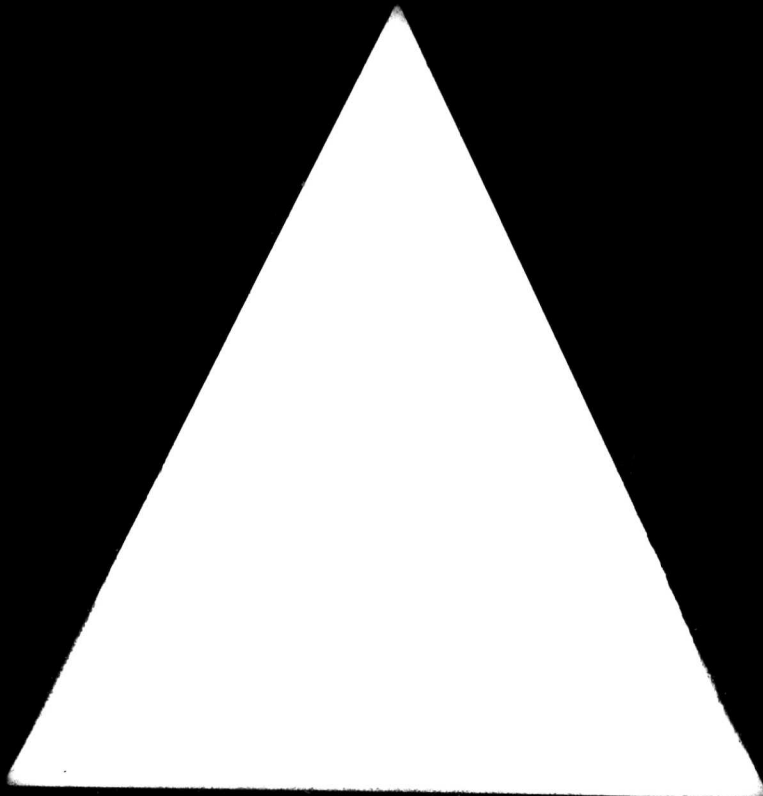
16 question

by his children who work in
the cotton mills over

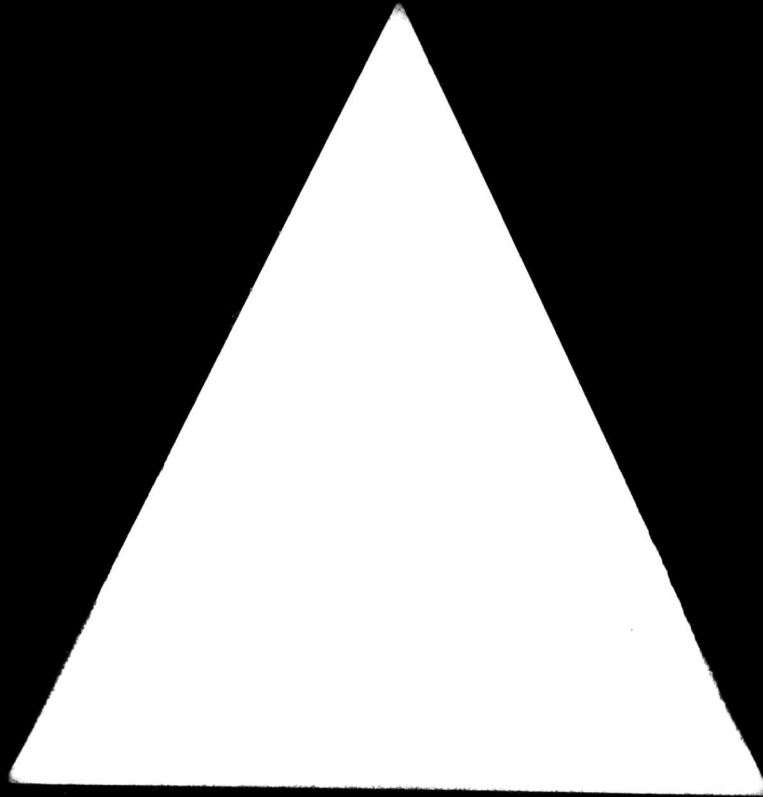
17th Question I do not know but I should think
 he Answers very Little as I know that a man
 in his fix can not do much
 18th Question he is feeble and has no means of
 he Answers Support
 19th Question Wife and three children they have no property
 he Answers 2 children underage they Earn sixty Cts
 per day
 20th Question now what ever
 he Answers

Sworn to and Subscribed }
 before me this 29th day of Sept. 1874 } J. W. Thompson
 John D. Curtis
 Deaf and Dumb

COBB



COBB



COUNTY

THE END
MICROFILMED FOR

GA. DEPT. OF
ARCHIVES AND HISTORY

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

Title GANN, HENRY THRU HOLLIFIELD, W. H.

COBB COUNTY

COBB COUNTY

Volume

Number

GCP-93

2886139-

2886139-93

I CERTIFY I WAS THE OPERATOR WHO
PHOTOGRAPHED THIS FILM IN ATLANTA,
GEORGIA, August 31, 1962

[Signature]
Operator

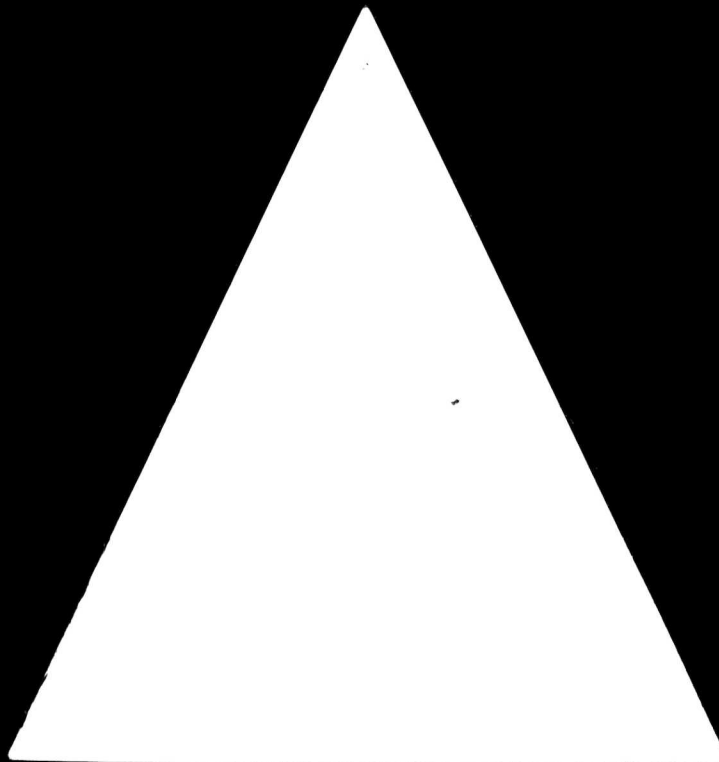
15 X V

1107

MANN FILM LABORATORIES

DATE

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



Power of Attorney.

STATE OF GEORGIA,

County. }

I, _____

of _____

herby authorize

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

at _____

by _____

Witness my hand and seal, this _____

day of _____

1900.

Executed in presence of _____

[L. 6.]

INDIGENT PENSION,

~~1900.~~

1901

Name *J. A. Lynster*

Co F. 56- Ga

County *Cobb*

Approved _____ 1900.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO _____

Geo. W. Harrison, State Printer, Atlanta.

8/12-1901

Lynster, J. A.
Cobb Co

C. K. No. _____

Power of Attorney.

STATE OF GEORGIA,

County. }

I, _____, hereby authorize

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

Witness my hand and seal, this _____ day of _____, 1900.

Executed in presence of _____

[L. S.]

INDIGENT PENSION,

1900.

1901

Name *J. A. Lindsey*

Co *2. 56th Pa*

County *Colt*

Approved _____ 1900.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDLED TO

Geo. W. Harrison, State Printer, Atlanta.

1900-1901

Questions for Applicant.

STATE OF GEORGIA,

County. }

I, *J. A. Lindsey* of said State and County, desiring to avail himself of the Pension Act (Section 1284, Code), hereby submits his proof, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? (*Give State, County and post office*)
J. A. Lindsey Russell Colt Co. Ga. Post Office Russell Co.
2. How long and since when have you been a resident of this State? *Since 1858*
3. When and where were you born? *In Savannah, S. C. Dec 4, 1835*
4. When and where and in what company and regiment did you enlist or serve? *At Russell Colt Co. Ga. in 60th Regt. in 1861*
5. How long did you remain in such company and regiment? *Over two years until I was captured in 1862 just after the battle of Stones River at which time I was taken to the hospital at Nashville, Tenn.*
6. When and where was your company and regiment surrendered and discharged? *My command was surrendered & discharged at Nashville, Tenn. in May 1865.*
7. Were you present with your company and regiment when it was surrendered? *I was not.*
8. If not present, state specifically and clearly where you were, when you left your command, for what cause and by whose authority? *Having been captured at Stones River, I was taken to the hospital at Nashville, Tenn. by the enemy's forces, being discharged May 1865.*
9. How much can you earn (gross) per annum by your own exertions or labor? *Nothing.*
10. What has been your occupation since 1865? *That of a carpenter with disabled hands.*
11. Upon which of the following grounds do you base your application for pension, viz: first, "age and poverty," second, "infirmary and poverty," or third, "blindness and poverty"? *Second, infirmity & poverty.*
12. If upon the first ground, state how long you have been in such condition that you could not earn your support? If upon the second, give a full and complete history of the infirmity and its extent? If upon the third, state whether you are totally blind and when and where you lost your sight? *I lost a severe injury during my right hand & disabling my right arm & inflicting other injuries & for some years my health has been rapidly declining & I am now unable to do any work from disability.*
13. What property, real or personal, or income, do you possess, and its gross value? *No income. Personal effects to amount of about Forty dollars.*
14. What property, real or personal, did you possess in 1894, 1896, 1898, 1899, 1900, and what disposition, if any, by sale or gift, have you made of same? *During these years I owned several pieces of land & in 1894 I sold them for about \$1000. I also owned a house & lot in the town of Russell Co. Ga. but I sold them in 1894. I also owned a house & lot in the town of Russell Co. Ga. but I sold them in 1894. I also owned a house & lot in the town of Russell Co. Ga. but I sold them in 1894.*
15. In what County did you reside during those years, and what property did you then return for taxation? *I resided in Russell Co. Ga. and returned property as stated above.*
16. How were you supported during the years 1899 and 1900? *When my health was bad I was supported as a pauper at the factory for Russell Co. Ga.*
17. How much did your support cost for each of those years, and what portion did you contribute thereto by your own labor or income? *My support cost me about \$100 per year & I contributed nothing.*
18. What was your employment during 1899 and 1900? What pay did you receive in each year? *I was employed as a carpenter & received \$100 per year.*
19. Have you a family? If so, who composes such family? Give their means of support? Have they a homestead? *I have a wife & my wife has a homestead & I am the head of the household. I have no means of support other than my wife takes a few boarders & what she can get from garden.*
20. Are you receiving any pension? If so, what amount and for what disability? *I have received no pension & have not applied for one.*
21. Have you ever made an application for pension before? *I have not.*
22. How many applications have you ever made and under what class? *None.*

Sworn to and subscribed before me this 10th day of Sept 1900. *J. A. Lindsey* Applicant.
of *Colt* County.

Every question must be answered

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,

Colt COUNTY,

J. W. Thompson of said State and County, having been presented as a witness in support of the application of S. A. Guntter for pension under Section 1254, Code, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? J. W. Thompson
Roswell, Colt Co Ga
2. Are you acquainted with S. A. Guntter, the applicant; if so, how long have you known him? I have known him for over thirty years
3. Where does he reside, and how long and since when has he been a resident of this State? at Roswell Ga & has been a resident of State over thirty years
4. When, where and in what company and regiment did he enlist, and how do you know? at Roswell Ga in Co F 36 4th Regt on 10th May 1862
5. Were you a member of the same company and regiment? I was
6. How long did he perform regular military duty? over two years
7. When and where was his command surrendered? at the surrender in May 1865 at Guntersburg N. C.
8. Were you present when it surrendered? I was not having been captured at a battle of the 10th of June 1864
9. Was applicant present? he was not having been captured by his company
10. If he was not present, where was he? in confinement at Camp Douglas Ill
11. When did he leave his command? in 1864
12. By what authority he left? by order of the General
13. What property, effects or income has the applicant? (Give your means of knowledge.) he has owned not more than forty or fifty dollars worth of money & has been in the habit of receiving from his family
14. What property, effects or income did the applicant possess in 1860, 1867, 1868 and 1869 and what disposition, if any, did he make of same? I know that during those years he did have about four hundred dollars since then I know he has sold it for no receipt
15. Has he conveyed away any of his property in the last four years, if so, what was it, and to whom? he has some real estate from necessity to pay debts & nothing to whom
16. What is the applicant's occupation and physical condition? he is now unable to do anything some years ago he had a right hand & a disabled to a point except the arm he is now very feeble in every body health is unable to work
17. Is the applicant unable to support himself by labor of any sort, if so, why? he is unable very feeble & on miserable health & with right arm disabled as stated above. He is certainly unable to support himself
18. How was he supported during the years 1860 and 1867? in 1867 he was able to support himself for the 1860 he was not able to make about his right arm & was unable to support himself
19. What portion of his support for these two years was derived from his own labor or income? about enough in 1867 to support himself since then unable to work
20. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code. I can add nothing to what I have stated above only know that now he has neither property or income is very feeble in his condition such that he cannot support himself
21. What interest have you in the recovery of a pension by this applicant? None

Sworn to and subscribed before me, this 10th day of Sept 1904 at Roswell County, Georgia.

John A. Guntter Ordinary.

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,

Colt COUNTY,

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

S. A. Guntter's Heart is Heart diseased & the valves on exercise palpitate so as to forbid him doing any work - he will never be able to support himself

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

Sworn to and subscribed before me, this 10th day of Sept 1904 at Roswell County, Georgia.

John A. Guntter Ordinary.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Colt COUNTY,

I, John A. Guntter Ordinary in and for said County, hereby certify that the applicant S. A. Guntter resides in said County, and has been a bona fide resident of this State since the 10th day of May 1864, and that the witnesses, viz: J. W. Thompson, G. S. Lyon M.D.

are of trustworthy character, and that their statements are entitled to full faith and credit. I further certify that before answering the foregoing questions the applicant and each witness took the oath hereon prescribed, and that the full text of the affidavit was read to the applicant and witness before same was signed.

I further certify that the tax digests of Colt County show that applicant returned for taxation in his name in 1860 \$555- Dollars of property, and in 1867 \$300- Dollars of property.

In my opinion the foregoing claim is made in good faith. Witness my hand and seal of office this 10th day of Sept 1904 at Roswell County, Georgia.

NOTE.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.

I, J. A. Guntle hereby authorize

F. W. Rumble of Roswell

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

J. A. Guntle at Roswell

by hand

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

J. A. Guntle [L. S.]

Executed in presence of

W. M. St. John

CODE SECTION 154.
(FOR THOSE ALREADY ENROLLED.)

No. 468

INDIGENT

SOLDIER'S PENSION
1902.

Name J. A. Guntle

County Cobb

Co. 5 Regiment 56

WARRANT ISSUED

468 1902.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

W. M. St. John

Gen. W. Lindsey, State Printer, Atlanta.

no data

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,

Culton County.

A. A. Manning of said State and County, having been presented as a witness in support of the application of John A. Guntle 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? Atlanta Ga
2. Are you acquainted with J. A. Guntle, the applicant; if so, how long have you known him? since 1862
3. Where does he reside, and how long and since when has he been a resident of this State? Roswell, Cobb Co. Ga since 1862 to my knowledge
4. When, where and in what company and regiment did he enlist, and how do you know? May 1862, Roswell Ga. Co. F. 56 Ga Regt
5. Were you a member of the same company and regiment? I was
6. How long did he perform regular military duty? until the Jamesboro battle
7. When and where was his command surrendered? Goldsbrough N. C.
8. Were you present when it surrendered? I was
9. Was applicant present? he was not
10. If he was not present, where was he? in military prison
When did he leave his command? Aug 1864 For what cause? captured
By what authority he left? no ones How do you know all of this?
was 1st Sargt. of Co. F. was with him until he was captured
11. What property, effects or income has the applicant? (Give your means of knowledge.)
Don't know
12. What property, effects or income did the applicant possess in 1896, 1897, 1898 and 1899, and what disposition, if any, did he make of same? Don't know
13. Has he conveyed away any of his property in the last four years, if so, what was it, and to whom?
Don't know
14. What is the applicant's occupation and physical condition? Don't know
15. Is the applicant unable to support himself by labor of any sort, if so, why?
Don't know
16. How was he supported during the years 1898 and 1899? Don't know
17. What portion of his support for these two years was derived from his own labor or income?
Don't know
18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code? Don't know
19. What interest have you in the recovery of a pension by this applicant? None
Sworn to and subscribed before me, this 12 day of Sept 1902, A. A. Manning Witness.
John R. Wilkinson Ordinary.

I certify that A. A. Manning is a citizen of Georgia & his statement entitles to full credit belief. John R. Wilkinson Ordinary

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cobb County.

Personally appears J A Gunter 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 1st day of 1888; that he is 66 years old and by occupation a fire watchman that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served for the term of 3 years in Company 4, of 56th Regiment of Geo Vols; that his physical condition is as follows: Being Indigent & Poverty Deprived
is unable to support himself

that his property consists of the following items

Nothing

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

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1902. I have heretofore as a resident of Cobb county been allowed a pension for the year 1 unpaid

Sworn to and subscribed before me, this the 6th day of Jan 1902.

John A. Gunter Ordinary.

STATE OF GEORGIA,

Cobb County.

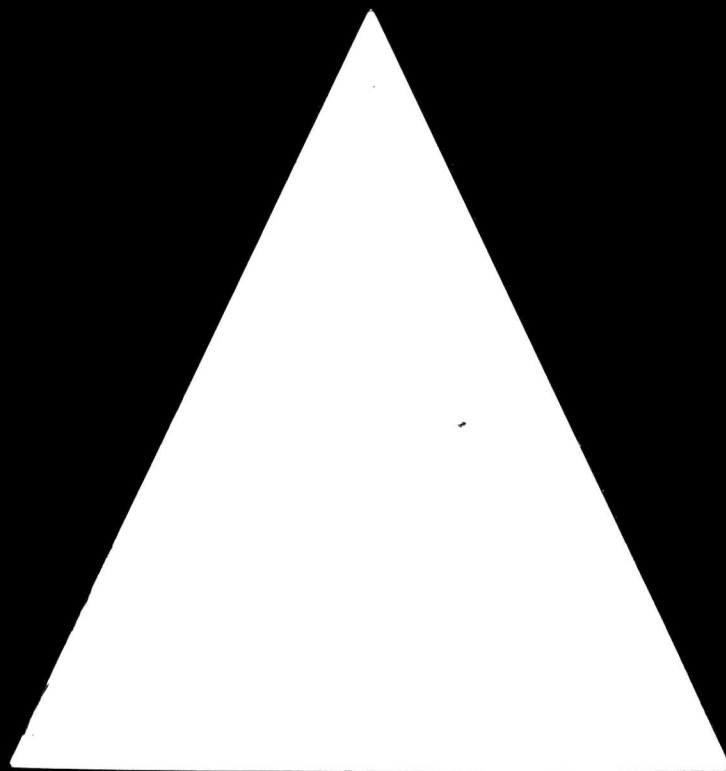
I, John A. Gunter Ordinary of said County, do certify that I am well acquainted with J A Gunter the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides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

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



John A. Gunter Ordinary. _____ County.

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



POWER OF ATTORNEY.

STATE OF GEORGIA,

County, }

I, _____ hereby authorize _____

to receive and receipt for the pension allowed and

request that he remit same to _____ by _____

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

day of _____, 190 _____

Executed in the presence of _____

[L. 61]

Code Section 1280.

No. _____

INVALID SOLDIER'S PENSION, 190 _____

Name J. F. Hadaway
County Co. H
Co. H Colquitt Dist. 10th
Disability Sound
Amount, \$ 190

190 _____

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO _____

Ordinary will write Name of Applicant, Company and Regiment on back as indicated above.
Gen. W. Harrison, State Printer, Atlanta.

8/21/09.

AFFIDAVIT FOR THREE WITNESSES.

Form No. 2.

STATE OF GEORGIA,

County.

PERSONALLY appears before me, the undersigned Ordinary in and for said County,

R. P. Hadaway, A. W. Henshaw and J. S. Adair
personally known to me to be trustworthy citizens, each of whom, being duly sworn according to law, severally say

under oath, that they are personally and well acquainted with J. F. Hadaway
whose application is herewith presented for a pension, that he has resided in this State continuously since the

10th day of August 1844, that he served in Company H of the

11th Regiment of Central Colts Brigade, and from our personal knowledge he, while in line of duty, was injured by the service as follows: "Gave full statement, and tell in your own language when, where, and how the injury happened, or the disease was contracted, and to what extent applicant is disabled from work as a direct result thereof. If he does any labor or can do any, state what."

He was wounded by a Minnie ball in the battle of Ocean
Pon in the State of Florida on the 20th of February
1864. We was with him in the same company served
with him was Present when he was wounded and helped
to carry him off of the battle field. We have lived
a neighbor to him ever since the war and he has
never been able to do manual labor since the war
his being wounded caused him to be crippled and he cant
do any work at all he cant get up when
down with out help. Limb was all caused by
the ball he recd from the hand of a
work at the battle of Ocean Pon in the
State of Florida on the 20th day of
February 1864. We thought he was killed dead

Where was applicant's command surrendered? at Gremsbur North Carolina

Was he with it? Was not but in Prison Were all of you present? I was Present at Gremsbur

If not, where was he? Was in Prison at Camp Martin State of Indiana

Where were you all? With our company we no he was wounded

and taken Prisoner we was in the same company
with him till he was taken Prisoner

How do you know the facts you state to be true? We was with him all the time till he was

taken Prisoner we have known him ever since the war

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

He was honorably discharged or retired from the service on 15th day of April

1865. Applicant is permanently disabled as stated and has been so to our certain knowledge ever since 1865 or since
We have no interest in the recovery of a pension by him. he was wounded

Sworn to and subscribed before me, this

29th day of Dec 1907

J. S. Adair
Ordinary

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

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

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

4.—Three witnesses are required.

PHYSICIANS' AFFIDAVIT.

Form No. 3.

STATE OF GEORGIA,

County.

PERSONALLY comes before me _____ Ordinary of said County,

and _____ both known to

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

examined J. F. Hadaway and after such personal examination, say that the present

condition of applicant is as follows: We find he has been shot through

ball entering left groin and causing with small
of his back war hip said wound and rupture caused from
wound has totally rendered him from manual labor consider
His suffering so much with said wound and effects of wound
and rupture caused from wound we have known applicant
ever since the war closed. When he came out of Prison

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

is permanent he suffers all the time from the effects
of the wound being badly ruptured from the wound cant get
up when down gradual of his time in this condition
suffering all the time all caused from his wound.

We have treated applicant professionally for six years, and his condition, as above stated,

does not arise from hereditary or congenital causes, or from vicious or intemperate habits.

Sworn to and subscribed before me, this

30th day of December 1907

John Astory
Ordinary.

Note 1.—State fully the physical condition and especially the extent of disability. If disability results from wound or injury, state its location, character and present condition. If from disease, give its nature and character, and its causes or origin, as understood by affiants.

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

STATE OF GEORGIA.

Form 4.

County.

1. John Astory Ordinary of said County,

do certify that I am well acquainted with J. Hadaway the

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

true, and he is disabled, as he claims, and I know he is the individual he represents himself to be, and that he

resides in this County and has been a bona fide resident since the 25th years to my knowledge

I also certify that the witnesses, to-wit: R. P. Hadaway, J. S. Adair and J. R. Henshaw

and _____ are persons of responsibility, 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 30th day of December 1907

John Astory
Ordinary

County.

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

County

I, J. M. Harris Ordinary of said County, do certify that I personally know Mrs. Mary A. Holaday the applicant, and that she is the lawful widow of J. F. Holaday, who was on the Pension Roll of said Chocoma County, and was paid a Pension from Chocoma County for 1927, and at the time of his death on the 17 day of February 1927, there was due to him and unpaid his Pension of Five Reel Dollars from the State of Georgia, and I know J. F. Holaday the within witness, and he is of a truthful and trustworthy character and entitled to full credit.

(Given under my hand and seal this 2 of July, 1928)

(Seal of Ordinary)

(Seal of Ordinary)

J. M. Gunn, Ordinary
Coah, County

.....County.

I, J. M. Gamm, Ordinary of said County, do certify that I personally know Mary Prather, the applicant, and that she is the lawful widow of J. P. Halsey, who was on the Pension Roll of said Cobb County, and was paid a Pension from Cobb County for 1927, and at the time of his death on the 17 day of February 1928, there was due to him and unpaid his Pension of Fifty Dollars from the State of Georgia, and I know J. P. Halsey, the within witness, and he is of a truthful and trustworthy character and entitled to full credit.

Given under my hand and seal this 20th of February, 1928
(Seal of Ordinary)

(Seal of Ordinary)

J. M. Gambr, Ordinary
Cole, County

HADAWAY, J. F.
THIRD QUARTER, 1928

County

Bob

19258

Application for Pension Due Deceased Soldier

(UNDER ACT 1891.)

(To be paid to his Widow or Dependent Children)

BY

Mrs. Mary C. Walenway
Widow of J. F. Walenway
Date of Marriage December 18-1919
Date of Death July 17 - 1928

Date of Death Feb 17 - 1928

Approved and ordered paid. *etc*

John W. Clark - 1924
26 July 28 N. E. HARRIS,
Director of Division

26 July 25 N. E. HARRIS,

Ordinary: Fill out above in full and send this blank to Pension Department for approval before you pay out the money, and then return it with your pay-rolls for permanent filing in the Pension Department.

Madaway, J. F.

FIRST QUARTER 1928

County

1928

Application for Pension Due Deceased Soldier

UNDER ACT 1891)

(To be paid to his Widow)

BY Mary Halcom
Mrs. J. W. Halcom
 Witnesses J. W. Halcom
J. W. Halcom
 Date of Marriage Dec. 18-1919
 Date of Death Feb. 17-1928

Approved and ordered paid *AK*

John W. Tolson

27th Feb
JOHN W. CLARK,

Ordinary: Fill out above in full and send this blank to Pension Department for approval before you pay out the money, and then return it with your pay-rolls for permanent filing in the Pension Department.

GEORGIA,

Cash

County

I hereby authorize and constitute J. M. Bean of said County, my lawful attorney to collect, and receive for me in my name, for the Pension due me for 1922 through my deceased husband, J. M. Bean who was on the Pension Roll and paid from Cash County for 1922

Witness my hand this 29th day of August 1928
Richard C. [unclear] James [unclear]
 Attorneys for [unclear] 17th St. [unclear]
[unclear] James M. [unclear]
Sept. 28-1928.

Received of J. M. Gunn, Ordinary of said County, Fifty Dollars,
being Remission due my deceased husband, J. F. Delaney, for the last

GEORGIA, DOB COUNTY.

Application for Pension Due Deceased Soldier

(To Be Paid to His Widow or Dependent Children)
(UNDER ACT APPROVED OCTOBER 3, 1901)

STATE OF GEORGIA, Cobb County.

Personally before me, the Ordinary of said County, comes Mrs. Mary A. Hadaway of said County, who after being duly sworn, on oath says that she is the widow of J. F. Hadaway and that said Pensioner was on the Pension Roll of Cobb County and was paid a Pension of Fifty (50) Dollars from said County for 1927, and that the said Pensioner died in Cobb County on the 17 day of February, 1928 and at the time of his death a Pension of \$ 50 was due him from Cobb County and unpaid for 1928. Applicant further swears that she married the said J. F. Hadaway on the 18 day of December, 1919, in Cobb County and State of Georgia, and resided with him from the date of marriage to his death as his lawful wife, and is now his dependent widow, and she asks that the Pension so due and unpaid be paid to her.

Sworn to and subscribed before me this 2 day of July, 1928
J. M. Gamm, Ordinary } Mrs. Mary A. Hadaway
Cobb County }
(Seal of Ordinary)

AFFIDAVIT OF WITNESS

STATE OF GEORGIA, Cobb County.

Personally before me comes J. F. Hadaway, who on oath says that he knew J. F. Hadaway while in life and that he knows Mrs. Mary A. Hadaway, the above applicant, and knows that the said J. F. Hadaway and Mrs. Mary A. Hadaway were in due form of law married in the County of Cobb in the State of Georgia on the 18 day of December, 1919, and that they were residing together as husband and wife at the time of his death on the 17 day of February, 1928, and that she is his dependent widow.

Sworn to and subscribed before me this 3 day of July, 1928
J. M. Gamm, Ordinary } J. F. Hadaway
Cobb County }
(Seal of Ordinary)

INSTRUCTIONS:

1st. This form is for widows of Service and Disabled Soldier pensioners, who died after November 1st. If pensioner died after Jan. 1st, 1917, widow must submit her own affidavit, and her guardian may use this form in her behalf.
2nd. Proof of marriage must be made.
3rd. Do not use this form if the pensioner was a common law soldier throughout the State, entitled only for Pension Allowance to the property of the State.
4th. The Ordinary should examine the blank after it is filed in, and see that everything is fully and correctly completed, and the name of husband and that last of applicant when stated, is stated in ink.
5th. Pay out no money on this application until approved in the Pension Department and returned to you as your authority to make the payment.
6th. Return this application with your final settlement to the Pension Department.
7th. The widow or person making her proper power-of-attorney receipt for this pension by signing name, as widow, repeats the name of husband on the soldier's roll.
8th. Only the one pension is covered by this application. Take another application, on the value blank, to admit widow to roll in her own right. November 1st is the last date for the next year's roll.

Application for Pension Due Deceased Soldier

(To Be Paid to His Widow)

(UNDER ACT APPROVED OCTOBER 3, 1901)

STATE OF GEORGIA, Cobb County.

Personally before me, the Ordinary of said County, comes Mrs. Mary A. Hadaway of said County, who after being duly sworn, on oath says that she is the widow of J. F. Hadaway and that said Pensioner was on the Pension Roll of Cobb County and was paid a Pension of Fifty (50) Dollars from said County for 4 Quarter, 1927, and that the said Pensioner died in Cobb County on the 17 day of February, 1928. Applicant further swears that she married the said J. F. Hadaway on the 18 day of Dec., 1919, in Cobb County and State of Ga, 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 1st Qr. Pension, 1928 due and unpaid be paid to her.

Sworn to and subscribed before me this 20 day of February, 1928
J. M. Gamm, Ordinary } Mary Hadaway
Cobb County } (L. S.)
(Seal of Ordinary)

AFFIDAVIT OF WITNESS

STATE OF GEORGIA, Cobb County.

Personally before me comes J. F. Hadaway, who on oath says that he knew J. F. Hadaway while in life and that he knows Mrs. Mary Hadaway, the above applicant, and knows that the said J. F. Hadaway and Mary Penner were in due form of law married in the County of Cobb in the State of Ga on the 18 day of December, 1919, and that they were residing together as husband and wife at the time of his death on the 17 day of February, 1928, and that she is his dependent widow.

Sworn to and subscribed before me this 20 day of Feb, 1928
J. M. Gamm, Ordinary } J. F. Hadaway
Cobb County }
(Seal of Ordinary)

INSTRUCTIONS:

1st. Proof of marriage must be made.
2nd. Do not use this form if the pensioner was a common law soldier throughout the State, entitled only for Pension Allowance to the property of the State.
3rd. The Ordinary should examine the blank after it is filed in, and see that everything is fully and correctly completed, and the name of husband and that last of applicant when stated, is stated in ink.
4th. The widow or person making her proper power-of-attorney receipt for this pension by signing name, as widow, repeats the name of husband on the soldier's roll.
5th. Only the one pension is covered by this application. Take another application, on the value blank, to admit widow to roll in her own right.

CERTIFICATE OF ORDINARY

STATE OF GEORGIA, Cobb County.
 I, J. M. Gamm, Ordinary of said County, do certify that I personally know Mrs. Mary A. Hadaway the applicant, and that she is the lawful widow of J. F. Hadaway, who was on the Pension Roll of said Cobb County, and was paid a Pension from Cobb County for 1927, and at the time of his death on the 17 day of February, 1928, there was due to him and unpaid his Pension of Twenty and 00/100 Dollars from the State of Georgia, and I know J. F. Hadaway, the within witness, and he is of a truthful and trustworthy character and entitled to full credit.

Given under my hand and seal this 10 of October, 1928

(Seal of Ordinary)

J. M. Gamm, Ordinary
Cobb, County

Application for Pension Due Deceased Soldier

(UNDER ACT 1881)

(To be paid to his Widow)

BY

Mrs. Mary A. Hadaway
 Widow of J. F. Hadaway
 Date of Marriage Dec. 18, 1919
 Date of Death Feb. 17, 1928

Approved and ordered paid, OK

Oct 16, 1928

JOHN W. CLARK,

Commissioner of Pensions.

Ordinary: Fill out above in full and send this blank to Pension Department for approval before you pay out the money, and must return it with your pay-roll for permanent filing in the Pension Department.

CERTIFICATE OF ORDINARY

STATE OF GEORGIA, Cobb County.
 I, J. M. Gamm, Ordinary of said County, do certify that I personally know Mrs. Mary A. Hadaway the applicant, and that she is the lawful widow of J. F. Hadaway, who was on the Pension Roll of said Cobb County, and was paid a Pension from Cobb County for 1927, and at the time of his death on the 17 day of February, 1928, there was due to him and unpaid his Pension of Twenty and 00/100 Dollars from the State of Georgia, and I know J. F. Hadaway, the within witness, and he is of a truthful and trustworthy character and entitled to full credit.

Given under my hand and seal this 9 of May, 1928

(Seal of Ordinary)

J. M. Gamm, Ordinary
Cobb, County

Application for Pension Due Deceased Soldier

(UNDER ACT 1881)

(To be paid to his Widow)

Mrs. Mary A. Hadaway
 Widow of J. F. Hadaway
 Date of Marriage Dec. 18, 1919
 Date of Death Feb. 17, 1928

Approved and ordered paid, OK

May 16, 1928

JOHN W. CLARK,

Commissioner of Pensions.

Ordinary: Fill out above in full and send this blank to Pension Department for approval before you pay out the money, and must return it with your pay-roll for permanent filing in the Pension Department.

HADAWAY, J. F.
 FOURTH QUARTER 1928

HADAWAY, J. F.
 SECOND QUARTER 1928

Georgia, Cobb County.
 Deceased of J. M. Gamm, Ordinary, Cobb County, Ga., check for fifty Dollars being pension due me as the widow of J. F. Hadaway, deceased.
 December 19, 1928.
Mrs. Mary A. Hadaway

Application for Pension Due Deceased Soldier

(To Be Paid to His Widow)

(UNDER ACT APPROVED OCTOBER 3, 1901)

STATE OF GEORGIA, Cobb County.

Personally before me, the Ordinary of said County, comes Mrs. Mary A. Hadaway of said County, who after being duly sworn, on oath says that she is the widow of J. H. Hadaway

and that said Pensioner was on the Pension Roll of Cobb County and was paid a Pension of \$5.00 Dollars

from said County for 4 Quarter, 1927, and that the said Pensioner died in Cobb County on the 17 day of February, 1928

Applicant further swears that she married the said J. H. Hadaway on the 15 day of December, 1919, in Cobb County and State of Georgia, and resided with him from the date of marriage to his death as his lawful wife, and is now his dependent widow, and she asks that the 4 Qr. Pension, 1928 due and unpaid be paid to her.

Sworn to and subscribed before me this 10 day of October, 1928
J. M. Ramm, Ordinary
Cobb County
 (Seal of Ordinary)

AFFIDAVIT OF WITNESS

STATE OF GEORGIA, Cobb County.

Personally before me comes J. H. Hadaway, who on oath says that he knew J. H. Hadaway while in life and that he knows Mrs. Mary A. Hadaway, the above applicant; and knows that the said J. H. Hadaway and Mary A. Hadaway were in due form of law married in the County of Cobb in the State of Georgia on the 15 day of December, 1919, and that they were residing together as husband and wife at the time of his death on the 17 day of February, 1928, and that she is his dependent widow.

Sworn to and subscribed before me this 10 day of October, 1928
J. M. Ramm, Ordinary
Cobb County
 (Seal of Ordinary)

INSTRUCTIONS.

1st. Proof of marriage must be made.
 2nd. Do not use the economy large form of marriage certificate in common vogue throughout the State, suitable only for framing. Such certificate is entirely too bulky for use in any pension application. A plain certificate written on the back of the copy of marriage license is the proper thing.
 3rd. The Ordinary must enter the blank after it is filled in, and see that everything is fully and correctly completed, and the name of the applicant, when added, is filled in.
 4th. Pay out no money on this application until approved in the Pension Department and returned to you as your authority to make the payment.
 5th. Return this application with your final settlement to the Pension Department.
 6th. The widow or person holding her proper pension certificate, residing for this pension by signed name, as widow, opposite the name of husband on the mother pay roll.
 7th. Only the one pension is covered by this application. This another application, on the white blank, to admit widow to rolls in her own right.

Application for Pension Due Deceased Soldier

(To Be Paid to His Widow)

(UNDER ACT APPROVED OCTOBER 3, 1901)

STATE OF GEORGIA, Cobb County.

Personally before me, the Ordinary of said County, comes Mrs. Mary A. Hadaway of said County, who after being duly sworn, on oath says that she is the widow of J. H. Hadaway

and that said Pensioner was on the Pension Roll of Cobb County and was paid a Pension of \$5.00 Dollars

from said County for 4 Quarter, 1927, and that the said Pensioner died in Cobb County on the 17 day of February, 1928

Applicant further swears that she married the said J. H. Hadaway on the 15 day of December, 1919, in Cobb County and State of Georgia, and resided with him from the date of marriage to his death as his lawful wife, and is now his dependent widow, and she asks that the 4 Qr. Pension, 1928 due and unpaid be paid to her.

Sworn to and subscribed before me this 9 day of May, 1928
J. M. Ramm, Ordinary
Cobb County
 (Seal of Ordinary)

AFFIDAVIT OF WITNESS

STATE OF GEORGIA, Cobb County.

Personally before me comes J. H. Hadaway, who on oath says that he knew J. H. Hadaway while in life and that he knows Mrs. Mary A. Hadaway, the above applicant; and knows that the said J. H. Hadaway and Mary A. Hadaway were in due form of law married in the County of Cobb in the State of Georgia on the 15 day of December, 1919, and that they were residing together as husband and wife at the time of his death on the 17 day of February, 1928, and that she is his dependent widow.

Sworn to and subscribed before me this 9 day of May, 1928
J. M. Ramm, Ordinary
Cobb County
 (Seal of Ordinary)

INSTRUCTIONS.

1st. Proof of marriage must be made.
 2nd. Do not use the economy large form of marriage certificate in common vogue throughout the State, suitable only for framing. Such certificate is entirely too bulky for use in any pension application. A plain certificate written on the back of the copy of marriage license is the proper thing.
 3rd. The Ordinary must enter the blank after it is filled in, and see that everything is fully and correctly completed, and the name of the applicant, when added, is filled in.
 4th. Pay out no money on this application until approved in the Pension Department and returned to you as your authority to make the payment.
 5th. Return this application with your final settlement to the Pension Department.
 6th. The widow or person holding her proper pension certificate, residing for this pension by signed name, as widow, opposite the name of husband on the mother pay roll.
 7th. Only the one pension is covered by this application. This another application, on the white blank, to admit widow to rolls in her own right.

of said County, who after being duly sworn, on oath says that she is the widow of J. F. Hadaway and that said Pensioner was on the Pension Roll of Cobb County and was paid a Pension of \$5.50 Dollars from said County for 4 Quarter, 1928, and that the said Pensioner died in Cobb County on the 17 day of February, 1928. Applicant further swears that she married the said J. F. Hadaway on the 18 day of December, 1919, in Cobb County and State of Georgia, and resided with him from the date of marriage to his death as his lawful wife, and is now his dependent widow, and she asks that the 4 Qr. Pension, 1928 due and unpaid be paid to her.

Sworn to and subscribed before me this 10 day of October, 1928
J. M. Ramey, Ordinary | Mrs. Mary A. Hadaway
Cobb, County
(Seal of Ordinary)

AFFIDAVIT OF WITNESS

STATE OF GEORGIA, Cobb County.

Personally before me comes J. F. Hadaway, who on oath says that he knew J. F. Hadaway while in life and that he knows Mrs. Mary A. Hadaway, the above applicant; and knows that the said J. F. Hadaway and Mary A. Hadaway were in due form of law married in the County of Cobb in the State of Georgia on the 18 day of December, 1919, and that they were residing together as husband and wife at the time of his death on the 17 day of February, 1928, and that she is his dependent widow.

Sworn to and subscribed before me this 10 day of October, 1928
J. M. Ramey, Ordinary | J. F. Hadaway
Cobb, County
(Seal of Ordinary)

INSTRUCTIONS:

- 1st. Proof of marriage must be made.
- 2nd. Do not use the commonly known form of marriage certificate in common vogue throughout the State, suitable only for tracing. Such certificate is entirely too bulky for use in any pension application. A plain certificate written on the back of the copy of marriage license is the proper thing.
- 3rd. The Ordinary should examine the blank after it is filled in, and see that everything is fully and correctly completed, and the seal affixed, and that both of application, when filled, is filed in.
- 4th. Pay out no money on this application until approved in the Pension Department and returned to you as your authority to make the payment.
- 5th. Return this application with your final settlement to the Pension Department.
- 6th. The widow or person having law proven person-of-claimant residence for this pension by signing name, as widow, repeats the name of deceased on the matter pay roll.
- 7th. Only the one pension is covered by this application. This another application, on the white blank, to adult widow to rely in her own right.

of said County, who after being duly sworn, on oath says that she is the widow of J. F. Hadaway and that said Pensioner was on the Pension Roll of Cobb County and was paid a Pension of \$5.50 Dollars from said County for 4 Quarter, 1928, and that the said Pensioner died in Cobb County on the 17 day of February, 1928. Applicant further swears that she married the said J. F. Hadaway on the 18 day of December, 1919, in Cobb County and State of Georgia, and resided with him from the date of marriage to his death as his lawful wife, and is now his dependent widow, and she asks that the 2 Qr. Pension, 1928 due and unpaid be paid to her.

Sworn to and subscribed before me this 9 day of May, 1928
J. M. Ramey, Ordinary | Mrs. Mary A. Hadaway
Cobb, County
(Seal of Ordinary)

AFFIDAVIT OF WITNESS

STATE OF GEORGIA, Cobb County.

Personally before me comes J. F. Hadaway, who on oath says that he knew J. F. Hadaway while in life and that he knows Mrs. Mary A. Hadaway, the above applicant; and knows that the said J. F. Hadaway and Mrs. Mary A. Hadaway were in due form of law married in the County of Cobb in the State of Georgia on the 18 day of December, 1919, and that they were residing together as husband and wife at the time of his death on the 17 day of February, 1928, and that she is his dependent widow.

Sworn to and subscribed before me this 9 day of May, 1928
J. M. Ramey, Ordinary | J. F. Hadaway
Cobb, County
(Seal of Ordinary)

INSTRUCTIONS:

- 1st. Proof of marriage must be made.
- 2nd. Do not use the commonly known form of marriage certificate in common vogue throughout the State, suitable only for tracing. Such certificate is entirely too bulky for use in any pension application. A plain certificate written on the back of the copy of marriage license is the proper thing.
- 3rd. The Ordinary should examine the blank after it is filled in, and see that everything is fully and correctly completed, and the seal affixed, and that both of application, when filled, is filed in.
- 4th. Pay out no money on this application until approved in the Pension Department and returned to you as your authority to make the payment.
- 5th. Return this application with your final settlement to the Pension Department.
- 6th. The widow or person having law proven person-of-claimant residence for this pension by signing name, as widow, repeats the name of deceased on the matter pay roll.
- 7th. Only the one pension is covered by this application. This another application, on the white blank, to adult widow to rely in her own right.



GEORGIA, COBB COUNTY.

I, J.M. Gann, Ordinary and Ex-Officio Clerk of the Court of Ordinary of said County, do hereby certify That I have compared the foregoing copy of Marriage License of J.F. Hadaway and Miss Mary Prather, with the original record thereof, now remaining in this office, and the same is a correct transcript therefrom, and of the whole of such original as found in Book G, records of Marriage, folio 629.

In Testimony Whereof, I have hereunto set my hand and affixed the seal of the Court of Ordinary, this the 20, day of February, 1928.

J.M. Gann
Ordinary.

MARRIAGE LICENSE

J.F. Hadaway

AND

Miss Mary Prather

Issued December 2, 1919. 192

and Recorded on Page G Book

629

of Marriage Licenses

J.M. Gann

Ordinary

H. E. Croker,
Ordinary Paulding County.

DALLAS, GA., 1907

Longest Paulding County
J. B. W. Master Ordinary of
said County
hereby certify that the
attestees to the application
for license of F. L. Luchway
to wit: W. W. [redacted] &
J. A. Adair, are citizens
of this County and are persons
of respectability that their state-
ments are worthy of full credit &
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 29 day of Nov. 1907.
H. E. Croker, Ordinary, Paulding County.

No. 930



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

You are hereby authorized to join

F. L. Luchway

and Miss Mary Brather

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

And you are hereby required to return this license to me
with your Certificate hereon of the fact and date of the marriage,
within thirty days after the date of said marriage.

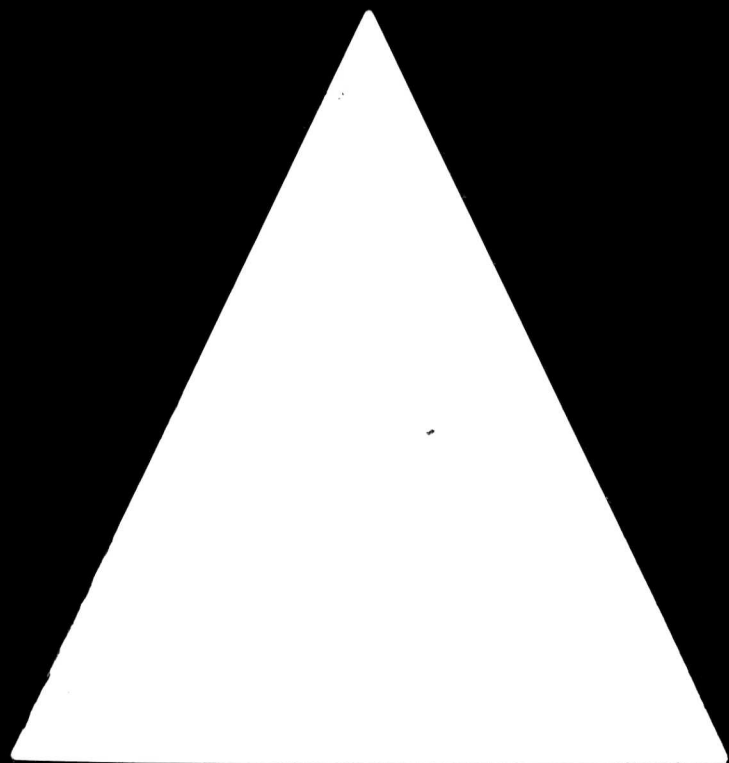
Given under my hand and seal this 2nd day of
December, 1907. J. B. W. Master, Ordinary.

STATE OF GEORGIA **CERTIFICATE** COUNTY OF COBB

I certify that F. L. Luchway and Miss Mary Brather,
were joined in Matrimony by me this 16th day of December Nineteen Hundred
and

Recorded January 1st, 1908 J. B. W. Master, Ordinary.

J. B. McCutcheon, J. P.



Atlanta, Sept. 1, 1937.
 628 State Hospital.

John F. McAnany enlisted as a
 private in Co. H, 16th Regi-
 ment Georgia Infantry Nov. 1860
 ... Captured near Marietta, Ga.
 June 21, 1864; Released Camp
 Morton, Ind. May 22, 1865.

Lillian Henderson

*Rec'd At
 Highway Change for
 Cobb County 1938*

Widow's Application

Under Act of 1910—As Amended by Act of
 1919, and Constitutional Amendments
 of 1920 and 1937.

County Cobb
 Name Mrs. Mary A. Hadaway
 Widow of J. J. Hadaway
 Date of Marriage Dec. 18, 1899
 Date of Husband's Death Dec. 17, 1938
 Company 7th
 Regiment 19th
 Approved Dec 27, 1938 1937
A. T. H. H. H.
 Director.

AUG 13 1937

Ordinary's Certificate

STATE OF GEORGIA.

Cobb COUNTY.

I, J. J. Daniel

Ordinary of said County, do certify

that I know Mrs. Mary A. Hadaway the applicant for pension; that

she is the person she represents herself to be, and that she has been, continuously, a bona fide resident

citizen of said State since January 1st, 1920; that I also know B. J. Ford

the witness who swears to the service of husband and/or the marriage; that both of them are now residents

of said County and were duly sworn by me before signing the foregoing affidavits, and that they are

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

Given under my hand and seal of office this 10th day of August, 1937.

(SEAL OF ORDINARY) J. J. Daniel Ordinary.
 of Cobb County.

INSTRUCTIONS.

1. Before any questions are answered, the Ordinary shall give applicant and the witness in the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the whole truth. Do you so swear?"
2. The questions asked are as follows: (a) Is the applicant a bona fide resident citizen of this State?
3. (b) Is the applicant a bona fide resident citizen of this County?
4. (c) Is the applicant a bona fide resident citizen of the United States?
5. (d) Is the applicant a bona fide resident citizen of the County of Cobb?
6. (e) Is the applicant a bona fide resident citizen of the County of Cobb?
7. (f) Is the applicant a bona fide resident citizen of the County of Cobb?
8. (g) Is the applicant a bona fide resident citizen of the County of Cobb?
9. (h) Is the applicant a bona fide resident citizen of the County of Cobb?
10. (i) Is the applicant a bona fide resident citizen of the County of Cobb?
11. (j) Is the applicant a bona fide resident citizen of the County of Cobb?
12. (k) Is the applicant a bona fide resident citizen of the County of Cobb?
13. (l) Is the applicant a bona fide resident citizen of the County of Cobb?
14. (m) Is the applicant a bona fide resident citizen of the County of Cobb?
15. (n) Is the applicant a bona fide resident citizen of the County of Cobb?
16. (o) Is the applicant a bona fide resident citizen of the County of Cobb?
17. (p) Is the applicant a bona fide resident citizen of the County of Cobb?
18. (q) Is the applicant a bona fide resident citizen of the County of Cobb?
19. (r) Is the applicant a bona fide resident citizen of the County of Cobb?
20. (s) Is the applicant a bona fide resident citizen of the County of Cobb?
21. (t) Is the applicant a bona fide resident citizen of the County of Cobb?
22. (u) Is the applicant a bona fide resident citizen of the County of Cobb?
23. (v) Is the applicant a bona fide resident citizen of the County of Cobb?
24. (w) Is the applicant a bona fide resident citizen of the County of Cobb?
25. (x) Is the applicant a bona fide resident citizen of the County of Cobb?
26. (y) Is the applicant a bona fide resident citizen of the County of Cobb?
27. (z) Is the applicant a bona fide resident citizen of the County of Cobb?

Atlanta, Sept. 1, 1901.
403 State Capitol.

John F. Hadaway enlisted as a private in Co. H, 19th Regiment Georgia Infantry Nov. 1863. Captured near Marietta, Ga. June 21, 1864. Released, Camp Morton, Ind. May 22, 1865.

William Henderson

Widow's Application

Under Act of 1910—As Amended by Act of 1919, and Constitutional Amendments of 1920 and 1937.

Coff

County	Name Mrs Mary A. Hadaway
Widow of	J H Hadaway
Date of Marriage	Dec 18 1879
Date of Husband's Death	Feb 17 1928
Company	74 d. 40
Regiment.	1st Regt
Approved	<i>H. T. ...</i>
	Durham 1913

Ordinary's Certificate

STATE OF GEORGIA.

.....Cobb.....COUNTY.
I,.....Jas. J. Danilell....., Ordinary of said County, do certify
that I know.....Mrs. Mary A. Hadenway.....the applicant for pension; that
she is the person she represents herself to be, and that she has been, continuously, a bona fide resident
citizen of said State since January 1st, 1920; that I also know.....B. J. Ford.....
the witness who swears to the service of husband and/or the marriage; that both of them are now residents
of said County and were duly sworn by me before signing the foregoing affidavits, and that they are
truthful and trustworthy and their statements are entitled to full faith and credit.

Given under my hand and seal of office this 10th day of August, 1937.
(SEAL OF ORDINARY) East Hamill Ordinary.
of Cobb County.

INSTRUCTIONS:

1. Before any questions are answered the Ordinary shall ask the applicant and the witness in the following words: "You solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the whole truth. So help you God."
2. Additional affidavits may be attached if black spaces are insufficient.
3. Only widows who married prior to January 1st, 1920, are entitled.
4. All affidavits must be made before the Ordinary of the County in which the applicant or witness resides and must be certified.
5. Attach certified copy of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.
6. Fill out the back of this application carefully.
7. Don't use this form for a marriage license in vague through the State. A short, simple form is easier to handle.
8. Do not take an application from any widow who is already receiving a pension.

APPLICATION FOR PENSION BY A WIDOW OF A CONFEDERATE SOLDIER

(Under Act of 1910, as Amended by Act of 1919, and Constitutional Amendments of 1920 and 1937.)

QUESTIONS FOR APPLICANT TO ANSWER:

STATE OF GEORGIA

COUNTY

Personally appears before me, Mrs. Mary A. Bailey, of said State and County and hereby applies for the pension allowed by the Act of 1910, as amended by the Act of 1919 and the Constitutional Amendments of 1920 and 1937, and submits testimony to support the same, and, after being duly sworn, true answers to make to the questions propounded, answers as follow, to wit:

SECTION I.

1. What is your name, and where do you reside? (Give Post Office and County).
Mrs. Mary A. Hadaway, P.O. 1, Kennewick, Cowlitz Co., Wa.
2. How long and since when have you been, continuously, a bona fide resident citizen of the State of Georgia?
all life
- Give date, or year, of your birth. *June 28, 1877* Age? *58*
- (1) When, (2) where and (3) to whom were you married?
Dec. 18, 1917 (2) Cowlitz (3) J. F. Hadaway
- a. Have you married since the death of first and soldier husband?
No
- b. When and where did your first husband die?
Dec. 17, 1928, Red Rock Nat. Cemetery, Cowlitz Co.
- c. Were you residing together when he died?
yes
- d. If not, how long had you resided apart?
yes
- e. Are you now a widow?
yes
- f. Have you or your husband heretofore been paid a pension by the State?
yes
- g. If so, when and for what cause were you or your husband placed on the roll?
He was on the roll of Confederate soldiers killed at Gettysburg.
- SECTION II. *Conf. soldier named J. F. Hadaway.*

Answer the following questions if your husband was not a pensioner:

1. When, where and in what Company and Regiment did your husband enlist as a soldier in Confederate Army or Georgia Militia. (Give name of Colonel and Captain.) State whether Infantry, Cavalry, Artillery, Reserves, State Guards, State Militia or State Troops.
2. When and where did the Commands of your husband surrender or discharge from the Service?
3. Was your husband personally present with his Command when it was surrendered or discharged?
4. If he was not present, state specifically and clearly where he was?
5. When did he leave the Command?
 - a. For what cause did he leave?
 - b. By whose authority did he leave?
 - c. For how long was his leave of absence granted?
 - d. In what way?
- e. What was his physical condition when he left his Command?
- f. What effort did he make to return to his Command?
- g. In what way was he prevented from going back to his Command?
- h. Was he captured by the enemy at any time?
- i. If so, when and where? In what prison was he held and when was he released?

Sworn to and subscribed before me, this the

9 day of Aug 1937
Jas. L. Hamilton Ordinary
of Cobb County
(SEAL OF ORDINARY)

Mrs. Mary A. Hadenway
Applicant

An Affidavit

(Read carefully before making this affidavit.)

State of Georgia,

County of _____

Before me, the Ordinary of said County, comes Mrs. _____ who, after being duly sworn, deposes and says:

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

Sworn to and subscribed before me, this the _____

_____ day of _____, 1937

_____ Ordinary,

_____ County.

Questions for Witness as to Marriage and Service of Husband.

STATE OF GEORGIA

Cobb County.

_____ of said State and County is hereby presented as a witness in support of the application of Mrs. Mary A. Hadaway for the pension provided by the Act of 1910, as amended by the Act of 1919 and the Constitutional Amendments of 1920 and 1937, in said State, who, after being sworn true answers to make to the questions propounded, answers as follows, to-wit:

1. What is your name and where do you reside? (Give Post Office and County) *B. J. Ford, R. 10 Acworth, Cobb Co. Ga.*
2. How long and since when have you known _____ *Mrs. Mary A. Hadaway* applicant *seventeen years - since 1920*
3. Where does she now reside and since when has she been, continuously on bona fide, resident citizen of this State? *Cobb County - Atlanta*
4. When and to whom was she married? *1919 - How do you know they lived together?*
5. How long and since when did you know _____ *M. A. Hadaway* her husband? *Since Jan. 1, 1920, when moved into community, this date*
6. When and where did _____ *M. A. Hadaway* the husband of applicant, die? *Feb. 19, 1928 at home place in Cobb Co. Ga.*
7. Were the applicant and her husband living together as husband and wife at the date of his death? *yes*
8. If not, how long did they live apart before his death? *no*
- Were they divorced? *no*
- If the husband of the applicant was a pensioner, DO NOT answer the following questions.
9. When, where and in what Company and regiment did _____ enlist? (Give date and place) _____
10. How did you obtain your information of this service? _____
11. How long within your personal knowledge did he perform actual military service with this Company and Regiment? (Give dates.) _____
12. When and where was his Command surrendered or discharged? (Give date and place.) _____
13. Were you personally present with this Command when it was surrendered? _____ If not, where were you _____ and how came you there? _____
14. Was the husband of applicant personally present with his Command at its surrender? _____ If not where was he? _____ and how came him there? _____ When, where and for what cause did he leave his Command? (Give date.) _____ By whose authority did he leave his Command? _____ and how long was he granted leave? _____ How do you know all that you have stated to be true? (If of your own knowledge, state clearly and specifically.) _____
15. For what cause, if you know of your own knowledge, was he prevented from returning to his Command? _____
16. What effort did he make to return to his Command and how do you know this? _____
17. Was he captured as a prisoner? _____ If so, when and where? _____ In what prison was he held? _____ and when released? _____

Sworn to and subscribed before me, this the _____ day of _____, 1937
_____ Ordinary
of _____ County.
(SEAL OF ORDINARY)

B. J. Ford
(Witness)

COURT OF ORDINARY, COBB COUNTY
JAS. J. DANIELL, ORDINARY
MARIETTA, GA.

Georgia, Cobb County.

This is to certify that J. F. Hadaway and Miss
Mary Prather were married on the 18th day of December,
1919, as found in Marriage Record Book G, page 639,
Cobb County Record of Marriages.

Given under my hand and seal of office, this
10th day of August, 1937.

Jas. J. Daniell
Ordinary

STATE DEPARTMENT OF PUBLIC WELFARE

HURT BUILDING

ATLANTA

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

WHEREAS:

MRS. MARY A. HADAWAY, WIDOW OF J. F. HADAWAY,

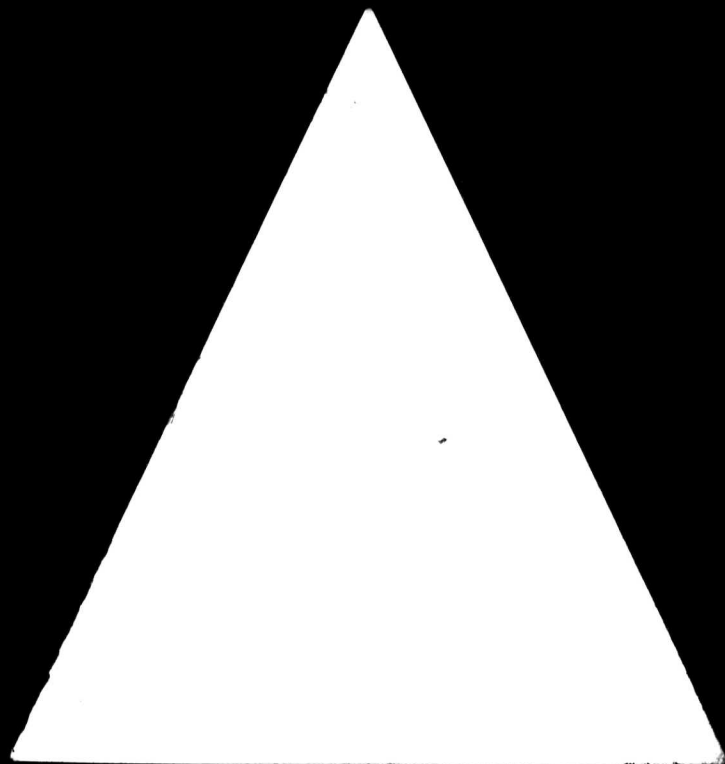
has filed in this office an application for the
Georgia pension allowed to widows of Confederate
veterans; and it appearing that the late husband
of this applicant performed actual military ser-
vice as a Confederate soldier and was honorably
separated from such service; and that applicant
was married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

ORDERED:

That said applicant be admitted to the pension
roll of the State of Georgia for the month of
January, 1938, and thereafter;
and that a copy of this order be sent to the
Ordinary of said County.

This, the 27th day of December 1937.

J. T. Gillen
Director, Confederate Division
State Department of Public
Welfare



Call app for \$500-1899
8/17 1899
Richard Johnson
Comdr Pension
Stadaway P. P.
Cobb Co.

Code Section 1250.

**INVALID
Soldier's Pension,
1899.**

Name *R. P. Stadaway*
County *Cobb*
Disability *Discharge*
Amount, \$ *5-0*

1899.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

3/22 99

Power of Attorney.

Form No. 6.

STATE OF GEORGIA.

County, }

I, _____ hereby authorize _____

of _____ to receive and receipt for the pension allowed and

require that he remit same to _____ by _____

at _____

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

day of _____, 1899.

Executed in the presence of

[L.S.]

Power of Attorney.

Form No. 2.

STATE OF GEORGIA,

County.

I, _____ hereby authorize _____

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

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

day of _____ 1899.

[L. S.]

Executed in the presence of _____

For Use of Applicants Who have Not Heretofore Drawn.

Form No. 1.

STATE OF GEORGIA,

County.

PERSONALLY appears Richard P. Hadaway of said Cobb

County, State of Georgia, who being duly sworn says on oath that he was born on the 19 day of September 1837, that he is a bona fide citizen and resident of Georgia, and has been continuously since the 19th day of September 1867, that he enlisted in the military service of the Confederate States (or the State of _____) on the 10th day of March 1862, during the war between the States, and served in Company H of 19th th Regiment of Georgia Volunteers 1st Brigade, and was honorably discharged on the 10th day of May 1865, that whilst engaged in such military service, and in line of duty in the State of _____, on the _____ day of _____ 186 he was disabled or wounded as follows:

That while in line of duty at the battle of "Oustie" in the State of Florida in the month of February 1864 he was struck by a Union ball passing through his Captain's box and striking his left hip joint, requiring several days across the rail road track producing laceration or rupture in his left side from which he is and has been practically and essentially unable to perform manual labor. Deponent is not entirely incapable of performing manual labor, but he is a sufferer by laceration and from his physical disability arising from said rupture, he can not now or here or perform the labor necessary to support himself or family or to perform manual labor at any time. In addition his disability is aggravated by laceration made by chronic diarrhea contracted in the State of Virginia in the summer of 1863. While in line of duty at the battle of Petersburg.

Deponent desires to participate in the benefits of Section 1250 of the Code, and the Acts amendatory thereof and makes application for the pension to which he is entitled for the year thereunder, ending October 26th, 1899.

Sworn to and subscribed before me, this the _____

16th day of March 1899.

R. P. Hadaway
Post Office.

Ordinary.

Not a—State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability. If claim is based on disease, give full and connected history of disease, tracing it directly to the service.

Not a—Do not trouble to mention wounds which do not disable.

Not a—The Ordinary will see that all blank spaces are filled when the affidavits are signed.

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

add \$30.00/1899
817 1899
Code Section 1250.
Stadger v. P. P.
Cobb Co. Ga.

INVALID

Soldier's Pension,

1899.

Name R. P. Hadaway

County Cobb

Disability Diarrhea

Amount, \$ 50

1899.

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

3/22-99

Affidavit for Three Witnesses.

Form No. 2.

STATE OF GEORGIA,

Cobb

County.

Personally appears before me, the undersigned Ordinary in and for said County,

J. P. Rumpsey

and

J. N. Corralle

personally known to me to be trustworthy citizens, each of whom, being duly sworn according to law, severally say, under oath, that they are personally and well acquainted with

R. P. Nadaway

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

1860,

that he served in Company

19th Regiment of *A. H. McCall* Brigade, and from our personal knowledge, he while in line of duty, was injured by the service as follows: (give full statement, and tell in your own language when, where and how the injury happened, or the disease was contracted, and to what extent applicant is disabled from work as a direct result thereof. If he does any labor, or can do any, state what.)

At the battle of *Chattanooga* in the State of *Tennessee* in the month of *November* 1864, he was struck by a *Minnie* ball passing through his *Chest* for a *fracture* of the *left* *rib* *producing* a *rupture* of the *left* *side* *rendering* him *practically* and *essentially* *incapable* of *performing* *manual* *labor*. We have *living* *near* the *applicant* *over* *since* the *war* and *know* that *this* *condition* *has* *been* *continuing* *and* *is* *permanent*. We *found* *applicant* *in* *England* *and* *know* that *he* *contracted* *Chronic* *Gonorrhea* *in* *England* *around* *1864* *causing* *fever* *from* *which* *he* *was* *confined* *at* *the* *hospital* *for* *several* *months*. We *know* that *he* *suffered* *from* *fever* *which* *contributed* *to* *his* *disability*. He *is* *totally* *incapable* of *performing* *manual* *labor* *required* *and* *necessary* *in* *the* *exercise* *of* *his* *profession*.

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

He was honorably discharged or retired from the service on

10th

day of

April *May*

1860. 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

16th day of *March* 1890
J. N. Corralle
Ordinary.

J. S. Corralle
B. E. Denny
T. R. Rutherford

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

Physicians' Affidavit.

Form No. 2.

STATE OF GEORGIA,

Cobb

County.

Personally comes before me

J. C. Stone

J. N. Stone

Ordinary of said County,

and *A. E. Johnson*

both known to

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

Richard P. Nadaway and after such personal examination, say that the present condition of applicant is as follows:

That *since* *R. P. Nadaway* *suffered* *from* *burns* *in* *left* *side* *produced* *from* *shot* *injury* *or* *fall* *during* *the* *late* *war* *which* *rendered* *him* *practically* *and* *essentially* *incapable* *of* *performing* *manual* *labor* *that* *this* *incapacity* *is* *greatly* *aggravated* *by* *a* *fracture* *of* *long* *standing*

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

This *condition* *arises* *from* *the* *facts* *stated* *above* *and* *are* *permanent*. *The* *disability* *necessarily* *is* *increasing* *with* *his* *age*.

We have treated applicant professionally for

years, and his condition, as above stated,

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

Sworn to and subscribed before me, this

16th day of *March* 1890.

J. C. Stone

Ordinary.

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

STATE OF GEORGIA,

Cobb

County.

Form No. 4.

I, *J. N. Stone* Ordinary of said County,

do certify that I am well acquainted with

R. P. Nadaway and am well satisfied that the statements made by him in his said affidavit are true, and he is disabled, as he claims, and I know he is the individual he represents himself to be, and that he resides in this County and has been a bona fide resident since the

16th day of *March* 1890.

I also certify that the witnesses, to-wit:

J. N. Corralle and *B. E. Denny* 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

16th day of *March* 1890.

J. N. Stone

Ordinary.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.

I, R. P. Hadaway hereby authorize J. M. Stone
of Marietta, Ga.

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 9th
day of March 1900.

R. P. Hadaway [L. S.]

Executed in presence of

W. J. Hamby

R. P. Hadaway, R.P.
Cobb Co.
(For Those Already Enrolled.)

No. 3435

INVALID

SOLDIER'S PENSION.

1900.

Name R. P. Hadaway
County Cobb
Disability Disease
Amount, \$ 50.
Warrant issued March 21 1900.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

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

No date

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.

I, R. P. Hadaway hereby authorize John Ambrey
of Marietta

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 19th
day of January 1901.

R. P. Hadaway [L. S.]

Executed in presence of

James M. Harris

Hadaway, R.P.
Cobb Co.

(For Those Already Enrolled.)

No. 151

DISABLED

SOLDIER'S PENSION.

1901.

Name R. P. Hadaway
County Cobb
Disability Disease
Amount, \$ 50.00

Jan 19 1901.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

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

No date

STATE OF GEORGIA

For Applicants Heretofore Allowed Pensions

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears *R. P. Hadaway* 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 *19* day of *Sept* 1839; that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served as a *private* in Company *H*, of *19*th Regiment of *Geo*. Volunteers, *Colquitt*'s Brigade; that whilst engaged in such military service in the State of *Geo*, on the day of *1864*, he was wounded, injured or diseased as follows:

That while in the Confederate army at the siege of Petersburg Va. he contracted chronic diarrhoea and from and on account of said disease he is rendered practically incompetent to perform the ordinary manual avocations of life

Deponent makes application for the pension to which he is entitled for year ending October 26th, 1901. I have heretofore under said law as a resident of *Cobb* County been *enrolled as* an invalid pension of *50* Dollars, for the year *1864*.

Sworn to and subscribed before me, this, the *9th* day of *March* 1900. *R. P. Hadaway* POST OFFICE

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

STATE OF GEORGIA,

Cobb County.

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

Given under my official signature and seal, this *9th* day of *March* 1900.

Ordinary *Cobb* County.



For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears *R. P. Hadaway* of *Cobb* County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has resided therein continuously ever since the day of *Sept* 1839; that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served as a *private* in Company *N*, of *19*th Regiment of *Geo*. Volunteers, *Colquitt*'s Brigade; that whilst engaged in such military service in the State of , on the day of *1864*, he was wounded, injured or diseased as follows:

While in service he contracted fever which terminated in typhoid and was also disabled from which disease he is unable to perform the manual avocations of life

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

Sworn to and subscribed before me, this the *9th* day of *January* 1901. *R. P. Hadaway* Postoffice

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

STATE OF GEORGIA,

Cobb County.

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

Given under my official signature and seal, this *9th* day of *January* 1901.

Ordinary *Cobb* County.



POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, R. P. Hadaway hereby authorize

John W. Lindsey of

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

by

at

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 10

day of Jan, 1902.

R. P. Hadaway [L. S.]

Executed in presence of

J. M. Gunn

Hadaway, R. P.
Cobb Co. Ga.

CODE SECTION 1902

(FOR THOSE ALREADY ENROLLED.)

No. 331

DISABLED

SOLDIER'S PENSION

1902.

Name R. P. Hadaway

County Cobb

Co. H

Regiment 19

Disability

Amount, \$ 80.

1/6 1902

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Ordry

no data

Hadaway, R. P.
Cobb County

CODE SECTION 1903

(FOR THOSE ALREADY ENROLLED.)

No. 367

DISABLED

SOLDIER'S PENSION

1903.

Name R. P. Hadaway

County Cobb

Co. H

Regiment 19

Disability

Amount, \$ 50.

1/23 1903

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Ordry

no data

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, R. P. Hadaway hereby authorize

John W. Lindsey of

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

by

at

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 3

day of Jan, 1903.

R. P. Hadaway [L. S.]

Executed in presence of

J. M. Gunn

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cobb County.

Personally appears *R. P. Hadaway* of *Cobb* County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the day of *Sept* 1899; that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served as a *Private* in Company *H*, of *12*th Regiment of *GA* Volunteers, *Calcutt's* Brigade; that whilst engaged in such military service in the State of , on the day of 1861, he was wounded, injured or diseased as follows:

While in service he contracted piles which terminated into cancer and was also captured from which disease he recovered he is unable to perform the manual avocation of life

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1902. I have heretofore, under said law, as a resident of *Cobb* County, been allowed an invalid pension of \$ *50* Dollars, for the year 1901.

Sworn to and subscribed before me, this the *10th* day of *Jan* 1902. *R. P. Hadaway* Post-office *Stone Mountain, Ga.*

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

STATE OF GEORGIA,

Cobb County.

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

Given under my official signature and seal, this *10th* day of *Jan* 1902. *John A. W. W. W.* Ordinary *Cobb* County.

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cobb County.

Personally appears *R. P. Hadaway* 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 1899; that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served as a *Private* in Company *H*, of *19*th Regiment of *GA* Volunteers, *Calcutt's* Brigade; that whilst engaged in such military service in the State of , on the day of 1861, he was wounded, injured or diseased as follows:

While in service he contracted piles which terminated into cancer and was also captured from which disease he is unable to perform the manual avocation of life

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1903. I have heretofore, under said law, as a resident of *Cobb* County, been allowed an invalid pension of \$ *50* Dollars, for the year 1902.

Sworn to and subscribed before me, this the *10th* day of *Jan* 1903. *R. P. Hadaway* Post-office *Stone Mountain, Ga.*

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

STATE OF GEORGIA,

Cobb County.

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

Given under my official signature and seal, this *10th* day of *Jan* 1903. *John A. W. W. W.* Ordinary *Cobb* County.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

I, R. P. Hadaway hereby authorize

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 5th day of May 1904.

R. P. Hadaway [L. S.]

Executed in presence of

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

I, R. P. Hadaway hereby authorize

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 _____ 1905.

R. P. Hadaway [L. S.]

Executed in the presence of

J. M. Gamm

Hadaway R. P.
Cobb Co.

(FOR THOSE ALREADY ENROLLED.)

No. 336

DISABLED

**SOLDIER'S PENSION
1904.**

Name R. P. Hadaway
County Cobb
Co. H. 1st Regiment Ca. 2nd
Disability 100%
Amount, \$57.00
JAN 25 7 1904.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Had

Geo. W. Harrison, State Printer, Atlanta.

no data

Hadaway R. P.
Cobb Co.

(FOR THOSE ALREADY ENROLLED.)

No. 320

DISABLED

**SOLDIER'S PENSION
1905.**

Name R. P. Hadaway
County Cobb
Co. H Regiment 19
Disability _____
Amount, \$50
JAN 23 1905.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Had

Geo. W. Harrison, State Printer, Atlanta.

no data

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cobb County.

Personally appears *R. P. Hadaway* of *Cobb* County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the day of *Sept* 1832, that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served as a *Private* in Company *H*, of *1st* Regiment of *99* Volunteers *Colquitt's* Brigade; that whilst engaged in such military service in the State of _____, on the _____ day of _____ 186____, he was wounded, injured or diseased as follows:

While in service he contracted piles which terminated into fistula and was also suffering from which diseases he is unable practically to perform the manual operations of life

Deponent makes application for the pension to which he is entitled for the year ending October 28th, 1904. I have heretofore, under said law, as a resident of *Cobb* County, been allowed an invalid pension of *\$50.00* Dollars, for the year 1903.

Sworn to and subscribed before me, this the *5th* day of *Jan* 1904.

R. P. Hadaway
Post-office

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

STATE OF GEORGIA,

Cobb County.

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

Given under my official signature and seal, this *8th* day of *Jan* 1904.

John Anthony
Ordinary

Cobb County.

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

Note.—All vouchers and affidavits must bear date after January 1, 1904.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cobb COUNTY.

Personally appears *R. P. Hadaway* of *Cobb* County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the day of _____ 1839; that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served as a *Private* in Company *H*, of *1st* Regiment of *99* Volunteers *Colquitt's* Brigade; that whilst engaged in such military service in the State of _____, on the _____ day of _____ 186____, he was wounded, injured or diseased as follows:

While in service he contracted piles which terminated into fistula and was also suffering from which diseases he is unable practically to perform the manual operations of life

Deponent makes application for the pension to which he is entitled for the year ending October 28th, 1905. I have heretofore, under said law, as a resident of *Cobb* County, been allowed an invalid pension of *\$50.00* Dollars, for the year 1904.

Sworn to and subscribed before me, this the *3rd* day of *Jan* 1905.

R. P. Hadaway
Post-office

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

STATE OF GEORGIA,

Cobb COUNTY.

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

Given under my official signature and seal, this *3rd* day of *Jan* 1905.

John Anthony
Ordinary

Cobb County.

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

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb COUNTY.

I, *R. P. Hadaway*, hereby authorize
John W. Lindsey of _____
 to receive and receipt for the pension paid hereon, and request that he remit same to
 _____ by _____
 at _____

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *17*
 day of *Jan* 1906.

Executed in the presence of

R. P. Hadaway [L. S.]

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb COUNTY.

I, *R. P. Hadaway*, hereby authorize
John W. Lindsey of _____
 to receive and receipt for the pension paid hereon, and request that he remit same to
 _____ by _____
 at _____

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *8*
 day of *Jan* 1907.

Executed in presence of

R. P. Hadaway [L. S.]

Hadaway, R. P.
 Cons Section 1260
 (FOR THOSE ALREADY ENROLLED)

No. *270*

**DISABLED
 SOLDIER'S PENSION
 1906.**

Name *R. P. Hadaway*
 County *Cobb*
 Co. *1st Regt*
 Disability *Discom*
 Amount, \$ *17.00*

1906.

JOHN W. LINDSEY,
 Commissioner of Pensions.

WARRANT HANDED TO

See Pensions Printed and Published by Geo. W. Lindsey, 1906.

no date

*Hadaway, R. P.,
 Cobb Co.,*

Cons Section 1260
 (FOR THOSE ALREADY ENROLLED)

No. *220*

**DISABLED
 SOLDIER'S PENSION
 1907.**

Name *R. P. Hadaway*
 County *Cobb*
 Co. *1st Regt*
 Disability *00*
 Amount, \$ *00*

1907.

JAN 21
 JOHN W. LINDSEY,
 Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Lindsey, State Printer, Atlanta.

no date

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,

Cobb County.

Personally appears R. P. Hadaway of Cobb County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the day of 18; that he enlisted in the military service of the Confederate States, (or of the State of Georgia) during the war between the States, and served as a Private in Company H, of 124th Regiment of Volunteers's Brigade; that whilst engaged in such military service in the State of Georgia, on the 18 day of 186, he was wounded, injured or diseased as follows:

Discharged

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

Sworn to and subscribed before me, this the

17 day of July, 1906.

Post-Office

State of Georgia,

Cobb County.

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

Given under my official signature and seal, this

day of January, 1907.

Ordinary Cobb County.

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,

Cobb County.

Personally appears R. P. Hadaway of Cobb County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the day of 18; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company H, of 124th Regiment of Volunteers's Brigade; that whilst engaged in such military service in the State of Georgia, on the 18 day of 186, he was wounded, injured or diseased as follows:

Discharged

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

Sworn to and subscribed before me, this the

8 day of July, 1907.

Postoffice

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

State of Georgia,

Cobb County.

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

Given under my official signature and seal this

day of July, 1907.

Ordinary Cobb County.

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

Pension office 11-18-1913

Must submit some witness who knows of the latter residence of applicant as he states it and can swear to it to his own knowledge that it is true. The witness submitted does not seem to know anything of this.

J. W. LINDSEY, SON OF F. J. LINDSEY.

APPLICATION FOR SOLDIER'S PENSION UNDER ACT 1910.

Questions for Applicants to Answer.

STATE OF GEORGIA.

D. P. Lindsey County.

I, *D. P. Lindsey*, of said State and County, hereby apply for the pension provided by Act of 1910, to Confederate Soldiers, and submit the sworn statement, with my testimony to make out the same, and after being duly sworn true answers to make to the questions propounded, answers as follows to wit:

1. What was your name and where born and reared? (Give County and Post-office.)

D. P. Lindsey, born in Georgia, Co. H, 1st Regt. Ga. Inf.

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

All my life, 23 years.

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

Yes.

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

Company H, 1st Regt. Ga. Inf., April 9, 1865, 5 months.

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

April 9, 1865, 5 months.

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

April 9, 1865, Appomattox, Va.

7. Were you actually present with your Command when it was surrendered or discharged? If you were not actually present, state specifically and clearly where you were.

I was present.

a. Where was your Command when you left it?

Appomattox, Va.

b. When did you leave the Command?

April 9, 1865.

c. For what cause did you leave?

He Surrendered.

d. By whose authority did you leave?

By the authority of the Command.

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

None.

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

In what way were you prevented?

None.

h. What effort did you make to return?

None.

i. Were you captured during the war?

None.

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

None.

9. What property of every description was owned, in the use, possession and control of yourself and wife and its cash value on the 4 Nov. 1906? (Make list by items and value.)

*1 horse value 150.00
2 cows 25.00
4 head of hogs 25.00*

10. What property of any kind have you or your wife disposed of and for what purpose since 4 Nov. 1906, whom and for what price?

None.

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

None.

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

None.

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

Yes.

14. Having once applied for the Georgia Pension and had it refused and for what cause it was not allowed?

None.

Witness to and subscribe before me, this the

24 day of *April*, 1913.

D. P. Lindsey County.

Soldier's Application.

UNDER ACT 1910.

Confederate

County

Name

Company

Regiment

Approved

J. W. LINDSEY,
Commissioner of Pensions.

CHAS. F. BYRLE, STATE PRINTER, ATLANTA.

10/29/1912
9/13-1913

QUESTIONS FOR WITNESS AS TO SERVICE

STATE OF GEORGIA.

Cobb County.

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

1. What is your name and where do you reside?
J. D. Carruth, Hawthorn Cobb County
2. How long and since when have you known *R. P. Halsey* the applicant?
over 60 years
3. Where does he now reside, and since when has he been a bona fide, continuing resident in this State and how do you know?
Cobb County, near Dunwoody I know him
4. When, where and in what Company and Regiment did *R. P. Halsey* enlist during war from 1861 to 1865? (Give date and place)
March 1862, Thomas Co. N. Y. Reg.
5. How did you obtain your information of this Service?
I know him, he came to our bridge after his discharge
6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (give date)
from March 1862 to April 26 1865
7. When and where was his Command surrendered or discharged, (give date and place)
April 28-1865 at Appomattox Va.
8. Were you personally present at the Surrender?
Yes
9. If not, where were you and how came you there?
Home present
10. Was the applicant personally present with his Command at surrender?
Yes
11. If not where was he and how came him there?
He was present
12. When did he leave his Command?
Surrender Where was his Command when he left it?
for what cause did he leave?
By whose authority did he leave and how long was he granted leave? How do you know all that you have stated to be true? If of your own knowledge (Tell clearly and specifically)

13. In what way was he prevented from returning to his Command?
How do you know?
14. What effort did he make to return to his Command and how do you know?
15. Was applicant captured as a prisoner? *no* If so, when and where?
In what prison was he held? and when released

Sworn to and subscribed before me, this the

8th of February 1913

J. M. Shaw

Ordinary

of

Cobb

County

ENTERED POSTER OFFICE

GEORGIA, COBB COUNTY.

Received of J.M.Gann, Ordinary of said County, One Hundred Dollars,
for Funeral Expenses of R.P. Hadaway, a deceased Pensioner.

This 28 day of April 1928.

J. F. Collins Sons

HADAWAY, R. P.
Cobb County
1928

Application for Pension Due
Deceased Pensioner
(UNDER ACT 1904)

(To pay expenses of last illness or funeral)

J. M. Gann Ordinary
For *R. P. Hadaway*
of *Cobb* County

Old or New Class? *Act of 1910*

Died *March 31* 1928

Amount, \$ *100.00*

Approved and ordered paid. *OK.*

John W. Clark 1928
20 April JOHN W. CLARK,
Commissioner of Pensions.

Paid

Ordinary: Fill out above in full and send this blank to Pension Office for approval. Do not pay out the money until the approved blank is in your hands giving you authority to do so. Send back to the Pension Office with your receipted pay-rolls to be permanently filed with them. Do not keep this application in your office.

STATEMENT

ADWORTH, GA. *3/24* 1928

Mr. Richard Hadaway Estate

J. F. COLLINS' SONS

D. H. Collins E. L. Collins L. R. Collins

FURNITURE, HOUSE FURNISHINGS, STOVES, ETC.

FUNERAL DIRECTORS AND EMBALMERS

Day Phone 36 Night Phones 45 and 30

3-21 *Gravet 175.00*
Quit 35.00
Funeral Service 15.00
Funeral Expenses 50.00
318.00

*With not properly
forwarded, X.*

Georgia, Cobb County:

Personally appeared before the under-
signed attesting officer, came D. H. Collins,
of the firm of J. F. Collins' Sons, who on
oath says that the above account is just
and true.

D. H. Collins

Sworn to and subscribed before me, this the
24 day of March, 1928.

R. D. Collins
Notary Public, Cobb County, Georgia.

Application for Pension Due to a Deceased Pensioner

(Under the Act of August 15, 1904)

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

GEORGIA, Cobb County.

Personally before me, the Ordinary of said County, comes J. T. Haddaway of said County, who, after being sworn, on oath says that he knew R. P. Haddaway of said County, and that said pensioner was on the Pension Roll of Cobb County at the time of death, which occurred in Cobb County, in this State, on the 21 day of March 1928, and that a Pension of Fifty Dollars was due pensioner and unpaid at the time of pensioner's death. That he left no widow or dependent children surviving, and no estate of any value sufficient to pay these funeral expenses, which amounted to the sum of \$ 180.00 per sworn statement fully and completely itemized, hereto attached.

Sworn to and subscribed before me this 23 day of March 1928.
J. M. Gamm Ordinary.
Cobb County.

AFFIDAVIT OF ORDINARY

GEORGIA, Cobb County.
I, J. M. Gamm Ordinary of said County, do certify that I personally know R. P. Haddaway, who is a resident citizen of said County, and that said person is of a truthful and trustworthy character, entitled to full faith and credit.

I also knew R. P. Haddaway while in life and that this was the same person whose name appears on the Act of 1910 Pension Roll of Cobb County, and was paid a Pension of Two Hundred Dollars in said County for 1927, and I now believe said pensioner to be dead.

Given under my hand and official seal, this 23 day of March 1928.
(SEAL) Cobb County. J. M. Gamm Ordinary.

INSTRUCTIONS:

- 1st. For use in all cases where pensioner died after January 1st, had not been out of State longer than twelve months, and died without leaving sufficient property to pay such expenses. The widow of a soldier, if she is living, has prior claim over these expenses, and must make application on yellow blank.
- 2nd. Require those claiming accounts for expenses of last illness, and expenses of funeral, to make out their account in fully itemized form, giving each item and the value of it, and each date.
- 3rd. Running accounts cannot be paid—only those connected with the last illness, just before death when pensioner grew worse to die.
- 4th. Each account must be sworn to before the Ordinary, and in the following form: (Do not use the terms "Just, true, good, unpaid," etc.)
"The above and foregoing account is rendered for services in the last illness (or for funeral expenses, as the case may be) of , who died without leaving sufficient property to pay this bill."
- 5th. The Ordinary must see to it that each bill is properly legitimated, every receipt and property sworn to, and all attached neatly to this blank, after this blank has been properly completed as indicated.
- 6th. The completed voucher, this blank and the bill, must be taken to the Pension Office for approval and no money must be paid out until it is returned to you as your authority to make the payment.
- 7th. The Ordinary shall pay out as Ordinary for the pensioner and then disburse the money himself and takes receipt.
- 8th. Accept no bills for nursing until you write the Pension Office, stating the circumstances in very great detail.
- 9th. Return this application, and attached bills, with your final settlement to the Pension Office.
- 10th. Ordinary should see that the bank of this blank, when filled, is filled out.
- 11th. Funeral expenses of deceased "new" pensioners, covering all or part of both the 1920 and 1921 pensions require two separate sets of this voucher and bills—one set to be filed in the Pension Office with the pension papers of each year.

STATEMENT

ACWORTH, GA., 1928
Richard Haddaway Estate

In Accordance With

J. F. Collins' Sons

D. H. Collins

R. L. Collins

L. R. Collins

Furniture, House Furnishings, Stoves, Etc
Funeral Directors and Embalmers
Day Phone 24. Night Phones 45 and 30

3/21/28	
Casket	\$125.00
Site	55.00
Hearse & Service	15.00
Vault arches	5.00
	<u>\$180.00</u>

Georgia, Cobb County:

The above and foregoing account is rendered for services in the funeral expenses of Mr. Richard P. Haddaway, who died without leaving sufficient property to pay this bill.

J. F. Collins' Sons
Funeral Directors.
Per E. L. Collins

Sworn to and subscribed before me, this 23 day of March 1928.

J. M. Gamm
Ordinary, Cobb County, Ga.

109. The Ordinary signs pay-roll as Ordinary, for the pension and then disburses the money himself and takes receipts.
110. Accept no bills for nursing until you visit the Pension Office, stating the circumstances in very great detail.
111. Pensioner's children, or children-in-law, must not charge the State for doing only what the law and common humanity demand of them.
112. Return this application, and attached bills, with your final settlement to the Pension Office.
113. Ordinary should see that the back of this blank, when folded, is filled up.
114. Funeral expenses of deceased "new" pensioners covering all or part of both the 1920 and 1921 pensions require two separate sets of this voucher and bills—one set to be filed in the Pension Office with the pension papers of each year.

Pension Office 11-24-1914.

Let applicant amend and state specifically when he moved to Arizona from Georgia, the date he moved back to Georgia and became bona fide resident of Georgia again. State and prove fully.

J. W. Lindsey, Commissioner of Pensions

*Received of Office
11/11-1914
Applicant was
born at a homestead
near Georgia on
Nov 1906
Not entitled
to this Pension
W. Lindsey
Comm of Pen*

**+ Confederate
Soldier's Application**

UNDER ACT 1910.

NAME *John D. Dyer*
COMPANY *1st*
REGIMENT *1st La. Inf.*
APPROVED _____

J. W. LINDSEY,
Commissioner of Pensions

CHAR. F. BYRD, State Printer, Atlanta.

*11/2/1914
11/11-1914*

Pension office 11-24-1914.
Let applicant amend and state specifically when he moved to Arkansas
from Georgia, the date he moved back to Georgia and became a bona fide resi-
dent of Georgia again. State and prove fully.

J. W. Lindsey, Commissioner Of Pensions

11/11-1914
Applicant moved
from Georgia to
Arkansas in
1912, 1913
and 1914
and was
born in
Georgia
and lived
in
Arkansas
for
some
years

+ Confederate
Soldier's Application.

UNDER ACT 1910.

County *North*
Name *John Hagan*
Company *11*
Regiment *60th Infantry*
Approved *—*

J. W. LINDSEY,
Commissioner of Pensions

APPLICATION FOR SOLDIER'S PENSION UNDER ACT 1910.

Questions for Applicants to Answer.

STATE OF GEORGIA,

Chatham County.

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

1. What is your name and where do you reside? (Give County and Post-office)
John Hagan, Mableton, Chatham Co., Ga.
2. How long and since when have you been a continuous resident citizen of this State?
About thirty years.
3. Did you enlist in the Army of the Confederate States or of the Organized Militia of this State
from 1861 to 1865?
In Army of Confederate States.
4. When and where, and in what Company and Regiment did you enlist? (Give the arm and class
of Service)
1862, Company K, 60th Ga. Infantry.
5. How long did you remain in the actual Military Service with said Company and Regiment?
(Give date of discharge)
from 1862 to 1865, continuously.
6. When and where was your Company and Regiment surrendered or discharged from the Service?
at Appomattox, Virginia.
7. Were you actually present with your Command when it was surrendered or discharged?
Yes.
8. If you were not actually present, state specifically and clearly where you were.
Have answered.
- a. Where was your Command when you left it?
Appomattox, Va.
- b. When did you leave the Command?
Appomattox, Va.
- c. For what cause did you leave?
Army surrendered.
- d. By whose authority did you leave?
Army surrendered.
- e. For how long was your leave granted? In what way?
1 year at the discretion of Lee's army.
- f. Why did you not return to your Command after leave expired?
Army surrendered.
- g. In what way were you prevented?
Army surrendered.
- h. What effort did you make to return?
None.
- i. Were you captured during the war?
Yes, at Appomattox, but not taken away.
- j. If so, when, and where? In what prison were you held and when were you released?
Was captured but escaped and got back Sunday.
9. What property of every description was owned, in the use, possession and control of yourself
and wife, and its cash value on the 4. Nov. 1908? (Make list by items and value.)
*was living in
Savannah, Georgia in 1908, and owned the house
of said type house, one horse, wagon, two cows,
was also some back furniture, all valued \$500.00.*
10. What property of any kind have you or your wife disposed of and for what purpose since 4 Nov.
1908. To whom and for what price?
*sold said land and property to
a white man for \$1200.00.*
11. What property of any description of any kind, and of any value now owned and in the use,
possession and control of yourself and wife and its cash value? (Make itemised list).
*None. we have now no property of
any kind except the \$1200.00 just mentioned.*
12. What annual or monthly income or earnings of yourself and wife and the source derived have
you?
no income at all, but work on a farm.
13. Are you drawing a pension of any amount from this State or the United States?
None.
14. Have you ever applied for the Georgia Pension and had it refused? and for what cause it was
not allowed?
*never made application for pension before
this application.*

Sworn to and subscribed before me, this the

14 day of *July* 1914

John Hagan

Ordinary

of *Chatham* County.

QUESTIONS FOR WITNESS AS TO SERVICE.

STATE OF GEORGIA,

Fulton County.

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

1. What is your name and where do you reside? James M. Goldsmith Atlanta, Georgia
2. How long and since when have you known John Hagan the applicant? Since 1862
3. Where does he now reside, and since when has he been a bona fide, continuing resident in this State and how do you know? Mobileton 0060 Co. has lived in Ga. all his life except short time in Arkansas.
4. When, where and in what Company and Regiment did John Hagan enlist during war from 1861 to 1865? (Give date and place) In 1862 at Rockdale in Co K 60th Regt.
5. How did you obtain your information of this Service? at organization of Co K 60th Regt. I was made first lieutenant
6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (give date) at the time
7. When and where was his Command surrendered or discharged (give date and place) at Appomattox Virginia
8. Were you personally present at the Surrender? no
9. If not, where were you and how came you there? My company was concentrated with the remainder of the 60th and left in March 1865.
10. Was the applicant personally present with his Command at surrender? can't say
11. If not where was he and how came him there? he has answered
12. When did he leave his Command? can't say of personal knowledge Where was his Command when he left? don't know of personal knowledge don't know for what cause did he leave? don't know
- By whose authority did he leave don't know and how long was he granted leave? don't know How do you know all that you have stated to be true? If of your own knowledge (Tell clearly and specifically) John Hagan and I were members of Co K 60th Regt
13. In what way was he prevented from returning to his Command? How do you know?
14. What effort did he make to return to his Command and how do you know?
15. Was applicant captured as a prisoner? yes If so, when and where? at Winchester
- 2a. In what prison was he held? at and when released James M. Goldsmith Sworn to and subscribed before me, this the 3 day of Oct 191 John R. Williams Ordinary, of Fulton County.

AFFIDAVIT OF TWO FREEHOLDERS.

STATE OF GEORGIA,

Cobb County.

Personally before me came John Hagan & J. S. May who on oath says that they are freeholders residing in said County and we know John Hagan the applicant for pension and we know the property that is now in the use, possession and control of himself and wife and of its cash value to wit: (Make list by items and value) about 1200 in money

1. What property, if any, has been sold or given away by the applicant or his wife since 4 Nov 1908? (State it fully by items) none
2. When and to whom was it sold or given to?
3. What was the price paid or stated to be paid?
4. What relation is the party to applicant?
5. What disposition was made of the proceeds of the sale?
6. Was the disposition of this property made in good faith and full value? or was it made to obtain a pension? Sworn to and subscribed before me, this the 29th day of Oct 1914 John Hagan Ordinary, of Cobb County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Cobb County.

I, John Hagan Ordinary of said County, certify that I know the applicant John Hagan for Pension is the person he represents himself to be and resides in said County. That I also know John Hagan the witness swearing to the service and R. A. Hill & J. S. May who are freeholders, that they are all residents of said County and were duly sworn by me before signing the foregoing affidavit and they are all truthful and trustworthy and their statements are entitled to full faith and credit. That the Tax Returns of Cobb shows that John Hagan (and wife value for tax is in 1908 \$ 2.00 for 1909 \$ 2.00 for 1910 \$ 2.00 for 1911 \$ 2.00 for 1912 \$ 2.00 for 1913 \$ 2.00 Sworn under my hand and official seal of office this 29th day of Oct 191 John Hagan Ordinary, of Cobb County.

NOTES 1. Before any questions are answered the Ordinary shall swear applicant and all witnesses in the following words "You do solemnly swear that you will true answers make to each question asked you and the evidence you shall give shall be the whole truth as help you God."

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

3. All affidavits must be made before the Ordinary and certified by him.

4. If applicant has no property at all in his possession, use or control of self and wife, affidavits of freeholders unnecessary.

Questions for Witness as to Service

STATE OF GEORGIA,

Fulton COUNTY.

James M. Goldsmith of said State and County is hereby presented as a witness in support of the application of J. S. Hagan for the pension provided by the Act of 1910, as amended by the Act of 1919 in said State, and, after being sworn true answers to make to the questions propounded, answers as follows:

1. What is your name and where do you reside? James M. Goldsmith
Atlanta, Ga. # 214 E. Morgan ave.
2. How long and since when have you known J. S. Hagan the applicant?
Since May 1862. He was a member Co. K 60 Ga. Reg.
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? Austell, Cobb Co., Ga. Applicant has resided in Georgia all his life except residence in Arkansas 1906 to 1914.
4. When, where and in what Company and Regiment did J. S. Hagan enlist during war from 1862 to 1865? (Give date and place.) May 1862, Saylor's Co. K 60 Ga. Reg.
5. How did you obtain your information of this Service? I was first Lieutenant of Co. K 60 Ga. Reg. at the organization of the co in May 1862.
6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (Give date) from May 1862 to the surrender at Appomattox Va.
7. When and where was his command surrendered or discharged (give date and place).
At Appomattox
8. Were you personally present at the surrender? Yes.
9. If not, where were you and how came you there? I was in command of Co. K 60 Ga. Reg. In March 1865 Co. K 60 Ga. Reg. was supplied with Co. B 60 Ga. Reg. and I returned to Georgia.
10. Was the applicant personally present with his command at surrender? Yes.
11. If not where was he and how came him there? At Appomattox.
12. When did he leave his command? At Appomattox. Where was his command when he left it? For what cause did he leave?
By whose authority did he leave. and how long was he granted leave? How do you know all that you have stated to be true? If of your own knowledge, tell clearly and specifically.
See question No. 9.
13. In what way was he prevented from returning to his command? How do you know?
14. What effort did he make to return to his command and how do you know?
15. Was applicant captured as a prisoner? No. If so, when and where?
In what prison was he held? and when released

Sworn to and subscribed before me, this the 24 day of April, 1921.
John H. Hagan Ordinary
Fulton County.

GEORGIA, COBB COUNTY.

TO HONORABLE CHARLES E. MCGREGOR, PENSION
COMMISSIONER OF GEORGIA.

The petition of J. I. Hagan shows that he made application for pension; made proof of service, but same was disallowed on account of affiant being out of Georgia on November 1, 1906. That he returned to Georgia in 1909 and has lived here ever since, and that after the Constitutional Amendment was passed by the General Assembly of Georgia removing this bar, he immediately renewed his application and was again denied, and that he was not until recently informed that he could be placed on Roll. He now asks that you place his name on Roll, and be allowed to draw for the year 1924, as, owing to his old age and infirmities he feels that he may not live but a short time, and that he is in destitute circumstances.

Sworn to and subscribed

before me, this 14th August, 1924.

J. I. Hagan
Ordinary, Cobb County, Georgia.

Georgia Cobb County;

Personally appeared before me, John Hagan, who being duly sworn, says that he moved from Georgia, in October 1906, to Arkansas, and that he returned to Georgia, in August 1914, and that he had been a resident of Georgia all his life with the exception of the time named above.

Sworn to and subscribed before me
November 9th, 1915.

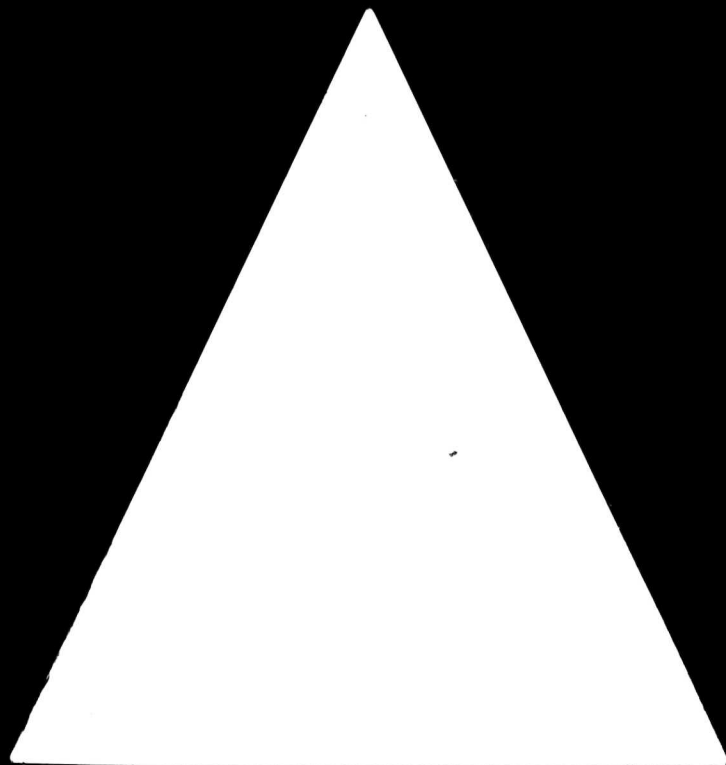
John Hagan
Ordinary Cobb County

Georgia Cobb County;

Personally appeared before me Lema Hagan, on oath says that John Hagan removed to Arkansas, from Ga. in October 1906, and returned to Ga. in August 1914. Affiant was with John Hagan when he moved from Ga. and with him when he returned.

Sworn to and subscribed to before me
November 9th, 1915.

Lena Hagan
Ordinary Cobb County Ga.



UNDER ACT 1910.

County

Name _____

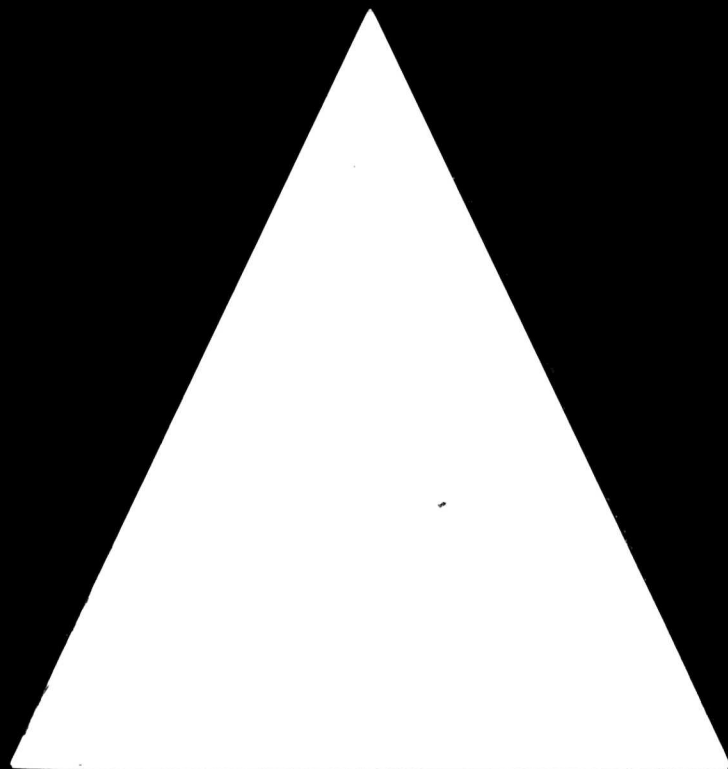
Company

Regiment

Approved

CHAS. F. HYND, State Printer ALBANY

ENTERED ROSTER OFFICE



POWER OF ATTORNEY,

STATE OF GEORGIA.

Cobb County,)
Know all Men by these Presents, That I, Francis E. Halesof Cobb County, Georgia, do hereby appoint
John H. Hales my true and lawful attorney in fact, for

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this
11th day of July, 1891.Francis E. Hales [L.S.]

Executed in the presence of us:

John H. Hales
John H. Hales
DIRECTORIf allowed, send amount by
me at

and oblige.

Francis E. Hales
Cobb County
1891.No. 2966

Widows' Pension

— PAID TO —

Mrs. Francis E. Hales— OF —
Cobb

COUNTY.

\$100.00.

Warrant Issued

1891

AND HANDED TO

Form No. 8

County.

1. Francis E. Hales
of G. G. Jones

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this
day of June 1880

Francis & Kales [L. S.]

DIRECTIONS

If allowed, send amount by
me at

, and oblige,



Widows' Pension

PAID TO-

Ans. Thomas C. Hale

OF

COUNTY



Warrant Issued

AND HANDED TO

1891

Form No. 1.

County of Albion

In person came before me, the undersigned, Ordinary

in and for the County of DeSoto

Mrs. Frances E. Stales, who being sworn according to law, says under oath that she is the widow of Thomas M. Stales, who was a soldier in the service of the Confederate States, and served as a member of Company X, of the 40th Regiment of Georgia Volunteers; that he enlisted in said service on or about the 16th day of August 1862, and was in the Thatcher Army up to Oct 1862. That while in the Army, he was on the day of Oct 1862. (See Note No. 1)

left Sick in Kentucky in a dangerous
condition and that he has not
been heard of since
when he entered the service.
He was in his usual health, but
had very serious sickness since
our marriage had never been better
the treatment of the physician

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 26th day of *November* 1808; and that she has resided in Georgia continuously since the 30th day of *November* 1833; that Georgia is her home, and was such on the 23d day of December, 1890, and since said date she has not lived in any other State or locality. Deponent, as the widow of said deceased soldier husband, applies for the pension provided by Act of the General Assembly of Georgia, approved December 23d, 1890, for the pension year ending February 1st, 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
 2nd day of June, 1891.
 H. H. Stone
 Ordinary.

Francis E. Kaler

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

Affidavit for Three Witnesses.

Form No. 2.

STATE OF GEORGIA,

County of Dalb

James S. Garner

and E. M. Clements

reliable and reputable citizens), who severally say under oath, that, from their own personal knowledge,

Mrs. Francis E. Heale

State of Georgia, is the widow of

Company 12 of the

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

about the 16th day of August

reason of said service in the Army, he lost his life as follows:

Heale went into Kentucky with the Command was taken

Sick with Dysentery and was left at a Place beyond Brook-

ford Ky. & a man by the name of Hugh L. Rodgers was

left with him as a nurse and afterwards said

Rodgers returned to the Command and reported that

owing to the approach of the Federal army he was forced

to leave said Heale and that when he left him he was

in a dying condition and said Depositions further

swear that said Thomas M. Heale has never been

heard of since the war

In person came before me, the undersigned Ordinary

in and for said County, witnesses

James S. Leo

(each known to said Attesting Officer as truthful,

of the County of Cobb

Thomas M. Heale

who was a soldier in

Regiment of Georgia Volunteers.

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

about the 16th day of August

1862 That while in said service, or by

reason of said service in the Army, he lost his life as follows:

That said Thomas M.

Heale went into Kentucky with the Command was taken

Sick with Dysentery and was left at a Place beyond Brook-

ford Ky. & a man by the name of Hugh L. Rodgers was

left with him as a nurse and afterwards said

Rodgers returned to the Command and reported that

owing to the approach of the Federal army he was forced

to leave said Heale and that when he left him he was

in a dying condition and said Depositions further

swear that said Thomas M. Heale has never been

heard of since the war

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

Form No. 3.

STATE OF GEORGIA,

County of Cobb

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

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.

~~State~~ Verify that the witnesses whose testimony she presents to sustain her claim are known to me to be

truthful witnesses, entitled to full faith and credit as such. I am fully satisfied that this claim is made in

good faith, and that I have caused the applicant and the witnesses to read or hear read the proofs they sign.

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

2nd day of June 1891.

J. M. Stone

Ordinary.

NOTES.

The pension is only payable to certain classes of widows.

Those whose husbands were killed in service.

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

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

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

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

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

The law does not provide for any one living out of the State of Georgia, or who did not live in the State at the date of the Act.

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

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

There is no need of employing a lawyer or other agent to attend to these claims. The Department will furnish full and specific instructions, and give ample opportunity to every claimant.

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

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

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

By order of the Governor.

W. H. HARRISON,
Sec. Ex. Department.

We further swear that Mrs. Frances E. Heale was the wife of said

soldier during the service, and that she has not intermarried since his death, and that she resides in

Cobb County of the State of Georgia. as they are creditably informed

Sworn to and subscribed before me, this, the

25th day of April 1891.

Jail Brewer

Ordinary.

E. M. Clements

J. S. Garner

J. S. Cox

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

Form No. 2.

STATE OF GEORGIA, County of Cobb
I, J. M. Stone Ordinary in and for said County of
Cobb State of Georgia, hereby certify that I am acquainted with Mrs.
Frances E. Kales the applicant for a pension in this case, and
know, from my own knowledge, (or from positive proof presented to me by reputable witnesses),
that she resides in this County, and that she resided in the State of Georgia on December 23,
1890, and has not lived out of the State since that date. That she is the widow of
Mrs. M. Kales deceased, and as such has heretofore been allowed a
pension for the year ending February 15th 1892.

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this, the
31st day of January 1893.

Ordinary.

POWER OF ATTORNEY.

Form No. 2.

STATE OF GEORGIA, County of Cobb
KNOW ALL MEN BY THESE PRESENTS, That I, Frances E. Kales
of Cobb County my true and lawful attorney in fact, for
me and in my name, to receive and receipt for whatever amount of money I may be entitled to
from the State of Georgia as a widow of a Confederate Soldier, as stated in the foregoing affidavit;
herby 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 January 1893 31st
Frances E. Kales [L.S.]

Executed in the presence of us:

DIRECTIONS.

Send amount by _____ to
me at _____, and oblige

Widows' Pension,
for year ending February 15th, 1893.
—PAID TO—
Frances E. Kales
—OF—
Cobb COUNTY.
Warrant Issued
3/10 1893
AND HANDED TO
M. Stone
J. M. Stone, State Printer, Atlanta.

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

Form No. 2.

STATE OF GEORGIA, County of Cobb
I, J. M. Stone Ordinary in and for said County of
Cobb State of Georgia, hereby certify that I am acquainted with Mrs.
Frances E. Kales the applicant for a pension in this case, and
know, from my own knowledge (or from positive proof presented to me by reputable witnesses),
that she resides in this County, and that she resided in the State of Georgia on
December 23, 1890, and has not lived out of the State since that date. That she is the
widow of Mrs. M. Kales deceased, and as such has heretofore
been allowed a pension for the year ending February 15th, 1893.

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office,
this, the 31st day of January 1894.

Ordinary.

POWER OF ATTORNEY.

Form No. 2.

STATE OF GEORGIA, County of Cobb
KNOW ALL MEN BY THESE PRESENTS, That I, Frances E. Kales
of Cobb County my true and lawful attorney in fact, for
me, and in my name, to receive and receipt for whatever amount of money I may be entitled to
from the State of Georgia as a widow of a Confederate Soldier, as stated in the
foregoing affidavit; hereby authorizing my said Attorney to receipt in my name for any
Warrant that may be issued by the Governor, or for any sum of money which may be
coming to me for the reason aforesaid.

In WITNESS WHEREOF, I have hereunto set my hand and seal, this
day of July 1894.

Executed in the presence of us:

DIRECTIONS.

Send amount by _____ to
me at _____, and oblige

Widows' Pension,
for year ending February 15th, 1894.
—PAID TO—
Frances E. Kales
—OF—
Cobb COUNTY.
Warrant Issued
7/12 1894.
AND HANDED TO
M. Stone
J. M. Stone, State Printer, Atlanta.

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of *Cobb*

Personally comes Mrs.

Frances E. Hoales

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

Cobb

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

continuously ever since

Novr. 30

1833 That she is the Widow of

Thos. M. Hoales

who was a Soldier in Company

K of the*40th*

Regiment of

Georgia

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

August

1862 and served in the Army up to

October

1862 That he lost his

life on the

day of

18

(State here

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

That the said deceased Soldier served in the Confederate Army as above stated - that while in said service in the State of Kentucky, he was attacked with Chronic Diarrhoea and fever and was left then - it was reported that he died the last of October 1862. The nurse informs me after the war Deponent swears that she was the wife of said deceased soldier during his service in the army

as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 1852; that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension for the year ending February 15th, 1892, and now apply for the allowance provided by law for the year ending February 15th, 1893.

Sworn to and subscribed before me, this

*31st*day of *January* 1893.

Ordinary.

Post-office

Francis E. Hoales
Marietta Ga

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of *Cobb*

Personally comes Mrs.

Frances E. Hoales

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

Cobb

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

continuously ever since

Novr.

1833 That she is the Widow of

Thos. M. Hoales

who was a Soldier in Company

K of the*40th*

Regiment of

Georgia

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

August

1862 and served in the Army up to

October

1862 That he lost his

life on the

day of

October

1862 (State here

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

That while in the Confederate Army in the State of Kentucky in the year 1862 he was attacked with Chronic Diarrhoea and fever from which disease he died at a hospital in said State sometime in October 1862.

Deponent swears that she was the wife of said deceased soldier during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 1852; that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension for the year ending February 15th, 1893, and now apply for the allowance provided by law for the year ending February 15th, 1894.

Sworn to and subscribed before me, this

*31st*day of *July* 1894.

Ordinary.

Post-office

Francis E. Hoales
Marietta Ga

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

Form No. 2.

STATE OF GEORGIA, County of *P Cobb*
I, *J. M. Ston* Ordinary in and for said County of
State of Georgia, hereby certify that I am acquainted with Mrs.
Frances E. Hales the applicant for a pension in this case, and
know from my own knowledge (or from positive proof presented to me by reputable wit-
nesses), that she resides in this County, and that she resided in the State of Georgia on
December 23, 1890, and has not lived out of the State since that date. That she is the
widow of *Thos. M. Hales* deceased, and as such has heretofore
been allowed a pension for the year ending February 15th, 1894.

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office,
this, the *7th* day of *July*, 1895.

[SEAL]

Ordinary.

POWER OF ATTORNEY.

Form No. 3.

STATE OF GEORGIA, *P Cobb* County.

KNOW ALL MEN BY THESE PRESENTS, That

Frances E. Hales
County in said State, do hereby appoint
of *Marionetta Hales* my true and lawful attorney in fact, for
me, and in my name, to receive and receipt for whatever amount of money I may be en-
titled to from the State of Georgia as a widow of a Confederate Soldier, as stated in the
foregoing affidavit; hereby authorizing my said Attorney to receipt in my name for any
Warrant that may be issued by the Governor, or for any sum of money which may be
coming to me for the reason aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this
day of *July*, 1895. *Frances E. Hales* [L. S.]

Executed in the presence of us:

J. M. Fleming

DIRECTIONS.

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

Hales, Frances E.
Calla
FOR THOSE HEREIN-TOBE PAID.
1895.
No. *452*
WIDOW'S PENSION,
for year ending February 15th, 1895.
PAID TO
Frances E. Hales
widow of *Thos. M. Hales*
County.
WARRANT ISSUED
24 July
AND HANDED TO
W
1895.

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

Form No. 2.

STATE OF GEORGIA, County of *P Cobb*
I, *J. M. Ston* Ordinary in and for said County of
State of Georgia, hereby certify that I am acquainted with Mrs.
Frances E. Hales the applicant for a pension in this case, and
know from my own knowledge (or from positive proof presented to me by reputable witnesses,) that she
resides in this County, and that she resided in the State of Georgia on December 23, 1890, and has not lived
out of the State since that date. That she is the widow of *Thos. M. Hales*
deceased, and as such has heretofore been allowed a pension for the year ending February 15th, 1895.

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this
the *4th* day of *July*, 1895.

[SEAL]

Ordinary.

POWER OF ATTORNEY.

Form No. 3.

STATE OF GEORGIA, *P Cobb* County.

I, *Frances E. Hales* hereby authorize *J. M. Ston*
of *Marionetta Hales* to receive and receipt for the pension and hereon and request
that he remit same to *me by him*

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this
day of *July*, 1895. *Francis E. Hales* [L. S.]

Executed in the presence of

J. M. Fleming

Hales, Frances E.
Calla
FOR THOSE HEREIN-TOBE PAID.
1896.
No. *3530*
WIDOW'S PENSION,
for year ending February 15th, 1896.
PAID TO
Frances E. Hales
widow of *Thos. M. Hales*
County.
WARRANT ISSUED
21
AND HANDED TO
W
1896.

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of Cobb

Personally Comes Mrs.

Frances E. Hales

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

Cobb State of Georgia, and that she has resided in said State continuously ever since November 1833 That she is the Widow of

Thos. M. Hales who was a Soldier in Company of the 40 Regiment of Ga.

Volunteers, that he enlisted in said Regiment on or about the month of August 1862 and served in the Army up to October 1862 That he lost his life on the day of October 1862 (State here

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

That while a Soldier in the Confederate Army in the Year 1862 he contracted Chronic Diarrhoea and Fever and died of said diseases in the State of Kentucky in October 1862.

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 1850 that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension for the year ending February 15th, 1894, and now apply for the allowance provided by law for the year ending February 15th, 1895.

Sworn to and subscribed before me, this

day of July 1895.

Francis E. Hales
Post-office Marietta Ga.

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of Cobb

Personally Comes Mrs.

Frances E. Hales

who being sworn, says on oath, that she is a bona fide resident of said county of Cobb State of Georgia, and that she has resided in said State continuously ever since November 1833 That she is the Widow of

Thos. M. Hales who was a Soldier in Company of the 40 Regiment of Ga. Volunteers, that he enlisted in said regiment on or about the month of August 1862 and served in the Army up to October 1862 That he lost his life on the day of October 1862 (State here

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

That while in the Confederate Army he contracted fever & chronic diarrhoea in the State of Ky. and died with said disease there in Oct. 1862.

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 1850 that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension as a resident of Cobb County for the year ending February 15th, 1895, and now apply for the pension provided by law for the year ending February 15th, 1896.

Sworn to and subscribed before me, this

day of July 1896.

Francis E. Hales
Post-office Marietta Ga.

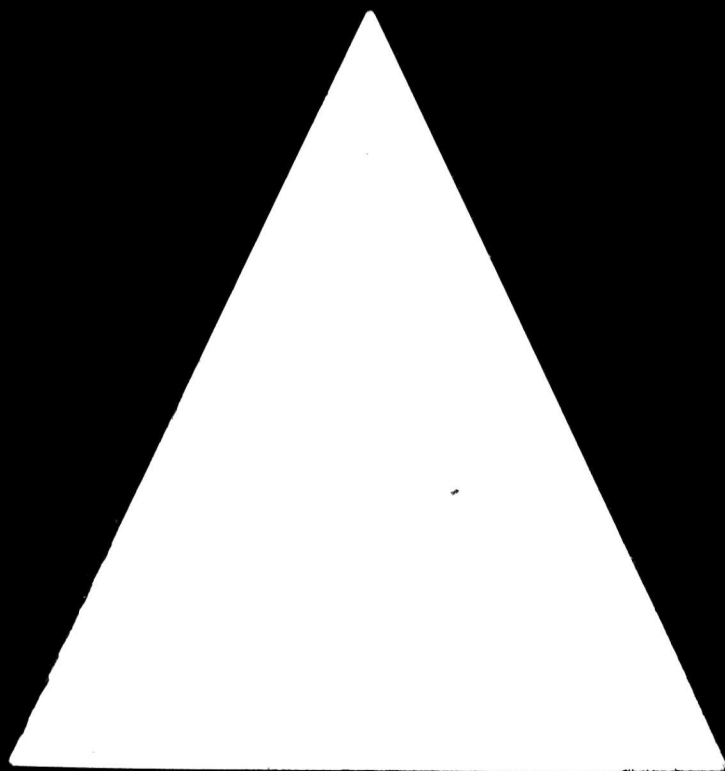
7th day of July 1895.
J. H. B. Ordinary.

Thomas C. X. Hales
Post-office Manetta Ga.

J. H. B. Ordinary.

Post-office Manetta Ga.

State of Georgia
Peach County
I, J. H. B. Ordinary in and for said
County, hereby certify that the witnesses to the
application of Thomas C. Hales, widow of Thomas M.
Hales, for Pension to wit. James L. Barbour James L. Lee
and E. M. Clements, are known to me to be truthful
upright citizens and that their testimony as such witnesses
is entitled to full faith and credit and that said
witnesses were this day duly sworn by me as such
sworn under my hand and seal this
27th day of April 1896 J. H. B. Ordinary



on Roll
Hall's Company
Co. 38th En. Inf.

No. _____

+

Widow's Application

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

County *Cobb*

Name *Cynthia Hall*

Widow of *John Hall*

Company *B. 38th En. Inf.*

Approved _____

J. W. LINDSEY,
Commissioner of Pensions

CHAR. P. BYRD, State Printer, Atlanta.

11/19/12

WIDOW'S AFFIDAVIT.

STATE OF GEORGIA,

Cobb County.

Personally before me come Cynthia Hall of said County, who, after being duly sworn, on oath says, that she is the widow of John Hall to whom in the County of Cobb State of Ga she was married on the day of 1864 and that she remained his wife, and resided with him to the date of his death in Nov 24 1912 and that she has not since his death remarried. At the time of his death he was a resident of Cobb County, in GA said State of Georgia, and he was on the Union Pension Roll of the State and paid a pension of \$60 per annum on account of being a soldier in Company B 38th Inf Regiment 4th (Volunteers of State Militia.)

At the death of John Hall he was in the use and possession of the following property None

of the cash value of \$ none

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

Acres land	<u>2</u>	\$
Horses and Mules	<u>2</u>	\$
Hogs, Cows, etc.	<u>2</u>	\$
Total Cash value of all property	<u>2</u>	\$

That she is now a bona fide resident citizen of said County of Cobb and she has so continuously resided since 1864 of 19

Sworn to and subscribed before me, this the 25 day of Nov 1913 Cynthia E. Hall Ordinary, of Cobb County.

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

STATE OF GEORGIA,

Cobb County.

Personally before me come J. M. Gamm known to be responsible and truthful persons, residing in said County, who after having duly sworn on oath, say: that of their own personal knowledge John Hall who made the foregoing affidavit, is the lawful widow of John Hall who died in Cobb County in said State of GA on Nov 24 day of 1912 and that she has not since remarried. That she became the wife of John Hall on the 18 day of Nov 1864 and that she and he had resided together as man and wife continuously since 1864 and that the same man who was on the pension roll of said State John Hall from 1864 County Cobb when he died.

Sworn to and subscribed before me, this the 25 day of Nov 1913 J. M. Gamm Ordinary, of Cobb County.

Widow's Application

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

County Cobb
Name Cynthia Hall
Widow of John Hall
Company B 38th Inf 4th
Approved _____

J. W. LINDSEY,
Commissioner of Pensions

CHAS. F. STED, State Printer, ATLANTA.

on roll
1864
1912

AFFIDAVITS OF TWO FREEHOLDERS.

STATE OF GEORGIA,

County.

Personally before me comes..... who after being sworn on oath says, that they are freeholders of said County, and that they know..... of said County and knew her said husband..... at his death on the..... day of..... 191..... that she and he were in the use, possession and control of the following property at his death to wit.....

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

of the value of \$.....

Sworn to and subscribed before me, this the.....

day of..... 191.....

Ordinary.

of..... County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

County.

Ordinary of said County, do certify, that, I know Mrs. *Constance Hall* the applicant for this pension and that she is the person she represents herself to be, and that she is a bona fide continuing resident of said County and was on the..... 191.....

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

That the tax Books of *Cherokee* County shows that..... returned property to the amount of..... for 1908 \$ *00*..... for 1909 \$ *00*..... for 1910 \$ *00*.....

Sworn under my hand and official seal of office this *29* day of *Oct*..... 1913
(SEAL.) *J. M. Gamm* Ordinary.

County.

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

Pension office 10/30/1910.

Applicant and his witnesses are both mistaken, the 25th Co. Regiment did not surrender at Charlottesville Va. But what did prove her case them to be there and why away from command. The Company Roll does not contain this man- Applicant's name.

*No record
M. M. B.
38th Co.
25th Regt.
Depot*

*M. M. B.
Depot*

**Confederate
Soldier's Application.**

UNDER ACT 1910.

Country *Cobb*
Name *John Hall*
Company *B*
Regiment *38th*
Approved _____

CHAR. F. BYRD, RECI. CLERK

*Hall
38th*

Pension office 10/20/1910.

Applicant and his witnesses are both mistaken the date of surrender and were not at Chancellorsville Va. but were at Gettysburg and were not with them to be there and why away from command. The Company Roll does not contain this man- Applicant's name.

*Witness
Driver*

Applicant

Soldier's Application.

Confederate

UNDER ACT 1910.

County *Polk*
Name *John M. Hall*
Company *B*
Regiment *38th E*

Approved

J. W. LINDSEY

THAS. J. DAVIS, STATE PRINTER, ATLANTA

*State
3/18/11*

APPLICATION FOR SOLDIER'S PENSION UNDER ACT 1910.

Questions for Applicants to Answer.

STATE OF GEORGIA.

County *Polk*

I, *John M. Hall*, of said State and County, hereby apply for the pension provided by Act of 1910 to Confederate Soldiers, and submit the sworn statement with the petition to make out the same, and after being duly sworn true answers to make to the questions propounded. Answers as follows, to wit:

What is your name and where do you reside? *(Polk County and Georgia)*

How long and when have you been a continuous resident citizen of this State? *Twenty four years all my life*

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

4. When and where and in what Company and Regiment did you enlist? (Give the arm and class of Service) *1861, Columbus, Ga. 38th E. Infantry*

5. How long did you remain in the actual Military Service with the Company and Regiment? (Give date of discharge) *Twenty four days 4 months 1865*

6. When and where was your Company and Regiment discharged from the Service? *April 1865, Polk County, Georgia*

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

8. If you were not actually present, state specifically and clearly where you were *Sumner's Command*

Where was your Command when you left it? *When Surrendered in May 1865*

a. When did you leave the Command? *May 1865*

c. For what cause did you leave? *—*

d. By whose authority did you leave? *—*

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

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

g. In what way were you prevented? *—*

h. What effort did you make to return? *—*

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

j. If so, when, and where? In what prison were you held and when were you released? *—*

9. What property of every description was owned, in the use, possession and control of yourself and wife, and its cash value on the 4. Nov. 1908. (Make list by items and value) *None*

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? *Nothing*

11. What property of any description of any kind, and of any value now owned and in the use, possession and control of yourself and wife and its cash value? (Make itemized list). *Nothing*

12. What annual or monthly income or earnings of yourself and wife and the source derived hereof? *Nothing*

13. Are you receiving a pension of any amount from this State or the United States? *No*

14. Have you ever applied for the Georgia Pension and had it refused and for what cause it was not allowed? *No*

Sworn to and subscribed before me, this the *12th* day of *August*, 1912.

John M. Hall County *Polk*

Witness

QUESTIONS FOR WITNESS AS TO

County

as a witness in support of the application of _____
by the Act of 1910, in said State, and after being sworn true answers to said questions as presented
answers as follows:

1. What is your name and where do you live?
2. How long and since when have you known _____?
3. Where does he now reside, and since when has he been a bonafide, continuing resident in this State and how do you know?
4. When, where and in what Company and Regiment did _____ enlist during war from 1861 to 1865? (Give date and place)
5. How did you obtain your information of this Service?
6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (give date)
7. When and where was his Command surrendered or discharged (give date and place)
8. Were you personally present at the Surrender?
9. If not, where were you and how came you there?
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 he leave his Command? _____ Where was his Command when he left it? _____ for what cause did he leave? _____ and how long was he granted leave? _____ How do you know all that you have stated to be true? If of your own knowledge (Tell clearly and specifically)
13. In what way was he prevented from returning to his Command? _____ How do you know?
14. What effort did he make to return to his Command and how do you know?
15. Was applicant captured as a prisoner? _____ If so, when and where? _____ In what prison was he held? _____ and when released?

Sworn to and subscribed before me, this the

day of _____ 197_____

Ordinary

of

County

AFFIDAVIT OF TWO FREEHOLDERS

STATE OF GEORGIA

County.

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

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

ORDINARY'S CERTIFICATE

STATE OF GEORGIA

County

Ordinary of said County, certify that I know

[illegible]

Ordinary, *Cash* County

NOTES: 1. Before any questions are asked, the Foreperson shall read aloud and all witnesses in the following words: "You do solemnly swear that if you will answer the questions asked you and the evidence you see, you will speak the truth, the whole truth, and nothing but the truth?"

2. Additional affidavits may be taken if the answers are insufficient.

3. All answers must be made under oath and verified by him.

4. If a witness has a property in the community and is not a holder of said and wife, affidavits of Free holders

Georgia Cobb County
I certify that W.B. Manning was a
Citizen of Cobb County is of good repute
and his statements worthy of consideration
This July 22nd 1911 J.M. Gause
only

QUESTIONS FOR WITNESS AS TO SERVICE

STATE OF GEORGIA,

Paulding County,

W.B. Herring and John Hall of said County, being presented as a witness in support of the application of John Hall for the pardon provided by the Act of 1910, in said State, and after being sworn to make to the questions propounded, answers as follows:

1. What is your name and where do you reside? W.B. Herring
in Paulding County Ga.
How long and since when have you known John Hall the applicant?
Since 1860.

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?
He lives in Paulding County Ga. since 1860

4. When, where and in what Company and Regiment did John Hall enter during war from 1861 to 1865? (Give date and place). in 1861 in Co. 1st Reg. of Ga. Inf.

5. How did you obtain your information of this Service? I was present at most a number of same Co. 1st Reg.

6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (give date) He served 3 years up to surrender

7. When and where was the Commandant surrendered and discharged (give date and place)? April 1865 at Appomattox Virginia

8. Were you personally present at the Surrender? Yes

9. If not, where were you and how came you there? +

10. Was the applicant personally present with his Command at surrender? Yes

11. If not where was he and how came him there? +

12. When did he leave his Command? + Where was his Command when he left it? + for what cause did he leave? +

By whose authority did he leave? + and how long was he granted leave? + How do you know all that you have stated to be true? If of your own knowledge (Tell clearly and specifically). +

13. In what way was he prevented from returning to his Command? + How do you know? +

14. What effort did he make to return to his Command and how do you know? +

15. Was applicant captured as a prisoner? + If so, when and where? +

In what prison was he held? + and when released? +

Sworn to and subscribed before me, this 20th day of Aug 1910

W.B. Herring Ordinary

John Hall Applicant

Paulding County

AFFIDAVIT OF TWO FREEHOLDERS.

STATE OF GEORGIA.

County,

Personally before me comes John Hall who on oath

says that they are free holders residing in said County and we know

the applicant for pension and we know the property that is now in the use, possession and control of himself

and wife and of its cash value to wit: (Make list by items and values)

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

1907 (State it fully by items)

- When and on what day was it sold or given away?
- What was the price paid or stated to be paid?
- What relation is the party to applicant?
- What disposition was made of the proceeds of the sale?
- Was the disposition of this property made in good faith and full value?

or was it made to obtain a pension?

Sworn to and subscribed before me, this 20th day of Aug 1910

W.B. Herring Ordinary

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Paulding County,

I, W.B. Herring Ordinary of said County, certify that I know

the applicant, John Hall for Pension in the person he represents himself to be and resides in

said County. That I also know W.B. Herring the witness swearing to the

service and John Hall who are free holders, that

they are all residents of said County and were duly sworn to me before signing the foregoing affidavit and

they are all truthful and trustworthy and their statements are entitled to full faith and credit. That the

Tax Receipts of + shows that + and wife

value for tax is in 1908 + for 1909 + for 1910 +

Sworn under my hand and official seal of office this 20th day of Aug 1910

W.B. Herring Ordinary, Paulding County.

NOTES 1. Before any questions are answered the Ordinary shall swear applicant and all witnesses in the following words:

"You do solemnly swear that you will true answers make to each question asked you and the evidence you

shall give shall be the whole truth; so help you God."

2. Additional affidavits may be attached. I thank you very much.

3. All affidavits must be made before the Ordinary and certified by him.

4. If applicant has no property at all in his possession, use or control of self and wife, affidavits of Free holders unnecessary.

GEORGIA, _____ County.

I, _____, Ordinary of said county, do certify that I personally know _____, the applicant, and that she is the lawful widow of _____, and was on the Pension Roll of said _____ county, and was paid a Pension from _____ county for 19____, and at the time of his death on the _____ day of _____, 1913, there was due to him and unpaid his Pension of _____ Dollars from the State of Georgia, and I know _____, the within witness, and he is of a truthful and trustworthy character and entitled to full credit

Given under my hand and seal this _____ day of _____, 1913

Ordinary,

County

GEORGIA, _____ County.

I, J. M. Gamm, Ordinary of said county, do certify that I personally know Lavinia Hall, the applicant, and that she is the lawful widow of John Hall, who was on the Indigent Pension Roll of said Cobb county, and was paid a Pension from Cobb county for 1914, and at the time of his death on the 27 day of November, 1914, there was due to him and unpaid his Pension of Sixty Dollars from the State of Georgia, and I know I. J. Champ, the within witness, and he is of a truthful and trustworthy character and entitled to full credit.

Given under my hand and seal this 13 day of January, 1913
J. M. Gamm Ordinary,
Cobb County

Cobb Hall, John
Cobb Co.

No. _____
1913

Application for Pension Due
Deceased Soldier

UNDER ACT 1891

To be paid the Widow or Dependent Children

BY

Mrs. Lavinia Hall

Widow of John Hall

of Cobb County

Co. _____ Regt. _____ Vol.

Approved and paid

191

J. W. LINDSEY,
Commissioner of Pensions.

Hall, John
Cobb County

No. _____
1913

Application for Pension Due
Deceased Soldier

UNDER ACT 1891

To be paid the Widow or Dependent Children

BY

Lavinia Hall

Widow of John Hall

of Cobb County

Co. B Regt. 38th Vol.

Approved and paid

191

J. W. LINDSEY,
Commissioner of Pensions.

GEORGIA, _____ County.

I hereby authorize and constitute _____ of said county, my lawful attorney to collect and receipt for me in my name the Pension due me for 19____, through my deceased husband, _____, who was on _____ Pension Roll and paid from _____ for 19____.

Witness my hand this _____ day of _____, 19____.

Attested before me: _____

GEORGIA, _____ County.

I hereby authorize and constitute _____ of said county, my lawful attorney to collect and receipt for me in my name the Pension due me for 19____, through my deceased husband, _____, who was on _____ Pension Roll and paid from _____ for 19____.

Witness my hand this _____ day of _____, 19____.

Attested before me: _____

is the lawful widow of and was on
the Pension Roll of said county, and was paid
a Pension from county for 19..... and at the time
of his death on the day of 1913, there was due to
him and unpaid his Pension of Dollars from the State
of Georgia, and I know the within
witness, and he is of a truthful and trustworthy character and entitled to full credit.

Given under my hand and seal this day of 1913.

..... Ordinary.

..... County.

is the lawful widow of who was on
the Pension Roll of said county, and was paid
a Pension from county for 191..... and at the time
of his death on the day of 191..... there was due to
him and unpaid his Pension of Dollars from the State
of Georgia, and I know the within
witness, and he is of a truthful and trustworthy character and entitled to full credit.

Given under my hand and seal this day of 1913.

..... Ordinary.

..... County.

Cobb
Hall, John
Cobb Co.

No.

1913

**Application for Pension Due
Deceased Soldier**

UNDER ACT 1891

To be paid the Widow or Dependent Children

BY

Widow of *John Hall*

of *Cobb* County

Ch. Regt. Vols.

Approved and paid

191

J. W. LINDSEY,
Commissioner of Pensions.

GEORGIA, County.

I hereby authorize and constitute of said county, my
lawful attorney to collect and receipt for me in my name the Pension due me for 19..... through my
deceased husband, who was on
Pension Roll and paid from for 19.....

Witness my hand this day of 19.....

Attested before me: }

Hall, John

Cobb County

No.

1913

**Application for Pension Due
Deceased Soldier**

UNDER ACT 1891

To be paid the Widow or Dependent Children

BY

Widow of *John Hall*

of *Cobb* County

Co. *B* Regt. *38th* Vols.

Approved and paid

191

J. W. LINDSEY,
Commissioner of Pensions.

GEORGIA, County.

I hereby authorize and constitute of said county, my
lawful attorney to collect and receipt for me in my name the Pension due me for 19..... through my
deceased husband, who was on
Pension Roll and paid from for 19.....

Witness my hand this day of 19.....

Attested before me: }

Application for Pension Due Deceased Soldier

To be paid to his widow or dependent children.

UNDER ACT APPROVED OCTOBER 9, 1891

STATE OF GEORGIA

Cobb County.

Personally before me comes Mrs. *Gilda Hall* of said county, after being duly sworn, on oath says that she is the widow of *John H. Hall* who was duly enrolled as a *Private* Pensioner from the county of *Cobb* and was paid a Pension of *Sixty* Dollars from *Cobb* county for 1912, and that the said *John H. Hall* died in *Cobb* county on the *21* day of *November* 1912 and at the time of his death a Pension of *60* was due him from *Cobb* county and unpaid for 1913.

Applicant further swears that she married the said *John H. Hall* on the *1* day of *June* 1864, in *Cobb* county and State of *Ga*, 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 *12* day of *January* 1913.
J. M. Gann Ordinary. *Cynthia Hall* (L.S.)
Cobb County.

AFFIDAVIT OF WITNESS.

GEORGIA, *Washington* County.

Personally before me comes *Joseph Hall* who on oath says that he knew *John H. Hall* while in life and that he knows *his wife* Mrs. *Gilda Hall* the above applicant, that he knows that the said *John H. Hall* and *Gilda Hall* were in due form of law married in the county of *Cobb* in the State of *Georgia* on the *1* day of *June* 1864, and that they resided together as husband and wife from date of marriage to the day of his death on the *21* day of *November* 1912 and I now know that she is his dependent widow.

Sworn to and subscribed before me this *17* day of *January* 1913.
H. G. Baker Ordinary. *Joseph H. Hall*
Washington County.

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

Application for Pension Due Deceased Soldier

To be paid to his widow or dependent children.

UNDER ACT APPROVED OCTOBER 9, 1891

STATE OF GEORGIA

Cobb County.

Personally before me comes Mrs. *Lusinda Hall* of said county, after being duly sworn, on oath says that she is the widow of *John Hall* who was duly enrolled as a *Private* Pensioner from the county of *Cobb* and was paid a Pension of *Sixty* Dollars from *Cobb* county for 1912, and that the said *John Hall* died in *Cobb* county on the *18* day of *November* 1913, and at the time of his death a Pension of *60* was due him from *Cobb* county and unpaid for 1913.

Applicant further swears that she married the said *John Hall* on the *1* day of *June* 1864, in *Washington* County and State of *Ga*, 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 *12* day of *January* 1913.
J. M. Gann Ordinary. *Lusinda Hall* (L.S.)
Cobb County.

AFFIDAVIT OF WITNESS.

GEORGIA, *Cobb* County.

Personally before me comes *J. J. Gann* who on oath says that he knew *John Hall* while in life and that he knows *Lusinda Hall* the above applicant; that he knows that the said *John Hall* and *Lusinda Hall* were in due form of law married in the county of *Cobb* in the State of *Georgia* on the *1* day of *June* 1864, and that they resided together as husband and wife from date of marriage to the day of his death on the *18* day of *November* 1913, and I now know that she is his dependent widow.

Sworn to and subscribed before me this *13* day of *January* 1913.
J. M. Gann Ordinary. *J. J. Gann*
Cobb County.

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

Georgia, Cobb County:---

I, T. B. Herring, do swear that I was with John Hall on April 9, 1865 when Lees Army surrendered at Appomattox Va. that I was a member of Co. B. of the 38th Ga. volunteers Inft. the same Co. Regiment that John Hall belonged to that in giving my evidence in his application I stated that we surrendered at Chancellorsville, this was error. I am unable to read and all that I know of the war is what I can remember, and without studying as to the places, Chancellorsville came to my mind.

T. B. Herring
Handwritten signature

*Sworn to and Subscribed
before me this Feby 16 1911
J. M. Gann
Ordinary*

Georgia, Cobb County.

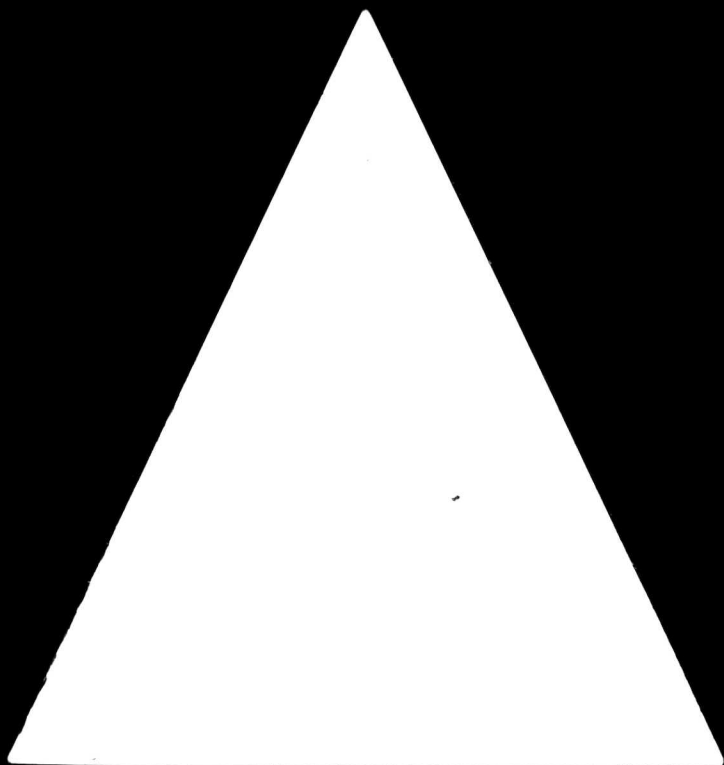
Personally come before me, John Hall, who being duly sworn says that he was a member of Company "B", 38th Georgia Regiment, and that he made an application for pension as provided by law, and in said application he stated that he surrendered on April 9th, 1865, which was correct, but stated that he surrendered at Chancellorsville, when in fact, he surrendered at Appomattox Court House Virginia, and applicant makes this amendment to said application to correct said mistake, and after refreshing my memory I now swear positively that I was surrendered with General Robert E. Lee's army as stated above. I am unable to read and have no impression on my mind as to the places except such as made by my memory.

Sworn to and subscribed before
me this 16th day of Feby. 1911.

Ordinary Cobb County Georgia.

John Hall
Handwritten signature

J. M. Gann
Handwritten signature



POWER OF ATTORNEY.

STATE OF GEORGIA.

Cobb

I, Sarah J. Hall, hereby authorize Rich Johnson of the county of Cobb, Georgia, to receive and accept for the pension allowed and request that he remit same to Hall at Home

by Home

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

1898.

day of Feb 1898.

Executed in the presence of

A. A. Suggs, Ch. R. Bishop, J. P.

[L.S.]

Sarah J. Hall
mar

Pension Office 4/12/1898
Proofs as to marriage - service - injury & cause of death should be made by three witnesses, properly sworn & certified to be true & correct. It will also be noticed that the physician has not been or does not appear to have been sworn - Rich Johnson
Com of Pension
Pension Office 2/28/1898
It has not been proven by three witnesses that death was the direct result of the service - The witnesses must speak from personal knowledge - and give the facts on which they base their opinion as to cause of death
Rich Johnson
Com of Pension

Hall Sarah J.
Cobb County
1898.

No. 3778

Widow's Pension.

For year ending February 15, 1898.

PAID TO

Mrs Sarah J. Hall

OF

Cobb County.Widow of Martin Hall

Warrant Issued,

4/25 1898

AND HANDED TO

R. C. Irwin

Geo. W. HANCOCK, DEPUTY PRINTER, ATLANTA

3/20/98
4/6/98 2/2/98

POWER OF ATTORNEY.

STATE OF GEORGIA.

County of Calhoun

I, Sarah J. Hall, hereby authorize D. V. Hubbard,
 of the County of Calhoun, to receive and receipt for the pension allowed and
 request that he remit same to Home
 by Hand

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

day of 1st day of Feb 1898.

Executed in the presence of

Sarah J. Hall
mar 10

[L.S.]

N. S. Briggs - T. F. Ziegler

Affidavit to be Made by the Widow.

STATE OF GEORGIA.

County of Calhoun

In person came before me, the undersigned Ordinary in and for the County of Calhoun
 Mrs. Sarah J. Hall, who being sworn according to law, says under
 oath that she is the widow of Martin Hall, who was a soldier in
 the service of the Confederate States, and served as a member of Company B of the

58 Regiment of Georgia Volunteers; that he enlisted in said
 service on or about the 17 day of October 1861, and was in the
Confederate Army up to September 1862. That while in the
 Army, he was on the day of September 1862. (See Note No. 1)
 wounded in the battle of Chapinburg, Md.,
 by a gun shot in the head; that her said
 husband from the army of Virginia to
 his home in Cherokee County, Georgia; that
 her said husband suffered from said
 wound in the head constantly from that
 time up to the 11th day of October, 1860, at
 which time he died from said wound

Dependent 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 4th
 day of November 1859, and that she has resided in Georgia continuously since the
 day of 1850; that Georgia is her home, and was such on
 the 24th day of December, 1890, and since said date she has not lived in any other State or locality.
 Dependent, as the widow of said deceased soldier husband, applies for the pension provided by Act of the
 General Assembly of Georgia, approved December 23d, 1890, for the pension year ending February 15th,
 1896, and herewith tenders the proof of her right to receive the pension granted by said Act.

Sworn to and subscribed before me, this the

4th day of July 1898.
M. Stone
 Ordinary.

POST OFFICE.

Sarah J. Hall
mark
Winchester, Va.

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

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

The instructions as set out in the notes, MUST be observed.

No. 3778

Widow's Pension.

For year ending February 15, 1896.

PAID TO

Mrs. Sarah J. Hall

OF

County of CalhounWarrant of Martin Hall

Warrant issued,

* 28

AND HANDED TO

R. E. Spruce

4/6/98. 2/2-98. 3/20/97

Affidavit for Three Witnesses.

Form No. 2.

STATE OF GEORGIA. In person came before me, the undersigned Ordinary in and
COUNTY OF Cobb for said County, witnesses W. H. L. L. L.

and (each known to said Attesting Officer as truthful, reliable and reputable citizens), who severally say under oath, that, FROM THEIR OWN PERSONAL KNOWLEDGE, Mrs. Mary H. Hall, now a resident of the County of Cobb State of Georgia, is the widow of MARTIN HALL who was a soldier in Company B of the 38th Regiment of Georgia Volunteers. That said soldier enlisted in the service of the Confederate States (or the Georgia State Troops) on or about the 6 day of Oct 1861. That while in said service as by reason of said service in the Army, he lost his life as follows: While in Battle Sharpsburg Md. he was shot in the head, was furloughed some time, and was never able to get back to army. And I have for 3 years past and was still disabled from manual labor the wound was a bad one.

Q. W. Martin says that Martin Hall was a member of Co. B. 38th Regt. Va Vols - that the Martin was a member of the same Company & Regt. - that the said Hall was wounded & alleged, and that the negro negro from the said wound - that he had to go to the farm he died after he was wounded - I believe he died from the said wound - I was acquainted with him after the war. Martin says he was a neighbor to him part of the time after the war - and was acquainted with him after the war till his death.

We further swear that Mrs. Martin says that the applicant was the wife of said soldier during the service, and that she has not remarried since his death, and that she resided in said State of Georgia on the 23d of December, 1890, and that she has so continued to reside up to this date.

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

Sworn to and subscribed before me, this, the

12 day of Jan 1891

W. H. L. L. L.

W. H. L. L. L.

W. H. L. L. L.

Ordinary

NOTE 1.—Witnesses must state about things they may believe, but confine their statements to such facts as they personally know.

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

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

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

Form No. 3.

STATE OF GEORGIA. I, J. M. Stone Ordinary
COUNTY OF Cobb in and for said County of Cobb

State of Georgia, hereby certify that I am acquainted with Mrs. Sarah J. Hall the applicant for a pension in this case, and know from my own knowledge, (or from positive proof presented to me by reputable witnesses), that she resides in this County, and that she resided in the State of Georgia on December 23d, 1890, and has not lived out of the State since that date. I also certify that the witnesses Dr. H. J. L. L. and John Martin, whose testimony she presents to sustain her claim, is known to me to be truthful witnesses, entitled to full faith and credit as such, and that the full text of the affidavit was read to and understood by them before same was signed. I am fully satisfied that this claim is made in good faith, and that I have caused the applicant and the witnesses to read or hear read the proofs they sign.

In Witness Whereof, I have caused to set my hand, and affixed the seal of my office, this, the 10th day of Nov 1890

[SEAL]

J. M. Stone
Ordinary.

Form No. 4.

NOTES.

The pension is only payable to certain classes of widows.

Those whose husbands were killed in service.

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

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

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

No pension can be paid for previous years.

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

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

The law does not provide for any one living out of the State of Georgia, or who did not live in the State at the date of the Act.

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

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

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

There is no need of employing a lawyer or other agent to attend to these claims. The Department will furnish full and specific instructions, and give ample opportunity to every claimant.

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

If proofs must be made out of the State, the witnesses must be sworn before a Judge of a Court of Record under Seal, and the witnesses must be certified to as reliable, and that their signatures are genuine.

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

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

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

By order of the Governor.

RICH'D JOHNSON,

Sec. Et. Department.

POWER OF ATTORNEY.

State of Georgia.

Cobb County. }
I, *Mr. Sarah J. Hall* hereby authorize *J. L. Stone*
of *Marionetta Ga.*
to receive and receipt for the pension paid hereon and request that he remit same to
me *by* *him*

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *12*
day of *January* 1899. *Sarah J. Hall* [L. S.]
Executed in presence of *mark*

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County. }
I, *Sarah J. Hall* hereby authorize
J. L. Stone of *Marionetta Ga.*
to receive and receipt for the pension paid hereon and request that he remit same to
me *by* *him*

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *12*
day of *July* 1900. *Sarah J. Hall* [L. S.]
Executed in presence of *mark*

Hall Sarah J.
Cobb County

For Those Herebefore Paid.

1899.

NO. 2157

WIDOW'S PENSION,

For year ending February 15th, 1899.

PAID TO
Mr. Sarah J. Hall
Cobb County
Widow of *Martin Hall*

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT ISSUED

1/30
PAID HAND TO
J. L. S.
1900
Let forth when he
to 1900.

U. S. W. HARRISON, STATE PRINTER, ATLANTA.

Hall Sarah J.
Cobb County
To Those Herebefore Paid.

1900.

NO. 1289

WIDOW'S PENSION,

For year ending February 15th, 1900.

PAID TO
Mr. Sarah J. Hall
Cobb County
Widow of *Martin Hall*

JNO. W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

Feb 16
AND PAID TO
Stone
1900
U. S. W. HARRISON, STATE PRINTER, ATLANTA.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of Cobb

Personally Comes Mrs.

Sarah J. HallCobbwho, 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 1850 That she is the Widow ofB³ Martin Hall
38th

Regiment of

1st La.
OctoberVolunteers, that he enlisted in said regiment on or about the month of
1861 and served in the Army up to September 1862 That he lost his
life on the 11th day of September 1862 State here

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

That in the battle of Sharpsburg
Md. on 17th day of September
1862 he was wounded in the
head from which wound he
died on the 11th day of Sept.
1880.

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 1857I have been allowed a pension as a resident of Cobb County for the year ending
February 15th, 1898, and now apply for the pension provided by law for the year ending February 15th, 1899

Sworn to and subscribed before me, this

Ordinary

Post-Office

Sarah J. Hall
Leonard P. O.

State of Georgia,

Cobb

County,

Ordinary of said County, certify that I am well acquainted

with Mrs. Sarah J. Hall who made the above affidavit and am satis-
fied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she
has continuously resided in this State since the 1st day of July 1850Given under my official signature and seal this 1st day of July 1899.Official
Seal

Ordinary of

Cobb

County

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of Cobb

Personally Comes Mrs.

Sarah J. HallCobbwho, 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 1850 That she is the Widow ofMartin Hall

who was a soldier in Company

B³ of the38th

Regiment of

GeorgiaVolunteers, that he enlisted in said regiment on or about the month of October
1861 and served in the Army up to September 1862 That he lost his
life on the 11th day of September 1862 (State here

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

That in the battle of Sharpsburg
Md. on 17th day of September 1862
he was wounded in the head
from which wound he died on
the 11th day of September 1880.

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 1857I have been allowed a pension as a resident of Cobb County for the year ending
February 15th, 1899, and now apply for the pension provided by law for the year ending February 15th, 1900.

Sworn to and subscribed before me, this

12th day of July 1900.

Ordinary

Post-Office

Sarah J. Hall
Mark

State of Georgia,

Cobb

County,

Ordinary of said County, certify that I am well acquainted

with Mrs. Sarah J. Hall who made the above affidavit and am satis-
fied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she
has continuously resided in this State since the 1st day of July 1850Given under my official signature and seal, this the 12th day of July 1900.Official
Seal

Ordinary of

Cobb

County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County, }
I, *Sarah J. Hall*, hereby authorize
John Aubrey of *Maricopa*
to receive and receipt for the pension paid hereon and request that he remit same to
me at _____

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *14th*
day of *Jan'y*, 1901.

Sarah J. Hall [L. S.]
name
Executed in presence of

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County, }
I, *Sarah J. Hall*, hereby authorize
John Aubrey of *Maricopa*
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 *9*
day of *Jan'y*, 1902.

Sarah J. Hall [L. S.]
name
Executed in presence of

John Aubrey

Hall, Sarah J.

Cobb Co

To Those Heretofore Paid.

1901.

No. 183

WIDOW'S PENSION,

For year ending February 15th, 1901.

paid to
Mrs. Sarah J. Hall

Cobb of *Cobb* County,
Widow of

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED

Jan. 16 1901,
AND HANDED TO
Gentry

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

Hall, Sarah J.
Cobb County

To Those Heretofore Paid.

1902.

No. 331

WIDOW'S PENSION,

For year ending Dec. 31, 1902.

PAID TO

Mrs. Sarah J. Hall

Cobb County,
Widow of _____
Co. _____
Regiment _____

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED

1/16 1902
AND HANDED TO
Cray

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

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of Cobb

Personally Comes Mrs.

Sarah J. Hall

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

Cobb

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

continuously ever since

Martin Hall

That she is the Widow of

13

of the

38th

Regiment of

Georgia

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

October

1861 and served in the Army up to

Sept

1862 That he lost his

life on the

11

day of

Sept

1880 (State here

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

That in the battle of Shrapburg Md. on the 17th day of Sept 1862 he was wounded in the head from which wound he died on the 11th day of September 1880

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1859

I have been allowed a pension as a resident of Cobb County for the year ending February 15th, 1900, and now apply for the pension provided by law for the year ending February 15th, 1901.

Sworn to and subscribed before me, this

10th day of Jan 1901.

Ordinary.

Post Office

Sarah J. Hall

State of Georgia,

Cobb

County.

I, John Anthony

Ordinary of said County, certify that I am well acquainted with Mrs. Sarah J. Hall, 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 11th day of Jan 1880.

Given under my official signature and seal, this the 10th day of Jan 1901.Ordinary of Cobb County.

(Official Seal)

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of Cobb

PERSONALLY COMES MRS.

Sarah J. Hall

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

Cobb

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

continuously ever since

Martin Hall

That she is the Widow of

13

of the

38th

Regiment of

Georgia

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

October

1861, and served in the Army up to

September

1862 That he lost his

life on the

11th

day of

September

1880 (State here

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

That in the battle of Shrapburg Md. on the 17th day of September 1862 he was wounded in the head from which wound he died on the 11th day of September 1880

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1859

I have been paid a pension as a resident of Cobb County for the year ending December 31, 1901, and now apply for the pension provided by law for the year ending December 31, 1902.

Sworn to and subscribed before me, this

9 day of Jan 1902.

Ordinary.

Post Office

Sarah J. Hall

State of Georgia,

Cobb

County.

I, John Anthony

Ordinary of said County, certify that I am well

acquainted with Mrs. Sarah J. Hall, 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 11th day of Jan 1880.

Given under my official signature and seal, this the 9 day of Jan 1902.

(Official Seal)

Ordinary of Cobb County.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb

COUNTY.

Sam'l J. Hall
John D. Hall

hereby authorize

of

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

at

In Witness Whereof, I have hereunto set my hand and seal, this *18th*

day of *January* 1903.

S. J. Hall
John D. Hall

[L. S.]

Executed in presence of

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb

COUNTY.

Sam'l J. Hall
John D. Hall

hereby authorize

of

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

at

In Witness Whereof, I have hereunto set my hand and seal, this *18*

day of *Jan* 1904.

Sam'l J. Hall
John D. Hall

[L. S.]

Executed in presence of

John D. Hall

Hall, Sarah J.
Cobb County
To Those Heretofore Paid

1903.

No. *207*

WIDOW'S PENSION,

For year ending Dec. 31, 1903.

PAID TO
Mrs. Sarah J. Hall

of

Cobb County,
Widow of *Martin Hall*
Co. *B. 30th* Regiment *Inf. 24th*

JOHN W. LINDSEY,

Comptroller General of Pensions

WARRANT ISSUED

1903

1/12 AND HANDLED TO
S. J. Hall

Hall, Sarah J.
Cobb County
TO THOSE HERETOFORE PAID.

1904.

No. *208*

WIDOW'S PENSION

FOR

YEAR ENDING DECEMBER 31, 1904.

PAID TO

Mrs. Sarah J. Hall

of

Cobb County,
Widow of *Martin Hall*
Co. *B* Regiment *38*

JOHN W. LINDSEY,

Comptroller General of Pensions

WARRANT ISSUED

1904.

AND HANDLED TO

S. J. Hall

Geo. W. Harrison, State Printer, Atlanta.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

PERSONALLY COMES MRS.

County of Cobb } Sarah J. Hall

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

Cobb

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

continuously ever since

1857
Martin Hall

That she is the Widow of

Bof the 38thRegiment of Georgia

who was a soldier in Company

Cavalry

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

1861

and served in the Army up to

September

1862

That he lost his

life on the

11

day of

Sept

1860

(State here

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

That in the battle of
Shoofburg, Me., on Oct 17th day of
Sept 1862, he was wounded in the
head from which wound he died on the
11th day of Sept 1860

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1859

I have been paid a pension as a resident of Cobb County for the year ending December 31, 1902, and now apply for the pension provided by law for the year ending December 31, 1903

Sworn to and subscribed before me,

this 13th day of July 1903.John Rustey Ordinary.Post Office Leonard

State of Georgia,

Cobb County.I, John Rustey

Ordinary of said County, certify that I am well

acquainted with Mrs. Sarah J. Hall, who made the above affidavit and

am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the

day of 18Given under my official signature and seal, this 13th day of July 1903.

Official Seal.

Ordinary of Cobb County.

NOTE—All blank spaces must be filled.
Voucher and Affidavit must bear date after January 1st, 1903.

FOR WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

PERSONALLY COMES MRS.

County of Cobb } Sarah J. Hall

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

Cobb

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

continuously ever since

1857
Martin Hall

That she is the Widow of

Bof the 38thRegiment of Georgia

who was a soldier in Company

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

1861

and served in the Army up to

September

1862

That he lost his

life on the

11

day of

September

1860

(State here

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

That in the battle
of Shoofburg, Me., on Oct 17th day of
Sept 1862, he was wounded in the
head from which wound
he died Sept 1860

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1859

I have been paid a pension as a resident of Cobb County for the year ending December 31, 1903, and now apply for the pension provided by law for the year ending December 31, 1904

Sworn to and subscribed before me,

this 13th day of January 1904.John Rustey Ordinary.Post Office Leonard

State of Georgia,

Cobb County.I, John Rustey

Ordinary of said County, certify that I am well

acquainted with Mrs. Sarah J. Hall, who made the above affidavit and

am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the

day of 18Given under my official signature and seal, this 13th day of January 1904.

Official Seal.

Ordinary of Cobb County.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

County,

I, Sarah J. Hall, hereby authorize

of Manilla, Ga.

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

me at his office

In Witness Whereof, I have hereunto set my hand and seal, this 7th

day of January, 1905.

Sarah J. Hall [L. S.]

Executed in presence of

Quack

POWER OF ATTORNEY.

STATE OF GEORGIA,

County,

I, James J. Hall, hereby authorize

of Manilla, Ga.

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

at his office

In Witness Whereof, I have hereunto set my hand and seal, this 8th

day of January, 1906.

James J. Hall [L. S.]

Executed in presence of

James J. Hall

Hall Charles J.
Quack

To Those Heretofore Paid.

1905.

No. 752

WIDOW'S PENSION,

For year ending Dec. 31, 1905.

PAID TO Mrs. Sarah J. Hall

OF Cobb

County,

Widow of Martin Hall

Co. B 33 Regiment 4th I.C.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED

AND HANDLED TO 123 1905.

only

The Pensioners Printing and Publishing Co., Atlanta,
Gibb W. Henderson, Manager, and Book Binders.

Hall, Sarah J.
Cobb Co.

To Those Heretofore Paid.

1906.

No. 194

WIDOW'S PENSION

For year ending Dec. 31, 1906.

PAID TO

Mrs. Sarah J. Hall

OF Cobb

County,

Widow of Martin Hall

Co. B 33 Regiment

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED

AND HANDLED TO 112 1906.

only

The Pensioners Printing and Publishing Co., Atlanta, W. Henderson, Mgr.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of Cobb

PERSONALLY COMES MRS.

Sarah J. Hall

who, being sworn says on oath, that she is a bona fide resident of said County of Cobb State of Georgia, and that she has RESIDED in said State continuously ever since 1850. That she is the Widow of

Martin Hall who was a soldier in Company B of the 38 Regiment of

Volunteers, that he enlisted in said regiment on or about the month of October 1861, and served in the Army up to 1862. That he lost his life on the day of Sept 1860. (State here

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

That in the Battle of Shrapburg Md on
11 day of Sept 1862

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1859.

I have been paid a pension as a resident of Cobb County for the year ending December 31, 1904, and now apply for the pension provided by law for the year ending December 31, 1905.

Sworn to and subscribed before me, this 7th day of January 1905.

Ordinary.

Post-Office.

Sarah J. Hall

State of Georgia,

County of CobbI, John Purdy

Ordinary of said County, certify that I am well acquainted with Mrs. Sarah J. Hall, who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the

day of January 1859.

Given under my official signature and seal, this 7th day of January 1905.

Official Seal.

John Purdy
Ordinary of Cobb County.

NOTE.—All blank spaces must be filled.
Voucher and Affidavit must bear date after January 1st, 1905.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of Cobb

PERSONALLY COMES MRS.

Sarah J. Hall

who, being sworn, says on oath that she is a bona fide resident of said County of Cobb State of Georgia, and that she has RESIDED in said State continuously ever since 1850. That she is the Widow of

Martin Hall who was a soldier in Company B of the 38 Regiment of

Volunteers, that he enlisted in said regiment on or about the month of October 1861, and served in the Army up to 1862. That he lost his life on the day of Sept 1860. (State here

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

His wound in hand

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1859.

I have been paid a pension as a resident of Cobb County, for the year ending December 31, 1905, and now apply for the pension provided by law for the year ending December 31, 1906.

Sworn to and subscribed before me this 15th day of January 1906.

Ordinary.

Post Office.

Sarah J. Hall

State of Georgia,

County of CobbI, John Purdy

Ordinary of said County, certify that I am well acquainted with Mrs. Sarah J. Hall, who made the above affidavit, and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the

day of January 1859.

Given under my official signature and seal, this 15th day of January 1906.

Official Seal.

John Purdy
Ordinary of Cobb County.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb COUNTY.

I, Sarah J. Hall

hereby authorize

John D. Wray

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 11th day of January, 1907.

day of January, 1907.

Sarah J. Hall [L.S.]

Executed in presence of

J. M. Stone

state of Georgia,

County of Cobb.

In person appeared before me, J. M. Stone, ordinarily in and for the County of Cobb, said State, Dr. G. Tennent, who being duly sworn says that he was acquainted with Martin Hall, the applicant's husband in the case of Sarah J. Hall, application for widow's pension, and that said Hall was wounded in the head by a gunshot, and that the said Hall never recovered from the effects of said wound, and that the said Hall's death was produced by said wound.

Deponent further says that he was the physician of said Hall, and had good and full opportunity for knowing and observing his condition as has heretofore been set out.

sworn to and subscribed before me

this 11th day of January, 1907.

I certify that I attended Martin Hall during the year 1898. He had received a gunshot wound on the right side of head producing a depressed fracture of right parietal bone, and as result Epilepsy, for which I performed an operation, believing the might be cured, but he declined the operation, and in a year or two died as result of the wound.

Sworn to and
Subscribed before
me this 26th day
of July 1898
J. M. Stone
Cobb

WIDOW'S PENSION

For Year ending Dec. 31, 1907.

PAID TO

OF

County,

Widow of Marshall Hall

Regiment

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

1907,

AND HANDLED TO

1907,

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Widows Heretofore Allowed Pensions.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of Cobb

PERSONALLY COMES Mrs.

Sarah J. Hall

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

Cobb

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

continuously ever since

That she is the Widow of

Martin Hall

who was a soldier in Company

of the

Regiment of

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

188

, and served in the Army up to

186

That he lost his

life on the

day of

18

(State here

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

died in 1880 from wounds in

hand

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 18

I have been paid a pension as a resident of Cobb County, for the year ending December 31, 1906, and now apply for the pension provided by law for the year ending December 31, 1907.

Sworn to and subscribed before me

this 4 day of May, 1907.

Sarah J. Hall

Ordinary.

Post Office

State of Georgia,

Cobb

County.

I, John Hestrey

Ordinary of said County, certify that I am well acquainted with Mrs. Sarah J. Hall, who made the above affidavit, and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the

day of 18

Given under my official signature and seal, this 11 day of May, 1907.

John Hestrey

Ordinary of

County.

Official Seal

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

State of Georgia In Person came before
John Hestrey being the undersigned
Ordinary in and for said County
Cobb and a citizen of said County
who being sworn according to Law
says under oath that Sarah J. Hall
whose application is hereto attached
for Pension was the wife of Martin
Hall deceased
Sworn to and subscribed before me
May 31 1898
J. C. Hestrey Ordinary
Cobb County

NOTE.—All blanks must be filled.

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



Canton, Ga., Feb. 26 1898

I do hereby certify, in and for said County, that J. M. Stone is a witness of full faith of trustworthy character, whose name and rank is entitled to full faith and credit.

Witness my hand and seal of said Court
Feb. 26 1898

Subscribed before me
the above named

George Cobb County personally came before me of the Stone ordering of said County J. M. Stone who being duly sworn says that Sarah J. Hall is the wife of Master Hall deceased and was before and during his service in the confederate army.

Given to and J. M. Stone
Subscribed before J. M. Stone
me J. M. Stone
Feb. 29 1898
J. M. Stone
Only

I certify that J. M. Stone
is a resident of Cobb Co.
and as a witness of worthy
of full faith and credit.

J. M. Stone

Only

OFFICE OF
F. P. HUDSON,
ORDINARY OF FAULDING COUNTY.

Dallas, Ga. Jan 28th 1898

In person appeared Wyles
Harrin who on oath says that
Sarah J. Hall was the wife of
Martin Hall at the time and
during his service in the confeder-
ate army. Deponent says that his
means of knowing above facts
is that he lived in immediate
neighborhood with him and know-
ing that they lived together as man
and wife.

Sworn to and subscribed Wyles Harrin
before me Jan 28th 1898

F. P. Hudson ordy.

and I certify that Wyles Harrin is a
resident of Paulding Co Ga and as such
is entitled to credit and belief

Given under my hand and seal of office Jan 28th 1898
F. P. Hudson ordy Paulding Co

Georgia }
Cobb County }
Personally appeared
before me, F. P. Hudson, Ordinary
in and for said county,
W. J. Hall, who says that
he was acquainted with
Martin Hall, the husband
of Sarah J. Hall, who was
killed in the late war.
He says that he was
with him at the time he
was killed, and that he
was the one who shot
him in the head, which
he says was the cause
of his death.

Georgia }
Cobb County }
Personally
came before John H.
Stone, ordinary in and
for said county, B. H.
Harrin, who says on
oath that Martin Hall
the husband of Sarah
J. Hall, whose application
for Pension is hereby
attached that said
Hall lived on my place
and had again shot
in the head which
he received in the
confederate army, which
caused him to leave
the army, which I think
was the sole cause
of his death.

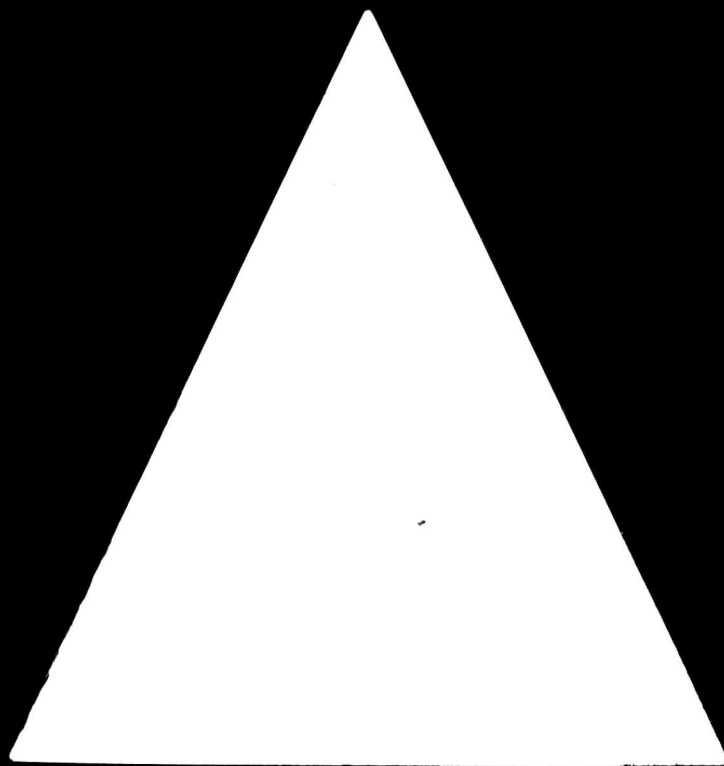
... have been to study
these things and his cause
and the moral and
that he was not only a
... but a ...
... and ...

Wm. Chadwick

prom to and subscribed
before me this 19th March
1898. J. M. Stone
Sey

B. M. G. H. H. H.

prom to and subscribed
before me April 2nd 1898
J. M. Stone
Sey



POWER OF ATTORNEY.

STATE OF GEORGIA,

County, }

I,

herely authorize

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

at

by

Witness my hand and seal this

day of

1897.

Executed in presence of

B Hamby, A.E.
Cobb Co.

No. 2974

INDIGENT PENSION
1898.

Name

County

Approved

WARRANT HANDED TO

R C. Irons

Geo. W. Harrison, State Printer, Atlanta

4/22-1898

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, _____ hereby authorize

of _____

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

at _____

by _____

Witness my hand and seal this _____

day of _____

1897.

Executed in presence of _____

Questions for Applicant.

STATE OF GEORGIA,

City _____

County. }

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

1. What is your name and where do you reside? (give State, County and post office.)
A. E. Hamby Austell Cobb County Ga.
2. Where did you reside on January 1st, 1894, and how long have you been a resident of this State?
Austell Ga. all my life
3. When and where were you born?
Newton Co. Feb 28th 1829
4. When and where and in what company and regiment did you enlist or serve?
at Atlanta Ga. Company C 21st Ga. Regiment
Delis brigade
5. How long did you remain in such company and regiment?
until the surrender
6. For how long a period did you discharge regular military duty?
About 3 years
7. When, where and under what circumstances were you discharged from service?
Spomatter Court house Virginia
8. What is your present occupation?
unable to work
9. How much can you earn (gross) per annum by your own exertions or labor?
nothing
10. What has been your occupation since 1865?
Mechanic
11. Upon which of the following grounds do you base your application for pension, viz: first "age and poverty," second "infirmary and poverty" or third "blindness and poverty"?
Infirmary and poverty
12. If upon the first ground, state how long you have been in such condition that you could not earn your support? If upon the second, give a full and complete history of the infirmity and its extent? If upon the third, state whether you are totally blind and when and where you lost your sight?
I have been partially disabled since I got shot in my ankle joint during the war, and have been permanently disabled by Paralysis since Jan. 8th 1897
13. What property, effects or income do you possess and its gross value?
no property and no income
14. What property, effects or income did you possess in 1894, 1895 and 1896 and what disposition, if any, did you make of same?
I had no property in these years and no income
15. In what County did you reside during those years and what property did you then return for taxation?
In Cobb Co. Ga. and returned no property
16. How were you supported during the years 1896 and 1897?
partly by my friends and neighbors since Jan 8th 1897 by neighbors entirely
17. How much did your support cost for each of those years, and what portion did you contribute thereto by your own labor or income?
About \$5.00 about half my own labor
18. What was your employment during 1896 and 1897? What pay did you receive in each year?
Mechanic - about \$3.50
19. Have you a family? If so, who composes such family? Give their means of support? Have they a homestead?
yes - wife and daughters by their own labor - no
20. Are you receiving any pension, if so, what amount and for what disability?
no

Every Question MUST be answered.

Sworn to and subscribed before me this the _____

9th day of April 1897

of _____ County.

A. E. Hamby Applicant.
Austell P.O.

B Hamby A.E.
Cobb Co.
No. 2974
INDIGENT PENSION
1898.

Name A. E. Hamby
County Cobb

Approved 3/9 1898

WARRANT HANDED TO
R. C. Irwin

Geo. W. JAMMONS, STATE PRINTER, ATLANTA.

4/12/1898

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,

County.

James J. Harrison of said State and County, having been presented as a witness in support of the application of *A. E. Hamby* for pension under the Act approved December 10th, 1894, and after being duly sworn true answer to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? *J. J. Harrison in Douglas Co. Ga. Retiree of Pension Office*
2. Are you acquainted with *A. E. Hamby*, the applicant, if so how long have you known him? *Since the year 1862.*
3. Where does he reside, and how long has he been a resident of this State? *Resides in Douglas Co. Ga. Do my entire knowledge since the year 1862.*
4. Do you know of his having served in the Confederate army or the Georgia militia? How do you know this? *I do. I served in the same company and regiment with him*
5. When, where, and in what company and regiment did he enlist? *Jan'y 1862. Atlanta Ga. in Co. C 1st Regiment of Ga. Volunteers*
6. Were you a member of the same company and regiment? *I was*
7. How long did he perform regular military duty, and what do you know of his service as a Confederate soldier, and the time and circumstances of his discharge from service? *From Jan'y 1862 to the summer of 1865. He made a good soldier and served at the Battle of Gettysburg and at the Battle of Appomattox.*

8. What property, effects or income has the applicant? (Give your means of knowledge.) *He has no property nor income. He is living near him and personally knowing what he has.*

9. What property, effects or income did the applicant possess in 1895 and 1896, and what disposition, if any did he make of same? *He had no property in those years.*

10. What is the applicant's occupation and physical condition? *He is a brick mason by trade. His physical condition is bad.*

11. Is the applicant unable to support himself by labor of any sort, if so, why? *He is, from old age and infirmity, rendering him unable to work at any calling sufficient to support himself or family.*

12. How was he supported during the years 1895 and 1896? *By his neighbors and family.*

13. What portion of his support for those two years was derived from his own labor or income? *Not any that I know of.*

14. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under the Act of December 15th, 1894? *From age and infirmity, his physical condition renders him unable to work at any calling to earn a support for himself.*

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

Sworn to and subscribed before me, this *5th* day of *April* 189*8*, by *James J. Harrison* Witness.

Ordinary.

Georgia Douglas County

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,

County.

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

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

He has paralysis of left arm and side, which renders it useless at present. His said condition is permanent, which renders it substantially useless. He also has congested chest, hall in anelgim and several other ailments which space does not allow us to mention.

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

Sworn to and subscribed before me, this *9th* day of *April* 189*8*, by *James W. Runyan M.D.* and *J. M. Strickland M.D.* Ordinary.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

County.

I, *J. M. Strickland* Ordinary in and for said County, hereby certify that the applicant *A. E. Hamby* resides in said County, and was a bona

fid resident of this State on the first day of January, 1894, and that the witnesses, viz: *J. W. Runyan M.D. and J. M. Strickland M.D.* are of trustworthy character and that their statements are entitled to full faith and credit.

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

I further certify that the tax digests of *Cobb* County show that applicant returned for taxation in his name in 189*6* *Nothing* dollars of property, and in 189*7* *Nothing* dollars of property.

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

Witness my hand and seal of office, this *5th* day of *April* 189*8*, by *J. M. Strickland* Ordinary of *Cobb* County.

NOTE.

Before any questions are answered, the Ordinary shall swear applicant and the witnesses in the following words: "You shall true answer make to each of the questions asked of you, and the evidence you shall give will be the whole truth, so help you God." Additional affidavits may be attached if blank spaces are insufficient.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County. }
I, *A. G. Hamby*, hereby authorize

J. Hamby of *Marionetta Ga*
to receive and receipt for the pension allowed, and request that he remit same to

by *him*
Witness my hand and seal this *16* day of *Jan* 1899.

Executed in presence of *J. M. Bone* & *E. H. Hamby* (L. S.)

Hamby A. G.
1000 400 1900
(For These Already Enrolled)

No. 2502

INDIGENT

SOLDIER'S PENSION,

1899.

Name *A. G. Hamby*
County *Cobb*

WARRANT ISSUED

1899

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDED TO

A. G. Hamby
W. W. Hamby, State Prison, Alaska.

W. W. Hamby

Hamby, A. G.

CODE SEC. 1284.

(For These Already Enrolled.)

NO. 2636

INDIGENT

SOLDIER'S PENSION,

1900.

Name *A. G. Hamby*
County *Cobb*

WARRANT ISSUED

1900.

JOHN. W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

J. M. Bone

W. W. Hamby, State Prison, Alaska.

W. W. Hamby

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County. }
I, *A. G. Hamby*, hereby authorize

J. M. Bone of *Marionetta Ga*
to receive and receipt for the pension allowed, and request that he remit same to

by *him*
Witness my hand and seal, this *20* day of *Jan* 1900.

Executed in presence of

A. G. Hamby

A. G. Hamby [L. S.]
note

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears A. E. Hamby 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 10th day of July 1878; that he is 70 years old and by occupation a Mechanic; that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served for the term of 4 yrs in Company C, of 21st Regiment of Ga. Regt.; that his physical condition is as follows:

On account of age, infirmity and poverty he is unable to support himself.
that his property consists of the following items

Nothing

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

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1898. I have heretofore as a resident of Cobb county been allowed a pension for the year 1898.

Sworn to and subscribed before me, this, the

16th day of Jan. 1899.

A. E. Hamby
Ordinary Andrew Ga.

State of Georgia,

Cobb County.

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

Given under my official signature and seal, this

16th day of Jan. 1899.

J. M. Stone
Ordinary Cobb County.



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

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears A. E. Hamby 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 20th day of July 1878; that he is 71 years old and by occupation a Mechanic; that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served for the term of 4 years in Company C, of 21st Regiment of Ga. Regt.; that his physical condition is as follows:

On account of age, infirmity and poverty he is unable to support himself.
that his property consists of the following items

Nothing

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

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1900. I have heretofore as a resident of Cobb county been allowed a pension for the year 1899.

Sworn to and subscribed before me, this, the

15th day of January 1900.

A. E. Hamby
Ordinary.

State of Georgia,

Cobb County.

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

Given under my official signature and seal, this

15th day of January 1900.

J. M. Stone
Ordinary Cobb County.



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

POWER OF ATTORNEY.

STATE OF GEORGIA.

Cobb County }

I, *A. C. Hamby* hereby authorize *John Lindsey* of *Monroe*

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

by *John Lindsey* at *Monroe*

Witness my hand and seal, this *10th* day of *January* 1901.
A. C. Hamby [L. S.]

Executed in presence of
John Lindsey

For Those Already Enrolled.

INDIGENT

SOLDIER'S PENSION.
1901.

Name *A. C. Hamby*
County *Cobb*

WARRANT ISSUED
Jan 10, 1901

JOHN W. LINDSEY,
Commissioner of Pensions

WARRANT HANDLED TO
John Lindsey

Geo. W. Harrison, State Printer, Atlanta.

No data

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County. }

I, *A. C. Hamby* hereby authorize *John Lindsey* of _____

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

by _____ at _____

Witness my hand and seal, this *9th* day of *January* 1902.
A. C. Hamby [L. S.]

Executed in presence of
John Lindsey

FOR THOSE ALREADY ENROLLED.

INDIGENT

SOLDIER'S PENSION.
1902.

Name *A. C. Hamby*
County *Cobb*
Co. *6* Regiment *21st*

WARRANT ISSUED
Jan 10, 1902

JOHN W. LINDSEY,
Commissioner of Pensions

WARRANT HANDLED TO
John Lindsey

Geo. W. Harrison, State Printer, Atlanta.

No data

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears A. E. Nantz 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 20th day of July 1829, that he is 71 years old and by occupation a

that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served for the term of 4 years in Company C, of 21st Regiment of Georgia Regulars or Vol., that his physical condition is as follows:

On account of age, infirmity and poverty he is unable to support himself

that his property consists of the following items:

Nothing

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

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1901. I have heretofore as a resident of Cobb county been allowed a pension for the year 1900.

Sworn to and subscribed before me, this 10th day of January 1901, by A. E. Nantz Ordinary.

STATE OF GEORGIA,

Cobb County.

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

Given under my official signature and seal, this 10th day of January 1901.

John A. Nantz Ordinary Cobb County.

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cobb County.

Personally appears A. E. Nantz 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 20th day of July 1829; that he is 71 years old and by occupation a Mechanic that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served for the term of 4 years in Company C, of 21st Regiment of Georgia Vol., that his physical condition is as follows:

On account of age, infirmity and poverty he cannot support himself

that his property consists of the following items:

Nothing

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

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

Sworn to and subscribed before me, this 10th day of January 1902, by A. E. Nantz Ordinary.

STATE OF GEORGIA,

Cobb County.

I, John A. Nantz Ordinary of said County, do certify that I am well acquainted with A. E. Nantz the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 _____ 1902.

John A. Nantz Ordinary Cobb County.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, _____ hereby authorize _____

of _____

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

at _____

by _____

Witness my hand and seal, this _____ day of _____ 1903.

Executed in presence of

J. W. Sam

E. A. Hamby
Mark [L. S.]

Hamby, A. E.
Chas. Hamby
COUSIN SECTION 1354
(FOR THOSE ALREADY ENROLLED.)

No. 471

INDIGENT
SOLDIER'S PENSION
1903.

Name *E. A. Hamby*

County *Chas.*

Co. *C*

Regiment *21st*

WARRANT ISSUED

1903.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Ordery

Gen. BARNES, Third Precinct, ALABAMA.

W. J. Gato

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cobb County.

Personally appears A. E. Naudy 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 22 day of July, 1878, that he is 74 years old and by occupation a Mechanic, that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served for the term of 4 years in Company C, of 21st Regiment of Pa. Inf.; that his physical condition is as follows: on acct of age infirmity of poverty he is unable to support himself

that his property consists of the following items:

Nothing

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

Deponent desires to participate in the benefits of the Act, approved December 16th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1903. I have heretofore as a resident of Cobb county been allowed a pension for the year 1902.

Sworn to and subscribed before me, this the _____

day of Jan, 1903.

Ordinary.

STATE OF GEORGIA,

Cobb County.

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

Given under my official signature and seal, this _____

day of January, 1903.

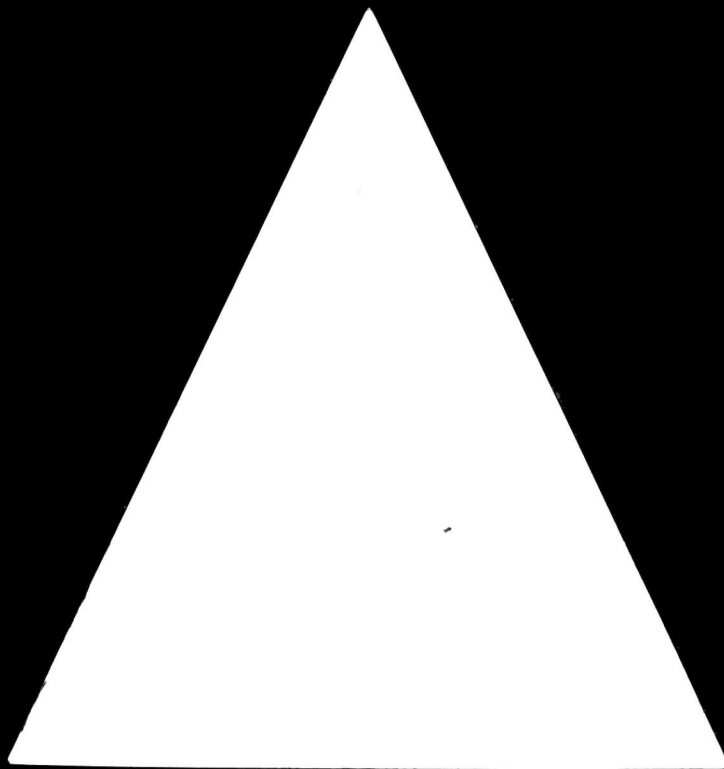
Ordinary.

County.



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

Ordinary County.
Note.—The blank spaces must be filled.
Note.—Affidavit should not be attested before January 1st, 1908.



POWER OF ATTORNEY

Form No. 1.

STATE OF GEORGIA,

County, }

I, _____, hereby authorize _____

to receive and receipt for the pension allowed and
payable to me by the _____ by _____

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

Executed in the presence of _____

[L. S.]

Code Section 1229.

Handy, B. J.
C. H. C.
O.K. Jan 1910

INVALID SOLDIER'S PENSION, 1909

Name *B. J. Handy*
County *C. H. C.*
Co. _____ Regt. _____
Disability _____
Amount, \$ *100*

JOHN W. LINDSEY,
Commissioner of Pensions

WARRANT HANDED TO _____

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

Geo. W. Harrison, State Printer, Atlanta

POWER OF ATTORNEY

Form No. 1.

STATE OF GEORGIA,

County.

I, _____ hereby authorize _____ of _____ County, State of Georgia, to receive and receipt for the pension allowed and request that he remit same to _____ by _____ at _____

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

day of _____ 190 _____

Executed in the presence of _____

[L. S.]

FOR USE OF APPLICANTS WHO HAVE NOT HERETOFORE DRAWN.

Form No. 1.

STATE OF GEORGIA,

County.

PERSONALLY appears _____ of said _____ County, State of Georgia, who being duly sworn, says on oath that he was born on the _____ day of _____ 18 _____ that he is a bona fide citizen and resident of Georgia, and has been continuously since the _____ day of _____ 18 _____ that he enlisted in the military service of the Confederate States (or the State of _____) on the _____ day of _____ 18 _____ during the war between the States, and served in Company _____ of _____ Regiment of _____ Volunteers, _____ Brigade, and was honorably discharged on the _____ day of _____ 18 _____ that whilst engaged in such military service, and in line of duty in the State of _____ on the _____ day of _____ 18 _____ he was disabled as recorded as follows: _____

became afflicted with Rheumatism and Rheumatism while in line of duty - which permanently and essentially renders him unable to perform manual labor. He was wounded in the right wrist at the battle of Knoxville, Tenn. during said war almost dead.

Where was command surrendered? _____
Was applicant present? _____
And by whose authority? State fully _____

Dependent desires to participate in the benefits of Section 1550 of the Code, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year thereafter, ending October 31st, 190 _____

Sworn to and subscribed before me, this the _____ day of _____ 190 _____

_____ B. F. Hamby
Post Office _____
Ordinary.

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

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

INVALID
SOLDIER'S PENSION,
1909

Name _____
County _____
Rank _____
Disability _____
Amount _____
JOHN W. LINDSEY
WARRANT HANDED TO

Hamby, B. F.
C. H. A.

Form No. 2. AFFIDAVIT FOR THREE WITNESSES.

STATE OF GEORGIA,

Cobb County.

PERSONALLY appears before me, the undersigned Ordinary in and for said County, John H. Smith,
Wm. A. Smith personally known to me to be trustworthy citizens, each of whom, being duly sworn according to law, severally
under oath, that they are personally and well acquainted with B. J. Hanks
whose application is herewith presented for a pension, that he has resided in this State continuously since the
prior to 1860.

day of April 1892, that he served in Company M of the
Regiment of McBee Brigade, and from our personal knowledge he,
while in line of duty, was injured by the service as follows: (Give full statement, and tell in your own language
when, where, and how the injury happened, or the disease was contracted, and to what extent applicant is
disabled from work as a direct result thereof. If he does any labor or can do any, state what.)

While in service in Virginia he contracted Yellow fever and
And, Rheumatism in the Winter of 1863 which has rendered
with age rendering him unable to perform manual
labor. He has been wounded in the right wrist
at the battle of Knoxville Tenn.

Where was applicant's command surrendered? Appomattox C. H. Va.

Was he with it? Yes Were all of you present?

If not, where was he?

Where were you all?

How do you know the facts you state to be true?

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

He was honorably discharged or retired from the service on 21st day of April 1865.
1865. Applicant is permanently disabled as stated and has been so to our certain knowledge ever since 1865.
We have no interest in the recovery of a pension by him.

Sworn to and subscribed before me, this

John H. Smith 1902
B. J. Hanks
Wm. A. Smith
Ordinary.

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

Form No. 2. PHYSICIANS' AFFIDAVIT.

STATE OF GEORGIA,

Cobb County.

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

Applicant has been shot
wounded in right wrist. Discharged right
thumb. Chronic arthritis passing water for
4 to 6 times during the night. Also has
paralysis adjectives.

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

We have treated applicant professionally for 8 years, and his condition, as above stated,
does not arise from hereditary or congenital causes, or from vicious or intemperate habits.

Sworn to and subscribed before me, this
John H. Smith 1902
Wm. A. Smith
Ordinary.

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

STATE OF GEORGIA,

Cobb County.

I, J. M. Gann Ordinary of said County,

do certify that I am well acquainted with B. J. Hanks the
applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are
true, and he is disabled, as he claims, and I know he is the individual he represents himself to be, and that he
resides in this County and has been a bona fide resident since April 21st 1865 to my knowledge.

I also certify that the witnesses, to-wit: B. J. Hanks and W. H. Hanks
and M. J. McWhisker 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 21st day of April 1902
J. M. Gann
Ordinary. Cobb County.

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

APPLICATION FOR SOLDIER'S PENSION UNDER ACT 1910.

Questions for Applicants to Answer.

STATE OF GEORGIA,

Colt County.

I, B. J. Stanley of said State and County, hereby apply for the pension provided by Act of 1910, to Confederate Soldiers, and submit his sworn statement, with his testimony to make out the same, and after being duly sworn true answers to make to the questions propounded, answers as follows, to wit:

1. What is your name and where do you reside? (Give County and Post-office).
B. J. Stanley, Milledgeville, Colt County, Ga.
2. How long and since when have you been a continuous resident citizen of this State?
At least 30 years
3. Did you enlist in the Army of the Confederate States or of the Organized Militia of this State from 1861 to 1865?
Yes
4. When and where, and in what Company and Regiment did you enlist? (Give the arm and class of Service).
March 4, 1862, Milledgeville Co., 4th Philadelphia Legion, Inf.
5. How long did you remain in the actual Military Service with said Company and Regiment?
(Give date of discharge) until April 9, 1865
6. When and where was your Company and Regiment surrendered or discharged from the Service?
Appomattox Va. April 9, 1865
7. Were you actually present with your Command when it was surrendered or discharged?
Yes
8. If you were not actually present, state specifically and clearly where you were.
I was present
- a. Where was your Command when you left it?
Surrendered at Appomattox
- b. When did you leave the Command?
April 9, 1865
- c. For what cause did you leave?
and Government
- d. By whose authority did you leave?
and
- e. For how long was your leave granted? In what way?
and
- f. Why did you not return to your Command after leave expired?
and
- g. In what way were you prevented?
and
- h. What effort did you make to return?
and
- i. Were you captured during the war?
and
- j. If so, when, and where? In what prison were you held and when were you released?
and
9. What property of every description was owned, in the use, possession and control of yourself and its cash value on the 4 Nov. 1908? (Make list by items and value.)
41 acres of land value \$1200
10. What property of any kind have you disposed of and for what purpose since 4 Nov. 1908. To whom and for what price?
and
11. What property of any description of any kind, and of any value now owned and in the use, possession and control of yourself and its cash value? (Make itemized list).
41 acres of land on which I live value \$1200
12. What annual or monthly income or earnings of yourself and the source derived have you?
No income except a pension of \$50
13. Are you drawing a pension of any amount from this State or the United States?
Yes
14. Have you ever applied for the Georgia Pension and had it refused? and for what cause it was not allowed?
Yes I am now on the roll for United States Pension and make this application to go on same roll

Sworn to and subscribed before me, this 7th day of Oct. 1916
B. J. Stanley
Ordinary
of Colt County.

Confederate
Soldier's Application.

UNDER ACT 1910.

County Colt
Name B. J. Stanley
Company 4th
Regiment 4th Philadelphia Legion
Approved J. W. Lindsey
Commissioner of Pensions
1916-1917
CHAS. F. HITCH, State Printer, Atlanta.

QUESTIONS FOR WITNESS AS TO SERVICE.

STATE OF GEORGIA,

County.

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

1. What is your name and where do you reside?
B. A. Osborn Manilla Ga
2. How long and since when have you known the applicant?
all my life
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?
Manilla Ga our home before the war
4. When, where and in what Company and Regiment did B. J. Hamby enlist during war from 1861 to 1865? (Give date and place).
Spring 1862 Manilla Co. in Phillips Regt
5. How did you obtain your information of this Service? I was in Co. C. of 1st Regt. and know him before
6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (give date).
until April 9 1865
7. When and where was his Command surrendered or discharged (give date and place).
April 9 1865
8. Were you personally present at the Surrender? yes
9. If not, where were you and how came you there? I was present
10. Was the applicant personally present with his Command at surrender? yes
11. If not where was he and how came him there? he was present
12. When did he leave his Command? Surrender Where was his Command when he left it? for what cause did he leave?
By whose authority did he leave? and how long was he granted leave? How do you know
of my own knowledge
13. In what way was he prevented from returning to his Command?
How do you know?
14. What effort did he make to return to his Command and how do you know?
15. Was applicant captured as a prisoner. no If so, when and where?
In what prison was he held? and when released?

Sworn to and subscribed before me, this

day of May 1916

Ordinary,

of Cobb County.

AFFIDAVIT OF TWO FREEHOLDERS.

STATE OF GEORGIA.

County.

Personally before me comes B. A. Osborn who on oath says that they are freeholders residing in said County and we know B. J. Hamby the applicant for pension and we know the property that is now in the use, possession and control of himself and of its cash value to wit: (Make List by Items and value).
40 acres of land value \$4000
One lot in town value \$1000
One lot in town value \$1000

1. What property, if any, has been sold or given away by the applicant since Nov. 4, 1908? (State it fully by items).
.....
2. When and to whom was it sold or given to?
.....
3. What was the price paid or stated to be paid?
.....
4. What relation is the party to applicant?
.....
5. What disposition was made of the proceeds of the sale?
.....
6. Was the disposition of this property made in good faith and full value?
..... or was it made to obtain a pension? no

Sworn to and subscribed before me, this

day of Oct 1916

Ordinary,

of Cobb County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

County.

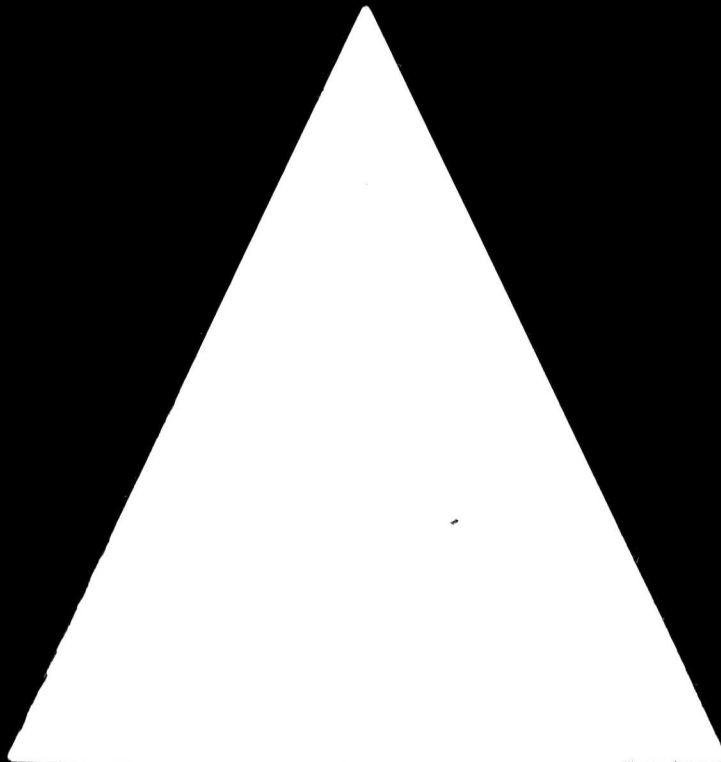
I, J. M. Gamm Ordinary of said County, certify that I know the applicant B. J. Hamby for Pension is the person he represents himself to be and resides in said County. That I also know B. A. Osborn the witness swearing to the service and B. A. Osborn & M. J. Tracy who are freeholders, that they are all residents of said County and were duly sworn by me before signing the foregoing affidavit and they are all truthful and trustworthy and their statements are entitled to full faith and credit. That the Tax Returns of Cobb shows that B. J. Hamby wife value for tax is in 1908 \$1000 for 1909 \$1500 for 1910 \$1500 for 1911 \$1500 for 1912 \$1500 for 1913 \$1500 for 1914 \$1500 for 1915 \$1500
1916 \$1500
Sworn under my hand and official seal of office this Oct 21 day of 1916
J. M. Gamm Ordinary,
of Cobb County.

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

day of May 1916

JM Lane Ordinary,

of Col County.



Present Aug 23/1864
Presented to the
Committee on the
C. & V. Ballou, Jr.
Residence Carey, Cal.
Blauvelt, New York
18, 1864
(N.R.)

Widows application
Under old class (Rank)

Law.

W
County of Las Vegas, HAMBY
Mrs. Mary A. Hamby
Widow of O. K. Hamby
Company 1
Regiment 7th E.

See item 10, 11, 12
to testimony

11-1-1916

Affidavit to Be Made by the Widow.

State of Georgia, }
County of Cobb.

In person came before me, the undersigned Ordinary in and for the County of Cobb Mrs. Mary A. Hamby who being sworn according to law, says under oath that she is the widow of T. H. Hamby who was a soldier in the service of the Confederate States, and served as a member of Company 7 of the 7 Regiment of Co Volunteers; that he enlisted in said service on or about the 7 day of July 1862 and was in the 7 Army up to his 188 death. That while

in the Army, he was on the 7 day of 1862 (see note E) that on the 7 day of 1862 he was struck with a bullet entering at the point of the left shoulder and passing his arm it where the bullet remained for a long period without healing and the bullet was finally taken out, below the arm but it was by Dr. McIlwain and the wound never healing continuously my son John during his life and making necessary to keep a tent in the room to catch the corruption, he suffered continuously all his life, and was the cause of his death he was continually weaker by day as long as he lived he having died July 18-1896

Deponent further swears that she was the wife of said deceased soldier during his term of service in the Army, and that she never married again since his death, that she became his wife on the 21 day of Dec 1864 and that she has resided in Georgia continuously since the 21 day of Dec 1864—that Georgia is her home, and was such on the 23rd 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 23rd 1890, for the pension year ending 1897 and herewith tenders the proof of her right to receive the allowance granted by said Act.

Sworn to and subscribed before me, this the 21 day of Oct 1916

Ordinary.

Mary A. Hamby
Post Office

AFFIDAVIT FOR THREE WITNESSES

State of Georgia, }
County of Cobb

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

(Each known to

said Attesting Officer as truthful reliable and reputable citizens) who severally say under oath, that, from their own Personal Knowledge Mrs. Mary A. Hamby of the County of Cobb State of Georgia is the widow of T. H. Hamby who was a soldier in company 7 of the 7 Regiment of Co Volunteers. That said soldier enlisted in the service of the Confederate States (or the Georgia State Troops) on or about the 7 day of July 1862. That while in said service

or by reason of said service in the Army, he lost his life as follows—
He was wounded in 7 days battle at Antietam, Sept 17, 1862 and during the battle he was wounded in the left shoulder and the bullet entered his arm it where the bullet remained for a long period without healing and the bullet was finally taken out, below the arm but it was by Dr. McIlwain and the wound never healing continuously my son John during his life and making necessary to keep a tent in the room to catch the corruption, he suffered continuously all his life, and was the cause of his death he was continually weaker by day as long as he lived he having died July 18-1896

Our opportunity for knowing these facts stated in reference to death of applicant's husband were with him in James G. Thompson when wounded and lived near him after the war until his death and know that his death was attributable to said wound

We further swear that Mary A. Hamby was the wife of said soldier during the service, and that she has not intermarried since his death and that she resides in Cobb County of the State of Georgia.

Sworn to and subscribed before me, this the 21 day of Oct 1916

Ordinary.

A. M. Deaton

Georgia Cobb County.

Personally appeared before
The undersigned, Ordinary of said County, W. L.
Daniel, on oath says that he knew J. K. Hamby
all during his life, that he knows that said J. K. Hamby
was a Member of Co. I. of the 7th Ga Regiment
and he knows that he returned from Service
in said Co. home in 1862 on account of
a wound received while in the Service by
a Minnie Ball entering at the point of
his left Shoulder and ranging across his
breast where it remained for a long
period and was finally taken out below
his right breast, by Physicians he further
knows that he was a continual sufferer
from said wound as long as he lived, that said
wound was Corruption and verily believes
that it was the Cause of his death, and that
Mary A. Hamby is his widow, and that they were
married in 1862

W. L. Daniel, Jr.,
Ordinary

Seen to and Subscribed
before me this October 28/16

J. M. Garner
Ordinary

Georgia Cobb County

Personally appeared before
The undersigned Ordinary in and for said
County, Dr. J. M. Moore, on oath says that
he knows Mrs. Mary A. Hamby, and that he
knew her husband J. K. Hamby, and he knows
that J. K. Hamby enlisted and served in Co. I
7th Ga Regiment, that said J. K. Hamby was
wounded in the 7 days battle around Sherman
on account of which wound he returned home
and never recovered sufficient for Service
and was discharged, said wound was by
a Minnie Ball, said ball entering at Shoulder
passing under the pectoral muscle passing
on near the breast bone, lodging just outside
the ribs and could not be taken out, where
it remained on account of its weight and
supuration sunk down gradually all the
time remaining and was finally taken
out by Dr. Westminster after it had
remained for a long period, from the
effects of which he never recovered but gradually
grew worse until his death, his whole system
having become poisoned from said bullet
I was his family physician for years and
treated for a long period, at periods as
long as said Hamby lived, this place
would rise and cure masses of Corruption
resulting in his whole system becoming poisoned
from which he died

Seen to and Subscribed
before me this Nov 1st 1916

J. M. Garner
Ordinary Cobb County Ga.

James M. Moore M.D.

travels and pure masses of corruption
resulting in his whole system becoming diseased
from which he died James W. Moore M.D.
Surrey and Subscribers
before me this 1st of 1916
J. M. Gann
Ordinary Cobb County Ga.

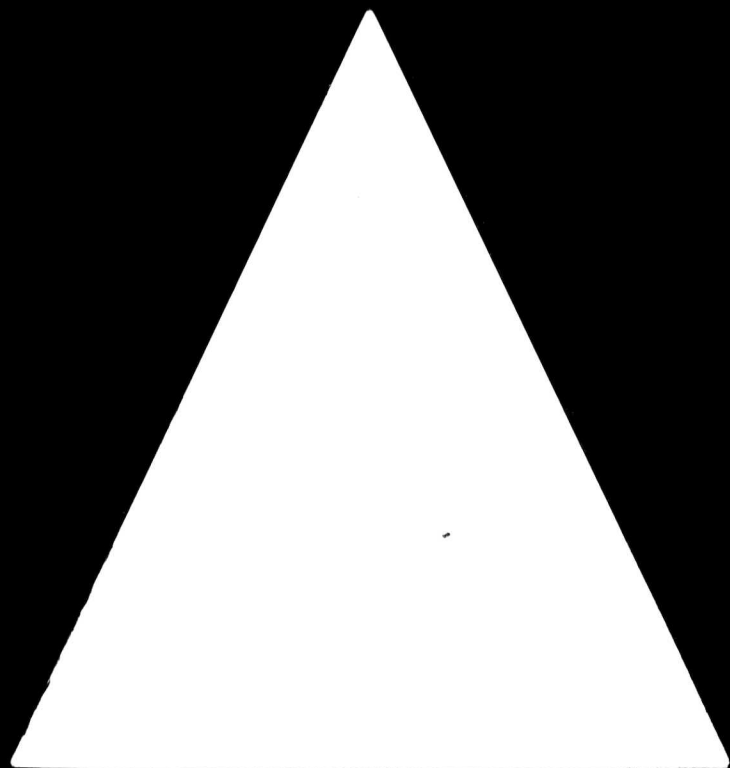
OFFICE OF
J. M. GANN
Judge of Probate Court
COBB COUNTY
MARIETTA, GA.

Georgia Cobb County;

I J. M. Gann, Ordinary of Cobb County,
Certify that J. M. Moore, is a resident of said County, and a regular
practicing physician, and has been for many years, and that his
statements is entitled to full faith and credit; Also that all
records in this office were destroyed by fire in September 1864,
including that of Marriages.



J. M. Gann
Ordinary Cobb County Ga.



POWER OF ATTORNEY.

STATE OF GEORGIA.

Cobb

(county.)

Know all Men by these Presents, That I, *Susan A. Hamby*

of

Cobb

County, do hereby appoint

of *Cobb Co*

my true and lawful attorney in fact, for

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

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

1st

day of

May

1891

Executed in the presence of us:

[L.S.]

William B. Young
J. M. Stone

DIRECTOR.

If allowed, send amount by

me at

and oblige.

to



Hamby Susan A.
Cobb County
856 1891.

No. 2596

Widows' Pension

— PAID TO —

Mrs. Susan A. Hamby

— OF —

Cobb

COUNTY.

\$100.00.

Warrant Issued

1891

AND HANDED TO

8/4/60

POWER OF ATTORNEY.

Form No. 8.

STATE OF GEORGIA.

Cobb County. }
Know all Men by these Presents, That I, *Susan A Hamby*

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *1st* day of *May* 1891

Executed in the presence of us

William H. Conner
J. M. Stone
C. J. Stone

DIRECTIONS.

If allowed, send amount by me at _____, and oblige,



Widow's Pension

PAID TO

Susan A. Hamby

Cobb

COUNTY.

\$100.00.

Warrant Issued

1891

AND HANDED TO

8/16/91

Affidavit to be Made by the Widow.

Form No. 1.

STATE OF GEORGIA.

In person came before me, the undersigned Ordinary of the County of *Cobb* and for the County of *Cobb* Mrs. *Susan A. Hamby*, who being sworn according to law, says under oath that she is the widow of *William T. Hamby*, who was a soldier in the service of the Confederate States, and served as a member of Company *C* of the *56* Regiment of *GA* Volunteers; that he enlisted in said service on or about the *10th* day of *April* 1862, and was in the *Confederate* Army up to *20th June* 1863. That while in the Army, he was on the *8th* day of *Oct* 1863. (See Note No. 1)

Came home from Vicksburg Miss with Chronicle Dr. Arhona July 1863 and died Oct the 8th 1863 with smallpox. She further swears that her said husband was confined by his feet from the time he came home until his death not being able to get up a single day from the time he came home until his death, and she further swears that said deceased was the direct cause of his death.

Deponent further swears that she was the wife of said deceased soldier during his term of service in the Army, and that she has never married since his death; that she became his wife on the *10th* day of *March* 1849, and that she has resided in Georgia continuously since the *10th* day of *Sept* 1858; that Georgia is her home, and was such on the 23d day of December, 1890, and since said date she has not lived in any other State or locality. Deponent, as the widow of said deceased soldier husband, applies for the pension provided by Act of the General Assembly of Georgia, approved December 23d, 1890, for the pension year ending February 15th, 1892, and herewith tenders the proof of her right to receive the allowance granted by said Act.

Sworn to and subscribed before me, this, the

1st day of *May* 1891. *Susan A. Hamby*
J. M. Stone Ordinary.

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

Hamby Susan A.
Cobb County
8/16 1891.

210.2596

Affidavit for Three Witnesses.

Form No. 2.

STATE OF GEORGIA,

County of Rockdale

In person came before me, the undersigned Ordinary

and for said County, witnesses

and Blackstock 2nd Lt (each known to said Attesting Officer as truthful, reliable and reputable citizens), who severally say under oath, that, from their own personal knowledge, Mrs. S. L. Hamby of the County of Cobb, who was a soldier in Company C of the 56 Regiment of Inf Volunteers.

That said soldier enlisted in the service of the Confederate States (or the Georgia State Troops) on or about the 1st day of April 1862.

That while in said service, or by reason of said service in the Army, he lost his life as follows: he contracted Crime Disease at Vicksburg, Mississippi and was sent home about the 20th of June 1863. On account of being diseased being unable to do service. That about the middle of October following he received notice in the Company of his death, which occurred on the 1st of October 1863.

J. L. Roberts, Capt, Co. C. 56th
Blackstock 2nd Lt Co C

Said J. L. Roberts says that all he knows is that the said Mr. J. Hamby was regularly enlisted in said Company & Regiment.

H. B. Moore, J. L. Daniell & P. J. Hamby.

We jointly swear that Mrs. S. L. Hamby was the wife of said soldier during the service, and that she has not intermarried since his death, and that she resides in County of the State of Georgia.

Sworn to and subscribed before me, this, the 16th day of April 1891.

J. L. Roberts
P. J. Hamby

Subscribed by J. L. Roberts
On the 16th of April 1891
M. L. Hamby

J. L. Daniell
P. J. Hamby

Sworn to by H. B. Moore, J. L. Daniell & P. J. Hamby before me, this 17th of May 1891.

J. M. Stone Ordinary Cobb Co.

Form No. 3.

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

STATE OF GEORGIA,

County of Cobb

I, J. M. Stone Ordinary

in and for said County of Cobb

State of Georgia, hereby certify that I am acquainted with Mrs. Susan S. Hamby 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, 1860, and has not lived out of the State since that date. (I also certify that the witnesses whose testimony she presents to sustain her claim are known to me to be truthful witnesses, entitled to full faith and credit as such.) I am fully satisfied that this claim is made in good faith, and that I have caused the applicant and the witnesses to read or hear read the proofs they sign.

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this, the 1st day of May 1891.

SEAL

J. M. Stone

Ordinary.

Form No. 4.

NOTES.

The pension is only payable to certain classes of widows.
Those whose husbands were killed in service.
Those whose husbands died in the army of wounds or disease contracted in the service.
Those whose husbands went to the army and have never been heard from since the war.
Those whose husbands were wounded in the army and have since died from the direct effects of the wounds.
Those whose husbands contracted disease in the service, and who after the war, died of the disease caused by the service. The disease directly causing the death.
No widow is entitled unless she was the wife of the soldier during the war, and has never remarried.
The law does not provide for any one living out of the State of Georgia, or who did not live in the State at the date of the Act.

The facts to establish a claim must be substantiated by the testimony of three witnesses who personally know of the enlistment of the husband and his death and the immediate cause of the death.
Widows who have married since the service of their husbands in the army are not entitled.
There is no need of employing a lawyer or other agent to attend to these claims. The Department will furnish full and specific instructions, and give ample opportunity to every claimant.
If witnesses live in another County from that wherein applicant resides, they must go before the Ordinary and testify. The attestation of a Justice of the Peace or Notary will not answer.
Fill out Power of Attorney authorizing some one who can call at Treasurer's office in Atlanta and receive the money, to receipt for same.
Fill out the "directions" below Power of Attorney, so that your Agent will know where and how to send the money.
By order of the Governor.
W. H. HARRISON,
Sec. Ex. Department.

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

Form No. 2.

STATE OF Georgia, County of Cobb
 I, J. M. Stone Ordinary in and for said County of
Cobb, State of Georgia, hereby certify that I am acquainted with Mrs.
Susan A. Hamby the applicant for a pension in this case, and
 know, from my own knowledge, (or from positive proof presented to me by reputable witnesses),
 that she resides in this County, and that she resided in the State of Georgia on December 23,
 1890, and has not lived out of the State since that date. That she is the widow of
W. J. Hamby deceased, and as such has heretofore been allowed a
 pension for the year ending February 15th 1892.

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this, the
 8th day of July, 1893.

J. M. Stone Ordinary.

POWER OF ATTORNEY.

STATE OF Georgia, County of Cobb
 KNOW ALL MEN BY THESE PRESENTS, That I, Susan A. Hamby
 of Cobb County, in said State, do hereby appoint
J. M. Stone my true and lawful attorney in fact, for
 me and in my name, to receive and receipt for whatever amount of money I may be entitled to
 from the State of Georgia as a widow of a Confederate Soldier, as stated in the foregoing affi-
 davit; hereby authorizing my said Attorney to receipt in my name for any Warrant that may be
 issued by the Governor, or for any sum of money which may be coming to me for the reason
 aforesaid.

In Witness Whereof, I have hereunto set my hand and seal, this
 day of July, 1893. Susan A. Hamby [L. S.]

Executed in the presence of us:

T. H. Hamby
J. M. Hamby

DIRECTIONS.

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

Widow's Pension,

for year ending February 15th, 1893.

PAID TO—

Susan A. Hamby
Hamby
Cobb County.

Warrant Issued

9/10 1893

AND HANDED TO

J. M. Stone

W. J. Hamby, State Printer, Atlanta.

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

Form No. 2.

STATE OF Georgia, County of Cobb
 I, J. M. Stone Ordinary in and for said County of
Cobb, State of Georgia, hereby certify that I am acquainted with Mrs.
Susan A. Hamby the applicant for a pension in this case, and
 know, from my own knowledge, (or from positive proof presented to me by reputable wit-
 nesses), that she resides in this County, and that she resided in the State of Georgia on
 December 23, 1890, and has not lived out of the State since that date. That she is the
 widow of W. J. Hamby deceased, and as such has heretofore
 been allowed a pension for the year ending February 15th, 1892.

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office,
 this, the 12th day of July, 1894.

J. M. Stone Ordinary.

POWER OF ATTORNEY.

STATE OF Georgia, County of Cobb
 KNOW ALL MEN BY THESE PRESENTS, That I, Mrs. S. A. Hamby
 of Cobb County, in said State, do hereby appoint
Marietta Hamby my true and lawful attorney in fact, for
 me, and in my name, to receive and receipt for whatever amount of money I may be en-
 titled to from the State of Georgia as a widow of a Confederate Soldier, as stated in the
 foregoing affidavit; hereby authorizing my said Attorney to receipt in my name for any
 Warrant that may be issued by the Governor, or for any sum of money which may be
 coming to me for the reason aforesaid.

In Witness Whereof, I have hereunto set my hand and seal, this
 day of July, 1894. Susan A. Hamby [L. S.]

Executed in the presence of us:

T. H. Hamby
G. M. Hamby

DIRECTIONS.

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

Widow's Pension,

for year ending February 15th, 1894.

PAID TO—

Susan A. Hamby
Hamby
Cobb County.

Warrant Issued

7/13 1894

AND HANDED TO

J. M. Stone

W. J. Hamby, State Printer, Atlanta.

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of Cobb

Personally comes Mrs.

Susan H. Hamby

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

Cobb

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

continuously ever since

Sept. 15

1833

That she is the Widow of

H. J. Hamby

who was a Soldier in Company

"E." of the

56th

Regiment of

Georgia

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

April

1861 and served in the Army up to

July

1863

That he lost his

life on the

8th

day of

October

1863 (State here

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

That while in the Confederate Army as a soldier, while at Vicksburg, Mississippi, he was attacked with Chronic Diarrhoea, and came home July 1863, and died with said disease while at home, on the 8th day of October 1863.

Deponent swears that she was the wife of said deceased soldier during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 1849, that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension for the year ending February 15th, 1892, and now apply for the allowance provided by law for the year ending February 15th, 1893.

Sworn to and subscribed before me, this

8th day of July, 1893.

J. H. Stow Ordinary.

Post-office

Susan H. Hamby
mark
Smyrna Ga

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of Cobb

Personally comes Mrs.

S. A. Hamby

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

Cobb

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

continuously ever since

Sept. 15

1833

That she is the Widow of

H. J. Hamby

who was a Soldier in Company

"E." of the

56th

Regiment of

Georgia

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

April

1861 and served in the Army up to

July

1863

That he lost his

life on the

8th

day of

October

1863 (State here

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

That while in the Confederate Army at Vicksburg Miss. he was attacked with Chronic Diarrhoea in July 1863. — He came home and died with said disease on the 8th day of October 1863.

Deponent swears that she was the wife of said deceased soldier during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 1849, that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension for the year ending February 15th, 1893, and now apply for the allowance provided by law for the year ending February 15th, 1894.

Sworn to and subscribed before me, this

8th day of July, 1894.

J. H. Stow Ordinary.

Post-office

S. A. Hamby
mark
Smyrna Ga

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

Form No. 1.

STATE OF GEORGIA, County of Cobb

Ordinary in and for said County of

I, *John Stone*
Susan A. Hamby
 State of Georgia, hereby certify that I am acquainted with Mrs. *Susan A. Hamby* the applicant for a pension in this case, and know from my own knowledge (or from positive proof presented to me by reputable witnesses), that she resides in this County, and that she resided in the State of Georgia on December 23, 1890, and has not lived out of the State since that date. That she is the widow of *W. J. Hamby* deceased, and as such has heretofore been allowed a pension for the year ending February 15th, 1894.

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this, the *23rd* day of *Jan*, 1895.

Ordinary.

POWER OF ATTORNEY.

Form No. 2.

STATE OF GEORGIA, County of Cobb

KNOW ALL MEN BY THESE PRESENTS, That I, *Susan A. Hamby*

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

In Witness Whereof, I have hereunto set my hand and seal, this *23rd* day of *Jan*, 1895.

Executed in the presence of us:

L. H. ...

DIRECTIONS.

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

FOR THOSE HERETOFORE PAID.
1895.
 No. *453*
WIDOW'S PENSION,
 for year ending February 15th, 1895.
 PAID TO *Susan A. Hamby*
 widow of *W. J. Hamby* County, *Cobb*
WARRANT ISSUED
24 Jan 1895.
AND HANDLED TO
any

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

Form No. 1.

STATE OF GEORGIA, County of Cobb

Ordinary in and for said County of

I, *John Stone*
Susan A. Hamby
 State of Georgia, hereby certify that I am acquainted with Mrs. *Susan A. Hamby* 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 20, 1890, and has not lived out of the State since that date. That she is the widow of *W. J. Hamby* deceased, and as such has heretofore been allowed a pension for the year ending February 15th, 1895.

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this the *28th* day of *Jan*, 1896.

Ordinary.

POWER OF ATTORNEY.

Form No. 2.

STATE OF GEORGIA, County of Cobb

I, *Susan A. Hamby* hereby authorize *John Stone* of *Marquette Ga* to receive and receipt for the pension and interest and request that he remit same to *me by check*

In Witness Whereof, I have hereunto set my hand and seal, this *28th* day of *Jan*, 1896.

Executed in the presence of *Susan A. Hamby* X [i.e.]

FOR THOSE HERETOFORE PAID.
1896.
 No. *3531*
WIDOW'S PENSION,
 for year ending February 15th, 1896.
 PAID TO *Susan A. Hamby*
 widow of *W. J. Hamby* County, *Cobb*
WARRANT ISSUED
29 Jan 1896.
AND HANDLED TO
any

Hamby Susan A.
Cobb County

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of Cobb

Personally Comes Mrs.

Susan A. Namby

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

Cobb

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

continuously ever since

Sept. 15

1833 That she is the Widow of

H. J. Namby

who was a Soldier in Company

E

of the

52nd

Regiment of

Ga.

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

April

1862 and served in the Army up to

July

1863 That he lost his

life on the

8th

day of

Oct.

1863 (State here

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

That he was while in the Confederate Army at Vicksburg, Miss. Afflicted with Chronic Diarrhoea. Came home in July 1863 and died of said disease on the 8th day of October 1863.

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 1849, that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension for the year ending February 15th, 1894, and now apply for the allowance provided by law for the year ending February 15th, 1895.

Sworn to and subscribed before me, this

73rd

day of Jan'y

1895.

Susan A. Namby
mark
Ordinary. Post-office Emporia Ga

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of Cobb

Personally Comes Mrs.

Susan A. Namby

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

Cobb

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

continuously ever since

Sept. 15

1833 That she is the Widow of

H. J. Namby

who was a Soldier in Company

E

of the

52nd

Regiment of

Ga.

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

April

1862 and served in the Army up to

July

1863 That he lost his

life on the

8th

day of

Oct.

1863 (State here

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

That while in the Confederate Army at Vicksburg, Miss. he contracted Chronic Diarrhoea and died with said disease on the 8th day of October 1863.

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 1849, that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension as a resident of Cobb County for the year ending February 15th, 1895, and now apply for the pension provided by law for the year ending February 15th, 1896.

Sworn to and subscribed before me, this

28th

day of Jan'y

1896.

Ordinary.

Post-office

Susan A. Namby
mark
Emporia Ga

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

Form No. 2.

STATE OF GEORGIA, County of Poble
 I, J. M. Stone Ordinary in and for said County of
Poble State of Georgia, hereby certify that I am acquainted with Mrs.
Susan A. Hamby the applicant for a pension in this case, and
 know from my own knowledge (or from positive proof presented to me by reputable witnesses) that she
 resides in this County, and that she resided in the State of Georgia on December 23, 1890, and has not
 moved out of the State since that date. That she is the widow of W. J. Hamby
 deceased, and as such has heretofore been allowed a pension for the year ending February 15th, 1896.
 In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this
4th day of July 1897.
J. M. Stone Ordinary.

Form No. 3

POWER OF ATTORNEY.

STATE OF GEORGIA, County of Poble
 I, Susan A. Hamby hereby authorize J. M. Stone
Menettte Ha to receive and receipt for the pension and herein request
 that he remit same to me by check
 In Witness Whereof, I have hereunto set my hand and seal, this
4th day of July 1897.
Susan A. Hamby [L.S.]
 Executed at the residence of
G. M. Hamby
K. H.

Hamby Susan A.
Cott County
 FOR THOSE HERETOFORE PAID.
1897.
No. 3653
WIDOW'S PENSION,
 for year ending February 15th, 1897.
W. J. Hamby
Poble County.
 widow of
W. J. Hamby
 RICHARD JOHNSON,
 Commissioner of Pensions.
 WARRANT ISSUED
July 6
1897.
 AND HANDED TO
W. J.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA

County of

Cobb

Personally Comes Mrs.

Susan A. Hemby

who being sworn, says on oath, that she is a bona fide resident of said county of
Cobb State of Georgia, and that she has RESIDED in said State
continuously ever since Sept. 15 18 33 That she is the Widow of

E

of the

W. J. Hemby

Regiment of

who was Soldier in Company

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

186 7 and served in the Army up to

life on the

day of July Oct.

186 3 That he lost his

18 63 (State here

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

That while in the
service at Vicksburg Miss.
he contracted dysentery
Dysentery from which he
died on the 8th day of
October 1863.

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier,

and that she has never married since his death aforesaid, that she became his wife in the year 18 49

that Georgia is her home and she resided in this State 23d day of December, 1890, and has not

lived in any other State or locality since that date. I have been allowed a pension as a resident of

Cobb

County for the year ending February 15th, 1896, and now apply for

the pension provided by law for the year ending February 15th, 1897.

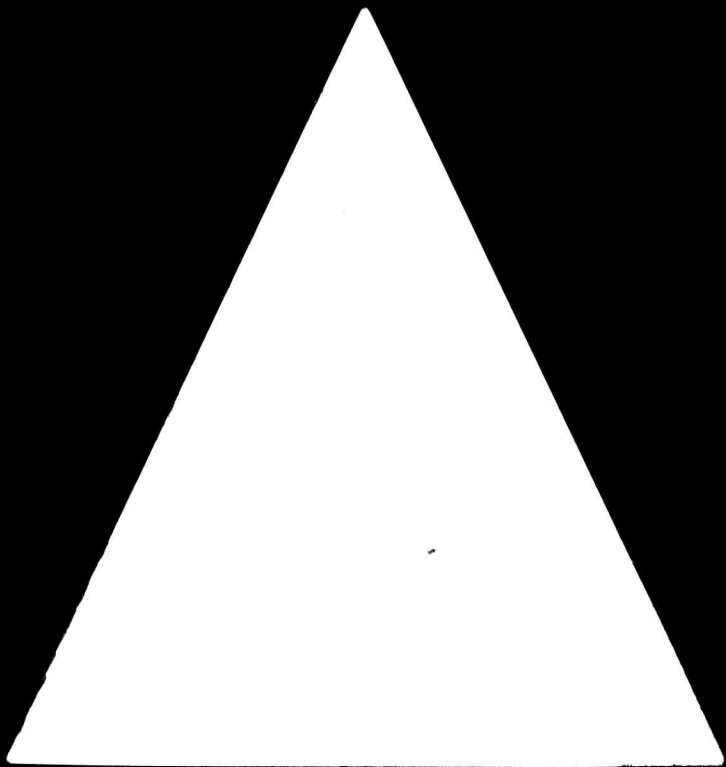
Sworn to and subscribed before me, this

4th

day of July 1897.

Ordinary.

Susan A. Hemby
Post office Anyma Ga.



John H. C. ...
No. 896

INVALID
Soldier's Pension

1899

Name H. C. James

County Cobb

Disability Disease

Amount, \$

RICHARD JOHNSON

Commissioner of Pensions

WARRANT HANDED TO

1899-1902

Pension of 1902

This testimony
falls - to confirm the
pension of applicant
in the month of August
of any disease
or injury sustained
on account of his
the Confusion of
Mind and finally
the grant of pension
Current of Pension
Case of Pension

Executed in the presence of

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

STATE OF GEORGIA

County

Power of Attorney

Form No. 6

Affidavit for Three Witnesses.

Form No. 2.

STATE OF GEORGIA,

Cobb

County.

PERSONALLY appears before me, the undersigned Ordinary in and for said County, *J. E. O. Daniel*

and

personally known to me to be trustworthy citizens, each of whom, being duly sworn according to law, severally say, under oath, that they are personally and well acquainted with, *Nautil K. Hames*

whose application is herewith presented for a pension, that he has resided in this State continuously since the *1862*, that he served in Company *of the 1st*

of the 1st Regiment *of the 1st* Brigade, and from our personal knowledge, he while in the service, was injured by the service as follows: (give full statement, and state in your own words, when, where and how the injury happened, or the disease was contracted, and to what extent applicant is disabled from work as a result thereof.) *as Blacksmith and was called into active service in the*

Shannon, Georgia, and assigned to Capt. Clement Company
of the 1st Regiment *of the 1st* Brigade, and from our personal knowledge, *Nautil K. Hames*, was in the *1st* Battalion, *Department of the Confederacy*, as was ordered, with him as a member of *Company* *of the 1st* Battalion, *Department of the Confederacy*, and served the *1st* Battalion, *Department of the Confederacy*, through the *1st* Battalion, *Department of the Confederacy*, and that during said Company, he contracted Rheumatism from *exposure* in the *1st* Battalion, *Department of the Confederacy*, of *South Carolina*, and that he is *afflicted with said disease*, and that he is *incapable of performing manual labor* on account of said disease, and that he is *always totally blind* on account of said disease, and that he is *afflicted with his eyes*, and *light*

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

He was honorably discharged or retired from the service *at the termination of Nautil K. Hames*

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

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

Sworn to and subscribed before me, this *15th* day of *March*, 1899.

J. E. O. Daniel
Ordinary

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

Physicians' Affidavit.

Form No. 2.

STATE OF GEORGIA,

Cobb

County.

PERSONALLY comes before me, *E. J. Setts M.D.* Ordinary of said County,

and *J. H. Semple M.D.*, both known to me as reputable physicians of said County, who being severally sworn, say on oath, that they have carefully examined

Nautil K. Hames and after such personal examination, say that the present

condition of applicant is as follows: *Chronic Rheumatism, Partial loss of*

sight - infirmity of age, he is now seventy

three years of age. He is totally unable to

follow his occupation, nor in any way he

being a farmer.

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

Loss of sight is due to Rheumatism
of the eye, being involved.

We have treated applicant professionally for *a number* years, and his condition, as above stated,

does *not* arise from hereditary or congenital causes, or from vicious or intemperate habits.

Sworn to and subscribed before me, this *15th* day of *March*, 1899.

E. J. Setts M.D.
J. H. Semple M.D.
Ordinary.

NOTE 1. State fully the physical condition and especially the extent of disability, and disability results from wounds, injury, acute or chronic, character and present condition. If from disease, give name and character, and its course or origin.

NOTE 2. The physicians will be careful to fill every blank space in this.

STATE OF GEORGIA,

Cobb

County.

I, *J. E. O. Daniel* Ordinary of said County,

do certify that I am well acquainted with *Nautil K. Hames* the

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

resides in this County and has been a bona fide resident since the *1st* day of *March*, 1899.

I also certify that the witnesses, to-wit: *J. E. O. Daniel* and *J. H. Semple*

and *M. K. Adams* are persons of respectability, that their statements are worthy of full credit and belief and that the full text of the affidavit was read to and understood by them before they signed the same.

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

J. E. O. Daniel
Ordinary.

Cobb County.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County. }

I, *Y. C. Haines* hereby authorize
John Lindsey of _____

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

at _____

IN WITNESS WHEREOF, I have hereunto set my hand and seal this *6th*

day of *January* 1903.

Y. C. Haines [s.]

Executed in presence of

John Lindsey

(OUR SECTION 1903.
(FOR THOSE ALREADY ENROLLED.)

No. *274*

DISABLED

SOLDIER'S PENSION

1903.

Name *Y. C. Haines*

County *Cobb*

Co. _____ Regiment _____

Disability _____

Amount, \$ _____

1903.

JOHN W. LINDSEY,

Commissioner of Pensions

WARRANT HANDED TO

John Lindsey

Clerk W. Harrison State Printer, Atlanta.

W. date

Georgia
Cobb County } Personally appeared before me
the undersigned, Ordinary in and
for said County, *Lemuel Black*,

Who being duly sworn says on oath, says that *N. C. Haines* was in the Confederate Service during "Sherman's March through Georgia" and South Carolina in 1864. Dependent did not belong to the same Regiment but did belong to the same Brigade.

And knows that said *Haines* belonged to the extra ordinary force taken from the various departments that was called into line by the Confederate Government to repel Sherman's invasion. Dependent knows that said *Haines* was in very feeble condition of health after the Siege of Savannah and Atlanta. That this diseased condition was brought on from exposure and hardships during that Campaign. Dependent further says that said *Haines* is rarely able to

Sign to and subscribed
before me this *29th* day
of *April* 1899
J. M. Stone
Ordinary

Lemuel Black

*Capt James Russell's Trench Company
Russell's Battn. 1st Cavalry*

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cobb County,

Personally appears *W. B. Carnes* of *Cobb*

County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has resided therein continuously ever since the day of 18__; that he enlisted in the military service of the Confederate States (or of the State of __) during the war between the States, and served as a __ in Company __, of __th Regiment of __ Volunteers, __'s Brigade; that whilst engaged in such military service in the State of __, on the __ day of 189__, he was wounded, injured or diseased as follows:

Age 13

Deponent makes application for the pension to which he is entitled for the year ending October, 31st, 1903. I have heretofore, under said law, as a resident of *Cobb* County, been *allowed* an invalid pension of *\$50* Dollars, for the year 1902.

Sworn to and subscribed before me, this *7th* day of *June*, 1903. Post-office *W. B. Carnes*

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

STATE OF GEORGIA,

Cobb County,

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

Given under my official signature and seal, this *6* day of *Jan*, 1903.

W. B. Carnes Ordinary, *Cobb* County.

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

State of Georgia
Cobb County Personally appeared before me, the undersigned, *Ordinary in and for said County*, *W. B. Carnes*, who

being duly sworn, says that he is well acquainted with *N. C. Carnes* and served in *Major Clements* Battalion with said *Carnes* during the campaign of 1864. Said Battalion being composed of employees of the Confederate States in various departments and called up here to repel Sherman in his march through Georgia and South Carolina. W. B. Carnes says that said *Carnes* contracted Rheumatism with *Sherman's* Campaign and is afflicted with it and that said *Carnes* is almost blind.

Sworn to and Subscribed before me this *May 20th* 1899.

W. B. Carnes
Ordinary

W. B. Carnes is a resident of *Cobb County*, aged as a witness is worthy of full faith & credit. *May 20th 1899*
W. B. Carnes Ordinary

Additional Testimony

Georgia
Cobb County

Personally came before
us John H. Simpson and E. J.
Stacy, both known true and
reputable Citizens of said County, who being
legally sworn, say on oath that they
have carefully examined N. C. Hauns
applicant for pension under Section
250 of the Code, and after careful and
personal examination that his precise
physical condition is as follows -
that we have treated him for many
years for Rheumatism contracted from
exposure in the service of the Confederate
States during the invasion of
Georgia in 1864. That by reason
said disease affecting the optic
Nerve said Hauns is blind and
has been rendered ^{permanently} ~~permanently~~
and practically ^{permanently} ~~permanently~~ ^{incapable} to perform
the ordinary ^{usual} ~~usual~~ vocations of life.

From our knowledge
of Mr. Hauns we are satisfied that the
Rheumatism resulting in his blindness was
contracted while in line of duty while in
line of duty as a Soldier and is permanently

Sworn to &
seen this 4th day

of September 1891

John H. Simpson

E. J. Stacy

John H. Simpson M.D.

STATE OF GEORGIA.

Form No. 4.

Cobb County.

I

do certify that I am well acquainted with *H. C. Hamer* the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and he is disabled, as he claims, and I know he is the individual he represents himself to be, and that he resides in this County and has been a bona fide resident since the day of *Dec*, 18 *49*.

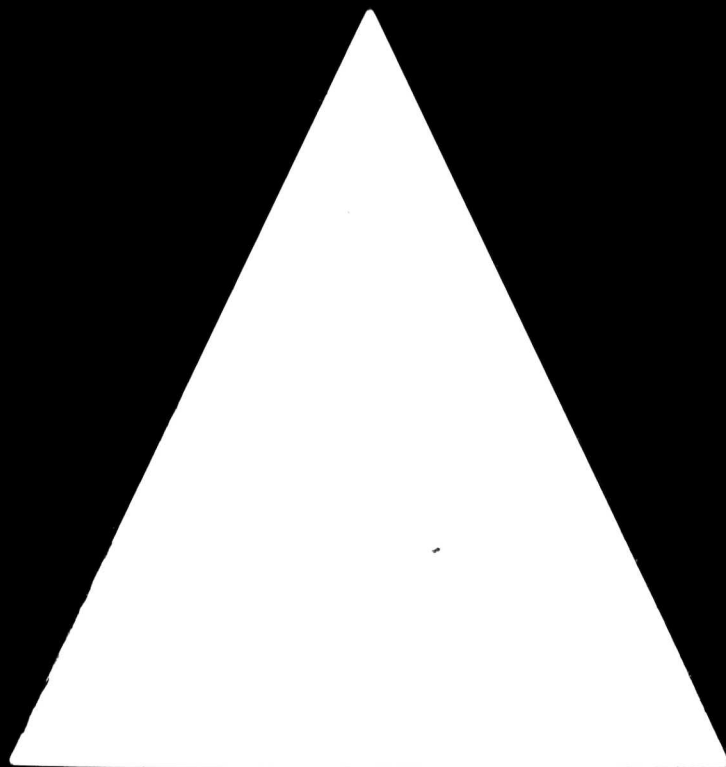
I also certify that the witnesses, to wit: *E. O. Daniel* and *Samuel Blackwell* are persons of respectability, that their statements are worthy of full credit and belief and that the full text of the affidavit was read to and understood by them before they signed the same.

Given under my official signature and seal this *29* day of *May*, 1890.

J. L. Stone
Ordinary
Cobb County.

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

No data
We certify that *H. C. Hamer* has been under that much of one or other of the undersigned long since the civil war, and has had Rheumatism dating from that time. He is now almost totally blind, can scarcely see to walk. Was complained of pain in eyes, during all this time of Rheumatic attacks.
John H. Simpson M.D.
E. J. Selge M.D.



Thomas Harrison G

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb }
COUNTY.

herely authorizes

James Harrison G
Thomas Harrison G
to receive and receipt for the pension paid herein, and request that he remit same to

at

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

[L.S.]

Executed in presence of

James M. Harrison

James Harrison

TO THOSE HERETOFORE PAID.

1904.

No. *220*

INDIGENT
WIDOW'S PENSION

FOR YEAR ENDING DECEMBER 31, 1904.

PAID TO

Montgomery Barnes

Cobb County,

Widow of *Thos M Barnes*

Co. *6* 64 Regiment.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED

JAN 25 1904.

AND HANDLED TO

O. G.

Geo. W. Harrison, State Printer, Atlanta.

Thomas Gammon &

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb COUNTY.

Henry James

hereby authorize

John Henry 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 *11* day of *May* 1904.

Henry James

[L. S.]

Executed in presence of

James H. James

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb COUNTY.

Henry James

hereby authorize

John Henry 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 *11* day of *May* 1905.

Henry James

[L. S.]

Executed in presence of

James H. James

Henry James
Cobb County
TO THOSE HERETOFORE PAID.

1904.

No. *239*

INDIGENT

WIDOW'S PENSION

FOR YEAR ENDING DECEMBER 31, 1904.

PAID TO

Mrs. Henry James

County,

Cobb

Widow of *Thos. H. James*

Co. *C*, *64* Regiment

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

May 25 4 1904.

AND HANDLED TO

John Henry

Gen. W. Harrison, State Printer, Atlanta.

To Those Heretofore Paid.

1905.

No. *239*

INDIGENT

WIDOW'S PENSION,

For year ending Dec. 31, 1905.

PAID TO

Mrs. Henry James

County,

Cobb

Widow of

Co. _____ Regiment.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

May 23 1 1905.

AND HANDLED TO

John Henry

The Atlantic Printing and Publishing Co., Atlanta.
Gen. W. Harrison, Manager, State Printer.

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

Form No. 2.

STATE OF GEORGIA,

County of Colt

PERSONALLY COMES MRS.

Nancy Hamer

who, being sworn, says on oath that she is a bona fide resident of said County of Colt State of Georgia, and that she has RESIDED in said State continuously ever since the year 1864. That she is the Widow of Thos W Hamer who was a soldier in Company 6 of the 64 Regiment of 61

Volunteers, that he enlisted in said regiment on or about the month of March 1864, and served in the Army up to April 1865. That he died on the day of 1875.

Owing to age Infirmit and Poverty she is unable to support herself

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1876

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

Sworn to and subscribed before me, this 11 day of January 1904. Nancy Hamer John Anthony Ordinary Post Office

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

Given under my official signature and seal, this 1 day of January 1904.

Official Seal

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

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

Form No. 2

STATE OF GEORGIA,

County of Colt

PERSONALLY COMES MRS.

Nancy Hamer

who, being sworn says on oath, that she is a bona fide resident of said County of Colt State of Georgia, and that she has RESIDED in said State continuously ever since 1847. That she is the Widow of Thos W Hamer who was a soldier in Company 6 of the 64 Regiment of

Volunteers, that he enlisted in said regiment on or about the month of March 1864, and served in the Army up to April 1865. That he died on the day of 18

Age Infirmit and Poverty

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1876

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

Sworn to and subscribed before me, this 4 day of January 1905. Nancy Hamer John Anthony Ordinary Post Office

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

Given under my official signature and seal, this 15 day of January 1905.

Official Seal

Ordinary of Colt County.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb COUNTY.

I, Nancy James hereby authorize John Swinney of Maricopa, Ga. to receive and receipt for the pension paid hereon, and request that he remit same to

at

In Witness Whereof, I have hereunto set my hand and seal, this 8

day of January 1906.

Nancy James [L. S.]

Executed in presence of

J. M. Gann

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb COUNTY.

I, Nancy James hereby authorize John Swinney of _____ to receive and receipt for the pension paid hereon, and request that he remit same to

at

In Witness Whereof, I have hereunto set my hand and seal, this 12

day of January 1907.

Nancy James [L. S.]

Executed in presence of

J. M. Gann

To Those Heretofore Paid

1906.

No. 308

INDIGENT

WIDOW'S PENSION,

For year ending Dec. 31, 1906.

PAID TO
Mrs. Nancy James

of

Cobb County,

Widow of Elizabeth James

Co. 64 2d Regiment.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

1/3 1906.

AND HANDLED TO

any

THE PENNSYLVANIA INSURANCE AND GUARANTEE CO., ATLANTA, GA.

James, Nancy
Cobb County
To Those Heretofore Paid

1907.

No. 308

INDIGENT

WIDOW'S PENSION,

For year ending Dec. 31, 1907.

PAID TO

Mrs. Nancy James

of

Cobb County,

Widow of Elizabeth James

Co. 64 2d Regiment.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

1/3 1907.

AND HANDLED TO

THE PENNSYLVANIA INSURANCE AND GUARANTEE CO., ATLANTA, GA.

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

Form No. 1

STATE OF GEORGIA,

County of Cobb

PERSONALLY COMES MRS.

Nancy James

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

Thos N James

who was a soldier in Company

8

of the 64 84

Regiment of

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

186

and served in the Army up to

186

That he died on

the

day of

18

age & poverty

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 18

I have been allowed an Indigent pension as a resident of Cobb

County, under Act 1900, for the year 1905, and now apply for the pension provided by law for the year ending December 31, 1906.

Sworn to and subscribed before me

this 8 day of May 1906.

Nancy James

Ordinary.

Post Office

State of Georgia,

Cobb

County.

I,

Ordinary of said County, certify that I am well

acquainted with Mrs. Nancy James, who made the above affidavit, and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the

day of May 1894

Given under my official signature and seal, this 30 day of May 1906.

Official Seal

John H. Harty
Ordinary of Cobb County.

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

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

Form No. 2

STATE OF GEORGIA,

County of Cobb

PERSONALLY COMES MRS.

Nancy James

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

Thos N James

who was a soldier in Company

of the

Regiment of

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

186

and served in the Army up to

186

That he died on

the

day of

18

age & poverty

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 18

I have been allowed an Indigent pension as a resident of Cobb

County, under Act 1900, for the year 1906, and now apply for the pension provided by law for the year ending December 31, 1907.

Sworn to and subscribed before me

this 12 day of May 1907.

Nancy James

Ordinary.

Post Office

State of Georgia,

Cobb

County.

I,

Ordinary of said County, certify that I am well

acquainted with Mrs. Nancy James, who made the above affidavit, and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the

day of

18

Given under my official signature and seal, this 12 day of May 1907.

Official Seal

John H. Harty
Ordinary of Cobb County.

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

1000

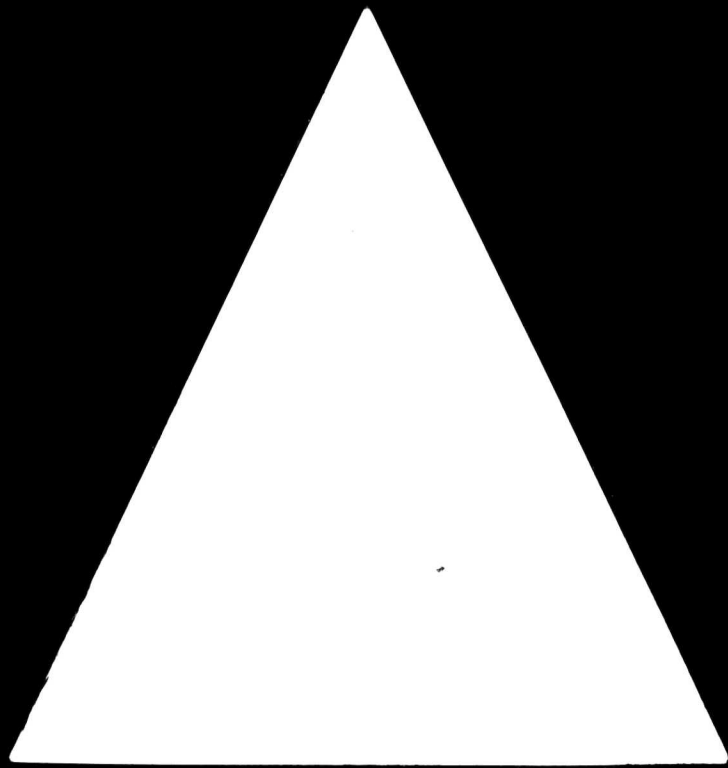
Ordinary of Cook County.

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

1000

Ordinary of Cook County.

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



POWER OF ATTORNEY.

STATE OF GEORGIA,

County of Bolton

I, Charles Hamilton, hereby authorize

of Boale County to receive and receipt for the pension allowed and that he remit the same to me at La Grange, Ga. by his check or registered mail.

Witness my hand this _____ day of _____ 1901

Witnessed my hand this _____ day of _____ 1901
Joseph M. Shaw Attorney
Charles Hamilton
 County of _____

Hamilton, Charles
Col R C

O.K. No. _____

WIDOW'S
 Indigent Pension.
 1901.

Name Phonys Hamilton

County Bolton

Widow of Milton B Hamilton
Col R C 24 - Ga

Approved _____ 1901.

JOHN W. LINDSEY,
 Commissioner of Pensions.

WARRANT HANDED TO _____

_____ 1901.

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

5/9 1901

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.

I, Charity S. Hamilton, hereby authorize B. J. Fry of Cobb County, to receive and receipt for the pension allowed and that he remit the same to me at Lawson by his check or registered mail.

Witness my hand this _____ day of _____ 1901

Executed in presence of

Joe M. Lane Ordinary.

County

Charity S. Hamilton

(REAL)

Questions for Applicant.

STATE OF GEORGIA,

Cobb County.

Mrs. Charity S. Hamilton of said State and County, desiring to avail herself of the Pension allowed to Indigent Widows of Confederate Soldiers, under Act of General Assembly, passed 1900, hereby submits her proofs, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:

- What is your name and where do you reside? (Give State, County and Post Office.) Mrs. Charity S. Hamilton, Lawson, Cobb
- How long and since when have you been a resident of this State? All my life
- When and where were you born? 1870 7th day of June
- When and where was your husband born, state his full name, and when were you and he married? 1868 January 2nd, J. C. Mullen & B. Hamilton
- When and where, and in what Company and Regiment did your husband enlist or serve during the war between the States? 1862 In white county, Cobb
- How long did your husband serve in said Company and Regiment? March 4, 1863
- When and where did your husband's Company and Regiment surrender and was discharged? In 1863 April, he was in prison at Point Lookout
- Was your husband present at the time and place when his Company and Regiment surrendered? No, he was in prison at Point Lookout, Md.
- If not with his command at surrender, state clearly and specifically where he was, when he left command, for what cause, and by what authority? He was in prison at Point Lookout & was captured by our own forces
- When and where did your husband die? 1870 at the time he was in prison at Point Lookout
- Which of the following grounds do you base your application for Pension, viz: First—Age and Poverty; Second—Infirmary and Poverty, or Third—Blindness and Poverty? 1st & 2nd grounds
- If upon the first ground, state how long you have been in such a condition that you cannot earn your support. If upon the second, give a full and complete history of the infirmity and its extent. If upon the third, state whether you are totally blind, and when and where you lost your sight? Not enough my husband died of Rheumatism in feet & fingers at all & from the effects of Rheumatism
- What has been your occupation since your husband's death? No occupation my children have been helping me
- How much can you earn gross, by your own exertion or labor? Nothing at all
- What property, real, personal, or income do you have or possess, and its gross value? No property of any kind, no income, no goods or value
- What property, real or personal, did you possess at death of husband or he left you, and of the year 1899-1900, and what disposition, if any, by sale or gift, have you made of the same? No property my husband left me property, he wanted him to have
- In what counties did you reside in 1899 and 1900, and what property did you return for taxation? Cobb no property
- How have you been supported since death of husband, and especially for 1899 and 1900? By my children all the time since 1895
- How much did your support cost for each of those years, and how much did you contribute by your own labor or income? Could not support myself, no contribution
- What was your employment during 1899 and 1900—how much did you receive for each year? No employment, no work, nothing at all, no work
- Have you a family? If so, who composes such family? Give their means of support? Have they any lands or other property? No, no, no means of support, no, no
- Have you ever made an application for pension before? Yes, was refused
- How many applications have you made for a Pension, and under what class? One application under widows of soldiers

Sworn to and subscribed before me this

day of July 1901

John W. Lindsey Ordinary,

Cobb County.

Hamilton, Charity S.

Cobb

No.

WIDOW'S

Indigent Pension.

1901.

Name Charity S. Hamilton

County Cobb

Widow of John C. Mullen & B. Hamilton

Cobb, 24 - 70

Approved _____ 1901

JOHN W. LINDSEY,

Ordinary of Pension.

WARRANT HANDS TO

1901.

July 1901

Questions for Witnesses.

STATE OF GEORGIA,

Cobb County.

W. W. Hamilton of said State and County, having

been presented as a witness in support of the Application of Mrs. Charity S. Hamilton for a Pension under the Act of

1900, and after having been duly sworn true answers to make to the following questions, depose and answers as follows:

- What is your name and where do you reside?
Cobb County Ga Marietta
- Are you acquainted with the applicant, Mrs. Charity S. Hamilton
If so, how long have you known her?
all my life
- Where does she reside and how long and since when has she been a resident of this State?
at Marietta
- When and where was she born?
7 days of June 1840. Marietta, Ga
- Were you ever acquainted with her husband?
Whiteley S. Hamilton
- Where did he reside in 1861?
Whiteley S. Hamilton
- When and to whom was he married?
Whiteley S. Hamilton
- When and where was he born?
Whiteley S. Hamilton
- How long have you known him?
all my life
- When and where did W. W. Hamilton enlist in the war between the States, and in what Company and Regiment did he enlist and how do you know this?
the morning he left to go to war but can't give dates
- Were you a member of the same Company and Regiment?
No

- How long did he perform regular military duty?
about 3 1/2 or 4 years
- When and where was the Company and Regiment surrendered and discharged from service?
about 3 1/2 or 4 years

- Were you with the command when it surrendered?
No
- Was W. W. Hamilton the husband of applicant present?
I don't know
- If not present, where was he?
I don't know

- When and where did he leave his Command?
In 1865. I don't know why
- By whose authority he left?
I don't know
- How do you know all this?
(State fully and clearly) By what I saw my self & by reputation

- When and where did W. W. Hamilton die?
In Cobb County Ga in 1890 March 11th
- Where did he reside at his death and how long had he been a resident of Georgia at his death?
In Cobb County Ga about 45 or more years

- Do you of your own knowledge know that applicant is the lawful widow of W. W. Hamilton?
Yes
- Has she remained unmarried since her soldier husband's death, and is now his widow?
Yes

- What property, effects or income has the applicant, if any, and how do you know this of your own knowledge?
none - I know this because I know all about her worldly circumstances
- What property, effects or income did applicant possess in 1899 and 1900 and what disposition did she make of it?
No. No disposition

- Has applicant conveyed any property in last two years or given any away, if so what was it and to whom?
No

- What is applicant's physical condition and her chances and ability to earn a support?
she suffers great deal from rheumatism in her fingers on all fingers and in her back. She can not work at all. Her feet are very much swollen

26. Is applicant able to earn a support at home or any way?
No because of rheumatism

27. How was she supported for 1899 and 1900?
By her children

28. How much did applicant contribute to her support for last two years?
nothing at all

29. Give a full and complete statement of applicant's physical condition?
she is very feeble her fingers & feet are swollen from the effect of rheumatism. She is not able to do anything

30. What interest have you in the recovery of this pension by the applicant?
no interest

Sworn to and subscribed before me this 10 day of April 1901
John A. Swartz Ordinary,
Cobb County.

W. W. Hamilton Witness.

Affidavits of Physicians.

STATE OF GEORGIA,

Cobb County.

Personally before me comes A. E. Johnson and Gilbert Bennett both known to me to be reputable physicians of said county, who, being severally sworn, say on oath that they have examined carefully Mrs. Charity S. Hamilton applicant for a Pension under Act of 1900, and after such personal examination say that her physical condition is that she is great sufferer from chronic rheumatism her fingers being drawn to such an extent they can not be straightened that with her age and general debility renders her unable to support herself in any manner and we have no interest in said pension if allowed.

Sworn to and subscribed before me this 30th day of April 1901
John A. Swartz Ordinary,
Cobb County.

A. E. Johnson MD
Gilbert Bennett MD

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Cobb County.

I, John A. Swartz Ordinary in and for said county, hereby certify that the applicant, Mrs. Charity S. Hamilton resides in said county, and has been a bona fide resident of this State since 1st day of Jan 1861, and that the witness, Mr. W. W. Hamilton are of trustworthy character, and that their statements are entitled to full faith and credit.

I do further certify that before answering the foregoing questions, the applicant and said witnesses took the oath herein prescribed, and the full text of the affidavits was read to the applicant and witnesses before the same were signed and subscribed.

I further certify that the tax digest of Cobb county shows that applicant returned for taxation in her own name in 1899 No dollars worth of property, and in 1900 No dollars worth of property.

Witness my hand and official seal, this 30th day of April 1901
John A. Swartz Ordinary,
Cobb County.

SEAL

Notes - 1. Before any questions are answered, the Ordinary shall swear applicant and the witnesses in the following words: "You do solemnly swear that you will true answers make to each of the questions asked of you, and the evidence you shall give will be the whole truth; so help you God."

2. Additional affidavits may be attached, if blank spaces are insinuated.

3. All affidavits must be made before Ordinary.

4. Only widows who were the wives of the dead husbands while they were soldiers need apply - and are now widows. Those married since April, 1862, not entitled.

5. Witnesses and two physicians are necessary to make out claims.

POWER OF ATTORNEY.

STATE OF GEORGIA.

Cobb County. }
 I, *Charity S. Hamilton*, hereby authorize
John D. Dickey of _____
 to receive and receipt for the pension paid hereon, and request that he remit same to
 me at *Monroville*

In Witness Whereof, I have hereunto set my hand and seal, this *13*
 day of *Jan* 1902

Charity S. Hamilton [L. S.]

Executed in presence of

John D. Dickey

POWER OF ATTORNEY.

STATE OF GEORGIA.

Cobb County. }
 I, *Charity S. Hamilton*, hereby authorize
John D. Dickey of _____
 to receive and receipt for the pension paid hereon, and request that he remit same to
 me at _____

In Witness Whereof, I have hereunto set my hand and seal, this *5th*
 day of *January* 1904

Charity S. Hamilton [L. S.]

Executed in presence of

Hamilton, Charity S.
To Those Herefore Paid

1902.

No. 148

INDIGENT
 WIDOW'S PENSION,

For year ending Dec. 31, 1902.

Mrs. Charity S. Hamilton,
Cobb

County,

Widow of

Co. _____ Regiment _____

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

1902

AND HANDS TO

only

JOHN W. LINDSEY, Commissioner of Pensions.

Hamilton, Charity S.
Cobb County

TO THOSE HERETOFORE PAID.

1904.

No. 190

INDIGENT
 WIDOW'S PENSION

FOR YEAR ENDING DECEMBER 31, 1904.

PAID TO

Mrs. Charity S. Hamilton

Cobb County,

Widow of *W. B. Hamilton*

Co. *24 Ga.* Regiment _____

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

JAN 25 1904

AND HANDS TO

only

JOHN W. LINDSEY, Commissioner of Pensions.

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA.

PERSONALLY COMES MRS.

*Charity S. Hamilton**C 88* 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 *1840* That she is the Widow of*M B Hamilton* who was a soldier in Company*C* of the *24th* Regiment of *69th Vol*

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

1863 and served in the Army up to *April* 1865 That he diedon the *11th* day of *March* 1895*Owing to age, infirmity and
poverty, Deponent is unable
to support herself*Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a
soldier, and that she has never married since his death aforesaid, and that she became his wife in
the year *1846*

Deponent swears that she is entitled to 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 December 31, 1904.Sworn to and subscribed before me,
this *13th* day of *Jan* 1904, *Charity S. Hamilton*
John A. Astley Ordinary Post Office

State of Georgia,

C 88 County, Ordinary of said County, certify that I am well
acquainted with Mrs. *Charity S. Hamilton* who made the above affidavit andam satisfied that the facts therein stated are true, and I know she is the individual she represents
herself to be, and that she has continuously resided in this State since the
day of *18*Given under my official signature and seal, this *13th* day of *Jan* 1904

Official Seal

John A. Astley
Ordinary of *C 88* County.

NOTE.—All blanks must be filled.

Vouchers and affidavits must bear date after January 1st, 1902.

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

PERSONALLY COMES MRS.

County of *Cobb**Charity S. Hamilton**Cobb* 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*M B Hamilton* who was a soldier in Companyof the *24th* Regiment of *Ca.*

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

1861 and served in the Army up to *1865* That he diedon the *11th* day of *March* 1895*On acct of age, infirmity, poverty
she is unable to support herself*Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a
soldier, and that she has never married since his death aforesaid, and that she became his wife in
the year *before the war.*I have been allowed an Indigent pension as a resident of *Cobb*County, under Act 1900, for the year 1903, and now apply for the pension provided by law for the
year ending December 31, 1904.Sworn to and subscribed before me,
this *5th* day of *Jan* 1904, *Charity S. Hamilton*
John A. Astley Ordinary Post Office

State of Georgia,

Cobb County, Ordinary of said County, certify that I am well
acquainted with Mrs. *Charity S. Hamilton* who made the above affidavit, andam satisfied that the facts therein stated are true, and I know she is the individual she represents
herself to be, and that she has continuously resided in this State since the
day of *Many years*Given under my official signature and seal, this *5th* day of *Jan* 1904

Official Seal

John A. Astley
Ordinary of *Cobb* County.

NOTE.—All blanks must be filled.

Vouchers and Affidavits must bear date after January 1st, 1904.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.

Charity S. Hamilton, hereby authorize
John Hurty of _____
to receive and receipt for the pension paid hereon, and request that he remit same to
_____ at _____

In Witness Whereof, I have hereunto set my hand and seal, this 12
day of Jan 1902

x Charity S. Hamilton [L. S.]

Executed in presence of

J. M. Cain

Hamilton Charity S.
Cobb, County
To Those Heretofore Paid.

1902

No. 142.

WIDOW'S PENSION,

For year ending Dec. 31, 1902

PAID TO

Mrs. Charity S. Hamilton

OF

Cobb County,

Widow of William S. Hamilton

Co. B, 2nd Regiment Jan 1904.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

11 23 1902

AND HANDLED TO

Cody

U.S. W. HAMILTON, STATE ARCHIVE, ATLANTA, GA.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

PERSONALLY COMES Mrs.

County of Cobb }C. S. Hamilton

Cobb 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 1868.

That she is the Widow of
William C. Hamilton, who was a soldier in Company
B of the 2nd Ga Regiment of La

Volunteers, that he enlisted in said regiment on or about the month of
1862, and served in the Army up to April 1862. That he lost his
life on the 11 day of March 1862. (State here

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

Going to Indiana and looking
for work to support herself.

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a
soldier, and that she has never married since his death aforesaid, and that she became his wife in
the year 1862.

I have been paid a pension as a resident of Cobb County for the
year ending December 31, 1902 and now apply for the pension provided by law for the year ending
December 31, 1903.

Sworn to and subscribed before me,
this 14 day of Jan 1903 } x Charity S. Hamilton
Georgia, Ordinary. Post-Office _____

State of Georgia, }
Cobb County. } I, John A. Wray
Ordinary of said County, certify that I am well
acquainted with Mrs. Charity S. Hamilton, who made the above affidavit and
am satisfied that the facts therein stated are true, and I know she is the individual she represents
herself to be, and that she has continuously resided in this State since the
day of _____ 18____.

Given under my official signature and seal, this the 14 day of Jan 1903

Official
Seal.

John A. Wray
Ordinary of Cobb County.

NOTE.—All blank spaces must be filled.
Voucher and affidavit must bear date after January 1st, 1903.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb COUNTY,

I, Charles S. Hamilton, hereby authorize
John Shetter of Marion
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 7
day of January 1905.
Charles S. Hamilton
mark

Executed in presence of

Hamilton, Charles S.
Cobb County

To Those Herebefore Paid.

1905.

No. 238

INDIGENT
WIDOW'S PENSION,

For year ending Dec. 31, 1905.

Widow of
Charles S. Hamilton
OF
Cobb

County,
Widow of William Hamilton
Co. C. 24th Inf. Regiment.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

JAN 23 1 1905.

AND HANDLED TO

By _____

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

Form No. 2

STATE OF GEORGIA,

County of *Cobb*

PERSONALLY COMES MRS.

Charity Hamilton

who, being sworn says on oath, that she is a bona fide resident of said County of *Cobb* State of Georgia, and that she has resided in said State

continuously ever since

Milton Hamilton
le of the *24*

That she is the Widow of

who was a soldier in Company

Regiment of *24*

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

186 and served in the Army up to

186 That he died on

the

day of

18

Infinitely age & poverty

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 18

I have been allowed an Indigent pension as a resident of *Cobb*

County, under Act 1900, for the year 1904, and now apply for the pension provided by law for the year ending December 31, 1905

Sworn to and subscribed before me,

this *7* day of *Jan* 1905

John Chittay Ordinary.

Post Office

Charity E. Hamilton
mark

State of Georgia,

Cobb

County

John A. Hartung

Ordinary of said County, certify that I am well

acquainted with Mrs. *Charity E. Hamilton*, who made the above affidavit and

am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the

day of *January* 1894

Given under my official signature and seal, this the

day of *Jan* 1905

Official Seal.

Ordinary of

John A. Hartung
Cobb

County

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb COUNTY.

I, Charity S. Hamilton, hereby authorize
John Lindsey 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 20
day of January 1908.
Charity S. Hamilton

Executed in presence of
J. M. Gammon

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb COUNTY.

I, Charity S. Hamilton, hereby authorize
John Lindsey of _____
to receive and receipt for the pension paid hereon, and request that he remit same to
_____ at _____

In Witness Whereof, I have hereunto set my hand and seal, this 8
day of January 1907.
Charity S. Hamilton [L. S.]

Executed in presence of
J. M. Gammon

To Those Heretofore Paid

1906.

No. 310

INDIGENT

WIDOW'S PENSION,

For year ending Dec. 31, 1906.

PAID TO
Mr. Charity S. Hamilton

of
Cobb

County,

Widow of
Co. C 24 Ga. Regiment.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED

1122 1906.
AND HANDED TO
only

THE PENNSYLVANIA AND ATLANTA CO., ATLANTA, GA.

Hamilton, Charity S.
Cobb County

To Those Heretofore Paid.

1907.

No. 209

INDIGENT

WIDOW'S PENSION,

For year ending Dec. 31, 1907.

PAID TO

Mr. Charity S. Hamilton

of
Cobb

County,

Widow of William Hamilton
Co. C 24 Ga. Regiment.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED

1907.
AND HANDED TO

THE PENNSYLVANIA AND ATLANTA CO., ATLANTA, GA.

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

Form No. 1

STATE OF GEORGIA,

County of Cobb

PERSONALLY COMES MRS.

Charity S. Hamilton

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

Cobb

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

continuously ever since before the war That she is the Widow of

who was a soldier in Company

B

of the

24th Ga

Regiment of

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

186____, and served in the Army up to 186____ That he died on

the _____ day of _____ 18____

Infantry & Cavalry

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 18____

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

Sworn to and subscribed before me this 8 day of May 1906. John D. Wooten Ordinary.

Charity S. Hamilton

Post Office _____

State of Georgia,

Cobb

County.

I, John D. Wooten Ordinary of said County, certify that I am well

acquainted with Mrs. Charity S. Hamilton who made the above affidavit, and

am satisfied that the facts therein stated are true, and I know she is the individual she represents

herself to be, and that she has continuously resided in this State since the _____

day of May 1894

Given under my official signature and seal, this the 20 day of May 1906.

Official Seal

Ordinary of

Cobb

County.

NOTE.—All blanks must be filled.

Vouchers and Affidavits must bear date after January 1st, 1906.

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

Form No. 1

STATE OF GEORGIA,

County of Cobb

PERSONALLY COMES MRS.

Charity S. Hamilton

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

Cobb

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

continuously ever since William Hamilton That she is the Widow of

William Hamilton

who was a soldier in Company

B

of the

24th Ga

Regiment of

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

186____, and served in the Army up to 186____ That he died on

the _____ day of _____ 18____

Infantry & Cavalry

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 18____

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

Sworn to and subscribed before me this _____ day of _____ 1907. Charity S. Hamilton Ordinary.

Charity S. Hamilton

Post Office _____

State of Georgia,

County.

I, _____ Ordinary of said County, certify that I am well

acquainted with Mrs. _____ who made the above affidavit, and

am satisfied that the facts therein stated are true, and I know she is the individual she represents

herself to be, and that she has continuously resided in this State since the _____

day of _____ 18____

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

Official Seal

Ordinary of

County.

NOTE.—All blanks must be filled.

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

OK Cobb County
Hamilton, Charity S.
1923

**Application for Pension Due
Deceased Pensioner**
(UNDER ACT 1904)

(To pay expenses of last illness or funeral)

I, *J. M. Bacon* Ord. ary
for *Charity S. Hamilton*
of *Cobb* County
Old or New Class *Old*
Died *Apr 10* 1923
Amount \$ *\$100.00*

Approved and ordered paid

W. A. Gentry 1923
County Clerk of Cobb County

Ordinary: Fill out above in full and send this blank to Pension Office for approval. Do not pay out the money until the approved blank is in your hands giving you authority to do so. Send back to the Pension Office with your receipted pay-rolls to be permanently filed with them. Do not keep this application in your office.

Index Printing Co., Atlanta, Ga.

STATEMENT

CANTON, GA. *April 19, 1923*

Mrs. Charity S. Hamilton for
monetary for

IN ACCOUNT WITH

B. F. Coggins Department Store

BILLS DUE AND PAYABLE FIRST OF EACH MONTH

Day Phone 611

Night Phone 85

Apr 11 Cash - 125.00
Balance on account paid.
Mrs. Charity S. Hamilton
intentionally appeared before me
B. F. Coggins, Jr. B. F. Coggins, Jr. Clerk
with being duly sworn says he does
acknowledge as just due there and
unpaid
B. F. Coggins, Jr. Clerk
for B. F. Coggins, Jr.
known to me, subscribed to
before me this 10th
Day 1923
Mrs. Charity S. Hamilton
W. A. Gentry
County Clerk of Cobb County

Application for Pension Due to a Deceased Pensioner

(Under the Act of August 15, 1904)

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

GEORGIA, Cobb County.

Personally before me, the Ordinary of said County, comes J. H. Hamilton of said County, who, after being sworn, on oath says that he knew Christy S. Hamilton of said County, and that said pensioner was on the Pension Roll of Cobb County at the time of death, which occurred in Christy County, in this State, on the 10th day of April, 1922, and that a Pension of One hundred Dollars was due pensioner and unpaid at the time of pensioner's death. That he is a widow with no living children dependent children surviving, and no estate of any value sufficient to pay these funeral expenses, which amounted to the sum of \$150.00 per sworn statement fully and completely itemized, hereto attached.

Sworn to and subscribed before me

this 21 day of June, 1922 } J. H. Hamilton
J. M. Lane Ordinary
Cobb County.

AFFIDAVIT OF ORDINARY

GEORGIA, Cobb County.

I, J. M. Lane Ordinary of said County, do certify that I personally know Christy S. Hamilton, who is a resident citizen of said County, and that said person is of a truthful and trustworthy character, entitled to full faith and credit.

I also knew Christy S. Hamilton while in life and that this was the same person whose name appears on the widow's certificate, Pension Roll of Cobb County, and was paid a Pension of One hundred Dollars in said County for 1922, and I now believe said pensioner to be dead.

Given under my hand and official seal, this 21 day of April, 1922,
J. M. Lane Ordinary,
Cobb County.

INSTRUCTIONS:

- 1st. For use in all cases where pensioner died after January 1st, and not been out of State longer than twelve months, and died without owing any money to the Government. The widow of a soldier, if she is living, has prior claim over them expenses, and must make application on yellow blank.
- 2nd. If the pensioner died before January 1st, 1905, the expenses of last illness and expenses of funeral, to make out their account in fully itemized form, giving each item and the value of it, and such data.
- 3rd. If the pensioner died after January 1st, 1905, the expenses of last illness and expenses of funeral, to make out their account in fully itemized form, giving each item and the value of it, and such data.
- 4th. Each account must be sworn to before the Ordinary, and in the following form: (Do not use the terms: "just, true, due, unpaid," etc.)
- 5th. The above and foregoing account is rendered for services in the last illness (or for funeral expenses, as the case may be) of Christy S. Hamilton who died without owing sufficient property to pay this bill.
- 6th. The Ordinary must see to it that each bill is perfectly legitimate in every respect, and properly sworn to, and all attached thereto to this blank, after this blank has been completed and signed by the pensioner or his representative.
- 7th. The completed voucher, this blank and the bill, must be sent to the Pension Office for approval and no money must be paid out until it is returned to you as your authority to make the payment.
- 8th. The Ordinary must see to it that the pensioner has not received the money himself and takes receipts.
- 9th. Account no line for pay-roll as Ordinary, for the pensioner and has delivered the money himself and takes receipts.
- 10th. Pensioner's children or children-in-law, must not charge the State for doing only what the law and common humanity demand of them.
- 11th. Return this application and account to the Pension Office.
- 12th. Ordinary should see that the back of this blank, when sent to the Pension Office, is filled out.
- 13th. Former application (under Act of August 15, 1904) and the 1905 and 1907 pensions require two separate sets of this voucher and bill—one set to be filed in the Pension Office with the pension papers of each year.

Georgia Middle County
 J. H. Payne of said State & County
 Having been present as a witness
 in support of the application for Pension
 of Mrs. Christy S. Hamilton after
 being duly sworn before & answers as follows
 I have known Mrs. Christy S. Hamilton
 all my life - she was born June 7/1840
 in White County Ga. has lived in
 Georgia all her life & was married
 to Mr. B. Hamilton Feb 15/1857 - and
 that she is now his widow
 I have known Mr. B. Hamilton since
 he was 18 yrs old - he entered in 1861
 in Co. C. 24. 9th Reg. in White Co. Ga.
 and served until the surrender
 I was a member of the same Co
 Reg. and was with him all the
 time.

Sworn to & Subscribed }
 before me April 1 1901 } J. H. Payne
W. Lane
 Ord.

Georgia Middle County
 J. H. Lane Ordinary in & for said County
 hereby certify that J. H. Payne is of true and
 Christian & correct of all delay
 Given under my hand & official seal W. Lane
April 1 1901 Ord.

attached hereto to this blank, after this blank has been properly completed as indicated.
 10b. The completed voucher, this blank and the bill, must be sent to the Pension Office for approval and no money must be paid out until it is returned to you as your authority to make the payment.
 11a. The Ordinary, except parsonage and Ordinary, for the pensioner and must cover the money himself and takes receipts.
 11b. Agree no bill for nursing until you write the Pension Office, stating the circumstances in very great detail.
 11c. Pensioner's children, or children-in-law, must not charge the State for more than what the law and common humanity demand of them.
 12. Return this application, and attached bill, with your final statement to the Pension Office.
 13a. Ordinary should pay the bills of the Pensioner, when income is paid out.
 13b. Funeral expenses of deceased "new" pensioners covering all or part of both the 1920 and 1921 pensions require two separate bills of this voucher and bill—each set to be filed in the Pension Office with the pension papers of each year.
 14. This voucher and bill—each set to be filed in the Pension Office with the pension papers of each year.

Statement

CANTON, GA., 4-19 1923

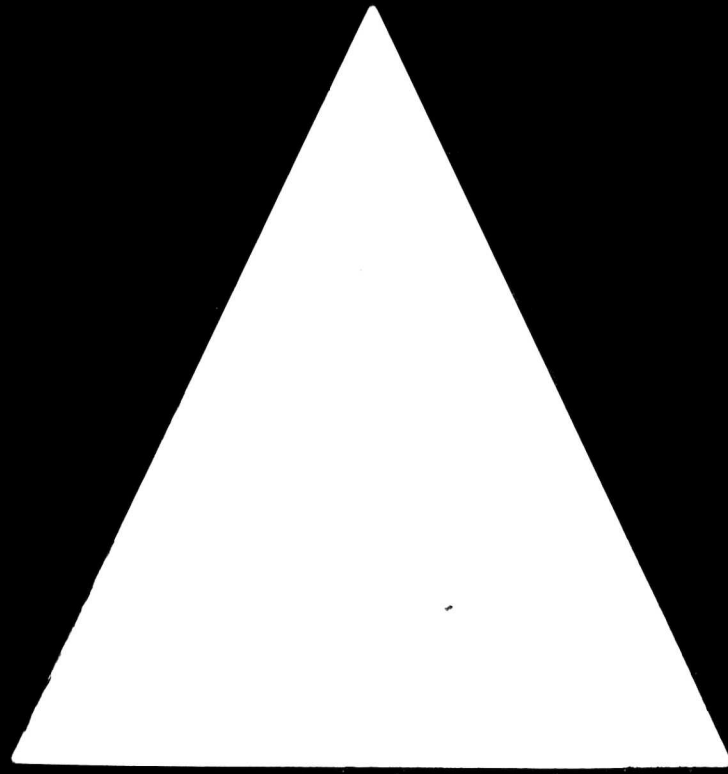
Mr Geo Sims -
act. of Charity Hamilton
 —In Account With—

J. T. PETTIT, M. D.

Apr	6	2	C	4 00
"	7	2	"	4 00
"	8	3	"	6 00
"	9	4	"	6 00
"	10	4	"	2 00
Dr H. J. Coker				
Call				4 00
				<u>26 00</u>

Received Payment
 5-13-23 - in full
 J. T. Pettit

John J. Pettit
 7/10/23
 Approved for
 \$26.00



POWER OF ATTORNEY, STATE OF GEORGIA.

County, A

Know all Men by these Presents That I,

County, in said State, do hereby appoint

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this _____ day of _____, 189__

Executed in the presence of us: [L.S.]

DIRECTIONS.

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



Hamilton M. J.
Cobb County
1891.

No. *2930.*

Widows' Pension

PAID TO

Mrs. M. J. Hamilton
OF
Cobb COUNTY.

\$100.00.

Warrant Issued

1891

AND HANDED TO

POWER OF ATTORNEY.

Form No. 5.

STATE OF GEORGIA.

County.

Know all Men by these Presents, That I,

of

County, in said State, do hereby appoint

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this _____ day of _____ 189_____

[L. S.]

Executed in the presence of us:

DIRECTIONS.

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



Warrant Issued

1891

\$100.00.

COUNTY.

Widow's Pension

Widow's Pension

1891.

1891.

Hamilton M. J. Coft County

Affidavit to be Made by the Widow.

Form No. 1.

STATE OF GEORGIA.

County of Coos

In person came before me, the undersigned Ordinary and for the County of Coos

Mrs. M. J. Hamilton, who being sworn according to law, says under oath that she is the widow of Henry H. Hamilton, who was a soldier in the service of the Confederate States, and served as a member of Company B, of the

41st Regiment of 9a Volunteers; that he enlisted in said service on or about the 25 day of March 1862, and was in the Confederate Army up to June 21 1862. That while in the Army, he was on the 10th day of May 1862 (See Note No. 1)

He was taken sick with the typhoid fever called the Camp fever, he lingered till 21st of June 1862 and died from said disease - He contracted this disease while in the Confederate service and was sound and well before he left. He died in Jeffers Mississippi and he is sure that I know this from the letter of Judge Isler's honor attache and from Mr Wm Brinkley who was present at the death of my husband.

Deponent further swears that she was the wife of said deceased soldier during his term of service in the Army, and that she has never married since his death; that she became his wife on the 6th day of Dec 1869, and that she has resided in Georgia continuously since the 9th day of Nov 1864, that Georgia is her home, and was such on the 23d day of December, 1890, and since said date she has not lived in any other State or locality. Deponent, as the widow of said deceased soldier husband, applies for the pension provided by Act of the General Assembly of Georgia, approved December 23d, 1890, for the pension year ending February 15th, 1892, and herewith tenders the proof of her right to receive the allowance granted by said Act.

Sworn to and subscribed before me, this, 15 day of April 1891. M. J. Hamilton Ordinary.

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

Affidavit for Three Witnesses.

Form No. 3.

STATE OF GEORGIA.

In person came before me, the undersigned Ordinary
in and for said County, witnesses *Wm. B. Griggs & J. Ward*
County of *Cobb*
and *J. L. H. P. M. Hairston* each known to said Attesting Officer as truthful,
reliable and reputable citizens, who severally say under oath, that, from their own personal knowledge,
Mrs. *M. J. Hamilton* of the County of *Cobb*
State of Georgia is the widow of *Henry B. Hamilton* who was a soldier in
Company *B* of the *41st* Regiment of *Volunteers*.
That said soldier enlisted in the service of the Confederate States (or the Georgia State Troops) on or
about the *10* day of *March* 1862 That while in said service, or by
reason of said service in the Army, he lost his life as follows:

*He contracted the fever in the Confederate
service in the State of Miss on or about
10th of May 1862, he lingered until
the 21st of June 1862 -
and died of this disease in the
Confederate service - in the State
of Miss - at Tupelo.*

*P. M. Hairston swears that Henry B.
Hamilton was a member of the Company
and Regiment as above stated, that
he took leave, was sent to the Regiment
Hospital while they were at Tupelo
Mississippi and died at the hospital
at said place.*

*P. M. Hairston was a member of
the same Company with H. B. Hamilton,
was at the hospital at the time he
died and saw him die.*

We further swear that Mrs. *M. J. Hamilton* was the wife of said
soldier during the service, and that she has not intermarried since his death, and that she resides in
Cobb County of the State of Georgia.

Sworn to and subscribed before me, this, the

1st day of *April* 1891 *William Brinkley*

James Withrow B. H. Griggs
Ordinary.

John to and Subscribed *J. Ward*

before me this 1st day of April 1891
at B. H. Griggs & J. Ward *P. M. Hairston*
and *P. M. Hairston* *Ordinary Cobb Co. Ga.*

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

Form No. 3.

STATE OF GEORGIA.

County of *Cobb*

I, *John M. Blum* Ordinary

in and for said County of *Cobb*

State of Georgia, hereby certify that I am acquainted with Mrs. *M. J. Hamilton*
the applicant for a pension in this case, and know, from my own knowledge, or from positive proof
presented to me by reputable witnesses, that she resides in this County, and that she resided in the
State of Georgia on December 23d, 1890, and has not lived out of the State since that date. I also
certify that the witnesses whose testimony she presents to sustain her claim are known to me to be
truthful witnesses, entitled to full faith and credit as such. I am fully satisfied that this claim is made in
good faith, and that I have caused the applicant and the witnesses to read or hear read the proofs they sign.

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this, the
1st day of *May* 1891

SEAL

John M. Blum
as to all witnesses except *Wm. Brinkley* Ordinary

Form No. 4.

NOTES.

- The pension is only payable to certain classes of widows.
- Those whose husbands were killed in service.
- Those whose husbands died in the army of wounds or disease contracted in the service.
- Those whose husbands went to the army and have never been heard from since the war.
- Those whose husbands were wounded in the army and have since died from the direct effects of the wounds.
- Those whose husbands contracted disease in the service, and who after the war, died of the disease caused by the service. The disease directly causing the death.
- No widow is entitled unless she was the wife of the soldier during the war, and has never remarried.
- The law does not provide for any one living out of the State of Georgia, or who did not live in the State at the date of the Act.
- The facts to establish a claim must be substantiated by the testimony of three witnesses who personally know of the enlistment of the husband and his death and the immediate cause of the death.
- Widows who have married since the service of their husbands in the army are not entitled.
- There is no need of employing a lawyer or other agent to attend to these claims. The Department will furnish full and specific instructions, and give ample opportunity to every claimant.
- If witnesses live in another County from that wherein applicant resides, they must go before the Ordinary and testify. The attestation of a Justice of the Peace or Notary will not answer.
- Fill out Power of Attorney authorizing some one who can call at Treasurer's office in Atlanta and receive the money, to receipt for same.
- Fill out the "directions" below Power of Attorney, so that your Agent will know where and how to send the money.

By order of the Governor.

W. H. HARRISON,
Sec. Ex. Department.

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

Form No. 2.

STATE OF GEORGIA, County of Cobb
I, J. M. Stone Ordinary in and for said County of
Cobb State of Georgia, hereby certify that I am acquainted with Mrs.
M. J. Hamilton 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,
1899, and has not lived out of the State since that date. That she is the widow of
Henry H. Hamilton deceased, and as such has heretofore been allowed a
pension for the year ending February 15th 1892.

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this, the
5th day of July, 1893.

J. M. Stone Ordinary.

POWER OF ATTORNEY.

STATE OF GEORGIA, Georgia County.
KNOW ALL MEN BY THESE PRESENTS, That I,
M. J. Hamilton
County, in said State, do hereby appoint
of Cobb County my true and lawful attorney in fact, for
me and in my name, to receive and receipt for whatever amount of money I may be entitled to
from the State of Georgia as a widow of a Confederate Soldier, as stated in the foregoing affi-
davit; hereby authorizing my said Attorney to receipt in my name for any Warrant that may be
issued by the Governor, or for any sum of money which may be coming to me for the reason
aforesaid.

In Witness Whereof, I have hereunto set my hand and seal, this
day of July, 1893.

Executed in the presence of us:

G. M. Fleming
H. H. Hamilton

DIRECTIONS.

Send amount by _____ to
me at _____, and oblige

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

Form No. 2.

STATE OF GEORGIA, County of Cobb
I, J. M. Stone Ordinary in and for said County of
Cobb State of Georgia, hereby certify that I am acquainted with Mrs.
M. J. Hamilton the applicant for a pension in this case, and
know, from my own knowledge (or from positive proof presented to me by reputable wit-
nesses), that she resides in this County, and that she resided in the State of Georgia on
December 23, 1890, and has not lived out of the State since that date. That she is the
widow of Henry H. Hamilton deceased, and as such has heretofore
been allowed a pension for the year ending February 15th, 1893.

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office,
this, the 5th day of July, 1894.

J. M. Stone Ordinary.

POWER OF ATTORNEY.

STATE OF GEORGIA, Cobb County.
KNOW ALL MEN BY THESE PRESENTS, That I,
M. J. Hamilton
County, in said State, do hereby appoint
of Monetta Ga my true and lawful attorney in fact, for
me, and in my name, to receive and receipt for whatever amount of money I may be en-
titled to from the State of Georgia as a widow of a Confederate Soldier, as stated in the
foregoing affidavit; hereby authorizing my said Attorney to receipt in my name for any
Warrant that may be issued by the Governor, or for any sum of money which may be
coming to me for the reason aforesaid.

In Witness Whereof, I have hereunto set my hand and seal, this
day of July, 1894.

Executed in the presence of us:

G. M. Fleming

DIRECTIONS.

Send amount by _____ to
me at _____, and oblige

Widow's Pension,

for year ending February 15th 1893.

PAID TO—

M. J. Hamilton

COUNTY.

Warrant Issued

1893

AND HANDED TO

J. M. Stone

W. H. Hamilton, State Printer, Atlanta.

1894.

No. 791

WIDOW'S PENSION,

for year ending February 15th 1894.

PAID TO—

M. J. Hamilton

COUNTY.

WARRANT ISSUED

1894.

J. M. Stone

W. H. Hamilton, State Printer, Atlanta.

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of Cobb

Personally comes Mrs.

M. J. Hamilton

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

State of Georgia, and that she has resided in said State continuously ever since March 9 1845

That she is the Widow of Henry H. Hamilton who was a Soldier in Company "B." of the 41st Regiment of Georgia

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

1862 and served in the Army up to June 1862 That he lost his

life on the 22nd day of June 1862 (State here

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

That while in the Confederate Army as above stated, while near Bolivar in State of Tennessee, he was attacked with Typhoid fever some time in May or June 1862. - that he died with said disease on the 22nd day of June 1862.

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 1861; that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension for the year ending February 15th, 1892, and now apply for the allowance provided by law for the year ending February 15th, 1893.

Sworn to and subscribed before me, this

8th day of July 1893.

J. M. Stone Ordinary.

Post-office Marietta Ga.

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of Cobb

Personally comes Mrs.

M. J. Hamilton

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

State of Georgia, and that she has resided in said State continuously ever since March 9 1845

That she is the Widow of Henry H. Hamilton who was a Soldier in Company "B." of the 41st Regiment of Georgia

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

1862 and served in the Army up to June 1862 That he lost his

life on the 22nd day of June 1862 (State here

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

That while in the Confederate Army at Bethel Springs Miss. he was taken sick with fever and taken to the Hospital at Tupelo Miss. and died there on the 22nd day of June 1862.

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 1861; 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

3rd day of July 1894.

J. M. Stone Ordinary.

Post-office Marietta Ga.

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

Form No. 4

STATE OF GEORGIA, County of Cobb

I, John Stone Ordinary in and for said County of
John Stone State of Georgia, hereby certify that I am acquainted with Mrs.
Mrs. M. J. Hamilton the applicant for a pension in this case, and
know from my own knowledge (or from positive proof presented to me by reputable wit-
nesses), that she resides in this County, and that she resided in the State of Georgia on
December 23, 1890, and has not lived out of the State since that date. That she is the
widow of Henry N. Hamilton deceased, and as such has heretofore
been allowed a pension for the year ending February 15th, 1894.

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office,
this, the 27th day of July 1895.

SEAL

Ordinary.

POWER OF ATTORNEY.

Form No. 5

STATE OF GEORGIA, Cobb County

KNOW ALL MEN BY THESE PRESENTS, That I, Mrs. M. J. Hamilton

County in said State, do hereby appoint

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 24th
day of July 1895.

Executed in the presence of us:

G. M. Fleming

DIRECTIONS.

Send amount by _____ to
me at _____, and oblige

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

Form No. 4

STATE OF GEORGIA, County of Cobb

I, John Stone Ordinary in and for said County of
John Stone State of Georgia, hereby certify that I am acquainted with Mrs.
Mrs. M. J. Hamilton the applicant for a pension in this case, and
know from my own knowledge (or from positive proof presented to me by reputable witnesses), that she
resides in this County, and that she resided in the State of Georgia on December 23, 1890, and has not lived
out of the State since that date. That she is the widow of Henry N. Hamilton
deceased, and as such has heretofore been allowed a pension for the year ending February 15th, 1895.

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this
the 25th day of July 1896.

SEAL

Ordinary.

POWER OF ATTORNEY.

Form No. 5

STATE OF GEORGIA, Cobb County

I, Mrs. M. J. Hamilton hereby authorize John Stone
of Martha A. Stone to receive and receipt for the pension paid hereon and request
that he remit same to me by him

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this
day of July 1896.

Executed in the presence of

G. M. Fleming

WIDOW'S PENSION,

1896.

No. 3532

for year ending February 15th, 1896.

Mrs. M. J. Hamilton
OF
Cobb County,
widow of Henry N. Hamilton

WARRANT ISSUED

1896.

AND HANDED TO

ME

Given to Hamilton, John Stone.

FOR THOSE HERETOFORE PAID.

1895.

No. 454

WIDOW'S PENSION,

for year ending February 15th, 1895.

PAID TO

Mrs. M. J. Hamilton

widow of Henry N. Hamilton County:

WARRANT ISSUED

24 July 1895.

AND HANDED TO

ME

Given to Hamilton, John Stone.

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of Cobb

Personally Comes Mrs.

M. J. Hamilton

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

Cobb State of Georgia, and that she has resided in said State continuously ever since 1845 That she is the Widow of Henry K. Hamilton who was a Soldier in Company B. of the 41 Regiment of Ga. Volunteers, that he enlisted in said Regiment on or about the month of March 1861 and served in the Army up to June 1862 That he lost his life on the 22nd day of June 1862 (State here

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

That while in the Confederate Army at Opelousa Miss. he was attacked with Camp fever and died with said disease at said place on the 22nd day of June 1862.

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 1861, that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension for the year ending February 15th, 1894, and now apply for the allowance provided by law for the year ending February 15th, 1895.

Sworn to and subscribed before me, this

day of June 1895.

J. L. Smith Ordinary.

Post-office Marionetta Ga

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of Cobb

Personally Comes Mrs.

M. J. Hamilton

who being sworn, says on oath, that she is a bona fide resident of said county of Cobb State of Georgia, and that she has resided in said State continuously ever since 1845 That she is the Widow of

Henry K. Hamilton who was a Soldier in Company B. of the 41 Regiment of Ga. Volunteers, that he enlisted in said regiment on or about the month of March 1861 and served in the Army up to June 1862 That he lost his life on the 22nd day of June 1862 (State here

full particulars of the husband's death, when, where and from what cause.)
That while in the Confederate Army in the State of Miss. he was attacked with fever from which disease he died on the 19th day of June 1862.

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 1861, that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension as a resident of Cobb County for the year ending February 15th, 1895, and now apply for the pension provided by law for the year ending February 15th, 1896.

Sworn to and subscribed before me, this

day of June 1896.

J. L. Smith Ordinary.

Post-office Marionetta Ga

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

Form No. 2.

STATE OF GEORGIA, County of

Cobb

I, *J. M. Stone*, Ordinary in and for said County of

M. J. Hamilton

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 moved out of the State since that date. That she is the widow of *Henry H. Hamilton* deceased, and as such has heretofore been allowed a pension for the year ending February 15th, 1896.

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

3rd

day of July

1897.

Ordinary.

(- -)
(- -)
(- -)

POWER OF ATTORNEY.

STATE OF GEORGIA, County of

Cobb

I, *M. J. Hamilton*, hereby authorize *J. M. Stone*

M. J. Hamilton

to receive and receipt for the pension paid hereon and request

me by Ann

that he remit same to

3rd

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

day of July

1897.

Executed in the presence of *M. J. Hamilton*

W. H. Hamilton

Form No. 2

POWER OF ATTORNEY.

State of Georgia, County of

Cobb

J. M. Stone

I, *M. J. Hamilton*, hereby authorize

of *M. J. Hamilton* to receive and receipt for the pension paid hereon and request that he remit same to *me by Ann*

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

day of *July* 1898.

M. J. Hamilton [L. S.]

Executed in the presence of

Hamilton M. J. (Mrs)
Cobb County

For Those Heretofore Paid.

1898.

NO. 2408

WIDOW'S PENSION,

For year ending February 15th, 1898.

M. J. Hamilton

Cobb
County,
Widow of *Henry H. Hamilton*

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT ISSUED

July 8

AND HANDED TO

J. M. S.

W. H. HARRISON, STATE PRINTER, ATLANTA

WIDOW'S PENSION,

for year ending February 15th, 1897.

No. 3654

1897.

FOR THOSE HERETOFORE PAID.

Hamilton M. J. (Mrs)
Cobb County

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT ISSUED

1897.

AND HANDED TO

J. M. S.

W. H. HARRISON, STATE PRINTER, ATLANTA

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of

Cobb

Personally Comes Mrs.

M. J. Hamilton

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

Cobb

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

continuously ever since

March 1845

That she is the Widow of

Henry H. Hamilton

who was a Soldier in Company

of the

41

Regiment of

Ga. Mch

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

1862 and served in the Army up to

June 22

day of

June

1862 That he lost his

life on the

22 day of June 1862 (State here

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

That while in the Confederate Army he contracted fever and died at Opelousa Miss. on the 22nd day of June 1862

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 1861

that Georgia is her home and she resided in this State 23d day of December, 1860, and has not lived in any other State or locality since that date. I have been allowed a pension as a resident of

Cobb County for the year ending February 15th, 1868, and now apply for the pension provided by law for the year ending February 15th, 1867.

Sworn to and subscribed before me, this

3rd day of July 1897

Ordinary.

Post-Office

M. J. Hamilton

Monetta H.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of

Cobb

Personally Comes Mrs.

M. J. Hamilton

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

Cobb

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

continuously ever since

March 1845

That she is the Widow of

B Henry H. Hamilton who was a Soldier in Company

of the

41st

Regiment of

Ga. Mch

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

1862 and served in the Army up to

June 22

1862 That he lost his

life on the

22 day of June

1862 (State here

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

That while in the Confederate Army at Opelousa Miss. he contracted Camp fever from which disease he died on the 22nd day of June 1862

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 1861

I have been allowed a pension as a resident of Cobb County for the year ending February 15th, 1897, and now apply for the pension provided by law for the year ending February 15th, 1898.

Sworn to and subscribed before me, this

23rd day of July 1898

Ordinary.

Post-Office

M. J. Hamilton

Monetta H.

State of Georgia,

County.

Ordinary of said County, certify that I am well acquainted

with Mrs. M. J. Hamilton 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 1845

Given under my official signature and seal this the

3rd day of July

1898.

Ordinary of

Cobb County.

Official Seal.

POWER OF ATTORNEY.

State of Georgia,

Cobb County.

I, Wm. J. Hamilton hereby authorize J. M. Stone
of Marietta, Ga.

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 9th
day of January 1890.

W. J. Hamilton [L. S.]

Executed in presence of

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.

I, Wm. J. Hamilton hereby authorize J. M. Stone
of Marietta, Ga.

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 9th
day of Feb'y 1900.

W. J. Hamilton [L. S.]

Executed in presence of

T. J. Hamby

Hamilton, W. J. (inc.)
Cobb County
For Those Herebefore Paid.
W. J. Hamilton
1899.
NO. 3264
WIDOW'S PENSION,
For year ending February 15th, 1900.
PAID TO
Mrs. W. J. Hamilton
OF
Cobb
County
Widow of W. J. Hamilton
RICHARD JOHNSON,
Commissioner of Pensions.
WARRANT ISSUED
2/8
AND HANDLED TO
J. M. S.
1899.
U. S. W. HARRISON, STATE PRINTER, ATLANTA

Hamilton, W. J. (inc.)
Cobb County
To Those Herebefore Paid.
1900.
NO. 1398
WIDOW'S PENSION,
For year ending February 15th, 1900.
PAID TO
Mrs. W. J. Hamilton
OF
Cobb
County
Widow of W. J. Hamilton
JNO. W. LINDSEY,
Commissioner of Pensions.
WARRANT ISSUED
Feb 16
AND HANDLED TO
Stone
1900.
U. S. W. HARRISON, STATE PRINTER, ATLANTA

FOR WIDOWS HERETOFORE ALLOWED PENSIONS.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of Bobb

Personally Comes Mrs.

W. J. Hamilton

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

March1845 That she is the Widow ofW. J. Hamilton

who was a soldier in Company

B. of the

41st

Regiment of

Georgia

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

March1862 and served in the Army up toJune1862 That he lost his

life on the

22ndday of June1862 (State here

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

Died in Tupelo Miss. with
Typhoid feverDeponent 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 1861.I have been allowed a pension as a resident of Bobb

County for the year ending

February 15th, 1898, and now apply for the pension provided by law for the year ending February 15th, 1899.

Sworn to and subscribed before me, this

day of

Feb

1899.

Ordinary.

W. J. HamiltonPost Office Marietta, Ga.

State of Georgia,

Bobb

County.

Ordinary of said County, certify that I am well acquainted

with Mrs. W. J. Hamilton who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she

has continuously resided in this State since the

day of March1845

Given under my official signature and seal this the

day of Feb

1899.

Ordinary of

Bobb

County.

(Official
Seal)

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of Bobb

Personally Comes Mrs.

W. J. Hamilton

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

March1845 That she is the Widow ofW. J. Hamilton

who was a soldier in Company

B. of the

41st

Regiment of

Georgia

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

March1862 and served in the Army up toJune1862 That he lost his

life on the

22ndday of June1862 (State here

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

Died in Tupelo Miss. of
Typhoid fever on 22nd day of
June 1862Deponent 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 1861.I have been allowed a pension as a resident of Bobb

County for the year ending

February 15th, 1899, and now apply for the pension provided by law for the year ending February 15th, 1900.

Sworn to and subscribed before me, this

day of

Feb

1900.

Ordinary.

W. J. HamiltonPost Office Marietta, Ga.

State of Georgia,

Bobb

County.

Ordinary of said County, certify that I am well acquainted

with Mrs. W. J. Hamilton who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she

has continuously resided in this State since the

day of March1845

Given under my official signature and seal, this the

day of Feb

1900.

Ordinary of

Bobb

County.

(Official
Seal)

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.

I, M. J. Hamilton hereby authorize
John Aubrey of Monroe
to receive and receipt for the pension paid hereon and request that he remit same to

at

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

day of Jan 1901.

M. J. Hamilton

Executed in presence of

Law M. Gamm

Hamilton, M. J. M. Co

To Those Heretofore Paid.

1901.

No. 184.

WIDOW'S PENSION,

For year ending February 15th, 1901.

PAID TO
Mrs. M. J. Hamilton

of Cobb County.

Widow of H. H. Hamilton

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

Jan. 18 1901,

AND HANDED TO

Quincy

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

FOR THE PURPOSE OF ALLOWED PENSIONS

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.

I, M. J. Hamilton hereby authorize
John Aubrey of Monroe
to receive and receipt for the pension paid hereon, and request that he remit same to

at

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

day of Jan 1902.

M. J. Hamilton [L. S.]

Executed in presence of

Law M. Gamm

Hamilton, M. J. M. Co

To Those Heretofore Paid.

1902.

No. 332

WIDOW'S PENSION,

For year ending Dec. 31, 1902.

PAID TO
Mrs. M. J. Hamilton

of Cobb County.

Widow of John W. Lindsey,
Commissioner of Pensions.

WARRANT ISSUED

He 1902

AND HANDED TO
Quincy

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

FOR THE PURPOSE OF ALLOWED PENSIONS

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of Cobb

Personally Comes Mrs.

MJ Hamilton

who, being sworn, says on oath, that she is a bona fide resident of said County of Cobb State of Georgia, and that she has resided in said State continuously ever since March 1845. That she is the Widow of

N. H. Hamilton who was a soldier in Company B of the 41st Regiment of Geo

Volunteers, that he enlisted in said regiment on or about the month of March 1862 and served in the Army up to June 1862. That he lost his life on the 22nd day of June 1862. (State here

particulars of the husband's death, when, where and from what cause) Died in
Tupelo Miss of Typhoid fever on 22nd
of June 1862

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 1861

I have been allowed a pension as a resident of Cobb County for the year ending February 15th, 1900, and now apply for the pension provided by law for the year ending February 15th, 1901

Sworn to and subscribed before me, this 14 day of January 1901. M. J. Hamilton
John Awtry Ordinary. Post Office

State of Georgia,

Cobb County.

Ordinary of said County, certify that I am well acquainted

with Mrs. MJ Hamilton, 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 18 day of June 1862.

Given under my official signature and seal, this 14 day of January 1901.

Official Seal.

Ordinary of Cobb County.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of Cobb

PERSONALLY COMES MRS.

MJ Hamilton

who, being sworn, says on oath, that she is a bona fide resident of said County of Cobb State of Georgia, and that she has resided in said State continuously ever since March 1845. That she is the Widow of

N. H. Hamilton who was a soldier in Company B of the 41st Regiment of Georgia

Volunteers, that he enlisted in said regiment on or about the month of March 1862, and served in the Army up to June 1862. That he lost his life on the 22nd day of June 1862. (State here

particulars of the husband's death, when, where and from what cause) Died in
Tupelo Miss of Typhoid fever on 22nd
of June 1862

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 1861.

I have been paid a pension as a resident of Cobb County for the year ending December 31, 1901, and now apply for the pension provided by law for the year ending December 31, 1902.

Sworn to and subscribed before me, this 9th day of Jan 1902. M. J. Hamilton
John Awtry Ordinary. Post Office Manetta Ga

State of Georgia,

Cobb County.

Ordinary of said County, certify that I am well

acquainted with Mrs. MJ Hamilton, who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the

day of 18 June 1862.

Given under my official signature and seal, this 9th day of January 1902.

Official Seal.

Ordinary of Cobb County.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.

I, M. J. Hamilton, hereby authorize
John Shukry of _____
to receive and receipt for the pension paid hereon, and request that he remit same to
at _____

In Witness Whereof, I have hereunto set my hand and seal, this 10
day of January, 1903.

Executed in presence of

M. J. Hamilton [L. S.]

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.

I, M. J. Hamilton, hereby authorize
John Shukry 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 23rd
day of January, 1904.

Executed in presence of

M. J. Hamilton [L. S.]

Hamilton, M. J. (my)
Cobb County

To Those Heretofore Paid

1903.

No. 248

WIDOW'S PENSION,

For year ending Dec 31, 1903.

M. J. Hamilton
Widow of M. J. Hamilton
Co. B 41st Regiment Ala. Iola

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

1903.

AND HANDED TO

Body

Hamilton, M. J. (my)
Cobb County
See bottom of list

TO THOSE HERETOFORE PAID.

1904.

No. 241

WIDOW'S PENSION

FOR YEAR ENDING DECEMBER 31, 1904.

M. J. Hamilton
Widow of M. J. Hamilton
Co. B 41st Regiment Ala. Iola

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

1904.

AND HANDED TO

Body

Geo W Harrison State Printer, Alabama.

WIDOWS HERETOFORE ALLOWED PENSIONS

For Widows Heretofore Allowed Pensions.

Form No. 1.

STATE OF GEORGIA.

County of Cobb

PERSONALLY COMES MRS.

M. J. Hamilton

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

Cobb

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

continuously ever since

1845

That she is the Widow of

A. J. Hamilton

who was a soldier in Company

B of the

41

Regiment of

Georgia

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

March

1862, and served in the Army up to

June

1862. That he lost his

life on the

22 day of

June

1862

(State here

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

Died in Tufelo Miss of Typhoid
fever on 22 day
of June 1862

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 1861.

I have been paid a pension as a resident of

Cobb

County for the

year ending December 31, 1902, and now apply for the pension provided by law for the year ending December 31, 1903.

Sworn to and subscribed before me,

this 10 day of July 1903.

John Cherry Ordinary.

Post-Office

Marilla

State of Georgia.

Cobb

County.

I,

John Cherry

Ordinary of said County, certify that I am well

acquainted with Mrs. M. J. Hamilton, who made the above affidavit and

am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the

day of 18

Given under my official signature and seal, this 10 day of July 1903.

Official Seal.

Ordinary of

Cobb

County.

NOTE.—All blank spaces must be filled.
Voucher and Affidavit must bear date after January 1st, 1903.

FOR WIDOWS HERETOFORE ALLOWED PENSIONS.

Form No. 1.

STATE OF GEORGIA.

County of Cobb

PERSONALLY COMES MRS.

M. J. Hamilton

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

Cobb

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

continuously ever since

1845

That she is the Widow of

A. J. Hamilton

who was a soldier in Company

B of the

41

Regiment of

Georgia

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

March

1862, and served in the Army up to

June

1862. That he lost his

life on the

22 day of

June

1862

(State here

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

Died in Tufelo Miss of Typhoid
fever on June 22/62

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 1861.

I have been paid a pension as a resident of

Cobb

County for the

year ending December 31, 1903, and now apply for the pension provided by law for the year ending December 31, 1904.

Sworn to and subscribed before me,

this 23 day of July 1904.

John Cherry Ordinary.

Post-Office

Marilla

State of Georgia.

Cobb

County.

I,

John Cherry

Ordinary of said County, certify that I am well acquainted with Mrs. M. J. Hamilton, who made the above affidavit and

am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the

day of

May

1904

Given under my official signature and seal, this 23 day of July 1904.

Official Seal.

John Cherry

Ordinary of

Cobb

County.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb

COUNTY.

Mr. J. Hamilton, hereby authorize
J. Hamilton of
 to receive and receipt for the pension paid heron, and request that he remit same to
 at

In Witness Whereof, I have hereunto set my hand and seal, this *1st*
 day of *January*, 1906.

Miss M. J. Hamilton

Executed in presence of

J. McLean

Hamilton, M. J. (Mrs.)
Cobb County

To Those Heretofore Paid.

1905.

No. *201*

WIDOW'S PENSION,

For year ending Dec. 31, 1905.

PAY TO

Miss J. Hamilton

OF

Cobb

County,

Widow of

Co. _____ Regiment

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

193 1906

AND HAND TO

only

The Pensioned Pensions and Pensions Co., Atlanta
 100 N. Peachtree Street, 10th Floor

STATE OF GEORGIA

FOR WIDOWS HERETOFORE ALLOWED PENSIONS

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of Cobb

PERSONALLY COMES Mrs.

M. J. Hamilton

who, being sworn says on oath, that she is a bona fide resident of said County of Cobb State of Georgia, and that she has resided in said State continuously ever since 1845.

That she is the Widow of W. H. Hamilton who was a soldier in Company B of the 41 Regiment of Georgia

Volunteers, that he enlisted in said regiment on or about the month of March 1862, and served in the Army up to Jan 22 1862. That he lost his life on the 22 day of Jan 1862. (State here

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

He died in Leprosy House of Typhoid fever

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1861.

I have been paid a pension as a resident of Cobb County for the year ending December 31, 1904, and now apply for the pension provided by law for the year ending December 31, 1905.

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

Mrs. M. J. Hamilton
Post Office

State of Georgia,

County.

I,

Ordinary of said County, certify that I am well

acquainted with Mrs. Who made the above affidavit and

am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the

day of 18

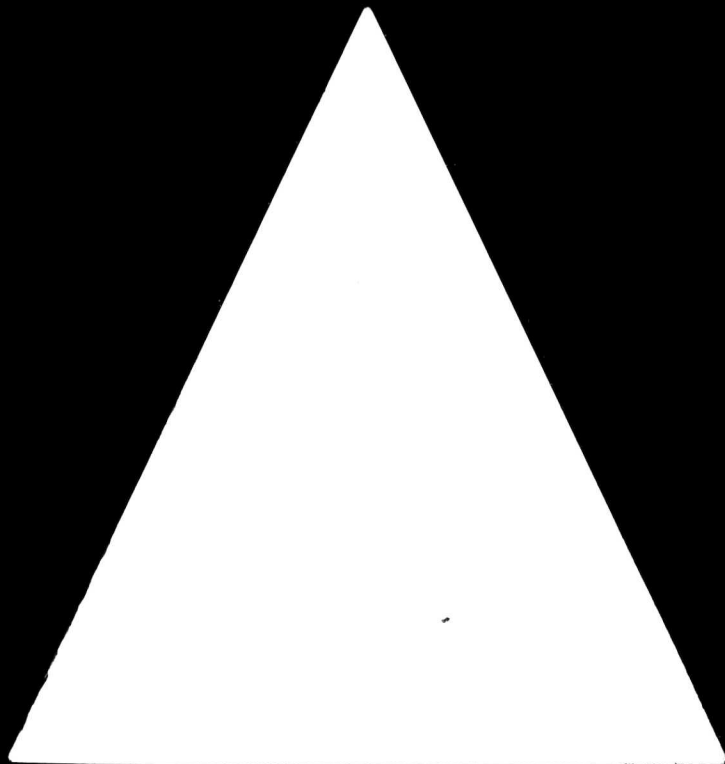
Given under my official signature and seal, this day of 1905.

Official
Seal.

Mrs. M. J. Hamilton
Ordinary of County.

NOTE.—All blank spaces must be filled.
Voucher and Affidavit must bear date after January 1st, 1905.

NOTE—All must be dated after January 1st, 1903.
Voucher and Affidavit must bear date after January 1st, 1903.



POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County, }

I, *J. H. Haney* of *Cobb* County, Georgia, do hereby authorize

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

Witness my hand and seal this *17th* day of *April* 1895,

Executed in presence of

By M. Stearns } *J. H. Haney*

Pension or over

approved by
dict Johnson

No. 376

INDIGENT PENSION
1895.

Name *J. Haney*
County *Cobb*
Ground *Infirmary & Poverty*
Aug 11 1896

RICHARD JOHNSON,

Secretary Executive Department

E. J. 1896
WARRANT FORWARDED
J. H. Haney

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County,

J. H. Haney
J. H. Stone

hereby authorize

Marietta H. Stone

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

at

by

J. H. Stone

Witness my hand and seal this

17th

day of

April

1895.

Executed in presence of

G. M. Fleming

J. H. Haney

QUESTIONS FOR APPLICANT.

STATE OF GEORGIA,

Cobb County,

J. H. Haney

of said State and County, desiring to avail himself of the Pension Act approved December 15th, 1894, hereby submits his proof, 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)

Marietta H. Stone, Cobb Co., Ga

2. Where did you reside on January 1st, 1894, and how long have you been a resident of this State?

Cobb Co. same place - all my life

3. When and where were you born?

En 1819

4. Did you volunteer in the Confederate Army or in the Georgia Militia?

In Confederate Army

5. When and where did you enlist?

At Marietta in 1862

6. In what company and regiment did you enlist?

Once L. Phillips Legion

7. How long did you remain in that company and regiment?

Feb 1865

8. If you were discharged from same and joined another, or if you were transferred to another, give an account of such discharge or transfer?

I was discharged in April 1865 at the close of the war

9. For how long a period did you discharge regular military duty?

about 3 years

10. When, where and under what circumstances were you discharged from service?

I was discharged at the close of the war

11. What is your present occupation?

Farmer when I worked

12. How much can you earn per annum by your own exertions or labor?

Nothing

13. What has been your occupation since 1865?

Farmer when I could work

14. What sum would be necessary for your support for this pension year and how much are you able to contribute thereto either in labor or income?

\$100 - Nothing

15. What is your present physical condition and how long have you been in such condition?

I am seventy six years old - am unable to work more than a few days in a year

16. Upon which of the following grounds do you base your application for pension, viz.: first, "age and poverty," second "infirmary and poverty" or third "blindness and poverty"?

poverty and age

17. If upon the first ground, state how long you have been in such condition that you could not earn your support? If upon the second, give a full and complete history of the infirmity and its extent? If upon the third state whether you are totally blind and when and where you lost your sight?

I am 76 years old - am unable to do any labor

18. What property, effects or income do you possess?

Nothing

19. What property, effects or income did you possess in 1893 and in 1894 and what disposition, if any, did you make of same?

None

20. In what County did you reside during those years and what property did you then return for taxation?

In Cobb - none

21. How were you supported during the years 1893 and 1894?

By my brother

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

about \$100 - Nothing

23. What was your employment during 1893 and 1894? What pay did you receive in each year?

I could not work - Nothing

24. Are you married and have you a family? If so, is your wife living and how many children have you? Give age and sex of children and their means of support?

My wife is dead - I have no family

Person or other

Applicable to persons who are
No. 376 of
Haney
INDIGENT PENSION
of Phillips Legion
1895.

Name *J. H. Haney*
County *Cobb*
Ground *Infirmary & Poverty*
Date *Aug 1895*

RICHARD JOHNSON,
Secretary Executive Department,
WAR DEPT.
W. H. Harrison, State Printer, Lithuan.

25. Are you receiving a pension under any law of this State, if so what amount and for what disability?

Sworn to and subscribed before me this the

17 day of April 1895.

J. H. Stone Ordinary

of

Cobb County.

H. H. Haney

Applicant.

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,

Cobb County.

S. G. Fry & P. J. Power

of said State and County, having been presented as a witness in support of the application of H. H. Haney for pension under the Act approved December 15th, 1894, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? S. G. Fry Cobb County.
2. Are you acquainted with H. H. Haney, the applicant, if so how long have you known him? Yes - About 35 years.
3. Where does he reside, and how long has he been a resident of this State? In Cobb County - Resided here for 35 years.
4. Do you know of his having served in the Confederate army or the Georgia militia? How do you know this? He served in the Confederate army - was 9th soldier - I was in same company.
5. When, where and in what company and regiment did he enlist? In Cobb Co. - Co. L. Phillips Legion - March, 1862.
6. Were you a member of the same company and regiment? Yes.
7. How long did he perform regular military duty, and what do you know of his service as a Confederate soldier, and the time and circumstances of his discharge from the service? About 3 1/2 years - He served as a good soldier - He went to the hospital about March, 1865.
8. What property, effects or income has the applicant? (Give your means of knowledge.) None at all - I am his neighbor.
9. What property, effects or income did the applicant possess in 1893 and 1894, and what disposition, if any, did he make of same? None at all.
10. What is the applicant's occupation and physical condition? Farmer when he enlisted - He seems to be disabled and infirm that he can not work.
11. Is the applicant unable to support himself by labor of any sort, if so, why? He is so on account of his physical condition.
12. How was he supported during the years 1893 and 1894? By his brother.
13. What portion of his support for these two years was derived from his own labor or income? None.
14. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under the Act of December 15th, 1894? That he is infirm - old and diseased - has no property & can not work.
15. What interest have you in the recovery of a pension by this applicant? None.

Sworn to and subscribed before me, this

the 17 day of April 1895.

J. H. Stone Ordinary

S. G. Fry, witness

Applicant.

P. J. Power witness

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,

Cobb County.

Personally came before me, Gilbert Tennent M.D. and G. L. Eggard M.D., both known to me as reputable physicians of said county, who being severally sworn, say on oath that they have examined carefully examined H. H. Haney, applicant for pension under the Act of 1894, and after such personal examination, say that his precise physical condition is as follows:

He has a tumor on right side and is now seventy six years of age and by reason of age and infirmity is not able to work.

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

Sworn to and subscribed before me, this

the 17 day of April 1895.

J. H. Stone Ordinary

Gilbert Tennent M.D.
George L. Eggard M.D.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Cobb County.

I, J. H. Stone, Ordinary in and for said County, hereby certify that the applicant H. H. Haney resides in said County, and was a bona

fide resident of this State on the first day of January, 1894, and that the witnesses, viz: S. G. Fry, P. J. Power, Gilbert Tennent M.D. & Geo. L. Eggard M.D. are of trustworthy character and that their statements are entitled to full faith and credit.

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

I further certify that the tax digests of Cobb County show that applicant returned for taxation in his name in 1893, Nothing dollars of property, and in 1894, Nothing dollars of property.

Witness my hand and seal of office, this 17 day of April 1895. J. H. Stone Ordinary of Cobb County.

NOTE.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County. }

I, H. Nancy hereby authorize Jim Stone
of W. M. Stone, Ga.

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

me by Jim

at _____

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 9th

day of July, 1897.

X H. Nancy X [L. S.]

Executed in presence of

L. J. Daniel

Nancy, Friend
Cobb County
ACT OF 13 DEC. 1884.
(For Those Already Enrolled.)

No. 958

INDIGENT

Soldier's Pension.

1897.

Name H. Nancy
County Cobb

1/16 1897.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO

Jim Stone

RECEIVED, STATE ARCHIVES, ATLANTA

No data

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears Friend Henry of Cobb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the day of 1873 that he is 77 years old and by occupation a farmer; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States and served for the term of 3 Years in Company of 1st Regt of

49. Vol.; that his physical condition is as follows: I am so diseased and infirm that I can not work any at all

that his property consists of the following items: None

of the value of None Dollars, that by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1897. I have heretofore as a resident of Cobb county been allowed a pension for the year 1897

Sworn to and subscribed before me, this, the 9th day of May, 1897. J. H. Henry x
J. H. Stone Ordinary.

STATE OF GEORGIA,

Cobb County.

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

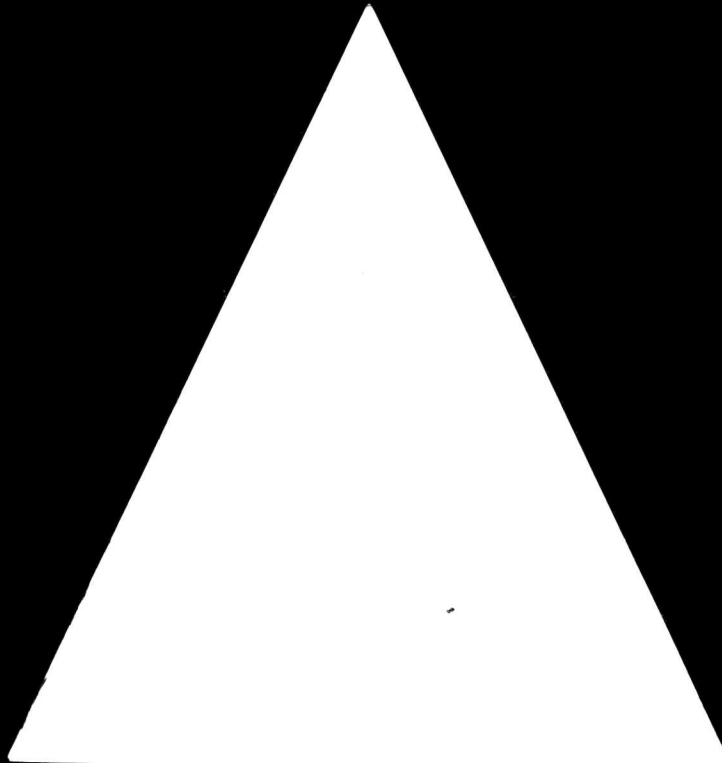
Given under my official signature and seal, this 9th day of May, 1897.
J. H. Stone
Ordinary Cobb County.



Note—The blank spaces must be filled.

Note—The blank spaces must be filled.

Ordinary 1864 County.



POWER OF ATTORNEY.

STATE OF GEORGIA.

~~Lowell~~ *Lowell* County.

Know all Men by these Presents, That I,

County, in said State, do hereby appoint

of *Lowell Co*

my true and legal attorney in fact, for

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

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

4th day of*April*

[L.S.]

Executed in the presence of us:

*J. D. Power**J. H. How*

DIRECTOR.

If allowed, send amount by

me at

, and oblige,

to



Widows' Pension

— PAID TO —

*Mrs. M. E. Hoaney**Coobb*

COUNTY.

\$100.00.

Warrant Issued

1891

AND HANDED TO

Geo. W. Harrison, State Printer Atlanta.

Haney M. E.
Cobb County
*1891.**No. 9178*

POWER OF ATTORNEY.

Form No. 5.

STATE OF GEORGIA.

South County.

Know all Men by these Presents, That I,

County, in said State, do hereby appoint

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

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

4th day of *April*, 186³.

Executed in the presence of us:

J. D. Power
W. H. Stone

DIRECTORS.

If allowed, send amount by

me at

and oblige,



Widows' Pension

PAID TO—

Martha E. Haney

South COUNTY.

\$100.00.

Warrant Issued

AND HANDED TO

1891

210. 9178

Haney M. E.
South County
1891.

Affidavit to be Made by the Widow.

Form No. 1.

STATE OF GEORGIA.

County of *South*

In person came before me, the undersigned Ordinary

in and for the County of *South*

Mrs. *M. E. Haney*, who being sworn according to law, says under oath that she is the widow of *Martha A. Haney*, who was a soldier in

the service of the Confederate States, and served as a member of Company *"G"*, of the

3rd Regiment of *Ga* Volunteers; that he enlisted in said

service on or about the *6th* day of *March*, 186³, and was in the

Confederate Army up to *19th* June, 186³. That while in the

Army, he was on the *10th* day of *April*, 186³, (See Note No. 1)

fallen with the measles and by reason

relapsed and died on *19th* June,

186³ he died in *Dallas, Ga.* on his

way home on a furlow - He was given

permission to leave the army for

days on account of his sickness,

and died before reaching home.

He contracted the disease in the Confederate

service and died from the same

cause.

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 *7th*

day of *Nov*, 185⁹, and that she has resided in Georgia continuously since the

19 day of *April*, 183⁷; that Georgia is her home, and was such

on the 23d day of December, 1890, and since said date she has not lived in any other State or locality.

Deponent, as the widow of said deceased soldier husband, applies for the pension provided by Act of

the General Assembly of Georgia, approved December 23d, 1890, for the pension year ending February

15th, 1892, and herewith tenders the proof of her right to receive the allowance granted by said Act.

Sworn to and subscribed before me, this, the

3rd day of *April*, 1891.

W. H. Stone

Ordinary.

M. E. Haney
marc

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

Affidavit for Three Witnesses.

Form No. 2.

STATE OF GEORGIA,

County of Wood

In person came before me, the undersigned Ordinary

in and for said County, witnesses William

and Jessie Jolly (each known to said Attesting Officer as truthful, reliable and reputable citizens), who severally say under oath, that, from their own personal knowledge, Mrs. M. E. Haney, of the County of Wood

State of Georgia, is the widow of Newton A. Haney, who was a soldier in Company 3rd of the 9th Regiment of Volunteers.

That said soldier enlisted in the service of the Confederate States (or the Georgia State Troops) on or about the 19 day of June 1863. That while in said service, or by reason of said service in the Army, he lost his life as follows: He was in the

Confederate Service in Va and lost the
marbles. He relapsed and died on
19th of June 1863. He was sick
for several weeks. He died in Dalton
Ga. He died while in the Confederate
Service and died from the effects
of the disease caught in the Confederate
Service.

Deponents Jessie Jolly and William Brand swear that Newton A. Haney served in the Army as above stated - that he was a Confederate Soldier, and that he never returned home after the war nor has ever been heard of alive since the war.

Deponent William Haney swears that Newton A. Haney was a Confederate Soldier as above stated, and that he was present and saw him die at Dalton Ga. on 19th day of June 1863. and saw him buried.

We further swear that Mrs. M. E. Haney was the wife of said soldier during the service, and that she has not intermarried since his death, and that she resides in Milton A. County of the State of Georgia.

Sworn to and subscribed before me, this,

10th day of June 1891.

J. M. Storer
Ordinary.

William R. Haney
Jessie Jolly
W. M. Brand

Form No. 3.

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

STATE OF GEORGIA,

County of Wood

I, John M. Storer Ordinary

in and for said County of Wood

State of Georgia, hereby certify that I am acquainted with Mrs. M. E. Haney the applicant for a pension in this case, and know, from my own knowledge, or from positive proof presented to me by reputable witnesses, that she resides in this County, and that she resided in the State of Georgia on December 23d, 1890, and has not lived out of the State since that date. I also certify that the witnesses whose testimony she presents to sustain her claim are known to me to be truthful witnesses, entitled to full faith and credit as such. I am fully satisfied that this claim is made in good faith, and that I have caused the applicant and the witnesses to read or hear read the proofs they sign.

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this, 3rd day of April 1891.

SEAL

J. M. Storer

Ordinary.

Form No. 4.

NOTES.

The pension is only payable to certain classes of widows.

Those whose husbands were killed in service.

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

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

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

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

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

The law does not provide for any one living out of the State of Georgia, or who did not live in the State at the date of the Act.

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

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

There is no need of employing a lawyer or other agent to attend to these claims. The Department will furnish full and specific instructions, and give ample opportunity to every claimant.

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

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

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

By order of the Governor.

W. H. HARRISON,
Sec. Ex. Department.

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

Form No. 2.

STATE OF GEORGIA, County of *Cobb*

I, *J. M. Stom* Ordinary in and for said County of *Cobb* State of Georgia, hereby certify that I am acquainted with Mrs. *Martha E. Haney* the applicant for a pension in this case, and know, from my own knowledge, (or from positive proof presented to me by reputable witnesses), that she resides in this County, and that she resided in the State of Georgia on December 23, 1890, and has not lived out of the State since that date. That she is the widow of *Andrew N. Haney* deceased, and as such has heretofore been allowed a pension for the year ending February 15th 1892.

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this, the *31st* day of *January* 1893.

Ordinary.

POWER OF ATTORNEY.

Form No. 2.

STATE OF GEORGIA, County of *Cobb*

KNOW ALL MEN BY THESE PRESENTS, That I, *Martha E. Haney* of *Cobb County* in said State, do hereby appoint *J. M. Stom* my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia as a widow of a Confederate Soldier, as stated in the foregoing affidavit, hereby authorizing my said Attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

In WITNESS WHEREOF, I have hereunto set my hand and seal, this *31st* day of *January* 1893.

Executed in the presence of us:

W. H. Stom
H. J. Stom

DIRECTIONS.

Send amount by _____ to _____ and oblige me at _____

Widow's Pension,

for year ending February 15th, 1893.

PAID TO—

Martha E. Haney

Cobb COUNTY.

Warrant Issued

31st 1893

AND HANDLED TO

J. M. Stom

(No. 1) Bureau, State Prison, Atlanta

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

Form No. 2.

STATE OF GEORGIA, County of *Cobb*

I, *J. M. Stom* Ordinary in and for said County of *Cobb* State of Georgia, hereby certify that I am acquainted with Mrs. *M. E. Haney* the applicant for a pension in this case, and know, from my own knowledge (or from positive proof presented to me by reputable witnesses), that she resides in this County, and that she resided in the State of Georgia on December 23, 1890, and has not lived out of the State since that date. That she is the widow of *Andrew N. Haney* deceased, and as such has heretofore been allowed a pension for the year ending February 15th, 1893.

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this, the *27th* day of *January* 1894.

Ordinary.

POWER OF ATTORNEY.

Form No. 2.

STATE OF GEORGIA, County of *Cobb*

KNOW ALL MEN BY THESE PRESENTS, That I, *Martha E. Haney* of *Cobb County* in said State, do hereby appoint *J. M. Stom* my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia as a widow of a Confederate Soldier, as stated in the foregoing affidavit, hereby authorizing my said Attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

In WITNESS WHEREOF, I have hereunto set my hand and seal, this *27th* day of *January* 1894.

Executed in the presence of us:

G. M. Fleming

DIRECTIONS.

Send amount by _____ to _____ and oblige me at _____

Widow's Pension,

for year ending February 15th, 1894.

PAID TO—

M. E. Haney

Cobb COUNTY.

Warrant Issued

27th 1894

AND HANDLED TO

J. M. Stom

(No. 1) Bureau, State Prison, Atlanta

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of Cobb

Personally comes Mrs.

Martha E. Keane

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

Cobb

State of Georgia, and that she has resided in said State continuously ever since

April 19th

1837 That she is the Widow of

Andrew N. Keane who was a Soldier in Company

of the

3rd

Regiment of

Georgia

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

March

1867 and served in the Army up to

1867

That he lost his

life on the

19th

day of

June

1867 (State here

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

That while in said service of the Confederate Army as above stated, in the State of Virginia he was attacked with measles and was on his way home on furlough, and died in Dalton Ga on the 19th day of June 1867 of said disease.

Deponent swears that she was the wife of said deceased soldier during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 1859; that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension for the year ending February 15th, 1892, and now apply for the allowance provided by law for the year ending February 15th, 1893.

Sworn to and subscribed before me, this
31st day of Jan'y, 1893.

J. M. Stone, Ordinary.

Martha E. Keane
Post-office Monetta Ga.

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of Cobb

Personally comes Mrs.

M. E. Keane

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

Cobb

State of Georgia, and that she has resided in said State continuously ever since

April

1837 That she is the Widow of

Andrew N. Keane who was a Soldier in Company

of the

3rd

Regiment of

Ga.

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

March

1867 and served in the Army up to

1867

That he lost his

life on the

19th

day of

June

1867 (State here

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

That while in the Confederate Army in the State of Virginia he was attacked with measles and was on his way home on furlough, and died at Dalton Ga. June 19th 1867.

Deponent swears that she was the wife of said deceased soldier during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 1859; that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension for the year ending February 15th, 1893, and now apply for the allowance provided by law for the year ending February 15th, 1894.

Sworn to and subscribed before me, this
31st day of Jan'y, 1894.

J. M. Stone, Ordinary.

M. E. Keane
Post-office Monetta Ga.

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

Form No. 1.

STATE OF GEORGIA, County of Cobb
I, J. M. Stone Ordinary in and for said County of
Martha E. Haney State of Georgia, hereby certify that I am acquainted with Martha E. Haney
the applicant for a pension in this case, and
know from my own knowledge (or from positive proof presented to me by reputable witnesses), that she resides in this County, and that she resided in the State of Georgia on
December 23, 1890, and has not lived out of the State since that date. That she is the
widow of A. N. Haney deceased, and as such has heretofore
been allowed a pension for the year ending February 15th, 1894.

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office,
this, the 29th day of July, 1895.
J. M. Stone Ordinary.

POWER OF ATTORNEY.

Form No. 2.

STATE OF GEORGIA, Cobb County.
KNOW ALL MEN BY THESE PRESENTS, That Mrs. Martha E. Haney
County in said State, do hereby appoint J. M. Stone
of Marionetta Ga. my true and lawful attorney in fact, for
me, and in my name, to receive and receipt for whatever amount of money I may be en-
titled to from the State of Georgia as a widow of a Confederate Soldier, as stated in the
foregoing affidavit; hereby authorizing my said Attorney to receipt in my name for any
Warrant that may be issued by the Governor, or for any sum of money which may be
coming to me for the reason aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 29th
day of July, 1895. Martha E. Haney [L. S.]

Executed in the presence of:

E. M. Fleming

DIRECTIONS.

Send amount by _____ to
me at _____, and oblige

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

Form No. 2.

STATE OF GEORGIA, County of Cobb
I, J. M. Stone Ordinary in and for said County of
M. E. Haney 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 widow of A. N. Haney
deceased, and as such has heretofore been allowed a pension for the year ending February 15th, 1895.

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this
the 1st day of July, 1896.
J. M. Stone Ordinary.

POWER OF ATTORNEY.

Form No. 2.

STATE OF GEORGIA, Cobb County.
I, M. E. Haney hereby authorize J. M. Stone
of Marionetta Ga. to receive and receipt for the pension paid hereon and request
that he remit same to me by him

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this
day of July, 1896.

Mrs. Martha E. Haney
Executed in the presence of
E. M. Fleming

FOR THOSE HERETOFORE PAID.
1895.
No. 145
WIDOW'S PENSION.
for year ending February 15th, 1895.
Martha E. Haney
PAID TO
Martha E. Haney
County.
WARRANT ISSUED
24 July
AND REMITTED TO
24 July
1895.

FOR THOSE HERETOFORE PAID.
1896.
No. 3533
WIDOW'S PENSION,
for year ending February 15th, 1896.
PAID TO
M. E. Haney
County.
WARRANT ISSUED
24 July
AND REMITTED TO
24 July
1896.

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of Cobb

Personally Comes Mrs.

Martha E. Haney

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

Cobb

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

continuously ever since

April
1837
A. N. Haney
3rd

That she is the Widow of

who was a Soldier in Company

of the

Regiment of

5th
Mass.

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

1862 and served in the Army up to

June
19th
June

1862 That he lost his

life on the

day of

1862 (State here

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

That while in the Confederate Army in the State of Va. in June 1862 he contracted Malaria, Stomach trouble and died of said disease on the 19th day of June 1862 at Dalton Ga.

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 1858 that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension for the year ending February 15th, 1894, and now apply for the allowance provided by law for the year ending February 15th, 1895.

Sworn to and subscribed before me, this

29th
day of
July
1895.
J. E. Haney
Ordinary.

Martha E. Haney
Post-office
Oakley Mills
Ga.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of Cobb

Personally Comes Mrs.

Martha E. Haney

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

Cobb

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

continuously ever since

April
1837
A. N. Haney
3rd

That she is the Widow of

who was a Soldier in Company

of the

Regiment of

5th
Mass.

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

1862 and served in the Army up to

June
19th
June

1862 That he lost his

life on the

day of

1862 (State here

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

That while at Lynchburg Va. he contracted Malaria and Stomach trouble and died of said disease on the 19th day of June 1862 at Dalton Ga.

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 1858 that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension as a resident of

Cobb

County for the year ending February 15th, 1895, and now apply for

the pension provided by law for the year ending February 15th, 1896.

Sworn to and subscribed before me, this

19th
day of
July
1896.
J. E. Haney
Ordinary.

Mrs. Martha E. Haney
Post-office
Oakley Mills
Ga.

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

Form No. 2.

STATE OF GEORGIA, County of

Ordinary in and for said County of

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

the applicant for a pension in this case, and

know from my own knowledge (or from positive proof presented to me by reputable witnesses) that she

resides in this County, and that she resided in the State of Georgia on December 23, 1890, and has not

moved out of the State since that date. That she is the widow of

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

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

day of

1897

Ordinary

POWER OF ATTORNEY.

STATE OF GEORGIA, County of

hereby authorize

to receive and accept for the pension paid heretofore and request

that he remit same to

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

day of

Executed in the presence of

1897

Form No. 3

POWER OF ATTORNEY.

State of Georgia, County of

I, hereby authorize

of to receive and accept for the pension paid heretofore and request

that he remit same to

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

day of

1898

Executed in the presence of

[L. R.]

1898.

NO. 3409

WIDOW'S PENSION,

For year ending February 15th, 1898.

PAID TO

Mrs. Martha E. Haney

Widow of

County,

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT ISSUED

1898.

AND HANDLED TO

Geo. W. Harrison, State Printer, Atlanta.

WIDOW'S PENSION,

For year ending February 15th, 1897

NO. 3658

1897.

FOR THOSE HERETOFORE PAID.

County

Haney Martha E.

PAID TO

Mrs. M. E. Haney

County,

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT ISSUED

1897.

AND HANDLED TO

Geo. W. Harrison, State Printer, Atlanta.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of Cobb

Personally Comes Mrs.

Martha E. Honey

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

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

continuously ever since

April

1837 That she is the Widow of

A. N. Honey

who was a Soldier in Company

of the

Regiment of

Ga
McK

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

1867 and served in the Army up to

June

1867 That he lost his

life on the

19th day of June

1867 (State here

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

That while in the Army
in Virginia he contracted
the measles, then started to
return home, and on the
way home at Dalton Ga
he died on 19th June 1867.

Dependent 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 1838
that Georgia is her home and she resided in this State 234 day of December, 1890, and has not
lived in any other State or locality since that date. I have been allowed a pension as a resident of
Cobb County for the year ending February 15th, 1896, and now apply for
the pension provided by law for the year ending February 15th, 1897.

Sworn to and subscribed before me, this
day of July 1897.
J. M. Stone Ordinary

Mrs M E Honey
Post office Oakley Mills

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of Cobb

Personally Comes Mrs.

Martha E. Honey

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

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

continuously ever since

April

1837 That she is the Widow of

\$ A. N. Honey

who was a Soldier in Company

of the

Regiment of

Georgia
March

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

1867 and served in the Army up to

June

1867 That he lost his

life on the

19th day of June

1867 (State here

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

That while in the Army
in the State of Va. he contracted
measles - he started home
and died with said disease
at Dalton Ga. on 19th day
of June 1867.

Dependent 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 1838

I have been allowed a pension as a resident of Cobb County for the year ending
February 15th, 1897, and now apply for the pension provided by law for the year ending February 15th, 1898.

Sworn to and subscribed before me, this
day of July 1898.
J. M. Stone Ordinary.

Mrs M E Honey
Post Office Oakley Mills Ga

State of Georgia,

County.

I, J. M. Stone, Ordinary of said County, certify that I am well acquainted
with Mrs. Martha E. Honey who made the above affidavit and am satis-
fied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she
has continuously resided in this State since the

Given under my official signature and seal this 29 day of July 1898.

Official
Seal.

Ordinary of Cobb County.

POWER OF ATTORNEY.

State of Georgia.

Cobb County.

I, Mrs M. E. Haney, hereby authorize J. M. Stone
of Marietta Ga.

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

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

day of

Feb

1899.

M. E. Haney [L. S.]

Executed in presence of

W. J. Hanby

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.

I, Martha C. Haney, hereby authorize J. M. Stone
of Marietta, Ga.

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

me

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

day of

February

1900.

Martha C. Haney [L. S.]

Executed in presence of

W. J. Hanby

Haney, Martha C.
Cobb County
For Those Herebefore Paid.

1899.

NO. 3265

WIDOW'S PENSION,

For year ending February 15th, 1900.

PAID TO Mrs. M. E. Haney

Cobb County

Widow of J. H. Haney

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT ISSUED

1899

278
AND HANDRED
J. M. S.

PAID TO HANESON, ST. J. W. J. HANBY

Haney, Martha C.
Cobb County
To Those Herebefore Paid.

1900.

NO. 1291

WIDOW'S PENSION,

For year ending February 15th, 1900.

PAID TO

Mrs. Martha C. Haney

Cobb County

Widow of J. H. Haney

JNO. W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

1900,

Feb 16
AND PAID TO

Stone

PAID TO HANESON, ST. J. W. J. HANBY

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of Cobb

Personally Comes Mrs.

Martha E. Hauey

Cobb 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 April 1837 That she is the Widow of

A. N. Hauey who was a soldier in Company
of the 3rd Regiment of Georgia

Volunteers, that he enlisted in said regiment on or about the month of March
1862 and served in the Army up to June 1862 That he lost his
life on the 19th day of June 1862 (State here

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

That while in the
Confederate Army in Vir-
ginia he contracted measles
in Spring of 1862 - he
started home on furlough
and died with said dis-
ease at Dalton Ga. June 19th 1862.

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that
she has never married since his death aforesaid, and that she became his wife in the year 1858

I have been allowed a pension as a resident of Cobb County for the year ending
February 15th, 1898, and now apply for the pension provided by law for the year ending February 15th, 1899.

Sworn to and subscribed before me, this

5th day of Feb'y. 1899.

Ordinary.

M. E. Hauey
Post Office Oakley Mills

State of Georgia,

County of Cobb

Ordinary of said County, certify that I am well acquainted

with Mrs. Martha E. Hauey who made the above affidavit and am satis-
fied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she
has continuously resided in this State since the

Given under my official signature and seal this the

5th day of April 1897
J. W. Stone day of Feb'y. 1899.

Ordinary of

Cobb

County.

Official
Seal.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of Cobb

Personally Comes Mrs.

Martha E. Hauey

Cobb 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 April 1837 That she is the Widow of

A. N. Hauey who was a soldier in Company
of the 3rd Regiment of Georgia

Volunteers, that he enlisted in said regiment on or about the month of March
1862 and served in the Army up to June 1862 That he lost his
life on the 19th day of June 1862 (State here

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

That while in the Confederate Army
in Virginia he contracted measles
in Spring of 1862 he started home
on furlough and died with said
disease at Dalton Ga. June 19th 1862.

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that
she has never married since his death aforesaid, and that she became his wife in the year 1858

I have been allowed a pension as a resident of Cobb County for the year ending
February 15th, 1899, and now apply for the pension provided by law for the year ending February 15th, 1900.

Sworn to and subscribed before me, this

5th day of Feb'y. 1900.

Ordinary

Martha E. Hauey
Post Office Oakley Mills P.O.

State of Georgia,

County of Cobb

Ordinary of said County, certify that I am well acquainted

with Mrs. Martha E. Hauey who made the above affidavit and am satis-
fied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she
has continuously resided in this State since the

Given under my official signature and seal, this the

5th day of April 1897
J. W. Stone day of Feb'y. 1900.

Ordinary of

Cobb

County.

Official
Seal.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County. }
I, *Martha E. Haney*, hereby authorize
John C. Haney of *Marilla*
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 *5*
day of *July* 1901.

Martha E. Haney [S.]
Marilla

Executed in presence of

J. M. Gann

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County. }
I, *Martha E. Haney*, hereby authorize
John C. Haney of *Marilla*
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 *2nd*
day of *July* 1902.

Martha E. Haney [S.]
Marilla

Executed in presence of

J. M. Gann

Haney, Martha E.
Cobb Co

To Those Heretofore Paid.

1901.

No. *188*

WIDOW'S PENSION,

For year ending February 15th, 1901.

PAID TO
Martha E. Haney

Cobb County.
Widow of *J. M. Haney*

JOHN W. LINDSEY,

Commissioner of Pensions

WARRANT ISSUED

Jan. 15 1901,
AND HANDED TO
John C. Haney

One W. Haney, State Printer, Atlanta, Ga.

Haney, Martha E.
Cobb County

To Those Heretofore Paid.

1902.

No. *233*

WIDOW'S PENSION,

For year ending Dec. 31, 1902.

PAID TO
Martha E. Haney

Cobb County.
Widow of _____
Co. _____
Regiment _____

JOHN W. LINDSEY,

Commissioner of Pensions

WARRANT ISSUED

AND HANDED TO
1/16 1902

Ordg

One W. Haney, State Printer, Atlanta, Ga.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of Cobb

Personally Comes Mrs.

Martha C Haney

who, being sworn, says on oath, that she is a bona fide resident of said County of Cobb State of Georgia, and that she has RESIDED in said State continuously ever since April 1837. That she is the Widow of J. A. Haney who was a soldier in Company 3rd of the Georgia Regiment of March Volunteers, that he enlisted in said regiment on or about the month of March 1862, and served in the Army up to June 1862. That he lost his life on the 19th day of June 1862. (State here particulars of the husband's death, when, where and from what cause.) That while in the Confederate army in Virginia he contracted Malaria in Spring of 1862 he started home on furlough and died with said disease at Dalton Ga June 19th 1862

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1858

I have been allowed a pension as a resident of Cobb County for the year ending February 15th, 1900, and now apply for the pension provided by law for the year ending February 15th, 1901.

Sworn to and subscribed before me, this 5 day of January 1901.

Ordinary.

Post Office

Martha C Haney
Wife

State of Georgia,

County of Cobb

Ordinary of said County, certify that I am well acquainted

with Mrs. Martha C Haney, 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 18 day of June 1862.

Given under my official signature and seal, this 5 day of January 1901.

Official Seal.

Ordinary of

John A. Arvey
Cobb County.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of Cobb

PERSONALLY COMES MRS.

Martha C Haney

who, being sworn, says on oath, that she is a bona fide resident of said County of Cobb State of Georgia, and that she has RESIDED in said State continuously ever since April 1837. That she is the Widow of J. A. Haney who was a soldier in Company 3rd of the Georgia Regiment of March Volunteers, that he enlisted in said regiment on or about the month of March 1862, and served in the Army up to June 1862. That he lost his life on the 19th day of June 1862. (State here particulars of the husband's death, when, where and from what cause.) That while in the Confederate Army in Virginia he contracted Malaria in Spring of 1862 he started home on furlough and died with said disease at Dalton Ga June 19th 1862

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1858

I have been paid a pension as a resident of Cobb County for the year ending December 31, 1901, and now apply for the pension provided by law for the year ending December 31, 1902.

Sworn to and subscribed before me, this 2nd day of January 1902.

Ordinary.

Post Office

Martha C Haney
Wife

State of Georgia,

County of Cobb

Ordinary of said County, certify that I am well acquainted

with Mrs. Martha C Haney, 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 18 day of June 1862.

Given under my official signature and seal, this 2nd day of January 1902.

Official Seal.

Ordinary of

John A. Arvey
Cobb County.

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

POWER OF ATTORNEY, 1903

STATE OF GEORGIA,

County.

hereby authorize

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

at

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

day of January 1903.

Martha E. Haney [L. S.]

Executed in presence of

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

I, Martha E. Haney, hereby authorize

of

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

at

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 12

day of January 1904.

Martha E. Haney [L. S.]

Executed in presence of

J. M. Lane

Haney Martha E.
Cobb County

To Those Heretofore Paid

1903.

No. 209

WIDOW'S PENSION,

For year ending Dec 31, 1903.

PAID TO

Mrs. Martha E. Haney

OF

Cobb County,

Widow of R. A. Haney
Co. 8 3rd
Regiment Ia. Inf.

JOHN W. LINDSEY,

Comptroller of Penalties.

WARRANT ISSUED

1903.

AND HANDED TO

Body

Haney Martha E.
Cobb County

TO THOSE HERETOFORE PAID.

1904.

No. 209

WIDOW'S PENSION

FOR

YEAR ENDING DECEMBER 31, 1904.

PAID TO

Mrs. Martha E. Haney

OF

Cobb County,

Widow of

Co. 8 Regiment 13

JOHN W. LINDSEY,

Comptroller of Penalties.

WARRANT ISSUED

1904.

AND HANDED TO

Body

Geo. W. Harrison, State Printer, Atlanta.

FOR WIDOWS HERETOFORE ALLOWED PENSIONS.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA.

County of Cobb

PERSONALLY COMES Mrs.

Martha E. Haney

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

Cobb

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

continuously ever since April 1837. That she is the Widow ofA. J. Haney

who was a soldier in Company

of the 3rdRegiment of GeorgiaVolunteers, that he enlisted in said regiment on or about the month of March1862, and served in the Army up to June 1862. That he lost hislife on the 19th day of June 1862. (State here

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

That while in the Confederate Army in Virginia the Confederate General in Spring of 1862 he started home on furlough and died with a disease at Dalton Ga June 19-1862

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1858

I have been paid a pension as a resident of Cobb County for the year ending December 31, 1902, and now apply for the pension provided by law for the year ending December 31, 1903.

Sworn to and subscribed before me, this 12 day of Jan 1904. Martha E. Haney Ordinary. John Anthony Post Office Oakley Mills

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

Given under my official signature and seal, this 12th day of Jan 1904.

Official Seal.

Ordinary of Cobb County.

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

FOR WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA.

County of Cobb

PERSONALLY COMES Mrs.

Martha E. Haney

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

Cobb

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

continuously ever since 1837. That she is the Widow ofA. J. Haney

who was a soldier in Company

of the 3rdRegiment of GeorgiaVolunteers, that he enlisted in said regiment on or about the month of March1862, and served in the Army up to June 1862. That he lost hislife on the 19th day of June 1862. (State here

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

Died with Malaria contracted by 2nd while in Georgia from which he died June 19-62

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1859

I have been paid a pension as a resident of Cobb County for the year ending December 31, 1903, and now apply for the pension provided by law for the year ending December 31, 1904.

Sworn to and subscribed before me, this 12 day of Jan 1904. Martha E. Haney Ordinary. John Anthony Post Office Oakley Mills

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

Given under my official signature and seal, this 12th day of Jan 1904.

Official Seal.

Ordinary of Cobb County.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

Colh COUNTY.

I, Martha E. Hancy, hereby authorize
John Andrew 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 16
day of Jan 1905.

Martha E. Hancy [L. S.]
mark

Executed in presence of
J. M. Gamm

Hancy, Martha E.
Colh County

To Those Heretofore Paid.

1905.

No. 253

WIDOW'S PENSION,

For year ending Dec. 31, 1905.

PAID TO
Mrs. Martha E. Hancy
OF
Colh

County,

Widow of _____

Co. _____ Regiment _____

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED

1/23 1905.

AND HANDED TO

Only

This is a true and correct copy of the original as shown to the undersigned, and is a true and correct copy of the original as shown to the undersigned, and is a true and correct copy of the original as shown to the undersigned.

FOR WIDOWS HERETOFORE ALLOWED PENSIONS

POWER OF ATTORNEY.

STATE OF GEORGIA,

Colh COUNTY.

I, Martha E. Hancy, hereby authorize
John Andrew of _____
to receive and receipt for the pension paid hereon, and request that he remit same to
at _____

In Witness Whereof, I have hereunto set my hand and seal, this
day of Jan 1905.

Martha E. Hancy [L. S.]
mark

Executed in presence of
J. M. Gamm

Hancy, Martha E.
Colh Co.

To Those Heretofore Paid.

1906.

No. 193

WIDOW'S PENSION

For year ending Dec. 31, 1906.

PAID TO
Mrs. Martha E. Hancy
OF

Colh County,
Widow of Andrew J. Hancy
Co. 6, 3 Regiment Co.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED

1/22 1906.

AND HANDED TO

Only

This is a true and correct copy of the original as shown to the undersigned, and is a true and correct copy of the original as shown to the undersigned, and is a true and correct copy of the original as shown to the undersigned.

FOR WIDOWS HERETOFORE ALLOWED PENSIONS

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb COUNTY.

I, M. E. Haney hereby authorize

John Lindsey

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 16

day of January 1907.

M. E. Haney [L. S.]

Executed in presence of

Haney M. E. (Miss)

Cobb County
To Those Herebefore Sd.

1907.

No. 157

WIDOW'S PENSION

For Year ending Dec. 31, 1907.

PAID TO

Mrs. M. E. Haney

Cobb County,

Widow of M. E. Haney

Co. 33 Regiment 5th

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

1907,

AND HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

ALL PENSIONS

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of Cobb

PERSONALLY COMES Mrs.

M. E. Haney

Cobb who, being sworn says on oath, that she is a bona fide resident of said County of
Cobb State of Georgia, and that she has RESIDED in said State
 continuously ever since January 1st 1894 That she is the Widow of
Newton C. Haney who was a soldier in Company
B of the 3 Regiment of 54
 Volunteers, that he enlisted in said regiment on or about the month of March
1893, and served in the Army up to June 1863 That he lost his
 life on the day of June 1863. (State here
 particulars of the husband's death, when, where and from what cause.)

died of measles, in service

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a
 soldier, and that she has never married since his death aforesaid, and that she became his wife in
 the year 1859.

I have been paid a pension as a resident of Cobb County, for the
 year ending December 31, 1906, and now apply for the pension provided by law for the year ending
 December 31, 1907.

Sworn to and subscribed before me
 this 5 day of July 1907.
John A. Butler Ordinary.

Post Office.

Ordinary of said County, certify that I am well

State of Georgia,

Cobb

County.

acquainted with Mrs. M. E. Haney who made the above affidavit, and
 am satisfied that the facts therein stated are true, and I know she is the individual she represents
 herself to be, and that she has continuously resided in this State since the 1
 day of July 1894.

Given under my official signature and seal, this the 16 day of July 1907.

Official
 Seal

Ordinary of Cobb County.

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

Georgia, _____ County.

I hereby authorize and constitute _____

of _____ County, my lawful attorney, to collect and receipt for
_____ Pension Roll from said County
for 190 _____
now deceased, who was on the _____
at the death of _____

Witness my hand and seal, this _____ day of _____ 190 _____

I also HEREBY BY _____

Notary Public for Georgia, _____
Notary Public for Georgia, _____
Notary Public for Georgia, _____

Notary Public for Georgia, _____

Haney, M. E. (Mrs.)
Cobb Co.

Application for Pension
Due Deceased Pen-
sioner Under Act 1904

For _____ Ordinary,
For _____
of _____ County,
Of Co. _____ Regiment,

Approved and Ordered Paid
_____ 190 _____

J. W. LINDSEY,
Commissioner of Pensions.

Application for Pension Due to a Deceased Pensioner,

UNDER THE ACT OF AUGUST 18, 1894, TO BE PAID TO THE ORDINARY FOR
FUNERAL EXPENSES AND EXPENSES OF LAST ILLNESS.

Georgia, Cobb County.

Personally before me, the Ordinary of said County, comes
B B McLeod of said County, who, after being sworn on
oath, says that he knew Wm M E Haney of said County, and
that he was on the Old Cherokee Pension Roll of Cobb
County at the time of his death, which occurred in Cobb County,
in this State, on the 27th day of June, 1908, and
that a Pension of Twenty Dollars was due him and
unpaid at the time of his death. That he left no widow or dependent children surviving
him, and no estate of any value sufficient to pay his funeral expenses, which amounted to
the sum of fourty four & 100 Dollars, as per sworn statement,
itemized, hereto attached.

Sworn to and subscribed before me, this
7th day of July, 1908
John H. Harty Ordinary,
Cobb County.

B B McLeod

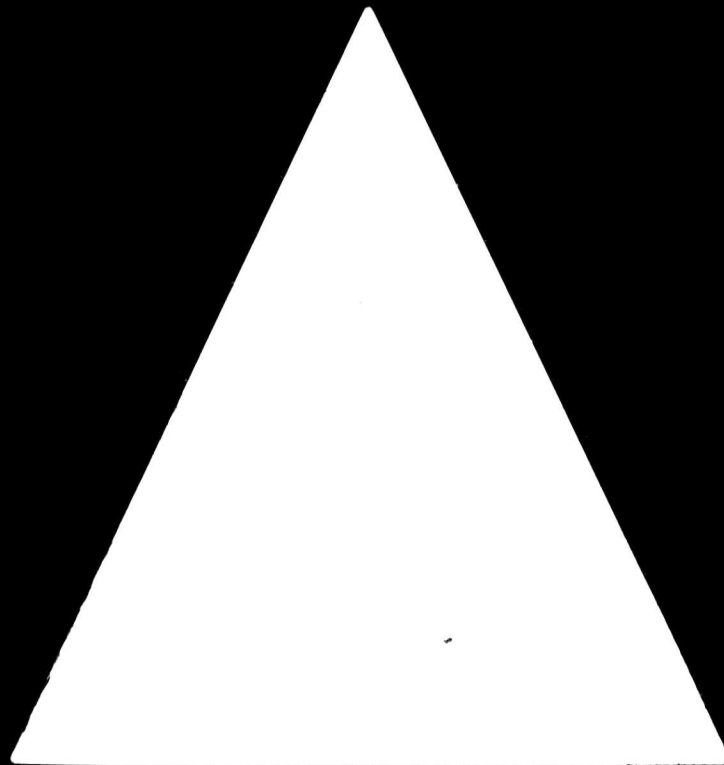
Georgia, Cobb County.

I, John H. Harty, Ordinary of said County, do certify
that I personally know B B McLeod, who is a resident
citizen of said County, and that he is of a truthful and trustworthy character, entitled to
full faith and credit.

I also knew Wm M E Haney while in life;
that he was the same person whose name appears on the Old Cherokee
Pension Roll of Cobb County, and was paid a Pension of
Twenty Dollars in said County for 1907
and I now believe him to be dead.

Given under my hand and official seal, this 7th day of July, 1908
John H. Harty Ordinary,
Cobb County.

(16010913)



POWER OF ATTORNEY.

STATE OF GEORGIA,

County, }

hereby authorize

of _____ County, to receive and receipt for the pension allowed and that he
 shall be able to use it at _____ by his check or registered mail.

Witness my hand this _____ day of _____ 190 _____

Executed in presence of

Ordinary,

County, }



Mary Nancy
Chick County

No _____

WIDOW'S
 Indigent Pension.

1901.

Name _____

County _____

Widow of _____

Ben. F. Nancy
Co. 22 Ga

Approved _____

1901.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO _____

1901.

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

10/6-1902

POWER OF ATTORNEY.

STATE OF GEORGIA.

County.

hereby authorize

County, to receive and receipt for the pension allowed and that he remit the same to me at by his check or registered mail.

Witness my hand this day of 190

Executed in presence of

Ordinary,

County

SEAL

WIDOW'S
Indigent Pension.

1901.

Name Mary Nancy
County Cobb

Widow of Gen. H. Nancy
Co. 2nd Va

Approved 1901

JOHN W. LINDSEY

Commissioner of Pensions

WARRANT HANDED TO

Gen. of Pensions, State Treasury, Atlanta, Ga.

10/6-1902

Questions for Applicant.

STATE OF GEORGIA,

County.

Mary Nancy of said State and County, desiring to avail herself of the Pension allowed to Indigent Widows of Confederate Soldiers, under Act of General Assembly, passed 1900, hereby submits her proof, and after being duly sworn true answers to make to the following questions and answers as follows:

1. What is your name and where do you reside? *Mary Nancy, Marietta, Cobb County, Ga.*
2. How long and since when have you been a resident of this State? *Since Sept. 1st 1868.*
3. When and where were you born? *London, Va. in 1844.*
4. When and where was your husband born—state his full name, and when were you and he married? *My husband was born 1822—John H. Nancy, Tennessee. We were married in 1857.*
5. When and where, and in what Company and Regiment did your husband enlist or serve during the war between the States? *He enlisted in 1861 in Co. C, 2nd Va. Inf. in September 1861, and was mustered in at Big Springs, Va.*
6. How long did your husband serve in said Company and Regiment? *Until the end of the war.*
7. When and where did your husband's Company and Regiment surrender and was discharged? *At Appomattox, Va.*
8. Was your husband present at the time and place when his Company and Regiment surrendered? *Yes, he said he was. I was not there.*
9. If not with his command at surrender, state clearly and specifically where he was, when he left command, for what cause, and by what authority? *He was there, or said he was.*
10. When and where did your husband die? *At Chattanooga Tenn. August 27th 1862.*
11. Which of the following grounds do you base your application for Pension, viz: First—Age and Poverty; Second—Infirmary and Poverty, or Third—Blindness and Poverty? *1st & 2nd.*
12. If upon the first ground, state how long you have been in such a condition that you cannot earn your support. If upon the second, give a full and complete history of the infirmity and its extent. If upon the third, state whether you are totally blind, and when and where you lost your sight? *For 18 years I have had inflammation of the eyes and nervous trouble, so that I am unable to earn a support.*
13. What has been your occupation since your husband's death? *Caring for sewing and buttoning chairs as long as was able.*
14. How much can you earn gross, by your own exertion or labor? *About \$20.00*
15. What property, real or personal, or income do you have or possess, and its gross value? *One lot and two trunks, worth about five dollars.*
16. What property, real or personal, did you possess at death of husband or he left you, and of the year 1899-1900, and what disposition, if any, by sale or gift, have you made of the same? *The same as given above. Never disposed of anything.*
17. In what County did you reside in 1899 and 1900, and what property did you retain for taxation? *I lived in Marietta, Ga. Returned no property, had no tax.*
18. How have you been supported since death of husband, and especially for 1899 and 1900? *My husband's home. He had a family of his own.*
19. How much did your support cost for each of those years and how much did you contribute by your own labor or income? *I don't know. I contributed nothing.*
20. What was your employment during 1899 and 1900—how much did you receive for each year? *Had none. I received no pay. I did what I could to help about the house.*
21. Have you a family? If so, who composes such family? Give their means of support. Have they any lands or other property? *I have no family. Had one, deceased son.*
22. Have you ever made an application for pension before? *Yes.*
23. How many applications have you made for a Pension, and under what class? *One—under Old class.*

Sworn to and subscribed before me this 7th day of May 1902.
John W. Lindsey Ordinary,
Cobb County.

Mary Nancy

Questions for Witnesses.

STATE OF GEORGIA,

Cowan County.

I, John H. Slatten of said State and County, having been presented as a witness in support of the Application of Mrs. Mary Haney for a Pension under the Act of 1900, and after having been duly sworn, testifies to the following just facts, deposes and answers as follows:

1. What is your name and where do you reside? John H. Slatten in Cowan County, Ga.
2. Are you acquainted with the applicant, Mrs. Mary Haney?
3. If so, how long have you known her? I am her husband.
4. Where does she reside, and how long and since when has she been a resident of this State? I don't know.
5. When and where was she born? I don't know.
6. Were you ever acquainted with her husband? I was acquainted with him.
7. Where did he reside in 1861? I don't know.
8. When and to whom was he married? I don't know.
9. When and where was he born? I don't know.
10. How long have you known him? As long as I remember him in the States, and in what Company and Regiment did he enlist and how do you know that?
11. Were you a member of the same Company and Regiment? I was in Co. I 2d Regiment Ga. Col. Sigat 78-61.

12. How long did she perform regular military duty? A bout 2 years.

13. When and where was his Company and Regiment surrendered and discharged from service? At the Surrender at Appomattox Court House Virg.

14. Were you with the command when it surrendered? I was.

15. Was Mrs. H. Haney the husband of applicant present?

16. If not present, where was he? I don't remember.

17. When and where did he leave his Command? I don't know.

For what crime? I don't know.

By whom authority he left? I don't know.

How do you know all this? (State fully and clearly.) I was personally present.

18. When and where did Mrs. F. H. Haney die?

19. Where did he reside at his death and how long had he been a resident of Georgia at his death?

20. Do you of your own knowledge know that applicant is the lawful widow of Mrs. F. H. Haney?

21. Has she remained unmarried since her husband's death, and is now his widow? I don't know.

22. What property, effects or income, has the applicant, if any, and how do you know this of your own knowledge? I don't know.

23. What property, effects or income did applicant possess in 1861 and 1862 and what disposition did she make of it? I don't know.

24. Has applicant conveyed any property in last two years or given any away, if so what was it and to whom? I don't know.

25. What is applicant's physical condition and her chances and ability to earn a support?

Not being acquainted with applicant don't know.

26. Is applicant able to earn a support at labor of any sort, if not why? I don't know.

27. How was she supported for 1899 and 1900? I don't know.

28. How much did applicant contribute to her support for last two years? I don't know.

29. Give a full and complete statement of applicant's physical condition? not being acquainted with I can't.

30. What interest have you in the recovery of this pension by the applicant? None at all.

Sworn to and subscribed before me this 19th day of June 1902 at Baldwin Harbor Ordinary, John H. Slatten Dawson County. Witnesses.

Affidavits of Physicians.

STATE OF GEORGIA,

Cowan County.

Persons whose names are John H. Simpson and Chas. H. Hill both known to me to be reputable physicians of said county, who, being severally sworn, say on oath that they have examined carefully Mrs. Mary Haney applicant for a Pension under Act of 1900, and after such personal examination say that her physical condition is this: So nearly 60 years old. Has Rheumatism and is physically unable to work as continuously as to make her living expenses.

and we have no interest in said pension if allowed.

Sworn to and subscribed before me this 13th day of August 1902 at Baldwin Harbor Ordinary, John H. Simpson Chas. H. Hill County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Cowan County.

I, John H. Simpson Ordinary in and for said county, hereby certify that the applicant, Mrs. Mary Haney resides in said county, and has been a bona fide resident of this State since 18th day of January 1874, and that the witnesses, Mr. John H. Simpson and Chas. H. Hill are of trustworthy character, and that their statements are entitled to full faith and credit.

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

I further certify that the tax digest of Cowan county shows that applicant returned for taxation in her own name in 1899 \$0 dollars worth of property, and in 1900 \$0 dollars worth of property.

Witness my hand and official seal, this 19th day of October 1902 at Baldwin Harbor Ordinary, John H. Simpson County.

SEAL
Notes—1. Before any questions are answered, the Ordinary shall swear applicant and the witnesses in the following words: "You do solemnly swear that you will true answers make to each of the questions asked of you, and the evidence you shall give will be the whole truth, so help you God."
2. Additional affidavits may be attached, if blank spaces are found.
3. All affidavits must be made before Ordinary.
4. Only widows who were the wives of the dead husbands while they were soldiers' good apply—and are now widows. Those married since 20th April, 1860, not entitled.
5. Witnesses and two Physicians are necessary to make out claims.

Questions for Witnesses.

STATE OF GEORGIA,

Hutton County.

of said State and County, having been presented as a witness in support of the Application of Mrs. Mary Hanes for a Pension under the Act of 1900, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? He C Smith
St. Albans, Vt.
2. Are you acquainted with the applicant, Mrs. Mary Hanes? Yes
3. If so, how long have you known her? all her life
3. Where does she reside, and how long and since when has she been a resident of this State? 60 St. County, Vt.
Dorset County, Vt.
4. When and where was she born? yes
5. Were you ever acquainted with her husband? yes
6. Where did he reside in 1861? Dorset County, Vt.
7. When and to whom was he married? Mary Hanes
8. When and where was he born? in Vermont 1822
9. How long have you known him? since 1848
10. When and where did Benjamin F. Hanes enlist in the war between the States, and in what Company and Regiment did he enlist and how do you know this? enlisted in the 9th Vermont Infantry, Sept 1861
11. Were you a member of the same Company and Regiment? Yes
12. How long did he perform regular military duty? 14 years
13. When and where was his Company and Regiment surrendered and discharged from service? At Appomattox, Va. April 1865
14. Were you with the Command when it surrendered? yes
15. Was Benjamin F. Hanes the husband of applicant present? yes
16. If not present, where was he? in army present
17. When and where did he leave his Command? at Appomattox
- By what cause? on the ground of surrender
- By whose authority he left? by Gen. Lee's surrender
- How do you know all this? (State fully and clearly) I was with him at surrender
18. When and where did Benjamin F. Hanes die? at Chattanooga, Tenn. Aug 21, 1872
19. Where did he reside at his death and how long had he been a resident of Georgia at his death? Chattanooga, Tenn.
20. Do you or your own knowledge know that applicant is the lawful widow of He C Smith? Yes
21. Has she remained unmarried since her soldier husband's death, and is now his widow? Yes
22. What property, effects or income has the applicant, if any, and how do you know this of your own knowledge? not very much
23. What property, effects or income did applicant possess in 1899 and 1900, and what disposition did she make of it? not any property except her house hold goods
24. Has applicant conveyed any property in last two years or given any away, if so, what was it, and to whom? nothing as far as I know
25. What is applicant's physical condition and her chances and ability to earn a support? She is very poor as she has no means of support

26. Is applicant able to earn a support at labor of any sort, if not why? She is not able to earn a support at labor of any sort, if not why? She is not able to earn a support at labor of any sort, if not why?
27. How was she supported for 1899, 1900 and 1901? by what little work she could do
28. How much did applicant contribute to her support for last two years? not over
29. Give a full and complete statement of applicant's physical condition? not very good for the last few years could possibly do but I got it from her when I saw her
30. What interest have you in the recovery of this pension by the applicant? none other

day of October 1902
John R. Wilkinson Ordinary,
Hutton County.

Henry C. Smith
Witness.

Affidavits of Physicians.

STATE OF GEORGIA,

County.

Personally before me comes

both known to me to be reputable physicians of said County, who, being severally sworn, say on oath that they have examined carefully Mrs. Mary Hanes, applicant for a Pension under Act of 1900, and after such personal examination say that her physical condition is this:

and we have no interest in said pension if allowed.

Sworn to and subscribed before me this

day of October 1902

Ordinary,

County.

Ordinary's Certificate.

STATE OF GEORGIA,

Hutton County.

I, John R. Wilkinson Ordinary in and for said County, hereby certify that the applicant, Mrs. Mary Hanes, is a bona fide resident of this State since the

and that the witnesses, Mr. He C Smith and Henry C. Smith are of trustworthy character, and that their statements

are entitled to full faith and credit. I do further certify that before answering the foregoing questions, the applicant and said witnesses took the oath herein prescribed, and the full text of the affidavits was read to the applicant and witnesses before the same was signed and subscribed.

I further certify that the tax digest of Hutton County, where the applicant resided for taxation in her own name in 1899, was

of property, and in 1900 and 1901, not over dollars worth of property.

Witness my hand and official seal this 10th day of October 1902

John R. Wilkinson Ordinary,
Hutton County.

- Notes—1. Before any questions are answered, the Ordinary shall swear applicant and the witnesses in the following words: "You do solemnly swear that you will true answers make to each of the questions asked of you, and the evidence you shall give will be the whole truth; So help you God."
2. Additional affidavits may be attached, if blank spaces are insufficient.
3. All affidavits must be made before Ordinary.
4. Only widows who were the wives of the dead husbands while they were soldiers need apply—and are now widows. Those married since 28th April, 1860, not entitled.
5. Witnesses and two Physicians are necessary to make out claims

Questions for Witnesses.

STATE OF GEORGIA,

County.

Corb
See Blake of said State and County, having been presented as a witness in support of the Application of Mrs. *Mary Nancy* for a Pension under the Act of 1900, and after having been duly sworn true answers to make to the following questions, depose and answers as follows:

1. What is your name and where do you reside? *See Blake, Marietta, Cobb County, Ga.*
2. Are you acquainted with the applicant, Mrs. *Mary Nancy*? *Yes, all my life, about fifty years.*
3. If so, how long have you known her? *See Blake, Marietta, Ga. and in this State all her life*
4. Where does she reside, and how long and since when has she been a resident of this State? *She is old and infirm in Marietta, Ga. and in this State all her life*
5. When and where was she born? *Benning County, Ga. 1824 + 2*
6. Were you ever acquainted with her husband? *Yes.*
7. Where did he reside in 1861? *Saunder County, Ga.*
8. When and to whom was he married?
9. When and where was he born?
10. How long have you known him?
11. When and where did he enlist in the war between the States, and in what Company and Regiment did he enlist and how do you know this?

12. Were you a member of the same Company and Regiment?
13. How long did he perform regular military duty?
14. When and where was his Company and Regiment surrendered and discharged from service?
15. Were you with the command when it surrendered?
16. Was the husband of applicant present?
17. If not present, where was he?
18. When and where did he leave his Command?
19. For what cause?
20. By whose authority he left?
21. How do you know all this? (State fully and clearly)

22. When and where did *Benjamin F. Nancy* die? *Chattanooga Tenn. in 1872.*
23. Where did he reside at his death and how long had he been a resident of Georgia at his death? *Chattanooga, Tenn. - Nat'l Co. until short time before his death.*
24. Do you of your own knowledge know that applicant is the lawful widow of *Ben. F. Nancy*? *Yes.*
25. Has she remained unmarried since her soldier husband's death, and is now his widow? *Yes.*
26. What property, effects or income has the applicant, if any, and how do you know this of your own knowledge? *Bedding and wearing apparel and two trunks. She is very poor and I am personally acquainted with her.*
27. What property, effects or income did applicant possess in 1900 and 1901 and what disposition did she make of it? *Nothing but what she has now.*
28. Has applicant conveyed any property in last two years or given any away, if so what was it and to whom? *No.*

29. What is applicant's physical condition and her chances and ability to earn a support? *She is old and not able to do but very little work. She has no means of support. She does a little sewing and buttons chairs when able.*

26. Is applicant able to earn a support of any sort, if not why? *As - on account of age and infirmity.*

27. How was she supported for 1899 and 1900? *She lived part of time with me and part of time with her married son.*

28. How much did applicant contribute to her support for last two years? *Very little if any.*

29. Give a full and complete statement of applicant's physical condition? *She is old and has rheumatism - She is unable to work but very little.*

30. What interest have you in the recovery of this pension by the applicant? *I have personally - She needs it, and I would like for her to get it.*

Sworn to and subscribed before me this *14th* day of *August*, 190*3*.
John Aubrey Ordinary.
See Blake County. Witnesses.

Affidavits of Physicians.

STATE OF GEORGIA,

County.

Personally before me comes _____ and _____ both known to me to be reputable physicians of said county, who, being severally sworn, say on oath that they have examined carefully Mrs. _____ applicant for a Pension under Act of 1900, and after such personal examination say that her physical condition is this _____

and we have no interest in said pension if allowed.

Sworn to and subscribed before me this _____ day of _____, 190_____.

Ordinary.

County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

County.

I, _____ Ordinary in and for said county, hereby certify that the applicant, Mrs. _____ resides in said county, and has been a bona fide resident of this State since _____ day of _____, 18_____, and that the witnesses, Mr. _____ are of trustworthy character, and that their statements are entitled to full faith and credit.

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

I further certify that the tax digest of _____ county shows that applicant returned for taxation in her own name in 1899 _____ dollars worth of property, and in 1900 _____ dollars worth of property.

Witness my hand and official seal, this _____ day of _____, 190_____.
(SEAL)

Ordinary.

County.

Notes-1. Before any questions are answered, the Ordinary shall swear applicant and the witnesses in the following words: "You do solemnly swear that you will true answers make to each of the questions asked of you, and the evidence you shall give will be the whole truth; so help you God."
2. Additional affidavits may be attached, if blank spaces are insufficient.
3. All affidavits must be made before Ordinary.
4. Only widows who were the wives of the dead husbands while they were soldiers need apply-and are now widows. Those married since 28th April, 1865, not entitled.
5. Witnesses and two Physicians are necessary to make out claims.

POWER OF ATTORNEY.

STATE OF GEORGIA,

(*Cobb*) COUNTY.

I, *Mary Henry*,
John Henry of _____ hereby authorize
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 *12th*
day of *May*, 1904.

Mary Henry
John

[L. S.]

Executed in presence of

POWER OF ATTORNEY.

STATE OF GEORGIA,

(*Cobb*) COUNTY.

I, *Mary Henry*,
John Henry of _____ hereby authorize
to receive and receipt for the pension paid hereon, and request that he remit same to
at _____

In Witness Whereof, I have hereunto set my hand and seal, this *10*
day of *Jan*, 1905.

Mary Henry
John

[L. S.]

Executed in presence of

John Henry

TO THOSE HERETOFORE PAID.

1904.

INDIGENT
WIDOW'S PENSION

FOR YEAR ENDING DECEMBER 31, 1904.

PAID TO

Mrs Mary Henry

Cobb

County,

Widow of *B. F. Henry*

Co. D. 22nd Va.

Regiment.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED
JAN 23

1904.

AND HANDED TO

John

JOHN W. LINDSEY, JR. PRINTER, ATLANTA.

To Those Heretofore Paid.

1905.

No. 242

INDIGENT
WIDOW'S PENSION,

For year ending Dec. 31, 1905.

PAID TO

Mrs Mary Henry

Cobb

County,

Widow of

Regiment.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED
JAN 23

1905.

AND HANDED TO

John

JOHN W. LINDSEY, JR. PRINTER, ATLANTA.

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

County of Cobb

PERSONALLY COMES MRS.

Mary Henry

who, being sworn, says on oath that she is a bona fide resident of said County of Cobb State of Georgia, and that she has RESIDED in said State continuously ever since ten years. That she is the Widow of B. F. Henry who was a soldier in Company C of the 12th Regiment of Col.

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

186 and served in the Army up to 1865. That he died on the 25th day of August 1892.

On account of age, infirmity & poverty
she is unable to support herself.

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1859.

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

Sworn to and subscribed before me,
this 17th day of January 1904.

Post Office

Ordinary

State of Georgia,

Cobb

County.

Ordinary of said County, certify that I am well

acquainted with Mrs. Mary Henry who made the above affidavit, and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the day of several years

Given under my official signature and seal, this 17th day of January 1904.



Ordinary of

County

NOTE.—All blanks must be filled.

Vouchers and Affidavits must bear date after January 1st, 1904.

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

County of Cobb

PERSONALLY COMES MRS.

Mary Henry

who, being sworn says on oath, that she is a bona fide resident of said County of Cobb State of Georgia, and that she has RESIDED in said State continuously ever since many years. That she is the Widow of B. F. Henry who was a soldier in Company C of the 12th Regiment of Col.

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

186 and served in the Army up to 1865. That he died on the age day of infirmit and poverty

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1859.

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

Sworn to and subscribed before me,
this 17th day of January 1905.

Ordinary.

Post Office

State of Georgia,

Cobb

County.

Ordinary of said County, certify that I am well

acquainted with Mrs. Mary Henry who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the day of 18

Given under my official signature and seal, this 17th day of January 1905.



Ordinary of

County

NOTE.—All blanks must be filled.

Vouchers and Affidavits must bear date after January 1st, 1905.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb COUNTY.

I, Mary Nancy hereby authorize
John Lindsey of Marilla Ga.
to receive and receipt for the pension paid hereon, and request that he remit same to

at
In Witness Whereof, I have hereunto set my hand and seal, this 10
day of Jan 1906.

Executed in presence of

Wm. H. Haney [L. S.]
Wm. H. Haney

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb COUNTY.

I, Mary Nancy hereby authorize
John Lindsey 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 14
day of Jan 1907.

Executed in presence of

Wm. H. Haney [L. S.]
Wm. H. Haney

To Those Heretofore Paid.

1906.

No. 209

INDIGENT

WIDOW'S PENSION,

For year ending Dec. 31, 1906.

PAID TO
Mrs. Mary Nancy

OF

Cobb County,

Widow of B. F. Haney

Co. A. 22 Ga. Regiment.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

11 2 1906.

AND HANDED TO

John Lindsey

THE FARMER'S PRINTING AND PUBLISHING CO., ATLANTA, GA.

Haney, Mary,
Cobb County
To Those Heretofore Paid

1907.

No. 207

INDIGENT

WIDOW'S PENSION,

For year ending Dec. 31, 1907.

PAID TO

Mrs. Mary Nancy

OF

Cobb County,

Widow of B. F. Haney

Co. _____ Regiment.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

AND HANDED TO

John Lindsey

THE FARMER'S PRINTING AND PUBLISHING CO., ATLANTA, GA.

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

County of Cobb

PERSONALLY COMES MRS.

Mary Haney

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

B. F. Haney

who was a soldier in Company

2

of the

22

Regiment of

4th

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

186____, and served in the Army up to 186____ That he died on

the _____ day of _____ 18____

Age Infirmary of poverty

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 18____

I have been allowed an Indigent pension as a resident of

Cobb

County, under Act 1900, for the year 1905, and now apply for the pension provided by law for the year ending December 31, 1906.

Sworn to and subscribed before me

this 29 day of Jan 1906.

Ordinary.

Post Office.

Mary X Haney

State of Georgia,

Cobb

County.

Ordinary of said County, certify that I am well

acquainted with Mrs. Mary Haney, who made the above affidavit, and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the

day of Jan 1894Given under my official signature and seal, this 30 day of Jan 1906.John Hurley

Ordinary of

Cobb

County.

Official Seal

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

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

County of Cobb

PERSONALLY COMES MRS.

Mary Haney

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

B. F. Haney

who was a soldier in Company

2

of the

22

Regiment of

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

186____, and served in the Army up to 186____ That he died on

the _____ day of _____ 18____

Inf. of poverty

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 18____

I have been allowed an Indigent pension as a resident of

Cobb

County, under Act 1900, for the year 1906, and now apply for the pension provided by law for the year ending December 31, 1907.

Sworn to and subscribed before me

this 4 day of Jan 1907.

Ordinary.

Post Office.

Mary X Haney

State of Georgia,

Cobb

County.

Ordinary of said County, certify that I am well

acquainted with Mrs. Mary Haney, who made the above affidavit, and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the

day of _____ 18____

Given under my official signature and seal, this 4 day of Jan 1907.John Hurley

Ordinary of

Cobb

County.

Official Seal

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

Office of
JOHN AWTREY,
ORDINARY, COBB COUNTY.

Marionetta, Ga.

1901

Longa, Cobb County.

Personally known A. J.
Longa, a resident of said County,
and personally known to me to be
a reputable citizen whose evidence
is worthy of full faith and credit,
who being duly sworn deposes and
says that he is personally acquainted
with Mrs. Mary Henry, the applicant,
that he was present at her marriage,
that she was married in 1859 in
Dawson County, Ga. to Benjamin H. Henry,
that she was his wife during said
Henry's service in the Confederate army,
and is now his widow.

Known to and. A. J. Longa
Subscribed before me this 18th day of Aug. 1902,
and I certify that deponent's statements are
worthy of full faith and credit.
John Awtrey,
Ordinary.

Georgia

Dawson County } To any Judge of the Superior
Court or Justice of the Inferior Court or Ordained
Minister of the Gospel or Justice of the Peace you are
hereby authorized to join Benjamin Harrie and
Mary Blake in the Holy Bonds of Matrimony according
to the laws of this State and this shall be your Vicar
This 9th day of November 1909.

John W. Hughes Ordinary

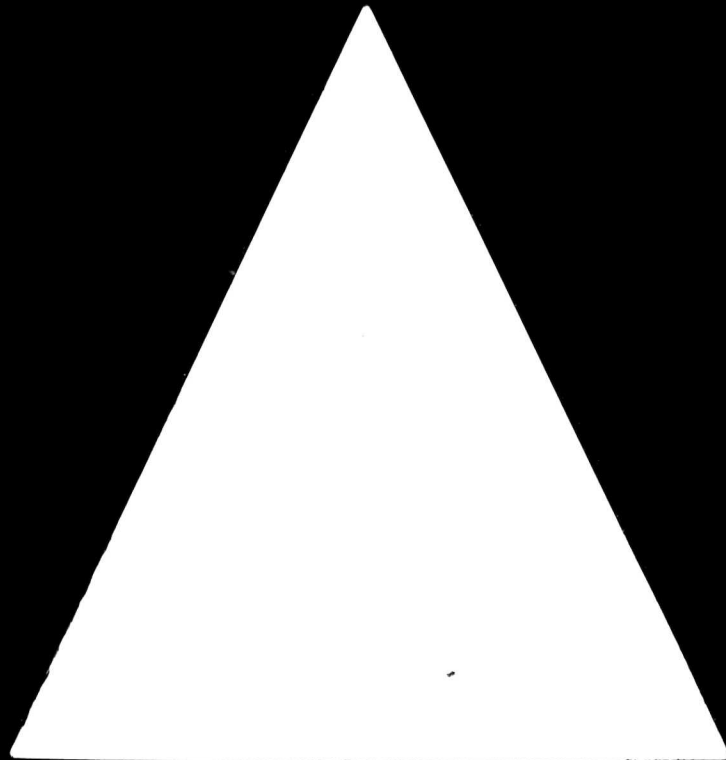
Georgia

Dawson County } I hereby Certify that Benjamin
Harrie and Mary Blake were duly joined in
Matrimony this day by me November 9th 1909
Wm. W. Odum J. P.

Dawsonville Ga

I Balsam Harbison Ordinary hereby Certify
That the above is a true Copy of the Marriage
Certificate as it stands on record in this Office
given under my hand and Seal of Office
this July 4th 1902

Balsam Harbison Ordinary
of Dawson County Ga



Ordinary's Certificate

STATE OF GEORGIA

Cobb COUNTY.

I, J. M. Gann Ordinary of said County, certify that I know the applicant W. R. Haney for pension is the person he represents himself to be and resides in said county. That I also know Cobb the witness swearing to the service; that they are both residents of said county and were duly sworn by me before signing the foregoing affidavit and they are all truthful and trustworthy and their statements are entitled to full faith and credit.

Sworn under my hand and official seal of office this 20 day of Oct 1919

J. M. Gann Ordinary
Cobb County.

(SEAL)

NOTES: 1. Before any questions are answered the Ordinary shall swear applicant and witnesses in the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you give shall be the whole truth. So help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. All affidavits must be made before the Ordinary of the county in which the applicant or witness resides and must be certified by such Ordinary.

Soldier's Application

Under Act 1910 - As Amended by Act of 1919.

No. 412-1920

Confederate

County Cobb
Name W. R. Haney
Company E
Regiment 1st Ga. State Troop
Approved (Seal)

J. W. LINDSEY,
Commissioner of Pensions.
New Building Co. State Prison, Atlanta.

10-30-1919

Application for Soldier's Pension Under Act 1910

Amended by Act 1919

Questions For Applicants to Answer

STATE OF GEORGIA.

Cobb COUNTY.

W. R. Haney of said State and County, hereby applies for the pension provided by Act of 1910, as amended by Act of 1919, to Confederate Soldiers, and submits his sworn statement, with his testimony to make out the same, and after being duly sworn true answers to make to the questions propounded, answers as follows, to-wit:

1. What is your name and where do you reside? (Give County and Post-office)
W. R. Haney Wrensboro, Cobb Co. Ga.
2. How long and since when have you been a continuous resident citizen of this State?
All my life 76 years
3. Did you enlist in the Army of the Confederate States or in the organized militia of this State from 1861 to 1865?
Yes
4. When and where, and in what Company and Regiment did you enlist? (Give the arm and class of Service)
May 1863 Wrensboro Co. Ga. 1st Ga. State Troop Infantry
5. How long did you remain in the actual military service with said Company and Regiment? (Give date of discharge)
Until the end of the war or May 1864 I found service made from
6. When and where was your Company and Regiment surrendered or discharged from the Service?
April 1865 New Wrensboro, Ga.
7. Were you actually present with your command when it was surrendered or discharged?
No
8. If you were not actually present, state specifically and clearly where you were.
I was captured in the battle of Wrensboro of 1864

- a. Where was your command when you left it?
New Wrensboro
- b. When did you leave the command?
Nov. or Dec. 1864
- c. For what cause did you leave?
Captivity
- d. By whose authority did you leave?
—
- e. For how long was your leave granted? In what way?
—

- f. Why did you not return to your command after leave expired?
—
- g. In what way were you prevented?
—
- h. What effort did you make to return?
—
- i. Were you captured during the war?
Yes
- j. If so, when, and where? In what prison were you held and when were you released?
Nov. or Dec. 1864 was sent to Nashville & turned loose in April or May 1865
9. Are you drawing a pension of any amount from this State or the United States?
No
10. Have you ever applied for the Georgia Pension and had it refused? and for what cause it was not allowed?
No

Sworn to and subscribed before me, this the

17 day of Oct 1919

J. M. Gann Ordinary
Cobb County.

(SEAL)

Witnessed by W. R. Haney and W. R. Haney on Oct 17 1919 at Wrensboro, Ga.

Questions for Witness as to Service

STATE OF GEORGIA,

Cobb COUNTY }

Sam Gordon of said State and County is hereby presented as a witness in support of the application of W. R. Harvey for the pension provided by the Act of 1910, as amended by the Act of 1919 in said State, and, after being sworn true answers to make to the questions propounded, answers as follows:

1. What is your name and where do you reside? Sam Gordon

Unsett Cobb Co. Ga.

2. How long and since when have you known W. R. Harvey the applicant?

Ever since 1863

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

4. When, where and in what Company and Regiment did W. R. Harvey enlist during

war from 1861 to 1865? (Give date and place.) In 1863 at Marietta Ga. 34th Regt. Inf.

5. How did you obtain your information of this Service? I was a member of same

Regiment in 34th Regt. Inf.

6. How long within your own personal knowledge did he perform actual military service with this

Company and Regiment? (Give date.) Until Nov. or Dec. 1864

7. When and where was his command surrendered or discharged (give date and place.)

Nov. 1864 at Columbus Ga.

8. Were you personally present at the surrender? Yes

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

10. Was the applicant personally present with his command at surrender? No

11. If not where was he and how came him there? He had been captured

12. When did he leave his command? When he was captured

Where was his command

when he left it? At Columbus Ga.

For what cause did he leave? He was captured

By whose authority did he leave? By the authority of the commanding officer

and how long was he granted leave? He was not granted leave

How do you know

all that you have stated to be true? If of your own knowledge, tell clearly and specifically being with

this man

13. In what way was he prevented from returning to his command? He was captured

How do you know? He was captured

14. What effort did he make to return to his command and how do you know? He was captured

15. Was applicant captured as a prisoner. Yes If so, when and where? Nov. or Dec. 1864 near Pittsburg

In what prison was he held? Don't know and

when released Don't know

Sworn to and subscribed before me, this the

17 day of October 1919.

J. M. Harvey Ordinary

Cobb County.

(SEAL)

Questions for Witness as to Service

STATE OF GEORGIA,

Fulton COUNTY }

J. S. Lowe of said State and County is hereby presented as a witness in support of the application of W. R. Harvey for the pension provided by the Act of 1910, as amended by the Act of 1919 in said State, and, after being sworn true answers to make to the questions propounded, answers as follows:

1. What is your name and where do you reside? J. S. Lowe, Soldier's Home, Atlanta

2. How long and since when have you known W. R. Harvey the applicant?

Since 1863

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

4. When, where and in what Company and Regiment did W. R. Harvey enlist during

war from 1861 to 1865? (Give date and place.) Jan. 1863, Marietta Ga., Co. "F", 1st Ga. State Line

5. How did you obtain your information of this Service? I was a member of same company

6. How long within your own personal knowledge did he perform actual military service with this

Company and Regiment? (Give date.) From Jan. 1863 until June of 1864 when he

transferred to a Cavalry regiment

7. When and where was his command surrendered or discharged (give date and place.) Co. "F" dispersed at Columbus Ga. in 1865

8. Were you personally present at the surrender? No

9. If not, where were you and how came you there? In prison

10. Was the applicant personally present with his command at surrender? Don't know

11. If not where was he and how came him there? He was captured

12. When did he leave his command? Was transferred to Cav. Regt. in June 1864 at Kennew Mountain

Where was his command

when he left it? At Kennew Mountain

For what cause did he leave? He was captured

By whose authority did he leave? By the authority of the commanding officer

and how long was he granted leave? He was not granted leave

How do you know

all that you have stated to be true? If of your own knowledge, tell clearly and specifically I was a

member of Co. "F" and saw him constantly in service until he was

transferred

13. In what way was he prevented from returning to his command? He was captured

How do you know? He was captured

14. What effort did he make to return to his command and how do you know? He was captured

15. Was applicant captured as a prisoner. Never captured while a member of Co. "F" 1st Ga.

Don't know If so, when and where? Don't know

In what prison was he held? Don't know and

when released Don't know

Sworn to and subscribed before me, this the

2 day of October 1919.

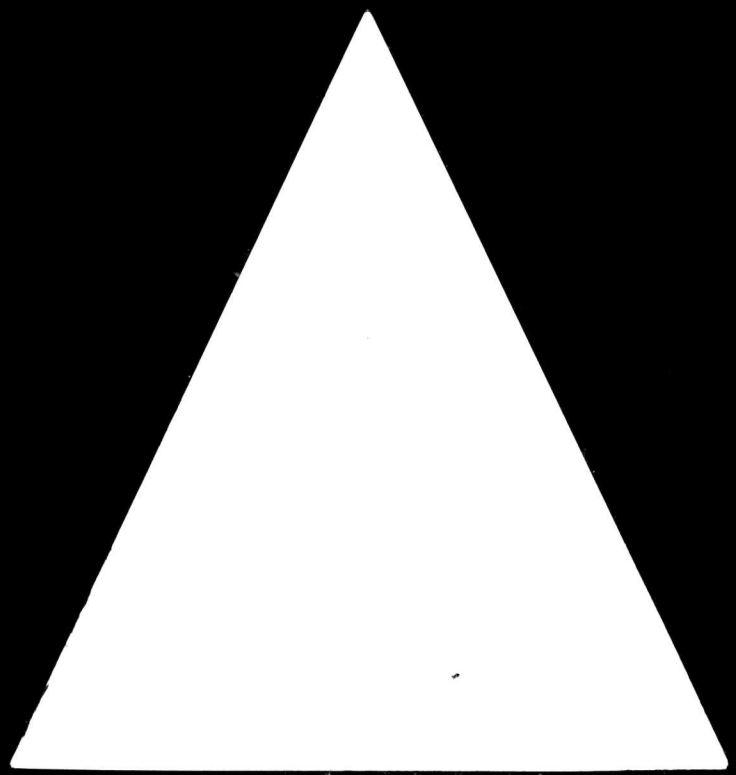
J. S. Lowe Ordinary

Fulton County.

(SEAL)

of Cobb Ordinary }
County. }
(SEAL)

of Fulton Ordinary }
County. }
(SEAL)



... was appointed 1st Sergeant, Co. B, 7th Regt. Co. Infantry May 2, 1861, ... Elected Captain July 27, 1864... Surrendered, Appomattox, Va., Apr. 9, 1865.

William Henderson

Rec'd J. J. Hardage
Cobb County 1897
Widow's Application

Under Act of 1910—As Amended by Act of 1916, and Constitutional Amendments of 1920 and 1937.

County Cobb
Name Mrs. J. J. Hardage
Widow of J. J. Hardage
Date of Marriage Oct. 2nd 1886
Date of Husband's Death May 25 1924
Company R. D.
Regiment 1st Ga.
Approved DEC 27 1897
Geo. Thomas Sullivan
Director.

AUG 13 1897

Ordinary's Certificate
STATE OF GEORGIA

I, Cobb COUNTY, Ordinary of said County, do certify that I know Mrs. J. J. Hardage the applicant for pension; that she is the person she represents herself to be, and that she has been, continuously, a bona fide resident citizen of said State since January 1st, 1920; that I also know Mrs. J. J. Hardage the witness who swears to the service of husband and/or the marriage; that both of them are now residents of said County and were duly sworn by me before signing the foregoing affidavits, and that they are truthful and trustworthy and their statements are entitled to full faith and credit.

Given under my hand and seal of office this 28th day of July, 1937.
(SEAL OF ORDINARY) W. J. Sullivan Ordinary.
of Cobb County.

- INSTRUCTIONS:
1. Before any questions are answered the Ordinary shall receive applicant and the witness in the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the witness you shall give will be the truth, so help you God."
 2. Additional affidavits may be attached if blank spaces are insufficient.
 3. All affidavits must be sworn prior to January 1st, 1920, are entitled.
 4. All affidavits must be made before the Ordinary of the County in which the applicant or witness resides and must be recorded by said Ordinary.
 5. All affidavits must be made before the Ordinary of the County in which the applicant or witness resides and must be recorded by said Ordinary.
 6. Do not take an application from any widow who is already receiving a pension.

... was appointed 1st Sergeant, Co. B, 7th Regt. Co. Infantry May 2, 1864. ... promoted Captain July 27, 1864. ... Surrendered Appomattox, Va., Apr. 9, 1865.

William Henderson

Record Book
Hardage, J. J. (Mrs.)
Cobb County, 1938
Widow's Application

Under Act of 1910—As Amended by Act of 1919, and Constitutional Amendments of 1920 and 1937.

County *Cobb*
Name *Mrs. J. J. Hardage*
Widow of *J. J. Hardage*
Date of Marriage *Oct. 20, 1886*
Date of Husband's Death *May 25, 1924*
Company *R. D.*
Regiment *11th Ga.*
Approved *DEC 27 1937* 193
E. T. Thomas
Director

AUG 13 1947

Ordinary's Certificate

STATE OF GEORGIA.

Cobb COUNTY.

I, *Jas. J. Daniel* Ordinary of said County, do certify that I know *Mrs. J. J. Hardage* the applicant for pension: that she is the person she represents herself to be, and that she has been, continuously, a bona fide resident citizen of said State since January 1st, 1920, that I also know *Mrs. J. J. Hardage* the witness who swears to the service of husband and/or the marriage; that both of them are now residents of said County and were duly sworn by me before signing the foregoing affidavits, and that they are truthful and trustworthy and their statements are entitled to full faith and credit.

Given under my hand and seal of office this *28th* day of *Oct* 1937.
(SEAL OF ORDINARY) *J. J. Daniel* Ordinary.
of *Cobb* County.

INSTRUCTIONS:

1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the truth, so help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. All affidavits must be sworn prior to January 1st, 1920, are entitled.
4. All affidavits must be sworn before the Ordinary of the County in which the applicant or witness resides and must be certified by each Ordinary.
5. All affidavits must be sworn before the Ordinary of the County in which the applicant or witness resides and must be certified by each Ordinary.
6. Do not use the back of the application card.
7. Do not use the back of the application card.
8. Do not take an application from any widow who is already receiving a pension.

Atlanta, Sept. 1, 1887.
HARDING, THOMAS J., was appointed 1st Sergeant, Co. D, 7th Regt. Cal. Infantry May 4, 1861. ... Elected Captain July 27, 1864. ... Surrendered, Appomattox, Va., Apr. 9, 1865.

William Anderson

Recd. J. J. Harding
Cobb County
Widow's Application

Under Act of 1910—As Amended by Act of 1919, and Constitutional Amendments of 1920 and 1937.

County *Cobb*
Name *Mrs. J. J. Harding*
Widow of *J. J. Harding*
Date of Marriage *Oct. 20, 1886*
Date of Husband's Death *May 25, 1924*
Company *R. R.*
Regiment *1st Regt.*
Approved *DEC 21 1937*
Director *W. T. ...*

AUG 10 1937

Ordinary's Certificate

STATE OF GEORGIA,

Cobb COUNTY.

I, *Jan. J. Daniell*, Ordinary of said County, do certify that I know *Mrs. J. J. Harding* the applicant for pension; that she is the person she represents herself to be, and that she has been, continuously, a bona fide resident citizen of said State since January 1st, 1920; that I also know *Miss L. E. Harding* the witness who swears to the service of husband and/or the marriage; that both of them are now residents of said County and were duly sworn by me before signing the foregoing affidavits, and that they are truthful and trustworthy and their statements are entitled to full faith and credit.

Given under my hand and seal of office this *28th* day of *July*, 1937.
(SEAL OF ORDINARY) *Jan. J. Daniell* Ordinary.
of *Cobb* County.

INSTRUCTIONS:

- Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the whole truth. So help you God."
- Additional affidavits may be attached if blank spaces are insufficient.
- Only widows who married prior to January 1st, 1920, are entitled.
- All affidavits must be made before the Ordinary of the County in which the applicant or witness resides and must be certified by such Ordinary.
- Attach certified copy of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.
- Fill out the back of the application carefully.
- Don't use the bulky form of Marriage Certificate in vogue throughout the State. A short, simple form is easier to handle.
- Do not take an application from any widow who is already receiving a pension.

APPLICATION FOR PENSION BY A WIDOW OF A CONFEDERATE SOLDIER

(Under Act of 1910, as Amended by Act of 1919, and Constitutional Amendments of 1920 and 1937.)

QUESTIONS FOR APPLICANT TO ANSWER:

STATE OF GEORGIA,

Marionella COUNTY.

Cobb

Personally appears before me *Mrs. J. J. Harding* of said State and County and hereby applies for the pension allowed by the Act of 1910, as amended by the Act of 1919 and the Constitutional Amendments of 1920 and 1937, and submits testimony to support the same, and, after being duly sworn, true answers to make to the questions propounded, answers as follow, to wit:

SECTION I.

- What is your name and where do you reside? (Give Post Office and County) *Marionella, Cobb Co.*
- How long and since when have you been, continuously, a bona fide resident citizen of the State of Georgia? *Justly Mrs. J. J. Harding, wife of J. J. Harding*
Give date, or year, of your birth. *Feb. 9, 1852* Age *85*
- (1) When, (2) where and (3) to whom were you married? *Capt. J. J. Harding*
Marionella, Cobb Co. 1886
- Have you married since the death of first and soldier husband? *No*
- When and where did your first husband die? *May 25, 1924 Marionella Ga*
- Were you residing together when he died? *Yes*
- If not, how long had you resided apart?
- Are you now a widow?
- Have you or your husband heretofore been paid a pension by the State? *Only husband has*
- If so, when and for what cause were you or your husband placed on the roll? *Was on Cobb Co. Confed soldier payroll.*

SECTION II.

Answer the following questions if your husband was not a pensioner:
1. When, where and in what Company and Regiment did your husband enlist as a soldier in Confederate Army or Georgia Militia. (Give name of Colonel and Captain.) State whether Infantry, Cavalry, Artillery, Reserves, State Guards, State Militia or State Troops.

- When and where did the Commands of your husband surrender or discharge from the Service?
- Was your husband personally present with his Command when it was surrendered or discharged?
- If he was not present, state specifically and clearly where he was?
- When did he leave the Command?
- For what cause did he leave?
- By whose authority did he leave?
- For how long was his leave of absence granted? d. In what way?
- What was his physical condition when he left his Command?
- What effort did he make to return to his Command?
- In what way was he prevented from going back to his Command?
- Was he captured by the enemy at any time?
- If so, when and where? In what prison was he held and when was he released?

Sworn to and subscribed before me, this the

27th day of *July*, 1937.
Jan. J. Daniell Ordinary.
of *Cobb* County.
(SEAL OF ORDINARY)

Mrs. J. J. Harding
Applicant.

An Affidavit

(Read carefully before making this affidavit.)

State of Georgia,

County of _____

Before me, the Ordinary of said County, comes Mrs. _____ who, after being duly sworn, deposes and says:

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

Sworn to and subscribed before me, this the _____

day of _____, 1937

Ordinary,

County.

Questions for Witness as to Marriage and Service of Husband.

STATE OF GEORGIA,

CITY _____ COUNTY _____

Mrs. T. J. Hardage of said State and County is hereby presented as a witness in support of the application of Mrs. T. J. Hardage for the pension provided by the Act of 1910, as amended by the Act of 1919 and the Constitutional Amendments of 1920 and 1937, in said State, who, after being sworn true answers to make to the questions propounded, answers as follows, to-wit:

1. What is your name and where do you reside? (Give Post Office and County)
Mrs. T. J. Hardage, Marietta, Ga.
2. How long and since when have you known Mrs. T. J. Hardage?
One fifty years. Since her father was married.
3. Where does she now reside, and since when has she been, continuously, a bona fide, resident citizen of this State?
Marietta, Cobb Co., Ga. All her life.
4. When and to whom was she married?
Capt. T. J. Hardage. How do you know? His name.
5. How long and since when did you know _____ her husband?
All my life.
6. When and where did _____ the husband of applicant, die?
Capt. T. J. Hardage, May 20, 1924, Marietta, Cobb Co., Ga.
7. Were the applicant and her husband living together as husband and wife at the date of his death?
Yes.
8. If not, how long did they live apart before his death?
No.

If the husband of the applicant was a pensioner, DO NOT answer the following questions.

9. When, where and in what Company and regiment did _____ enlist?
(Give date and place)
10. How did you obtain your information of this service?
11. How long within your personal knowledge did he perform actual military service with this Company and Regiment? (Give dates.)
12. When and where was his Command surrendered or discharged? (Give date and place.)

13. Were you personally present with this Command when it was surrendered?
If not, where were you _____ and how came you there?

14. Was the husband of applicant personally present with his Command at its surrender?
If not where was he? _____ and how came him there?
When, where and for what cause did he leave his Command? (Give date.) _____
By whose authority did he leave his Command? _____
and how long was he granted leave? _____
How do you know all that you have stated to be true? (If of your own knowledge, state clearly and specifically.) _____

15. For what cause, if you know of your own knowledge, was he prevented from returning to his Command?

16. What effort did he make to return to his Command and how do you know this?

17. Was he captured as a prisoner?
If so, when and where? _____ and when released?

In what prison was he held? _____
Sworn to and subscribed before me, this the _____ day of _____, 1937

Ordinary _____
(SEAL OF ORDINARY) _____ County.

Mrs. T. J. Hardage
(Witness)

STATE DEPARTMENT OF PUBLIC WELFARE

HURT BUILDING

ATLANTA.

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

WHEREAS:


MRS. T. J. HARDAGE, WIDOW OF T. J. HARDAGE,

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

ORDERED:

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

This, the 27th day of December 19 37.


Director, Confederate Division
State Department of Public
Welfare



STATE OF GEORGIA

CLERK OF THE SUPREME COURT

This Certifies that *J. J. Hardage*
and *Miss Elizabeth K. Hamilton*

WERE UNITED IN THE HOLY BONDS OF MATRIMONY

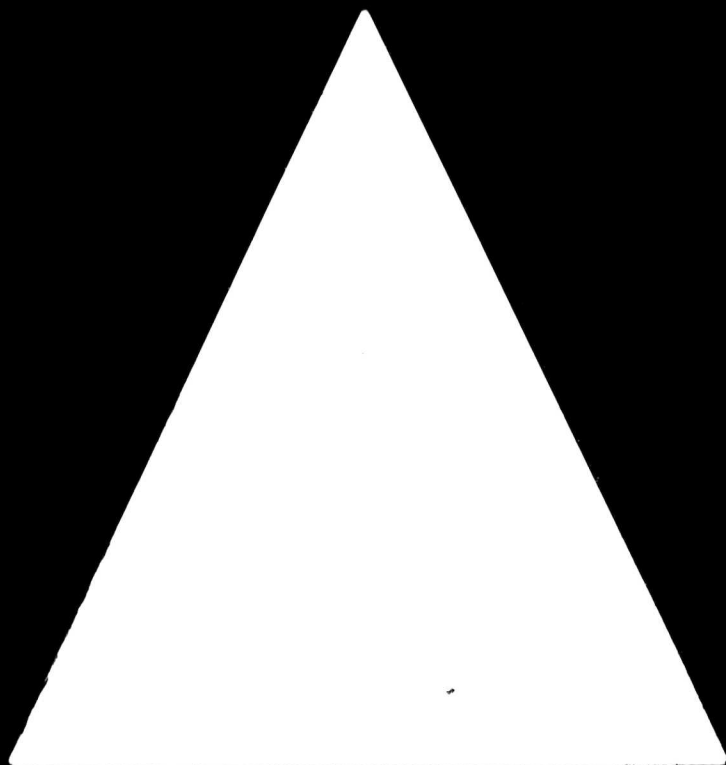
By *A. W. Gaston, M. B.*

On the *20* day of *October*, in the year of our Lord ~~1937~~ *1886*

as appears of record in my office in Marriage Record, book *B*

page *116*. This *7th* day of *Aug* 1937

J. C. Crooker
Clerk of the Supreme Court



POWER OF ATTORNEY.

STATE OF GEORGIA,

County, }

I, _____, hereby authorize

of

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

at _____ by _____

Witness my hand and seal, this _____ day of _____, 190____.

[L. S.]

Executed in presence of _____

*1st Deputy May 4, 1906
to 1st Deputy May 2, 1906
wounded May 1, 1906 at the
battle of the Clouds
in the 1st Georgia Infantry
the 1st Georgia Infantry
file 27, 1st & wounded
Oct 1, 1906 at Dorcy
town Va. transferred
at Appomattox x Va.*

*Hardage, Thomas J.
Cobb Co.*

No. _____ *on 1905*

INDIGENT PENSION.
190_____

Name *J. J. Hardage*

County *Cobb*

Co. *D 7 2a* Regt.

Approved _____ 190_____

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO _____

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

Franklin Printing and Publishing Co., Geo. W. Harrison, Mgr.
Atlanta, Georgia.

11/2/06

POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY.

I, _____ hereby authorize

of _____

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

at _____

by _____

Witness my hand and seal, this _____ day of _____ 190 _____

[L. S.]

Executed in presence of _____

QUESTIONS FOR APPLICANT.

STATE OF GEORGIA,

COUNTY.

I, John Hardage 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, depose and answers as follows:

- What is your name and where do you reside? (Give State, County and Postoffice.)
J. J. Hardage, 61 Kemmerer Cobb Co Ga
- How long and since when have you been a resident of this State?
Since I Resided Major James 84 case
- When and where were you born?
Dec 1866 Co. Ga near Marietta
- When and where and in what company and regiment did you enlist or serve?
At Atlanta Ga in Company No. 744 1st Regt of Infantry
- How long did you remain in such company and regiment?
up to April 9 1866
- When and where was your company and regiment surrendered and discharged?
At Appomattox C.H. Va
- Were you present with your company and regiment when it was surrendered?
Yes
- If not present, state specifically and clearly where you were, when you left your command, for what cause and by whose authority?
Was present
- How much can you earn (gross) per annum by your own exertions or labor?
Nothing
- What has been your occupation since 1865?
Lawrence Machine & Post Office
- Upon which of the following grounds do you base your application for pension, viz: first, "age and poverty," second, "infirmary and poverty," or third, "blindness and poverty"? Infirmary & poverty
- If upon the first ground, state how long you have been in such condition that you could not earn the support? If upon the second, give a full and complete history of the infirmity and its extent? If upon the third, state whether you are totally blind and when and where you lost your sight?
For 27 years I have been in such condition that I cannot earn the support. I have been in such condition since I was discharged from the service. I have been in such condition since I was discharged from the service.
- What property, real and personal, or income, do you possess, and its gross value?
None
- What property, real or personal, did you possess in 1901, 1902, 1903, 1904 and 1905, and what disposition, if any, by sale or gift, have you made of same?
None. In 1874 my father gave me 1000 acres of land in Cobb County. I have since sold it and the proceeds have been used for my support.
- On what County did you reside during those years, and what property did you then return for taxation?
Cobb County. Ga. 75 10 85 dollars
- How were you supported during the years 1901, 1902, 1903, 1904 and 1905?
By my family. I have been in such condition that I cannot earn the support.
- How much did your support cost for each of those years, and what portion did you contribute thereto by your own labor or income?
\$200.00 per year. I have been in such condition that I cannot earn the support.
- What was your employment during 1901, 1902, 1903, 1904 and 1905? What pay did you receive in each year?
None. I have been in such condition that I cannot earn the support.
- Have you a family? If so, who composes such family? Give their means of support. Have they a home, or other property? Their ages and how employed?
Yes. Wife, 84 years old. 2 children. 1 son, 1 daughter. All are in such condition that they cannot earn the support.
- Are you receiving any pension? If so, what amount and for what disability?
None
- Have you ever made an application for pension before?
No
- How many applications have you ever made and under what class?
None

Every Question MUST Be Answered.

Sworn to and subscribed before me, this the _____ day of _____ 1906
John Hardage Ordinary.
of _____ County.

See Smith, May 6 1914, etc.
to 1, 1st Regt. May 12, 1862 -
wounded July 1, 1863 at Gettysburg.
May 1863 at Atlanta. June 1863
at Marietta. July 1863 at Marietta.
Aug 27 Co. Ga. with which
I served. Dec 1863 at Marietta.
Town in Cobb County, Ga.
at Atlanta, Ga.

Hardage, Thomas J.
Cobb Co.

INDIGENT PENSION.

190

Name J. J. Hardage
County Cobb

Age 39 Sex M
Approved _____ 190 _____

JOHN W. LINDSEY
Commissioner of Pensions

WARRANT HANDLED TO

Agency with which Applicant is connected
and required to file and transmit returns

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,

Cook COUNTY.

S. M. James

of said State and County, having been presented

as a witness in support of the application of J. J. Hargrave 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? S. M. James, Marietta Cook County, Ga.
2. Are you acquainted with J. J. Hargrave, the applicant? If so how long have you known him? Yes, since 1853.
3. Where does he reside, and how long and since when has he been a resident of this State? Kennesaw, Cook County, Ga. Since here all his life.
4. When, where and in what company and regiment did he enlist, and how do you know? He enlisted in Co. D, 7th Ga. Regt. May 11, 1861, Atlanta Ga.
5. Were you a member of the same company and regiment? Yes.
6. How long did he perform regular military duty? Two years during whole war.
7. When and where was his command surrendered? Appomattox, Va. April 9th 1865.
8. Were you present when it surrendered? Yes, I was in hospital.
9. Was applicant present? Yes.
10. If he was not present, where was he? He was present
- When did he leave his command? At Appomattox For what cause? Closed of war.
- By what authority he left? At Appomattox

How do you know all of this?

11. What property, effects or income has the applicant? (Give your means of knowledge.) Nothing
12. What property, effects or income did the applicant possess in 1901, 1902, 1903, 1904 and 1905, and what disposition, if any, did he make of same? Nothing
13. Has he conveyed away any of his property in the last four years; if so, what was it, and to whom? No - Had none -
14. What is the applicant's occupation and physical condition? He is Post Master at Kennesaw, Ga. His physical condition is such that he cannot do manual labor.
15. Is the applicant unable to support himself by labor of any sort; if so, why? Yes, is unable on acct. of physical disability.
16. How was he supported during the years 1901, 1902, 1903, 1904 and 1905? By his income from a 4th class post office.
17. What portion of his support for these four years was derived from his own labor or income? He was supported as stated above, his wife doing mostly the house work.
18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code He is suffering from indigestion and heart trouble.
19. Who composes family? What property have they? Children's ages and their earning capacity? Himself wife - Nothing - None none -
20. What interest have you in the recovery of a pension by this applicant? None -

Sworn to and subscribed before me, this the

24th day of Oct 1906

John Hargrave, Ordinary.

S. M. James, Witness.

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,

Cook COUNTY.

Personally came before me

Dr. J. M. Ellis

and

Dr. J. P. Lewis

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

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

His present physical condition is as follows. He is suffering with Catarrh of the prostate and troubled with his heart & kidneys and is unable to do manual labor sufficient for a support.

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

Sworn to and subscribed before me, this the

27th day of Oct 1906

John Hargrave, Ordinary.

J. M. Ellis M.D.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Cook COUNTY.

I, John Hargrave

Ordinary, in and for said County, hereby certify

that the applicant J. J. Hargrave resides in said County, and has been a bona fide resident of this State since the 11th day of January 1861 and that the witnesses, viz: S. M. James

are of trustworthy character, and that their statements are entitled to full faith and credit.

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

I further certify that the tax digest of

Cook

County shows that applicant

returned for taxation in his name in 1901

Dollars of property, and in 1902

100 Dollars of property; in 1903

85 Dollars of property; in 1904

155 Dollars of property.

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

Witness my hand and seal of office, this 30th day of October 1906

John Hargrave, Ordinary.

of Cook County.

NOTES.

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

Questions for Witnesses as to Service

STATE OF GEORGIA,

Cobb
J. J. Hutton

COUNTY.

of said State and County is hereby presented as a witness in support of the application of *J. J. Hutton* for the pension provided by the Act of 1910, as amended by the Act of 1915 in said State, and, after being sworn true answers to make to the questions propounded, answers as follows:

1. What is your name and where do you reside? *J. J. Hutton, Newnan Ga*

2. How long and since when have you known *J. J. Hutton* the applicant? *Since 1860*

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? *Powder Springs East Co. Ga. Ever since I know him*

4. When, where and in what Company and Regiment did *J. J. Hutton* enlist during war from 1861 to 1865? (Give date and place.) *Jan 1861 Co. A 1st Ga.*

5. How did you obtain your information of this Service? *I was a member of same Co. & Regiment*

6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (Give date *the day in this Co. when I found as a member* and time when he entered the service)

7. When and where was his command surrendered or discharged (give date and place) *April 9-1865*

8. Were you personally present at the surrender? *Yes*

9. If not, where were you and how came you there? *I was Captured on April 6 1865 and sent to prison*

10. Was the applicant personally present with his command at surrender? *No*

11. If not where was he and how came him there? *He had obtained a furlough in May 1865*

12. When did he leave his command? *May 9th on furlough* Where was his command when he left it? *La* For what cause did he leave? *Unauthorized*

By whose authority did he leave? *None* and how long was he granted leave? *40 days* How do you know

all that you have stated to be true? If of your own knowledge, tell clearly and specifically *I was there with him. He was our orderly Sergeant*

13. In what way was he prevented from returning to his command? *None*

How do you know? *None*

14. What effort did he make to return to his command and how do you know? *None*

15. Was applicant captured as a prisoner? *No* If so, when and where? *None*

In what prison was he held? *None* and when released? *None*

Sworn to and subscribed before me, this the *25* day of *April* 19*09*

J. J. Hutton Ordinary

Cobb County.

(SEAL)

Application for Pension Due Deceased Soldier

STATE OF GEORGIA, Cobb County

I, J. M. Lamm Ordinary of said county, do certify that I personally know Mrs. Riggie H. Hardage, the applicant, and that she is the lawful widow of J. J. Hardage, and was on the Pension Roll of said Cobb County, and was paid a Pension from Cobb County for 1911, and at the time of his death on the 25 day of May, 1924 there was due to him and unpaid his Pension of 25 Dollars from the State of Georgia, and I know J. H. Morris, the within witness, and he is of a truthful and trustworthy character and entitled to full credit.

Given under my hand and seal this 14 of November, 1924

J. M. Lamm Ordinary,
Cobb County.

Hardage, T. J.
Cobb County

No. 1924

Application for Pension Due Deceased Soldier

UNDER ACT 1891
To be paid his Widow or Dependent Children

BY

Mrs. Riggie H. Hardage
Widow of J. J. Hardage
of Cobb County
Dated Oct. 1886
Co. B
Date of Death May 25, 1924

Approved and paid

1920.

J. W. LINDSEY
Commissioner of Pensions.

Reed Printing Co. State Printing Atlanta.

GEORGIA, _____ County.

I hereby authorize and constitute _____ of said county, my lawful attorney to collect, and receipt for me in my name, for the Pension due me for 1911, through my deceased husband, _____ who was on Pension Roll and paid from _____ County for 1911.

Witness my hand this _____ day of _____, 1924.
Attested before me:

Application for Pension Due Deceased Soldier

To Be Paid to His Widow or Dependent Children

UNDER ACT APPROVED OCTOBER 9, 1891

STATE OF GEORGIA, Cobb County

Personally before me comes Mrs. Lizzie H. Hardage, of said county, after being duly sworn, on oath says that she is the widow of T. J. Hardage who was duly enrolled as a Servant Pensioner from the county of Cobb and was paid a Pension of 1.00

Dollars from Cobb county for 1924, and that the said T. J. Hardage died in Cobb county on the 25 day of May 1924, and at the time of his death a Pension of 25 was due him from Cobb county and unpaid for 1924

Applicant further swears that she married the said T. J. Hardage on the 20 day of October 1886, in Paulsen county and State of Georgia, and resided with him from the date of marriage to his death as his lawful wife, and is now his dependent widow, and she asks the Pension so due and unpaid be paid to her.

Sworn to and subscribed before me this 11 day of November, 1924

J. M. Gunn Ordinary, Cobb County. Mrs. Lizzie H. Hardage (L. S.)

AFFIDAVIT OF WITNESS

STATE OF GEORGIA, Cobb County

Personally before me comes J. W. Morris, who on oath says that he knew T. J. Hardage while in life and that he knows Mrs. Lizzie H. Hardage Mrs. T. J. Hardage the above applicant; that he knows T. J. Hardage and Mrs. Lizzie H. Hardage were in due form of law married in the county of Paulsen in the State of Georgia on the 20 day of October, 1886, and that they resided together as husband and wife from date of marriage to the day of his death on the 11 day of November, 1924, and I now know that she is his dependent widow.

Sworn to and subscribed before me this 14 day of November, 1924

J. M. Gunn Ordinary, Cobb County. J. W. Morris

STATE OF GEORGIA
COUNTY OF COBB.

Personally appeared before J.M. Gann Ordinary Cobb County Georgia
to wit: D.T. Miller of Powder Springs Cobb County Georgia, who
on oath states and subscribes to the following:

That he was a member of the Company formed by T.J. Hardage
in the early part of 1865, and that he was with said Company when
they were ordered to a Camp near Calhoun Georgia, and also with
said Company when they surrendered at Kingston Georgia, and fur-
thermore states that he knows T.J. Hardage received honorable
discharge at said time and place.

J.M. Gann
Sworn to and subscribed before
me this January 9, 1922.

Ordinary Cobb County.

I, J. M. Gann, Ordinary of Cobb County, certify that D. T. Miller
is a citizen of said County and that his statements are entitled
to full faith and credit. This January 9, 1922.

J.M. Gann
Ordinary Cobb County, Ga.

STATE OF GEORGIA
COUNTY OF FULTON.

Personally appeared before Thos. H. Jeffries Ordinary
Fulton County Georgia, to wit: T.J. Hardage of Powder Springs
Georgia, who on oath states and subscribes to the following:

That I left my command in Virginia with a twenty four
day furlough in the early part of January 1865, and came to my
wife and children near Powder Springs Ga. in the county of Cobb.,
and that before the expiration of said furlough, I reported to
General Wofford at his Headquarters at Summing Ford County
Georgia, and that Gen. Wofford had his Adjutant to write me
a Captains Commission to form a Company for his Command.

That after receiving said Commission, I returned to
Powder Springs Ga. and within about three weeks time, formed a
Company consisting of about 65 men, largely composed of men away
from their former commands in Virginia, and such other men that
were eligible and available.

That after some waiting, I was ordered by Gen. Wofford
to meet his Command at a Camp near Calhoun Ga. to which place
I immediately proceeded, and from this point we were ordered
to Kingston Georgia, where we surrendered and where I received
my honorable discharge.

T.J. Hardage
Sworn to and subscribed before me
this January 9, 1922.

Thos. H. Jeffries
Ordinary.

Marietta Georgia

January 25th 1921

Personally appeared before
me, T. J. Hardage, who on
oath says that in Feb'y
or 1st of March 1865,
while at home on a
furlough he formed a
Company and joined
Wofford's Command.
He was made Captain
of Company G, 18th Georgia
Infantry, Co. F, Johnson's
Regiment. He also says he was captured
at Kingston Ga.
Thos. J. Hardage
I am before me
J. M. Gann
only

NAME Hardage, T. J.

YEAR 1920 COUNTY Cobb.

WHEN AND WHERE BORN? A resident of Georgia all my life,
90 years.

ENLISTED WHEN AND WHERE? June 1st, 1861, Cobb County, Georgia.

RANK: Capt. Co F, Johnson's Regt., Ga. Militia
Wofford's Command.

COMPANY AND REGIMENT? Company A, 18th Georgia Infantry., and later
March 1, 1865 joined - Co. F, Johnson's Regt., Ga. Militia (Wofford)

NAME OF CAPTAIN AND COLONEL?

January, 1865, I left my command on a 40 day furlough but joined
Wofford's Command before said furlough expired - Was made Captain
of Company by Wofford. We were in North Georgia at the time but
was ordered by Gen. Wofford to meet his com-
mand at a Camp near Calhoun, Ga., wa which
place we immediately proceeded - from this
point we were ordered to Kingston, Ga., where
we surrendered and I received my honorable
discharge.

RELEASED:

WHEN AND WHERE SURRENDERED? Command surrendered April 9, 1865,
Appomattox, Virginia.

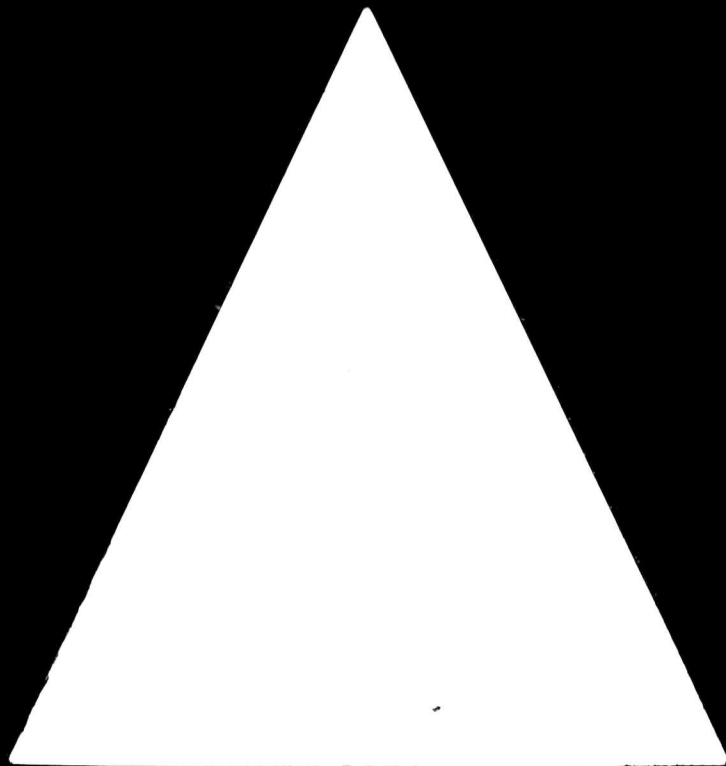
IF NOT PRESENT AT SURRENDER, WHERE WERE YOU? I was with Wofford
in North Georgia as stated above.

DIED, WHEN AND WHERE?

BURIED:

WITNESSES: D. T. Miller - member of company formed by T.J.
Hardage in 1865 - also surrendered with
applicant.

SB. T.J. Helton - same company - - - - - No data.



POWER OF ATTORNEY.

STATE OF GEORGIA.

Cobb County.

W. H. Hardage

County.

Amelia of *Hardage* hereby authorizes

to receive and receipt for the pension allowed and request that the rent same to *Amelia*

at _____ by *Amelia*

Witness my hand and seal this _____ day of _____ 1897.

Executed in presence of *W. H. Hardage*

W. H. Hardage

OK *Hardage, W. H.*
Cobb County
No. 2122

INDIGENT PENSION
1897.

Name *W. H. Hardage*
County *Cobb*

Approved *7/1* 1897.

WARRANT HANDED TO
J. M. Smith
JUN. 11, 1897

AND. W. BARRING, STATE PRINTER, ATLANTA.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.

I, W. N. Hardage hereby authorize

J. M. Stone of Constitution to receive and receipt for the pension allowed and request that he remit same to

at him by him

Witness my hand and seal this 7th day of July 1897.

Executed in presence of

J. M. Fleming } W. N. Hardage

INDIGENT PENSION
1897.

Name W. N. Hardage
County Cobb

Approved 7/11 1897.

WARRANT HANDED TO

J. M. Stone

11/16/97

Questions for Applicant.

STATE OF GEORGIA,

Cobb County.

W. N. Hardage of said State and County, desiring to avail himself of the Pension Act approved December 15th, 1894, hereby submits his proofs, and answers the following questions, deposes and answers as follows:

1. What is your name and where do you reside? (give State, County and post office) W. N. Hardage, Marietta, Ga.
2. Where did you reside on January 1st, 1864, and how long have you been a resident of this State? In Cobb Co. Ga.
3. When and where were you born? Nov 29 - 1829
4. When and where and in what company and regiment did you enlist or serve? May 15 - 1862 at Marietta, Ga. Phillips Legion Co 4th
5. How long did you remain in such company and regiment? Three years & three months
6. For how long a period did you discharge regular military duty? Three years & three months
7. When, where and under what circumstances were you discharged from service? I was discharged from prison at Saint Louis, Mo. June 24 - 1865
8. What is your present occupation? Farming
9. How much can you earn (gross) per annum by your own exertions or labor? about \$500
10. What has been your occupation since 1865? Farming
11. Upon which of the following grounds do you base your application for pension, viz.: first, "age and poverty," second "infirmary and poverty" or third "blindness and poverty"? the 2nd
12. If upon the first ground, state how long you have been in such condition that you could not earn your support? If upon the second, give a full and complete history of the infirmity and its extent? If upon the third state whether you are totally blind and when and where you lost your sight? Three years. I have Rheumatism in hand & wrist & hips
13. What property, effects or income do you possess and its gross value? One mule worth \$500
14. What property, effects or income did you possess in 1894, 1895 and 1896 and what disposition, if any, did you make of same? one mule
15. In what County did you reside during those years and what property did you then return for taxation? Cobb County. In 1894 I returned 2 mules & wagon & 2 cows but none & took no more of my property
16. How were you supported during the years 1895 and 1896? by the help of my children
17. How much did your support cost for each of those years, and what portion did you contribute thereto by your own labor or income? about \$1000 & gift, dollars - 20¢, etc.
18. What was your employment during 1895 and 1896? What pay did you receive in each year? Farming, about \$500
19. Have you a family? If so, who composes such family? Give their means of support? Have they a homestead? I have a wife & daughter who have reached her majority
20. Are you receiving any pension, if so what amount and for what disability? None

Sworn to and subscribed before me this the

7 day of July 1897.

of Cobb County.

W. N. Hardage
Applicant.

Every Question MUST be Answered.

QUESTIONS FOR WITNESS.

STATE OF GEORGIA.

Cobb County.
J. C. Green & M. L. Green, of said State and County, having been presented as a witness in support of the application of W. N. Hardage for pension under the Act approved December 15th, 1894, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? W. N. Hardage
2. Are you acquainted with W. N. Hardage, the applicant, is of how long have you known him? about forty years
3. Where does he reside, and how long has he been a resident of this State? Cobb Co. Ga since I have known him.
4. Do you know of his having served in the Confederate army or the Georgia militia? How do you know this? Yes. I served with him three years in Phillips Legion Co. "C"
5. When, where and in what company and regiment did he enlist? May 1862 at Marietta Ga. in Co. "C" Phillips Legion.
6. Were you a member of the same company and regiment? Yes
7. How long did he perform regular military duty, and what do you know of his service as a Confederate soldier, and the time and circumstances of his discharge from the service? about three years. He was taken prisoner a few months before close of war.
8. What property, effects or income has the applicant? (Give your means of knowledge.) He is a very poor man. Has been a neighbor to us since the war.
9. What property, effects or income did the applicant possess in 1895 and 1896, and what disposition, if any did he make of same? He is a farmer living on a rented farm - and could not make but little.
10. What is the applicant's occupation and physical condition? Formerly his physical condition was good, but he is unable to do much labor his rheumatism.
11. Is the applicant unable to support himself by labor of any sort, if so, why? Yes. because he is unfit for any sort of manual labor and is not physically able to do enough manual labor to earn his support.
12. How was he supported during the years 1895 and 1896? By help from his wife is in my home. My wife informs this is true (Green) - I don't know.
13. What portion of his support for these two years was derived from his own labor or income?
14. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under the Act of December 15th, 1894? He would give very full health & from these answers is unable to earn support & has no property no income.
15. What interest have you in the recovery of a pension by this applicant? None.

Sworn to and subscribed before me, this 7th day of July 1897, by J. C. Green Ordinary. M. L. Green witness

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA.

Cobb County.
Personally came before me J. D. Malone M.D. and E. J. Sledge M.D., both known to me as reputable physicians of said county, who being severally sworn, say on oath that they have examined carefully W. N. Hardage, applicant for pension under the Act of 1894, and after such personal examination say that his precise physical condition is as follows:
He has suffered with chronic rheumatism for several years, and is still afflicted with that disease. His general physical condition is inflexible from old age and disease and is consequently unable to do sufficient labor to earn a subsistence for himself.
We further say on oath that the physical condition of applicant renders him unable to labor at any work or calling sufficient to earn a support for himself, and that we have no interest in said pension being allowed.

Sworn to and subscribed before me, this 7th day of July 1897, by J. D. Malone Ordinary.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA.

Cobb County.
I, J. D. Malone, Ordinary in and for said County, hereby certify that the applicant W. N. Hardage resides in said County, and was a bona fide resident of this State on the first day of January 1894, and that the witnesses, viz: J. C. Green M.D. & E. J. Sledge M.D. are of trustworthy character and that their statements are entitled to full faith and credit.
I further certify that before answering the foregoing questions, the applicant and each witness took the oath hereon prescribed, and that the full text of the affidavits was read to the applicant and witnesses before same was signed.
I further certify that the tax digests of Cobb County show that applicant returned for taxation in his name in 1895, \$50. dollars of property, and in 1896, \$50. dollars of property.
In my opinion the foregoing claim is made in good faith.
Witness my hand and seal of office, this 7th day of July 1897, by J. D. Malone Ordinary of Cobb County.

NOTE.
Before any questions are answered, the Ordinary shall swear applicant and the witnesses in the following words: "You shall true answers make to each of the questions asked of you, and the evidence you shall give will be the whole truth, so help you God." Additional affidavits may be attached if blank space are insufficient.

POWER OF ATTORNEY.

State of Georgia,

Cobb County.

I, W. N. Hardage hereby authorize J. M. Stone of Marion Ga

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

at

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 15th

day of May 1898. W. N. Hardage [L. S.]

Executed in presence of

J. M. Fleming

Hardage, W. N.
Cobb Co.

NOT OF U. S. D. 1894

(For Those Already Enrolled.)

NO. 2163

INDIGENT

SOLDIER'S PENSION,
1898.

Name W. N. Hardage
County Cobb

WARRANT ISSUED

1/14 1898.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDLED TO

J. M. Stone
Sec. W. HARRISON, STATE PRINTER, ATLANTA.

Johnston

Hardage, W. N.
Cobb Co.

CODE SEC. 1354.

(For Those Already Enrolled.)

No. 1141

INDIGENT

SOLDIER'S PENSION,
1899.

Name W. N. Hardage
County Cobb

WARRANT ISSUED

1/14 1899.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDLED TO

Johnston
Sec. W. HARRISON, STATE PRINTER, ATLANTA.

Johnston

POWER OF ATTORNEY.

STATE OF GEORGIA

Cobb County.

I, W. N. Hardage hereby authorize J. M. Stone of Marion Ga

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

by him me at

Witness my hand and seal this 6th day of May 1899.

Executed in presence of W. N. Hardage (L. S.)

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County,

Personally appears W. N. Hardage 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 29th day of Novr. 1879; that he is 68 years old and by occupation a farmer; that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served for the term of 3 yrs in Company D, of Phillips Legion.

that his physical condition is as follows: On account of age and infirmity

he is unable to support himself by labor of any kind

that his property consists of the following items:

Nothing

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

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1898. I have heretofore as a resident of Cobb county been allowed a pension for the year 1897.

Sworn to and subscribed before me, this, the

11th day of Jan, 1898.

W. C. V. Hardage

Ordinary.

State of Georgia,

Cobb County,

I, W. N. Hardage Ordinary of said County,

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

Given under my official signature and seal, this

11th day of Jan, 1898.

Ordinary

Cobb County.

ALL
YOUR
SHEET
HERE

NOTE.—The blank spaces must be filled.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County,

Personally appears W. N. Hardage 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 29th day of Novr. 1879; that he is 69 years old and by occupation a farmer; that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served for the term of 3 1/2 yrs in Company D, of Phillips Legion.

that his physical condition is as follows: On account of age and infirmity

applicant is unable to support himself

that his property consists of the following items:

Nothing

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

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1898. I have heretofore as a resident of Cobb county been allowed a pension for the year 1898.

Sworn to and subscribed before me, this, the

6th day of Jan, 1899.

W. C. V. Hardage

Ordinary.

State of Georgia,

Cobb County,

I, W. N. Hardage Ordinary of said County,

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

Given under my official signature and seal, this

6th day of Jan, 1899.

Ordinary

Cobb County.

ALL
YOUR
SHEET
HERE

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.

I, *Wm. Hardage* hereby authorize *John Anthony*
John Anthony of *Marion*

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

by *me* at *Marion*

Witness my hand and seal, this *15* day of *Jan* 1900.
W. A. Hardage [L. S.]

Executed in presence of

J. J. Haubry

CODE SEC. 1384.

(For Those Already Enrolled.)

NO. *802*

INDIGENT

SOLDIER'S PENSION,

1900.

Name *Wm. Hardage*
 County *Cobb*

WARRANT ISSUED

January 18 1900.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

J. M. Stone

John W. Harrison, State Printer, Atlanta

Wm. Stone

CODE SECTION 1384.

(For Those Already Enrolled.)

No. *220*

INDIGENT

SOLDIER'S PENSION.

1901.

Name *W. A. Hardage*
 County *Cobb*

WARRANT ISSUED

Jan 15 1901.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

John Anthony

John W. Harrison, State Printer, Atlanta

Wm. Stone

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.

I, *W. A. Hardage* hereby authorize *John Anthony*
John Anthony of *Marion*

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

by *me* at *Marion*

Witness my hand and seal, this *15* day of *Jan* 1901.
W. A. Hardage [L. S.]

Executed in presence of

John M. Stone

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears W. N. Hardage 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 29th day of Nov. 1822; that he is 70 years old and by occupation a farmer; that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States,

and served for the term of 3 1/4 years in Company C, of Phillips' Legion, Ga. Vol.; that his physical condition is as follows: On account of age, infirmity and poverty he is unable to support himself

that his property consists of the following items Nothing

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

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1900. I have heretofore as a resident of Cobb county been allowed a pension for the year 1897.

Sworn to and subscribed before me, this, 5th day of January, 1900. W. N. Hardage Ordinary.

State of Georgia, Cobb County.

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

Given under my official signature and seal, this 15th day of January, 1900. John C. Wooten Ordinary. Cobb County.



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

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears W. N. Hardage 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 29th day of Nov 1822; that he is 70 years old and by occupation a farmer; that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the

States, and served for the term of 3 1/4 years in Company C, of Phillips' Legion, Ga. Vol.; that his physical condition is as follows: On account of age, infirmity and poverty applicant is unable to support himself

that his property consists of the following items Nothing

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

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1900. I have heretofore as a resident of _____ county been allowed a pension for the year 1

Sworn to and subscribed before me, this, 5th day of January, 1901. W. N. Hardage Ordinary.

STATE OF GEORGIA, Cobb County.

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

Given under my official signature and seal, this 15th day of January, 1901. John C. Wooten Ordinary. Cobb County.



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

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, W. A. Hardage hereby authorize

John Lindsey of

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

by my hand at his office

Witness my hand and seal, this 6 day of January 1902.

W. A. Hardage [L. S.]

Executed in presence of

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, W. A. Hardage hereby authorize

John Lindsey of

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

by my hand at

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

W. A. Hardage [L. S.]

Executed in presence of

W. A. Hardage

(FOR THOSE ALREADY ENROLLED.)

No.

2118

INDIGENT

SOLDIER'S PENSION
1902.

Name W. A. Hardage

County Cobb

Co. Phillips' Legion

Regiment 2nd

WARRANT ISSUED

1902.

1116

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDLED TO

W. A. Hardage

W. A. Hardage, New Prisoner, ALABAMA.

W. A. Hardage

(FOR THOSE ALREADY ENROLLED.)

No.

472

INDIGENT

SOLDIER'S PENSION
1903.

Name W. A. Hardage

County Cobb

Co. Phillips' Legion

Regiment 2nd

WARRANT ISSUED

1903.

123

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDLED TO

W. A. Hardage

W. A. Hardage, New Prisoner, ALABAMA.

W. A. Hardage

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

County.)

Personally appears W. A. Hardage 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 29th day of Nov 1822; that he is 22 years old and by occupation a Farmer that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served for the term of 3 1/4 yrs in Company D, of Phillips Legion of Ga. Vols; that his physical condition is as follows: On account of age infirmity and poverty he is unable to support himself

that his property consists of the following items:

Nothing

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

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

Sworn to and subscribed before me, this the _____ day of Jan 1902. W. A. Hardage Ordinary.

STATE OF GEORGIA,

County.)

I, John Hurley Ordinary of said County,

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

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

John Hurley County.

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

County.)

Personally appears W. A. Hardage 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 29 day of Nov 1822; that he is 73 years old and by occupation a farmer, that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served for the term of 3 1/4 yrs in Company D, of Phillips Legion of Ga. Vols; that his physical condition is as follows: On acct of age infirmity & poverty he is unable to support

that his property consists of the following items:

Nothing

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

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

Sworn to and subscribed before me, this the _____ day of _____ 1903. W. A. Hardage Ordinary.

STATE OF GEORGIA,

County.)

I, John Hurley Ordinary of said County,

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

Given under my official signature and seal, this 1 day of January 1903.

John Hurley County.

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

POWER OF ATTORNEY.

STATE OF GEORGIA.

County.

I, W. N. Hardage hereby authorize

of

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

at

by

Witness my hand and seal, this 6th day of January 1904.

W. N. Hardage [L. S.]

Executed in presence of

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

I, W. N. Hardage hereby authorize

of

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

at

by

Witness my hand and seal, this 2nd day of January 1905.

W. N. Hardage [L. S.]

Executed in the presence of

J. W. Gammon

CODE SECTION 1354.

(FOR THOSE ALREADY ENROLLED.)

No. 474

INDIGENT

SOLDIER'S PENSION

1904.

Name

W. N. Hardage

County

Colt

Co.

C. Phillips

WARRANT ISSUED

14th 1904.

JOHN W. LINDSEY,

Commissioner of Prisons.

WARRANT HANDED TO

only

JOHN W. HARRISON, State Printer, ATLANTA.

no date

CODE SECTION 1354.

(FOR THOSE ALREADY ENROLLED.)

No. 719

INDIGENT

SOLDIER'S PENSION

1905.

Name

W. N. Hardage

County

Colt

Co.

C. Phillips

WARRANT ISSUED

JAN 23 1905.

JOHN W. LINDSEY,

Commissioner of Prisons.

WARRANT HANDED TO

JOHN W. HARRISON, State Printer, ATLANTA.

no date

Hardage, W. N.
Colt Co.

Hardage, W. N.
Colt Co.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

County.

Personally appears

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 2nd day of 1822; that he is 75 years old and

by occupation a Farmer, that he enlisted in the military service of the Confederate States (or of the State of) during the war between the

States, and served for the term of 2 years in Company C of 1st Regiment of Georgia Infantry; that his physical condition is as follows: Age 75, infirmity and poverty

that his property consists of the following items:

of the value of \$0.00 Dollars, that by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

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

Sworn to and subscribed before me, this the

10th day of Jan 1904.

Ordinary.

STATE OF GEORGIA,

County.

I,

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

Given under my official signature and seal, this

10th day of Jan 1904.

Ordinary.

County.

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

County.

Personally appears

County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of said County and State, and has resided in said State continuously ever since the 18th day of 1829; that he is 70 years old and

by occupation a Farmer, that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served for the term of 3 1/2 years in Company C of 1st Regiment of Georgia Infantry

of Cobb County; that his physical condition is as follows: Age 70, infirmity and poverty

that his property consists of the following items:

of the value of \$0.00 Dollars. I am now earning, by my labor, \$0.00 Dollars per month. That by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

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

Sworn to and subscribed before me, this the

10th day of Jan 1905.

Ordinary.

STATE OF GEORGIA,

County.

I,

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

Given under my official signature and seal, this

10th day of Jan 1905.

Ordinary.

County.

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

POWER OF ATTORNEY.

STATE OF GEORGIA.

Cobb COUNTY. }
I, W. N. Hardage hereby authorize
John Turkey of _____
to receive and receipt for the pension allowed, and request that he remit same to
_____ at _____
by _____

WITNESS my hand and seal, this 2 day of July, 1906.
W. N. Hardage [L. S.]

Executed in the presence of

McGinnis

COMMISSIONER 1254
(FOR THOSE ALREADY ENROLLED)

No. 606

INDIGENT
SOLDIER'S PENSION
1906.

Name W. N. Hardage
County Cobb
Co. D. Phillips
Co. 7th

WARRANT ISSUED

1906.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

24

THE PENSION PRINTING AND PUBLISHING CO. 205 N. W. CORNER, 1906.

no data

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb COUNTY. }
I, W. N. Hardage hereby authorize
John Turkey of _____
to receive and receipt for the pension allowed, and request that he remit same to
_____ at _____
by _____

WITNESS my hand and seal, this 4 day of July, 1907.
W. N. Hardage [L. S.]

Executed in presence of

McGinnis

COMMISSIONER 1254
(FOR THOSE ALREADY ENROLLED)

No. 606

INDIGENT
SOLDIER'S PENSION
1907.

Name W. N. Hardage
County Cobb
Co. D. Phillips
Co. 7th

WARRANT ISSUED

1907.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

THE PENSION PRINTING AND PUBLISHING CO. 205 N. W. CORNER, 1907.

no data

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,

Cobb County.

Personally appears W. N. Hardage of Cobb

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

Infirmary & poverty

that his property consists of the following items:

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

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

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

John D. Wray

W. N. Hardage
Ordinary

State of Georgia,

Cobb County.

I, John D. Wray Ordinary of said County,

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

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

John D. Wray
Ordinary Cobb County.



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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,

Cobb County.

Personally appears W. N. Hardage of Cobb

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

Infirmary & poverty

that his property consists of the following items:

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

Deponent desires to participate in the benefits of the Act approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1907. I have heretofore, as a resident of _____ County, been allowed a pension for the year 1906.

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

John D. Wray
Ordinary

State of Georgia,

Cobb County.

I, John D. Wray Ordinary of said County,

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

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

John D. Wray
Ordinary Cobb County.

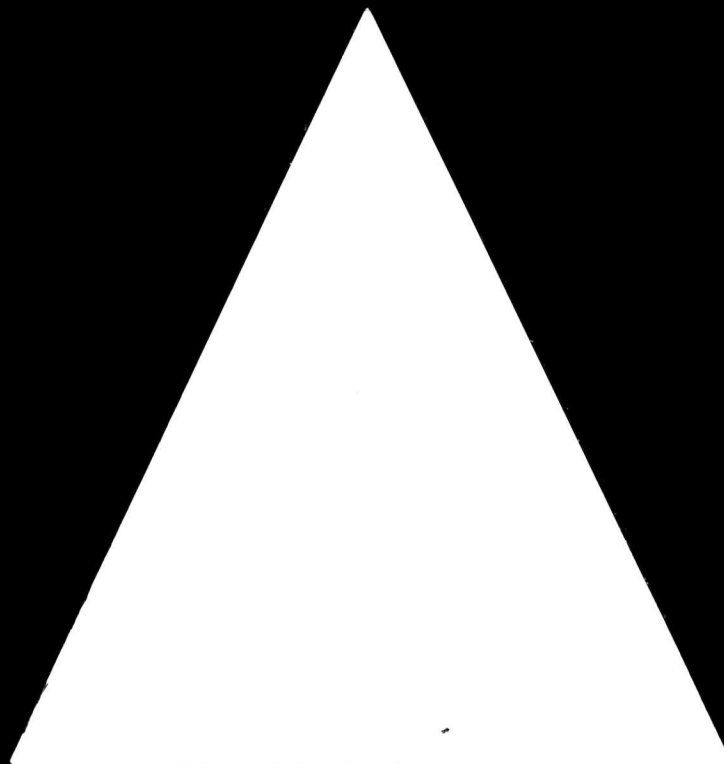


NOTE.—The blank spaces must be filled.
NOTE.—A Affidavit should not be attested before January 1st, 1907.

NOTE.—This blank space must be filled.

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

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



POWER OF ATTORNEY.

STATE OF GEORGIA.

Cobb County.

I J. M. Hardin hereby authorize John Lindsey

of Meritt

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

at Meritt

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 14

day of February 1901.

STATE OF GEORGIA J. M. Hardin [L. S.]

Executed in presence of

Geo W. Gower

Hardin, J. M.
Cobb Co

CODING SECTION 1900.
(For Those Already Enrolled.)

From No. 1444444444 1900

DISABLED
SOLDIER'S PENSION.
1901.

Name J. M. Hardin
County Cobb
Disability Loss of arm
Amount, \$ 8.00

Jan. 15 1901.
JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
Gentry
Geo. W. HARRISON, State Printer, Atlanta.

no data

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.

I J M Hardin hereby authorize John A. Hartley of Marilla

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 14th day of January 1901. J M Hardin [L. S.]

Executed in presence of

Jos M. Gamm

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.

I J M Hardin hereby authorize John A. Hartley of Marilla

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 14th day of January 1902. J M Hardin [L. S.]

Executed in presence of

James M. Gamm

Hardin, J. M.
Cobb Co

COPIES SECTION 100
(For Those Already Enrolled.)

Frank J. Hartley 1900

DISABLED

SOLDIER'S PENSION.

1901.

Name J M Hardin
County Cobb
Disability Legum am
Amount, \$ 4.00

Jan. 15 - 1901.
JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Hartley

JOHN W. LINDSEY, Commissioner of Pensions.

no data

Hardin, J. M.
Cobb County

COPIES SECTION 100
(FOR THOSE ALREADY ENROLLED.)

No. 319

DISABLED

SOLDIER'S PENSION

1902.

Name J M Hardin
County Cobb

Co. Regiment
Disability 1st Lt. B. 3rd
Amount, \$ 5.00

1/16 1902

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Ordy

JOHN W. LINDSEY, Commissioner of Pensions.

no data

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears *J M Hardin* of *Cobb* County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has resided therein continuously ever since the day of *1834*; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the

States and served as a *Sergeant* in Company *of* *100th* Regiment of *Volunteers*, *Johnson's* Brigade, that whilst engaged in such military service in the State of *North Carolina* on the *12* day of *April* *1865*, he was wounded, injured or diseased as follows:

In the right wrist and shoulder which caused the total loss of the right arm

Deponent makes application for the pension to which he is entitled for year ending October 26th, 1901. I have heretofore under said law as a resident of

Gulton County been allowed an invalid pension of *\$500* Dollars, for the year 1900.

Sworn to and subscribed before me, this *14* day of *May* 1901. *J M Hardin* Postoffice *John Austrey*

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

STATE OF GEORGIA,

Cobb County.

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

Given under my official signature and seal, this *14* day of *January* 1901. *John Austrey* Ordinary *Cobb* County.



FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cobb County.

Personally appears *J M Hardin* of *Cobb* County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has resided therein continuously ever since the day of *1834*; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the

States and served as a *Sergeant* in Company *of* *100th* Regiment of *Volunteers*, *Johnson's* Brigade, that whilst engaged in such military service in the State of *North Carolina* on the *12* day of *April* *1865*, he was wounded, injured or diseased as follows:

In the right arm and shoulder which caused total loss of said arm

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1902. I have heretofore, under said law, as a resident of *Cobb* County, been allowed an invalid pension of *\$500* Dollars, for the year 1901.

Sworn to and subscribed before me, this *14* day of *January* 1902. *J M Hardin* Postoffice *John Austrey*

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

STATE OF GEORGIA,

Cobb County.

I, *John Austrey* 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 *14* day of *January* 1902. *John Austrey* Ordinary *Cobb* County.



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

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County. }

I, *L. M. Hardin* hereby authorize *John W. Lindsey* of *Cobb* county to receive and receipt for the pension paid hereon and request that he remit same to *my fund* by *my fund* at *my fund*

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

L. M. Hardin

[L. S.]

Executed in presence of

W. M. Hardin

CODE SECTION 1261.
(FOR THOSE ALREADY ENROLLED.)

No. *364*

DISABLED

SOLDIER'S PENSION

1903.

Name *L. M. Hardin*
County *Cobb*
Co. *N.C.*
Disability *W.C.*
Amount, \$ *87.00* *18.00* 1903.

JOHN W. LINDSEY,

Commissioner of Pensions

WARRANT HANDED TO

W. M. Hardin
Don. W. Hardin, State Printer, ALABAMA

1st day

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County. }

I, *L. M. Hardin* hereby authorize *John W. Lindsey* of *Cobb* county to receive and receipt for the pension paid hereon, and request that he remit same to *my fund* by *my fund* at *my fund*

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *1st* day of *January* 1904.

L. M. Hardin

[L. S.]

Executed in presence of

W. M. Hardin

W. M. Hardin

CODE SECTION 1261.
(FOR THOSE ALREADY ENROLLED.)

No. *341*

DISABLED

SOLDIER'S PENSION

1904.

Name *L. M. Hardin*
County *Cobb*
Co. *N.C.*
Disability *W.C.*
Amount, \$ *50.00* *18.00* 1904.

JOHN W. LINDSEY,

Commissioner of Pensions

WARRANT HANDED TO

W. M. Hardin
Don. W. Hardin, State Printer, ALABAMA

17218- Jan. 15-04

no date

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cobb County.

Personally appears *J. M. Hardin* of *Cobb*

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

day of *1834*; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Private* in Company *Marshall's Battery* of *Volunteers*, *Johnson's* *4th* *Regiment*, that whilst engaged in such military service in the State of *Georgia*, on the *12* day of *April* *1864*, he was wounded, injured or diseased as follows:

Wounded in the right arm and shoulder, the total loss of the right arm

Deponent makes application for the pension to which he is entitled for the year ending October 28th, 1903. I have heretofore, under said law, as a resident of *Cobb* County, been allowed an invalid pension of *\$5.00* Dollars, for the year 1902.

Sworn to and subscribed before me, this *10* day of *January* 1903. Post-office *Marietta*

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

STATE OF GEORGIA,

Cobb County.

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

Given under my official signature and seal, this *10* day of *January* 1903. *John Hardin* Ordinary *Cobb* County.



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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cobb County.

Personally appears *J. M. Hardin* of *Cobb*

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

day of *1834*; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Sergeant* in Company *Marshall's Battery* of *Volunteers*, *Johnson's* *4th* *Regiment*, that whilst engaged in such military service in the State of *Georgia*, on the *12* day of *April* *1864*, he was wounded, injured or diseased as follows:

Wounded in the right arm and shoulder, which caused the total loss of the right arm

Deponent makes application for the pension to which he is entitled for the year ending October 28th, 1904. I have heretofore, under said law, as a resident of *Cobb* County, been allowed an invalid pension of *\$5.00* Dollars, for the year 1903.

Sworn to and subscribed before me, this *10* day of *January* 1904. *John Hardin* Post-office.

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

STATE OF GEORGIA,

Cobb County.

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

Given under my official signature and seal, this *10* day of *January* 1904. *John Hardin* Ordinary *Cobb* County.



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

POWER OF ATTORNEY.

STATE OF GEORGIA.

Cobb COUNTY.

I, *J. M. Hardin*

hereby authorize

of

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

by

at

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *3*

day of *January* 1905.

J. M. Hardin

[L. S.]

Executed in the presence of

M. L. ...

Hardin, J. M.
Cobb Co.
Gua. State, 1905.
FOR THOSE ALREADY ENROLLED,
to - Christian County - 1906
No. *238*

DISABLED
SOLDIER'S PENSION
1905.

Name *J. M. Hardin*
County *Cobb*
Co. *1st*
Disability *Insane*
Amount, \$ *50*
1/23 1905.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

JA

Wm. H. Lindsey, Secretary of State, Albany, Ga.

no date

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA.

COUNTY.

Personally appears

IM Hardin

of

Cap

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 _____ 1884 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 Sergeant in Company Marshall's of Volunteers Johnson's 1st Regt of Artillery; that while engaged

of Volunteers Johnson's Brigade; that whilst engaged

in such military service in the State of N.C. on the 17th day

of *April* 186*5* he was wounded, injured or diseased as follows:

of *Wm* *B. Ginn* shot striking right wrist and
shoulder, causing total loss of use of right
arm

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1905. I have heretofore, under said law, as a resident of

County, been allowed an invalid pension of
_ Dollars, for the year 1904.

Sworn to and subscribed before me, this the

day of *January*

1905

Post-office

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

STATE OF GEORGIA.

COUNTY.

I.

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

Given under my official signature and seal, this

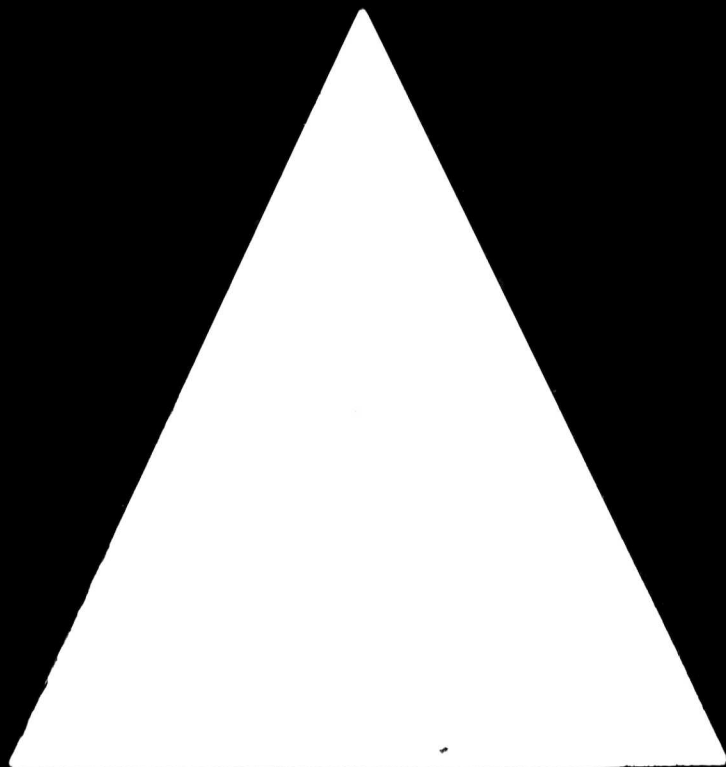
day of May 1905

Ordinary

County

NOTE.—Fill all blanks and of Company and Regiment

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



Ordinary's Certificate

STATE OF GEORGIA,

COUNTY }

I, W. H. Lewis, Ordinary of said County, do certify that I know Mrs. E. V. Hargrove the applicant for pension. She

is the person she represents herself to be and she is a bona fide continuing resident citizen of said County and was on the 4th November 1908; that I also know 2 A. Reed

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

Sworn under my hand and official seal of office this 29 day of Oct, 1919
(SEAL) W. H. Lewis Ordinary,
County

NOTES: 1. Before any questions are answered the Ordinary shall swear applicant and the witness to the following words: "I am not a potentially insane, that you will now answer each of the questions asked you and the witnesses." 2. Additional affidavits may be attached if such spouses are insufficient. 3. All affidavits must be sworn to before the Ordinary of the residence of the person to be sworn and certified by said Ordinary. 4. All affidavits must be sworn to before the Ordinary of the residence of the person to be sworn and certified by said Ordinary. 5. Separation: divided copies of marriage license if obtainable. If not, prove marriage by some person, or by general reputation.

Widow's Pension

Under Act 1910—as Amended by Act of 1919.

County Cobb
Name Mrs. E. V. Hargrove
Widow of F. A. Hargrove
Company H
Regiment 7th Ga. Infantry
Approved _____

J. W. LINDSEY,
Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

10-30-1919

Questions for Applicant

Questions for Witnesses as to Service of Husband and Marriage

STATE OF GEORGIA

COUNTY

Personally before me came J. A. Read who, after being duly sworn, true answers to make to the following questions answers as follows:

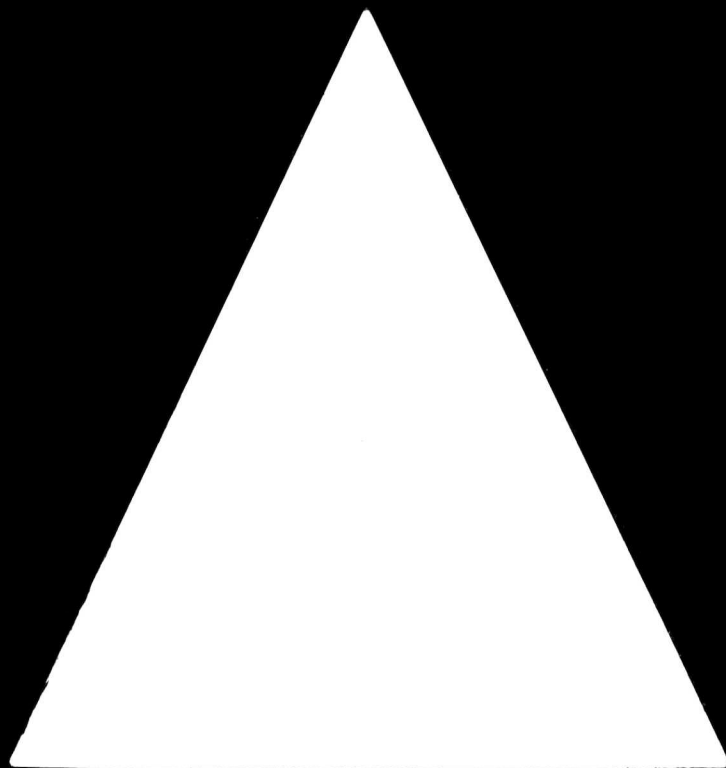
1. What is your name and where do you reside? J. A. Read, Marietta Ga
2. How long and since when have you known Wm. B. Hargrave applicant? Twenty or more years
3. How long and since when has she continuously resided in this State? (Give date.) Ever since I met her
4. When and to whom was she married? Wm. B. Hargrave How do you know? Her husband!
5. How long and since when did you know Wm. B. Hargrave her husband? 40 years or more
6. When and where did Wm. B. Hargrave the husband of applicant, die? Sept 9, 1917
7. Were the applicant and her husband living together as husband and wife at the date of his death? Yes
8. If not, how long did they live apart before his death? Were they divorced!
9. When, where and in what Company and Regiment did Wm. B. Hargrave enlist? August 1861, 1st Co. 1st Reg. H. A. Infantry
10. Were you a member of the same Company? Yes
11. How long within your personal knowledge did he perform actual military service with his Company and Regiment? Until Nov 29 - 1863. I was wounded and captured
12. When and where did his Command surrender, and was discharged? April 9, 1865, Appomattox
13. Were you personally present when it was surrendered? Yes If not, where were you in the line and how came you there? Captain
14. Was the husband of applicant personally present at surrender? Yes If not, where was he? When, where and for what cause did he leave Command? (Give date.) By whose authority did he leave his Command? And how long was he granted leave? How do you know all this?
15. For what cause, if you know of your own knowledge, was he prevented from returning to his Command?
16. What effort did he make to return to his Command and how do you know this? Of your own knowledge or how?

Sworn to and subscribed before me this the

14 day of Oct 1919
J. M. Gasser Ordinary
At County
 (SEAL)

J. A. Read

and he was with B. Hargrave



POWER OF ATTORNEY.
STATE OF GEORGIA.

Know all Men by These Presents, That I, W. A. Hargrove
County of De Kalb

County in said State, do hereby appoint W. A. Hargrove 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 related in the foregoing affidavit; hereby authorizing my said Attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

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

day of August 1895.

W. A. Hargrove (s)

DIRECTIONS:

If aforesaid, send amount by Cheques Money Order and advise at Marietta Ga

Geoffrey, Cary, in photo.

SOLDIER'S PENSION
1895.

Name W. A. Hargrove
County De Kalb
Disability Captain
Amount, \$ 342
16 Aug

RICHARD JOHNSON,
Secretary Executive Department.

WARRANT HANDED TO

W. A. Hargrove

POWER OF ATTORNEY.
STATE OF GEORGIA.

Form 5.

Know all Men by These Presents, That I,

COUNTY,

Robt
7. A. Hargrove
Robt

County, State of Georgia, do hereby appoint

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

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

day of *August* 1895

J. A. Hargrove [Seal]

Attest my hand and seal, this

M. Stone
Ord.

DIRECTIONS

It is the order and intent of the

Express Money Order -

to me

at *Marilla, Ga.*

Edw. Fry, Atty. in fact.

For Use of Applicants Who Have Not Heretofore Drawn.

Form 1.

STATE OF GEORGIA,

Robt County,

PERSONALLY appears *7. A. Hargrove* of *Robt* County, State of Georgia, who being duly sworn says on oath that he was born on the *22nd*

day of *December* 1848, that he is a *bona fide* citizen and resident of Georgia, and has been continuously since the *22nd* day of *December* 1848, that he enlisted in the military service of the Confederate States (or the State of

Georgia) during the war between the States, and served as a

in Company "*16*" of *7th* Regiment

of *Georgia* Volunteers, *Anderson's* Brigade; that whilst engaged in

such military service, at the battle of *The Wilderness* in the State of *Virginia*, on the *6th* day of *May* 1864, he was

disabled as follows: *While on the skirmish line at the battle of the Wilderness the best of Virginia I was carrying a wounded comrade from the field & rejoining the army. While so doing I was severely injured by them & I was so exhausted from carrying my comrade & having under great strain & having quite a large mass that I became attacked with dizziness on my left side. I am compelled to wear a truss all the time and yet sometimes the contents move down into the scrotum & cause me to suffer quite a great deal. I am practically unable to perform the ordinary vocations of life. This disability wastes solid matter, and is caused from nothing else. Otherwise I am as healthy & hearty as any man at all. I go most of my time with my hand at my left side assisting the truss to do its work. No trust, nor other thing of the kind, by itself will do me any good. I am a farmer & farming is my dependence for a support for myself & family. I can only do the lightest kinds of the farm work & then can work no more than one third or one fourth of my time.*

Dependent desires to participate in the benefits of the Act approved October 24th, 1887, and the Acts amendatory thereof, and makes application for the allowance to which he is entitled for the year thereafter, ending October 26th, 1895.

Sworn to and subscribed before me, this the *6th* day of *August* 1895, at *Marilla, Ga.*
M. Stone
Ordinary.

J. A. Hargrove

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

The Instructions, as set out in the Notes, MUST be observed.

Hargrove, F. A.
See claim 1895
J. A. Hargrove

No. *5530*

SOLDIER'S PENSION

1895.

Name *J. A. Hargrove*
County *Robt*
Disability *Amputation*
Amount, \$ *34.16*
16 Aug 1895.
RICHARD JOHNSON,
Secretary Executive Department.

WARRANT HANDLED TO
J. A. Hargrove
By *W. Hargrove, State Printer, Atlanta*

POWER OF ATTORNEY.

STATE OF GEORGIA,

De Kalb County,

I,

F. A. Hargrove hereby authorize *John Stone*
of *Wheeler* Co.

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

me by *him*

at

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *9*

day of *March* 1896.

F. A. Hargrove [L. S.]

Executed in presence of us

W. H. Hargrove

Hargrove, F. A.
AUTOMATIC
De Kalb Co.
(For Those Already Enrolled.)

No. 3210

SOLDIER'S PENSION.

1896.

Name *F. A. Hargrove*

County *De Kalb*

Disability *Complete*

Amount, \$ *50.*

3/20 1896

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDLED TO

Atty
Gen. W. Hargrove, Secretary of State.

No data

Hargrove, F. A.

De Kalb County
(For Those Already Enrolled.)

No. 1780

INVALID

SOLDIER'S PENSION.

1897.

Name *F. A. Hargrove*

County *De Kalb*

Disability *Complete*

Amount, \$ *50.*

2/23 1897.

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDLED TO

Atty
Gen. W. Hargrove, Secretary of State.

No data

POWER OF ATTORNEY.

STATE OF GEORGIA,

County,

I,

hereby authorize

of

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

by

at

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

day of 1897.

[L. S.]

Executed in presence of

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County,

Personally appears *J. A. Hargrave* *Cobb*

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

18 *72* that he enlisted in the military service of the Confederate States (or of the State of *GA*) during the war between the

States, and served as a *Private* in Company *H*, of *7*th Regiment of *GA* Volunteers, *Anderson's* Brigade; that whilst engaged

in such military service in the State of *GA*, on the *6* day of

May 186 *4*, he was wounded, injured or diseased as follows:

That while carrying a wounded comrade off the battle field, he severely lacerated himself, so that the deponent is rendered practically incompetent to perform the ordinary manual avocations of life.

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 26th, 1896. I have heretofore as a resident of

Cobb county been allowed a pension of *\$50* dollars, for the year 1895.

Sworn to and subscribed before me, this, the *3* day of *May* 1896. } *J. A. Hargrave*

Wm. Stone *Ord*

STATE OF GEORGIA,

Cobb County,

I, *Wm. Stone* Ordinary of said County,

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

Given under my official signature and seal, this *3* day of *May* 1896.



Ordinary *Wm. Stone* *Cobb* County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County,

Personally appears *J. A. Hargrave* *Cobb*

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

18 *72* that he enlisted in the military service of the Confederate States (or of the State of *GA*) during the war between the

States, and served as a *Sergeant* in Company *H*, of *7*th Regiment of *GA* Volunteers, *Anderson's* Brigade; that whilst engaged

in such military service in the State of *GA*, on the *6* day of

May 186 *4*, he was wounded, injured or diseased as follows:

That while carrying a wounded comrade off the battle field, he severely lacerated himself, so that the deponent is rendered practically incompetent to perform the ordinary manual avocations of life.

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 26th, 1897. I have heretofore under said law as a

resident of *Cobb* county been allowed an invalid pension of *\$50* Dollars, for the year 1896.

Sworn to and subscribed before me, this, the *3* day of *May* 1897. } *J. A. Hargrave*

Wm. Stone *Ord*

STATE OF GEORGIA,

Cobb County,

I, *Wm. Stone* Ordinary of said County,

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

Given under my official signature and seal, this *3* day of *May* 1897.



Ordinary *Wm. Stone* *Cobb* County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, _____ hereby authorize

of

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

by

at

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

day of

1898.

[L. S.]

Executed in presence of

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County. }

I, *J. A. Hargrove* hereby authorize

of *Marietta*

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

at *Marietta*

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

day of *Feb.*

1899.

J. A. Hargrove [L. S.]

Executed in presence of

(For These Already Enrolled.)

No. *3100*

INVALID

SOLDIER'S PENSION.

1898.

Name *J. A. Hargrove*
County *Cobb*
Disability *rupture*
Amount, \$ *50.*

2/28 1898.

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDLED TO

2/28

MADE IN GEORGIA, STATE PRINTER, 1904/1905

Marietta

Hargrove St. F. A.

Cobb Co.

(For These Already Enrolled.)

No. *3106*

INVALID

SOLDIER'S PENSION.

1899.

Name *J. A. Hargrove*
County *Cobb*
Disability *Rupture*
Amount, \$ *50*

1899.

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDLED TO

J. A. Hargrove

GEO. W. HARRISON, STATE PRINTER, ATLANTA

Marietta

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears *J. A. Hargroves* 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 *22nd* day of *Dec.* 18*63* that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Private* in Company *H*, of *7th* Regiment of *Volunteers*, *Anderson's* Brigade; that whilst engaged in such military service in the State of *Georgia*, on the *6th* day of *May* 18*64*, he was wounded, injured or diseased as follows:

That while engaged in the battle of the Wilderness in the State of Virginia on May 6th he received a dead comrade off the battlefield by which he was badly hurt, on account of which Applicant is disabled and is incompetent to perform the ordinary manual avocations of life.

Dependent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 29th, 1898. I have heretofore under said law as a resident of *Cobb* county been allowed an invalid pension of

\$50 Dollars, for the year 189*7*.

Sworn to and subscribed before me, this, *23rd* day of *July* 1898. *J. A. Hargroves* POST-OFFICE *Anyonema Ga.*

Mr. Stone Only

STATE OF GEORGIA,

Cobb County.

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

Given under my official signature and seal, this *23rd* day of *July* 1898.



Ordinary *Mr. Stone* *Cobb* County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears *J. A. Hargroves* 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 *22nd* day of *Dec.* 18*63* that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Private* in Company *H*, of *7th* Regiment of *Volunteers*, *Anderson's* Brigade; that whilst engaged in such military service in the State of *Georgia*, on the *6th* day of *May* 18*64*, he was wounded, injured or diseased as follows:

That while engaged at the battle of the Wilderness in the State of Virginia on May 6th he received a dead comrade off the battlefield by which he was badly hurt, on account of which Applicant is disabled and is incompetent to perform the ordinary manual avocations of life.

Dependent makes application for the pension to which he is entitled for the year ending October 29th, 1898. I have heretofore under said law as a resident of *Cobb* County been allowed an invalid pension of

\$50 Dollars, for the year 189*8*.

Sworn to and subscribed before me, this, *15th* day of *July* 1898. *J. A. Hargroves* POST-OFFICE *Anyonema Ga.*

Mr. Stone Only

STATE OF GEORGIA,

Cobb County.

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

Given under my official signature and seal, this *15th* day of *July* 1898.



Ordinary *Mr. Stone* *Cobb* County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.

I, F. A. Hargrove hereby authorize J. M. Stone
of Marietta, Ga.

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

at Marietta by him

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 5th
day of March 1900.

F. A. Hargrove [L. S.]

Executed in presence of

T. J. Nauby

Hargrove, F. A.

Cobb, G.

CODE SECTION 128

(For Those Already Enrolled.)

No. 3431

INVALID

SOLDIER'S PENSION.

1900.

Name F. A. Hargrove

County Cobb

Disability sterilia

Amount, \$ 50.

Warrant issued March 21 1900.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDLED TO

Stone

Gen. W. HARTSON, Head Printer, Atlanta.

No data

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.

I, F. A. Hargrove hereby authorize John Aubrey
of Monetta

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

at Monetta by him

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 9th
day of January 1901.

F. A. Hargrove [L. S.]

Executed in presence of

James M. Gann

Hargrove, F. A.

Cobb, G.

CODE SECTION 128
(For Those Already Enrolled.)

No. 148

DISABLED

SOLDIER'S PENSION.

1901.

Name F. A. Hargrove

County Cobb

Disability Paralysis

Amount, \$ 50.

Warrant issued Jan. 15th 1901.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDLED TO

John Aubrey

Gen. W. HARTSON, Head Printer, Atlanta.

No data

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears P. A. Hargroves 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 22nd day of December 1843; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a private in Company H, of 7th Regiment of Georgia Volunteers, Henderson's Brigade; that whilst engaged in such military service in the State of Ga., on the 6th day of May 1864, he was wounded, injured or diseased as follows:

That while engaged in the battle of the wilderness, he undertook to carry a dead comrade from the battle field thereby rupturing himself so that he is rendered practically incompetent to perform labor.

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1900. I have heretofore under said law as a resident of Cobb County been allowed an invalid pension of \$50. Dollars, for the year 1887.

Sworn to and subscribed before me, this 3rd day of March 1900. P. A. Hargroves

J. M. Stone Only

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

STATE OF GEORGIA,

Cobb County.

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

Given under my official signature and seal, this 5th day of March 1900. J. M. Stone Ordinary Cobb County.



For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears P. A. Hargroves 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 22nd day of December 1843; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a private in Company H, of 7th Regiment of Georgia Volunteers, Henderson's Brigade; that whilst engaged in such military service in the State of Ga., on the 6th day of May 1864, he was wounded, injured or diseased as follows:

That while engaged at the battle of the wilderness he undertook to carry a dead comrade from the battle field thereby rupturing himself so that he is rendered practically incompetent to perform labor.

Deponent makes application for the pension to which he is entitled for year ending October 26th, 1901. I have heretofore under said law as a resident of Cobb County been allowed an invalid pension of \$50.00 Dollars, for the year 1900.

Sworn to and subscribed before me, this 3rd day of January 1901. P. A. Hargroves

John Antrim

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

STATE OF GEORGIA,

Cobb County.

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

Given under my official signature and seal, this 9th day of January 1901. John Antrim Ordinary Cobb County.



POWER OF ATTORNEY.

STATE OF GEORGIA,

Webb County.

I, John Lindsey hereby authorize
of _____
to receive and receipt for the pension paid hereon and request that he remit same to
by _____

at _____

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 6

day of January 1902.

J. A. Hargrove [L. S.]

Executed in presence of

John Lindsey

POWER OF ATTORNEY.

STATE OF GEORGIA,

Webb County.

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 22

day of Jan 1903.

J. A. Hargrove [L. S.]

Executed in presence of

CODE SECTION 100.

(FOR THOSE ALREADY ENROLLED.)

No. 330

DISABLED

SOLDIER'S PENSION
1902.

Name J. A. Hargrove
County Webb
Co. H Regiment 7th
Disability _____
Amount, \$ 80 1/16 1902.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Ordry

Geo. W. Harrison, State Printer, Atlanta.

no data

CODE SECTION 100.

(FOR THOSE ALREADY ENROLLED.)

No. 361

DISABLED

SOLDIER'S PENSION
1903.

Name J. A. Hargrove
County Webb
Co. H Regiment 7th
Disability _____
Amount, \$ 50.00 1/23 1903.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Ordry

Geo. W. Harrison, State Printer, Atlanta.

no data

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cobb County.

Personally appears F. A. Hargrove 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 22nd day of December 1843; that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served as a Private in Company No. 7, of 7th Regiment of Georgia Volunteers, Anderson's Brigade; that whilst engaged in such military service in the State of va, on the 6th day of May 1864, he was wounded, injured or diseased as follows:

That while engaged at the battle of the wilderness, he undertook to carry a dead comrade from the battle field, thereby inflicting himself so that he is practically incompetent to perform labor.

Deponent makes application for the pension to which he is entitled for the year ending October 28th, 1902, have heretofore, under said law, as a resident of Cobb County, been allowed an invalid pension of \$6.00 Dollars, for the year 1901.

Sworn to and subscribed before me, this 1st day of June 1902. F. A. Hargrove Post-office Smiley

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

STATE OF GEORGIA,

Cobb County.

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

Given under my official signature and seal, this 1st day of June 1902.



John Ashby Ordinary Cobb County.

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cobb County.

Personally appears F. A. Hargrove 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 22nd day of December 1843; that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served as a Private in Company No. 7, of 7th Regiment of Georgia Volunteers, Anderson's Brigade; that whilst engaged in such military service in the State of va, on the 6th day of May 1864, he was wounded, injured or diseased as follows:

That while engaged at the battle of the wilderness, he undertook to carry a dead comrade from the battle field, thereby inflicting himself so that he is rendered practically incompetent to perform labor.

Deponent makes application for the pension to which he is entitled for the year ending October 28th, 1903. I have heretofore, under said law, as a resident of Cobb County, been allowed an invalid pension of \$6.00 Dollars, for the year 1902.

Sworn to and subscribed before me, this 1st day of June 1903. F. A. Hargrove Post-office _____

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

STATE OF GEORGIA,

Cobb County.

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

Given under my official signature and seal, this 1st day of June 1903.



John Ashby Ordinary _____ County.

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

The Pd-

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

I, J. A. Hargrove hereby authorize
John Purdy of Harbottle
to receive and receipt for the pension paid hereon, and request that he remit same to
by hand

at Charlottesville
IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 1st
day of January 1904.

J. A. Hargrove [L. S.]

Executed in presence of

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

I, J. A. Hargrove hereby authorize
John Purdy of _____
to receive and receipt for the pension paid hereon, and request that he remit same to
by _____

at _____

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 17
day of July 1905.

J. A. Hargrove [L. S.]

Executed in the presence of

J. McLean

Hargrove, J. A.
C. A. Co.

CODE SECTION 1236.
(FOR THOSE ALREADY ENROLLED.)

No. 338

DISABLED

SOLDIER'S PENSION

1904.

Name J. W. Hargrove
County Cobb
Co. 76 Regiment 1
Disability Right Arm
Amount, \$ 50
JAN 25 1904.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDLED TO

Gen. W. Harrison, War Prisoner, Alabama.

no date

Hargrove, J. A.
C. A. Co.

CODE SECTION 1236.
(FOR THOSE ALREADY ENROLLED.)

No. 322

DISABLED

SOLDIER'S PENSION

1905.

Name J. W. Hargrove
County Cobb
Co. 76 Regiment 1
Disability Right Arm
Amount, \$ 50
JAN 23 1905.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDLED TO

Gen. W. Harrison, War Prisoner, Alabama.

no date

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cobb County.

Personally appears

F. A. Hargrove 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

1843; that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served as a *private* in Company *N*, of 7th Regiment of *Georgia* Volunteers *Anderson's* Brigade; that whilst engaged in such military service in the State of *Va*, on the day of

May 30 1864, he was wounded, injured or diseased as follows: *that while engaged at the battle of the Wilderness he was shot in the back by a Confederate from the battle field thereby crippling himself so that he is considered practically incompetent to perform labor*

Deponent makes application for the pension to which he is entitled for the year ending October 28th, 1904. I have heretofore, under said law, as a resident of *Cobb* County, been allowed an invalid pension of *\$30.00* Dollars, for the year 1903.

Sworn to and subscribed before me, this the

17 day of *January* 1905.

F. A. Hargrove

Post-office

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

STATE OF GEORGIA,

Cobb County.

I,

John Aubrey

Ordinary of said County,

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

Given under my official signature and seal, this

day of *Jan* 1905.

John Aubrey
Cobb County.



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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cobb COUNTY.

Personally appears

F. A. Hargrove 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

1843; that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served as a *private* in Company *N*, of 7th Regiment of *Georgia* Volunteers *Anderson's* Brigade; that whilst engaged in such military service in the State of *Va*, on the day of

May 30 1864, he was wounded, injured or diseased as follows: *that while engaged at the battle of the Wilderness he was shot in the back by a Confederate from the battle field thereby crippling himself so that he is considered practically incompetent to perform labor*

Deponent makes application for the pension to which he is entitled for the year ending October 28th, 1905. I have heretofore, under said law, as a resident of *Cobb* County, been allowed an invalid pension of *\$30* Dollars, for the year 1904.

Sworn to and subscribed before me, this the

17 day of *January* 1905.

F. A. Hargrove

Post-office

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

STATE OF GEORGIA,

Cobb COUNTY.

I,

John Aubrey

Ordinary of said County,

do certify that I am well acquainted with *F. A. Hargrove* the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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* 1905.

John Aubrey
Cobb County.



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

POWER OF ATTORNEY.

STATE OF GEORGIA.

Cobb County. }
I, *F. A. Hargrove* hereby authorize
John Lindsey of _____
to receive and receipt for the pension paid hereon, and request that he remit same to
by _____
at _____

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *12*
day of *May* 1906.

Executed in the presence of

F. A. Hargrove [L. S.]

Civil Section 1260.

FOR THOSE ALREADY ENROLLED.

No. *268*

DISABLED

SOLDIER'S PENSION
1906.

Name *F. A. Hargrove*
County *Cobb*
Co. *1st* Regiment
Disability
Amount, \$ *50.00*

1906.

JOHN W. LINDSEY.

Commissioner of Pensions.

WARRANT HANDED TO

See Pensions Section and Pensions Co. for W. Lindsey, Sec.

no date

POWER OF ATTORNEY.

STATE OF GEORGIA.

Cobb County. }
I, *F. A. Hargrove* hereby authorize
John Lindsey of _____
to receive and receipt for the pension paid hereon, and request that he remit same to
by _____
at _____

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *9*
day of *May* 1907.

Executed in presence of

F. A. Hargrove [L. S.]

Civil Section 1260.

FOR THOSE ALREADY ENROLLED.

No. *215*

DISABLED

SOLDIER'S PENSION
1907.

Name *F. A. Hargrove*
County *Cobb*
Co. *N. 7th* Regiment *5th*
Disability *Infantry*
Amount, \$ *50* - *JAN 21* 1907.

JOHN W. LINDSEY.

Commissioner of Pensions.

WARRANT HANDED TO

See Pensions Section and Pensions Co. for W. Lindsey, Sec.

no date

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,

Cobb County.

Personally appears F. A. Hargrove of Cobb

County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has resided therein continuously ever since the day of 18; that he enlisted in the military service of the Confederate States, (or of the State of) during the war between the States, and served as a in Company 26, of 24th Regiment of Volunteers 's Brigade; that whilst engaged in such military service in the State of , on the day of 186, he was wounded, injured or diseased as follows:

Rupture

Deponent makes application for the pension to which he is entitled for the year ending October 28th, 1900. I have heretofore, under said law, as a resident of Cobb County, been allowed an invalid pension of \$0 Dollars, for the year 1900.

Sworn to and subscribed before me, this the

12 day of January 1900.

Post-Office

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

State of Georgia,

Cobb County.

I, John Aubrey Ordinary of said County.

do certify that I am well acquainted with F. A. Hargrove the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 1900.

Ordinary Cobb County.

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

Note.—All vouchers and affidavits must bear date after January 1st, 1900.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,

Cobb County.

Personally appears F. A. Hargrove of Cobb

County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has resided therein continuously ever since the day of 18; that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served as a in Company 4, of 9th Regiment of Volunteers 's Brigade; that whilst engaged in such military service in the State of , on the day of 186, he was wounded, injured or diseased as follows:

Rupture

Deponent makes application for the pension to which he is entitled for the year ending October 28th, 1907. I have heretofore, under said law, as a resident of Cobb County, been allowed an invalid pension of \$0 Dollars, for the year 1900.

Sworn to and subscribed before me, this the

9 day of January 1907.

Postoffice

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

State of Georgia,

Cobb County.

I, John Aubrey Ordinary of said County,

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

Given under my official signature and seal this

day of January 1907.

Ordinary Cobb County.

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

Note.—All vouchers and affidavits must bear date after January 1st, 1907.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,

Cobb County.

Personally appears F A Hargrove of Cobb

County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has resided therein continuously ever since the day of 18; that he enlisted in the military service of the Confederate States, (or of the State of) during the war between the States, and served as a in Company 36, of 74th Regiment of Volunteers 's Brigade; that whilst engaged in such military service in the State of on the day of 186, he was wounded, injured or diseased as follows:

Rupture

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

Sworn to and subscribed before me, this the

11 day of January 1906.

Post-Office

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

State of Georgia,

Cobb County.

I, John A. Hargrove, Ordinary of said County,

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

Given under my official signature and seal, this

day of January 1906.

Ordinary Cobb County.

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,

Cobb County.

Personally appears F A Hargrove of Cobb

County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has resided therein continuously ever since the day of 18; that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served as a in Company 36, of 74th Regiment of Volunteers 's Brigade; that whilst engaged in such military service in the State of on the day of 186, he was wounded, injured or diseased as follows:

Rupture

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1907. I have heretofore, under said law, as a resident of Cobb County, been allowed an invalid pension of 50 Dollars, for the year 1906.

Sworn to and subscribed before me, this the

day of January 1907.

Postoffice

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

State of Georgia,

Cobb County.

I, John A. Hargrove, Ordinary of said County,

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

Given under my official signature and seal this

day of January 1907.

Ordinary Cobb County.

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

Georgia, Cobb County:

Personally came
the undersigned who upon
oath says that they know
F. P. Ferguson, that they were in
the same company and in the
same battle in which he
was injured, that is ruptured
that while in service in the
battle of the Wilderness in
the state of Virginia ^{on the 31st day of May 1864} he was ruptured
and while carrying a wounded
comrade from the field and
retreating from the enemy which
was closely pursuing them
in their retreat -

Sworn to and sub-
scribed before me the } F. M. Dickerson
the 9th day of March, 1896. } E. A. Spinks
J. M. Stone
Ordg.

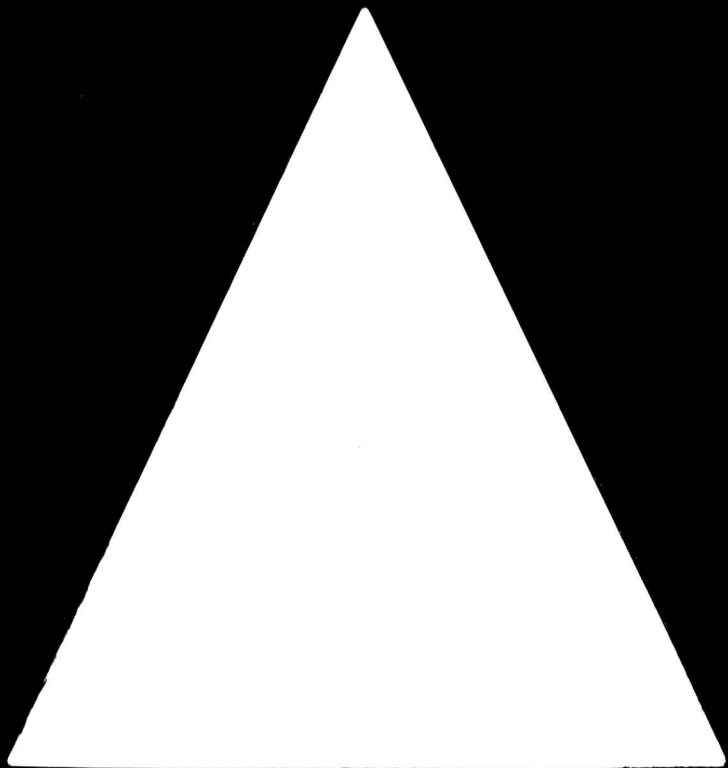
R. B. Hicks Capt Co. 117th Regt

Guinn
Cobb Co.

This is to certify that F. M. Dickerson
E. A. Spinks & R. B. Hicks who signed the above
affidavit are personally well known to me
that they are trustworthy & entitled to
believe - This 20th March 1896

J. M. Stone
Ordg. Cobb Co. Ga.

Orange Book Co. 2000



Prison of
11/24-1910

Thank You, Father
 for all your
 love and grace
 and his beautiful
 promises to us
 in your holy
 scriptures of
 the Gospel of
 the Son of
 Man as revealed
 to us - when
 Jesus said, "I
 will be with
 you at all times
 and will comfort
 you."
 Amen

✓ Call 6/11/11

Country

Name _____

Company

Regiment

Abstract

J. W. ENDREY

Cambridge & Town

SHAR P. DYAL, RIMA FERRAS, ALAN...

Baytown County

1. What is your name and where do you reside? A.M. Rucinski
Barton Mills Barton County Mo

- 4-2-18-15-1

12. When did he leave his Command? August 12, 1968 Where was his Command
when he left it? Millington, Ga. For what cause did he leave? Rel.

By whose authority did he leave Post of the Regiment and how

long was he granted leave? He was not granted any leave. How do you know
all that you have stated to be true? If of your own knowledge (Tell clearly and specifically): Yes

present. Commanding the company still here.

10. In what way was he prevented from returning to his Command? *Was captured before his Command was out*
How do you know? *Was captured before his Command was out*

2. What effort did he make to return to the Communist and how do you know? He had both money and contacts.

15. Was applicant captured as a prisoner.....no..... If so, when and where.....

10. In what prison was he held? San Quentin State Prison

Sworn to and subscribed before me, this the 11th day of April, 1964.

day of June 1912

of Barber County

_____ Copy

00 agree found value 700.00. 10th budget value 10th

1 Horse	40.00	Household goods	40.00
2 Cows	50.00		

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

14087 (State it fully by name) None

2. When and to whom was it sold or given to?

3. What was the price paid or stated to be paid? _____

3. What disposition was made of the proceeds of the sale? _____

5. Was the disposition of this property made in good faith and full value? Yes

Sworn and subscribed before me this 2nd day of June 1944

8th day of October 1910. } S. H. Mayes

_____ Ordinary, _____

of _____ County, _____
J. H. McDonald

STATE OF GEORGIA

County.

J. M. Gamm Ordinary of said County, certify that I know

the applicant, John P. Harper for Pension is the person he represents himself to be and resides in _____

Said County. That I also know _____ the witness swearing to the
service and _____

they are all residents of said County and were duly sworn by me before signing the foregoing affidavit and they are all truthful and trustworthy and their statements are entitled to full faith.

Tax Results of R. H. Jones shows that he and wife

Value for tax is in 1908 \$ 2.00 for 1909 \$ 2.00 for 1910 \$ 2.00

Ordinary, 11

of Cook County.

Ordinary shall swear applicant and all witnesses in the following words:
You solemnly swear to each question asked you and the evidence you
give is true and correct?
I do.
You solemnly swear to each question asked you and the evidence you
give is true and correct?
I do.

6. In addition, having property at all in the possession, under control of said And wife, all types of fresheners necessary.

OFFICE OF
COURT OF ORDINARY
BARTOW COUNTY
G. W. HENDRICKS, ORDINARY



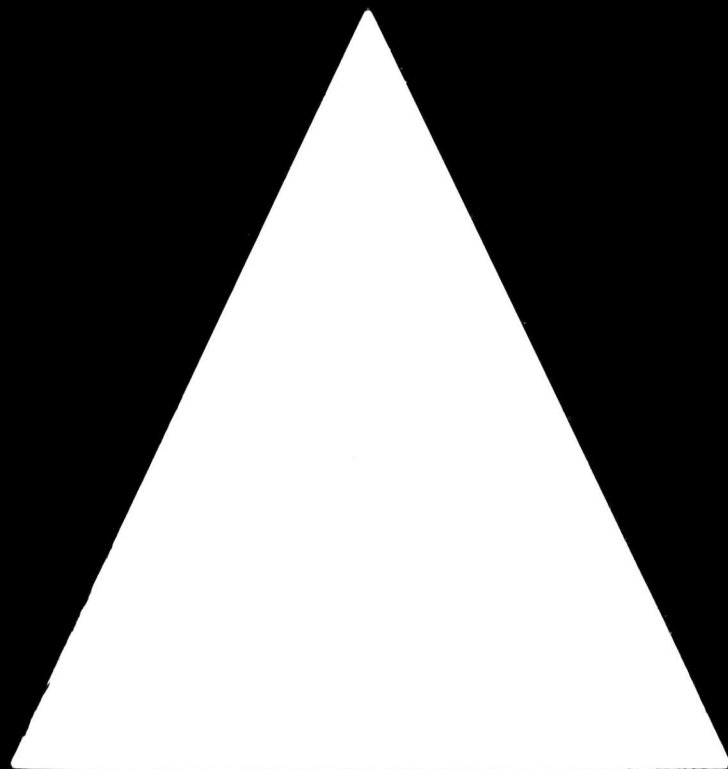
CARTERSVILLE, GA.

Sept. 28th 1910.

I, G. W. Hendricks, Ordinary and ex-officio Clerk of the Court of Ordinary of said County, there being no other Clerk of said Court, hereby certify that I know A. M. Deaseth, the witness swearing to the service of R. Harper in the Army of the Confederacy in Co. F, 1st Ga. St. Regt. him, that he is a resident of Bartow County and was duly sworn by me before signing the foregoing affidavit and he is truthful and trustworthy and his statements are entitled to full faith and credit.

Given under my hand and seal of office,
this 28th day of Sep-1910.

G. W. Hendricks, Ordinary
Bartow County, Ga.



POWER OF ATTORNEY.

STATE OF GEORGIA.

COUNTY.

City

hereby authorize

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

by

at

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

day of *May* 1908.

J. W. Lindsey [L.S.]

Recused in the presence of

J. W. Lindsey

Cover Section 1260.

(FOR THOSE ALREADY ENROLLED.)

W. J. Lindsey 1905

DISABLED SOLDIER'S PENSION 1906.

Name *J. W. Lindsey*

County *Cobb*

Co. *4* Regiment *23*

Disability

Amount, \$*58*^{*a*}

1908.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

THE PRINCIPAL PRINTING AND PUBLISHING CO., 205 N. HARRISON, ST. LOUIS, MO.

No data

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb COUNTY.

I, J. T. Harris

hereby authorize

John W. Lindsey

of

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

by

at

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

day of July 1906.

J. T. Harris

[L. S.]

Executed in the presence of

J. M. Gamm

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb COUNTY.

I, J. T. Harris

hereby authorize

John W. Lindsey

of

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

by

at

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

day of July 1907.

J. T. Harris

[L. S.]

Executed in presence of

J. M. Gamm

David Harris, Jr.
July 1906

Cons Section 1260.

(FOR THOSE ALREADY ENROLLED.)

July 24, 1915

DISABLED

SOLDIER'S PENSION

1906.

Name J. T. Harris

County Cobb

Co. A Regiment 23

Disability a

Amount, \$20

1906.

JOHN W. LINDSEY.

Commissioner of Pensions.

WARRANT HANDED TO

1906

July 1906

Harris, J. T.

Cobb Co.

Cons Section 1260.

(FOR THOSE ALREADY ENROLLED)

No. 222

DISABLED

SOLDIER'S PENSION

1907.

Name J. T. Harris

County Cobb

Co. A Regiment 23

Disability disent

Amount, \$20.00

1907.

JAN 21

JOHN W. LINDSEY.

Commissioner of Pensions.

WARRANT HANDED TO

1907

no date

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,

Cobb County.

Personally appears J. J. Harris of Cobb County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has resided therein continuously ever since the day of 18; that he enlisted in the military service of the Confederate States, (or of the State of Georgia) during the war between the States, and served as Private in Company A, of 23rd Regiment of Volunteers's Brigade; that whilst engaged in such military service in the State of Georgia, on the 18 day of 186 he was wounded, injured or diseased as follows:

Shot through the lung

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 Fullen County, been allowed an invalid pension of 150 Dollars, for the year 1906.

Sworn to and subscribed before me, this the 1 day of January, 1907.

J. J. Harris
Post-Office

John Army
Notary Public

State of Georgia,

Cobb County.

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

Given under my official signature and seal, this

day of January, 1907.

John Army
Ordinary Cobb County.

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,

Cobb County.

Personally appears J. J. Harris of Cobb County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has resided therein continuously ever since the day of 18; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company 20th Regiment of Volunteers's Brigade; that whilst engaged in such military service in the State of Georgia, on the 18 day of 186 he was wounded, injured or diseased as follows:

Shot through the lung

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1907. I have heretofore, under said law, as a resident of Fullen County, been allowed an invalid pension of 150 Dollars, for the year 1906.

Sworn to and subscribed before me, this the 1 day of January, 1907.

J. J. Harris
Postoffice

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

State of Georgia,

Cobb County.

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

Given under my official signature and seal this

day of January, 1907.

John Army
Ordinary Cobb County.

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

POWER OF ATTORNEY.

STATE OF GEORGIA.

COUNTY.

I, _____ hereby authorize

of _____

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

at _____

by _____

Witness my hand and seal, this _____ day of _____ 1906.

[L. S.]

Executed in presence of _____

QUESTIONS FOR APPLICANT.

STATE OF GEORGIA.

COUNTY.

I, _____ of said State and County, desiring to avail myself of the Pension Act (Section 3245, Code), hereby subscribe this proof, and after being duly sworn true and correct, answer to the following questions, to-wit: as follows:

1. What is your name and where do you reside? (Give State, County and Township.)
John W. Harrison, Dawson Co., Ga.

2. How long and when have you been a resident of this State?
Since my life began, 1841.

3. What and where was your home? (Specify State, County and Township.)
My home is in Dawson Co., Ga. 1841-1861.

4. What and where was your company and regiment did you enlist or serve? (Specify State, County and Township.)
Company A, 1st Regt. Dawson Co., Ga. 1861-1865.

5. How long did you remain in such company and regiment?
Until April 28, 1865.

6. When and where did your company and regiment surrender and discharge?
April 28, 1865.

7. Were you present with your company and regiment when it was surrendered?
Yes.

8. If not present, state specifically and clearly where you were, when you left your command, for what cause and by whose authority?
Not present.

9. How much can you earn (gross) per annum by your own exertions or labor?
Nothing.

10. What has been your occupation since 1865?
Nothing.

11. Upon which of the following grounds do you base your application for pension, viz: first, "age and poverty," second, "infirmary and poverty," or third, "blindness and poverty"?
Age and poverty.

12. If upon the first ground, state how long you have been in such condition that you could not earn your support. If upon the second, give a full and complete history of the infirmity and its extent. If upon the third, state whether you are totally blind and when and where you lost your sight.
Since then for 10 years that I cannot earn but little.

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

14. What property, real or personal, did you possess in 1901, 1902, 1903, 1904, 1905, 1906 and 1907, and what disposition, if any, by gift or sale, have you made of same?
Nothing.

15. In what County did you reside during these years, and what property did you then culture for taxation?
Cochran & Dalton.

16. How were you supported during the years 1901, 1902, 1903, 1904, 1905, 1906 and 1907?
By aid of my family.

17. How much did your support cost for each of those years, and what portion did you contribute thereto by your own labor or talents?
Nothing.

18. What was your employment during 1901, 1902, 1903, 1904, 1905, 1906 and 1907? What pay did you receive in each year?
Nothing.

19. Have you a family? If so, who composes such family? Give their names of support. Have they a home, or other property? Their ages and how employed?
My wife, Mary, 62 years old.

20. Are you receiving any pensions? If so, what amount and for what disability?
Nothing.

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

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

23. How many applications have you ever made and under what date?
One.

24. How many applications have you ever made and under what date?
One.

25. How many applications have you ever made and under what date?
One.

26. How many applications have you ever made and under what date?
One.

27. How many applications have you ever made and under what date?
One.

28. How many applications have you ever made and under what date?
One.

29. How many applications have you ever made and under what date?
One.

30. How many applications have you ever made and under what date?
One.

INDIGENT PENSION.

1906

J. T. Harrison

County, Dawson

Age, 65

Approved, 3790

JOHN W. LINDSEY,

Commissioner of Pensions

WARRANT HANDED TO

Indigent with other names of applicants

Indigent with other names of applicants

Indigent with other names of applicants

Indigent with other names of applicants

Indigent with other names of applicants

Indigent with other names of applicants

Indigent with other names of applicants

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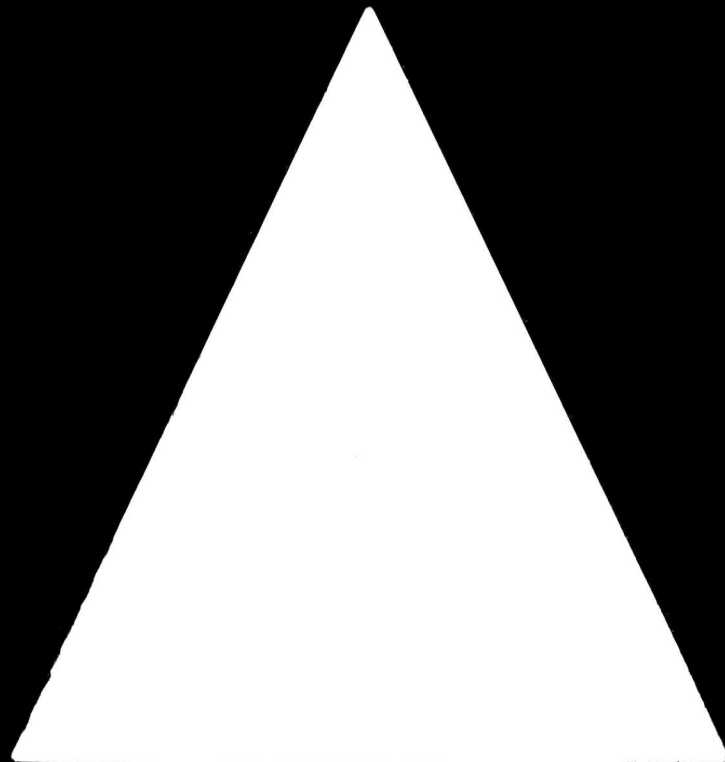
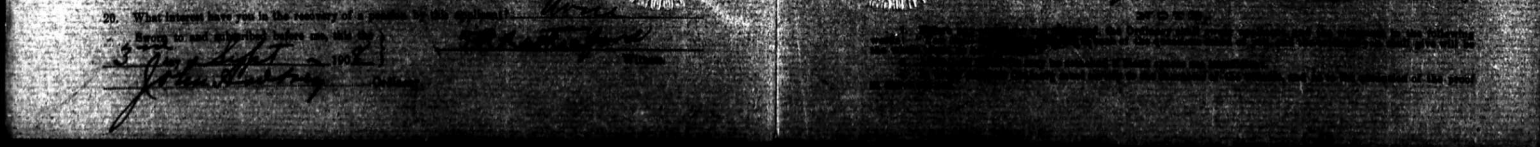
Indigent with other names of applicants

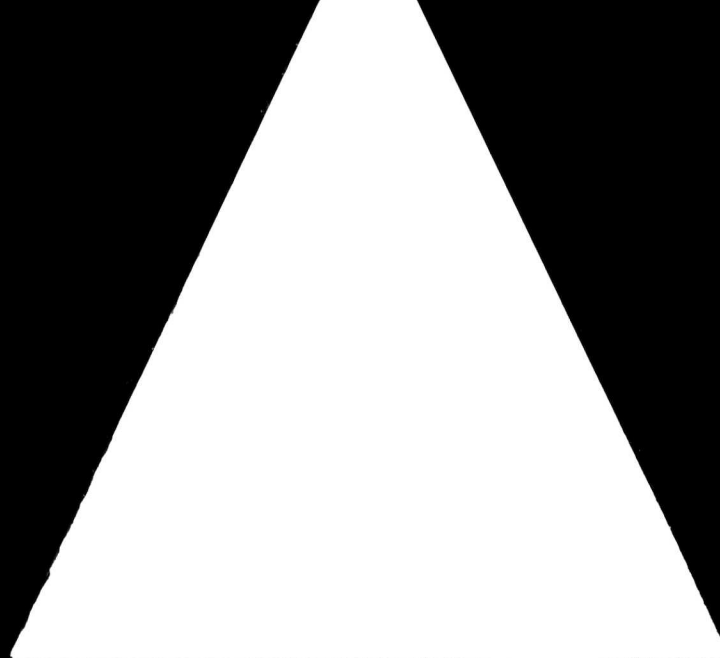
Indigent with other names of applicants

Indigent with other names of applicants

Indigent with other names of applicants

Indigent with other names of applicants





BAD COPY***OR**LIGHT PRINT

BAD COPY***OR**LIGHT PRINT

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

I, _____ hereby authorize

of _____ County, to receive and receipt for the pension allowed and that he

recite the same to me at _____ by his check or registered mail.

Witness my hand this _____ day of _____ 1901.

Executed in presence of

Ordinary

County

L. S.



Pension Office
+ 25-1901

Approved 12-21-1901
To be paid a bona fide
pension of \$10.00
to the said Mary Harris
the widow of John Harris
a citizen of the State of Georgia
1901. and not to be
paid to any other person
except the said Mary Harris

John W. Lindsey
Commissioner of Pensions

Harris, Mary
Cobb County

Approved 1901

WIDOW'S
Indigent Pension.
1901.

Name Mary Harris

County Cobb

Widow of John Harris -
Cobb Co. Ga

Approved 1901.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

61660

1901.

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

10/24/04.

1

Questions for Witnesses.

STATE OF GEORGIA,

County.

I B. Sullivan & P. Padon of said State and County, having been presented as a witness in support of the Application of Mrs. Mary Harris for a Pension under the Act of 1900, and after having been duly sworn true answers to make to the following questions, depose and answers as follows:

1. What is your name and where do you reside? *I B. Sullivan*
2. Are you acquainted with the applicant, Mrs. Mary Harris? *Yes*
3. How long have you known her? *Since we have known her 60 years*
4. Where does she reside, and how long and since when has been a resident of this State? *She still lives in Cobb County Georgia*
5. When and where was she born? *in the year 1829 in Sullivan County Ga*
6. Were you ever acquainted with her husband? *Yes*
7. Where did he reside in 1861? *in Cobb County Ga*
8. When and to whom was he married? *in October 1857 to Mary Sullivan*
9. When and where was he born? *about 41 years*
10. When and where did *Mary Harris* enlist in the war between the States, and in what Company and Regiment did he enlist and how do you know this? *from 1862 at Atlanta Ga Company F 56 for Atlanta*
11. Were you a member of the same Company and Regiment? *Yes*
12. How long did he perform regular military duty? *2 years*

13. When and where was his Company and Regiment surrendered and discharged from service? *freedom offered to the Rebels 1864 Atlanta July 1864*
 14. Were you with the command when it surrendered? *Yes*
 15. Was *John Harris* the husband of applicant present? *he was not he was killed at Atlanta July 1864*
 16. If not present, where was he? *he was dead*
 17. When and where did he leave his Command? *his Regt was Atlanta has killed by the Enemy*
- For what cause? *have already stated*
- By whose authority he left? *has already stated*
- How do you know all this? (State fully and clearly.) *I was with them when I picked him up when he fell (Padon)*

18. When and where did *Mary* die? *Atlanta Geo July 1864*
19. Where did he reside at his death and how long had he been a resident of Georgia at his death? *I don't remember the date (Padon)*
20. Do you of your own knowledge know that applicant is the lawful widow of *John Harris*? *Yes*
21. Has she remained unmarried since her soldier husband's death, and is now his widow? *Yes*
22. What property, effects or income has the applicant, if any, and how do you know this of your own knowledge? *has no effects or income what*
23. What property, effects or income did applicant possess in 1899 and 1900 and what disposition did she make of it? *and none*
24. Has applicant conveyed any property in last two years or given any away, if so what was it and to whom? *No*

25. What is applicant's physical condition and her chances and ability to earn a support? *She is debile from age an years*

26. Is applicant able to earn a support at labor of any sort, if not why? *She is from age and infirmity*

27. How was she supported for 1899 and 1900? *She lives with one of her children and he supports her*

28. How much did applicant contribute to her support for last two years? *nothing*

29. Give a full and complete statement of applicant's physical condition? *in a feeble state of health*

30. What interest have you in the recovery of this pension by the applicant? *not any*

Sworn to and subscribed before me this *7th*

day of *June* 190 *4*

John Huston Ordinary,

Cobb County.

D. B. Sullivan

E. P. Padon

Witnesses.

Affidavits of Physicians.

STATE OF GEORGIA,

County.

Personally before me, *George J. Ryan*

Chas. J. Ramsey and

Mary Harris who, being severally sworn, say on oath that they have examined carefully Mrs.

applicant for a Pension under Act of 1900, and after

each personal examination say that her physical condition is this. *deb age and suffering of chronic Rheumatism*

and we have no interest in said pension if allowed.

Sworn to and subscribed before me this *7th*

day of *June* 190 *4*

John Huston Ordinary,

Cobb County.

G. J. Ryan

Chas. J. Ramsey

Witnesses.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

County.

I, *John Huston* Ordinary in and for said county, hereby

certify that the applicant, Mrs. *Mary Harris* resides in said

county, and has been a bona fide resident of this State since *1st* day of *March*

190 *4*, and that the witnesses, Mr. *D. B. Sullivan & E. P. Padon*

are of trustworthy character, and that their statements

are entitled to full faith and credit.

I do further certify that before answering the foregoing questions, the applicant and said witnesses took the oath herein prescribed, and the full text of the affidavit was read to the applicant and witnesses before the same was signed and subscribed.

I further certify that the tax digest of *Cobb* county shows that applicant

returned for taxation in her own name in 1899. *no* dollars worth

of property, and in 1900 *no* dollars worth of property.

Witness my hand and official seal, this *7th* day of *June* 190 *4*

John Huston Ordinary,

Cobb County.

(SEAL)

Notes—1. Before any questions are answered, the Ordinary shall swear applicant and the witnesses in the following words: "You do solemnly swear that you will true answers make to each of the questions asked of you, and the evidence you shall give will be the whole truth; so help you God."

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

3. All affidavits must be made before Ordinary.

4. Only widows who were the wives of the dead husbands while they were soldiers need apply—and are now widows. Those married since 28th April, 1865, not entitled.

5. Witnesses and two Physicians are necessary to make out claims.

25. What is applicant's physical condition and her chances and ability to earn a support?

She is healthy from age an years

Notes—1. Before any questions are answered, the Ordinary shall swear applicant and the witnesses in the following words: "You do solemnly swear that you will true answers make to each of the questions asked of you, and the evidence you shall give will be the whole truth; So help you God."
2. Additional affidavits may be attached, if blank spaces are insufficient.
3. All affidavits must be made before Ordinary.
4. Only widows who were the wives of the dead husbands while they were soldiers need apply—and are now widows. Those married since 24th April, 1860, not entitled.
5. Witnesses and two Physicians are necessary to make out claims.

July, 19, 1862,
Killed, Sharpsburg, Md.
Sept 17, 1862,

Harvey Mary E
Colt
No. 1000

Widow's Pension

Under Act 1910—as Amended by Act of 1919.

County *Cobb*
Name *Mary E. Harris*
Widow of *William Dampford*
Company *A*
Regiment *18 Co Infantry*
Approved

J. W. LINDSEY,
Commissioner of Pensions.
Byrd Printing Co. State Printers, Atlanta.

10-30-1919

Ordinary's Certificate

STATE OF GEORGIA

Cobb COUNTY }

I, *William Dampford* Ordinary of said County, do certify

that I know *Mary E. Harris* the applicant for pension. She

is the person who represents herself to be and she is a good wife continuing resident citizen of said County

and was on the 4th November 1908; that I also know *William Dampford*

the witness who swears to the service of husband; that both of them are now residents of said County and

were duly sworn by me before signing the foregoing affidavits and that they both are truthful, trust-

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

Sworn under my hand and official seal of office this *29* day of *Oct* 19*19*

(SEAL) *William Dampford* Ordinary.

Cobb County

NOTES: 1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You shall give me the truth, so help you God." 2. Only witnesses who are residents of said County may be attached if their names are insufficient. 3. All affidavits must be made before the Ordinary of the residence of the person to be sworn and certified by him. 4. Attach certified copies of marriage license if obtainable. If not, prove marriage by some person, or by general reputation.

Ordinary's Certificate

STATE OF GEORGIA

Cobb COUNTY.

I, J. M. Lamm Ordinary of said County, do certify that I know Mrs Mary E. Harris the applicant for pension. She is the person she represents herself to be and she is a bona fide continuing resident citizen of said County and was on the 4th November 1908; that I also know J. S. Goodwin the witness who swears to the service of husband; that both of them are now residents of said County and were duly sworn by me before signing the foregoing affidavits and that they both are truthful, trustworthy, and their statements are entitled to full faith and credit.

Sworn under my hand and official seal of office this 20 day of Oct 1919

(SEAL)

J. M. Lamm Ordinary,
Cobb County.

- NOTES: 1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the truth. So help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. Only widows who married prior to January 1st, 1861, are entitled.
4. All affidavits must be made before the Ordinary of the residence of the person to be sworn and certified by such Ordinary.
5. Attach certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.

Widow's Pension

Under Act 1910—as Amended by Act of 1913.

County

Cobb

Name

Mary E. Harris

Widow of

William Dampford

Company

A

Regiment

18th Co. Infantry

Approved

J. W. LINDSEY,

Commissioner of Pensions.

First Printing Co. State Printer, Atlanta.

10-30-1919

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

Questions for Applicant

STATE OF GEORGIA,

Cobb COUNTY.

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

1. What is your name, and where do you reside? Mary E. Harris, Roswell Ga
2. How long and since when have you been a continuing resident of the State of Georgia? As my life
3. When, where and to whom were you married? March 1861, Cobb Co. Ga. to William Dampford, 2nd Mary E. Harris in Cobb Co.
4. Have you married since the death of first and soldier husband? Yes
5. When, where and in what Company and Regiment did your husband enlist as a soldier in Confederate Army or Georgia Militia? (State the arms and class of Service.) March 1862, Roswell Ga. Co. Ga. Co. of 18th Co. Infantry
6. When and where did the commands of your husband surrender or discharge from the army? April 1865, Appomattox
7. Was your husband personally present at the time of the surrender or discharge of this command? No
8. If he was not present state clearly where he was. He was killed at Battle of Shiloh
9. Where was his command when he left? Shiloh, Miss
10. For what cause did he leave his command? Wounded
11. By whose authority did he leave his command? —
12. For how long was he granted leave of absence? —
13. What was his physical condition when he left his command? —
14. What effort did he make to return to his command? —
15. In what way was he prevented from going back to Command? —
16. Was he captured by the enemy at any time? No
17. If so, when and where captured and where held as a prisoner, and when and for what cause released? —
18. When and where did your first husband die? Sept 17, 1862, Shiloh, Miss
19. Were you residing together when he died? Yes
20. If not, how long had you resided apart? —
21. Are you now a widow? Yes
22. Have you or your husband heretofore been paid a pension by the State? No
23. If so, when and for what cause were you or your husband placed on the roll? —

Sworn to and subscribed before me this the

27 day of Sept 1919

J. M. Lamm Ordinary,
Cobb County.

(SEAL)

Mary E. Harris
No Record from 1860—
J. M. Lamm Ordinary
Cobb Co.

2nd Sub. Form filed August 30, 1918
W. D. Sept 17-1863

July, 19, 1862.
Killed, Shiloh, Miss.
Sept 17, 1862.
Harris, Mary E.
Cobb Co.
No. 12, 1861. Allen

Questions for Witnesses as to Service of Husband and Marriage

STATE OF GEORGIA

COUNTY

Personally before me comes J. St. Goodwin who, after being duly sworn, thus answers to make to the following questions, answers as follows:

1. What is your name and where do you reside? J. St. Goodwin
Manilla, Ga.

2. How long and since when have you known Mary E. Harris applicant?
60 years or more, I knowed her before she was

3. How long and since when has she continuously resided in this State? (Give date.)
from 1862 to 1864, I knowed her before she was

4. When and to whom was she married? William Davenport How do you know?
1862, I knowed her before she was

5. How long and since when did you know William Davenport her husband? Over 60 years

6. When and where did Sept. 17, 1862 William Davenport the husband of applicant, die? Sept. 17, 1862, was killed at battle of Sharpsburg

7. Were the applicant and her husband living together as husband and wife at the date of his death?
yes

8. If not, how long did they live apart before his death? no

Were they divorced? no

9. When, where and in what Company and Regiment did William Davenport enlist?
March, 1862, 1st South Carolina Cavalry, Co. A, 1st Sta. Infantry

10. Were you a member of the same Company? yes

11. How long within your personal knowledge did he perform actual military service with his Company and Regiment? until Sept. 17, 1862, where he was killed in battle

12. When and where did his Command surrender, and was discharged? April, 1865, Appomattox, Va.

13. Were you personally present when it was surrendered? no If not, where were you in prison and how came you there? Captured

August 16, 1864

14. Was the husband of applicant personally present at surrender? no, he was dead If not where was he? he had been killed in battle When, where and for what cause did he leave Command? (Give date.) Sept. 17, 1862, at battle of Sharpsburg By whose authority did he leave his Command? no And how long was he granted leave? no How do you know all this?
I know A. H. Harris, Co. A, 1st South Carolina Cavalry, from

when he was killed

15. For what cause, if you know of your own knowledge, was he prevented from returning to his Command?

16. What effort did he make to return to his Command and how do you know this? Of your own knowledge or how? no

Sworn to and subscribed before me this the

29 day of Sept 1862 } J. St. Goodwin

Ordinary

of Cobb County.

(SEAL)

J. St. Goodwin, who is now dead

STATE OF GEORGIA, COBB COUNTY.

Received of J.M. GANN, ORDINARY, check for One Hundred Dollars, being amount from the State to apply on account of Funeral expenses of MRS. M. E. HARRIS, deceased.

June 19/1929 *J. F. Collins' Sons*
J. F. Collins

HARRIS, M. E. (Mrs.)

For *Cash* County

192_

Application for Pension
Due Deceased Pensioner
(UNDER ACT 1919)
(To pay expenses of last illness and funeral)

J. M. Gann Ordinary
for *Mrs. M. E. Harris*

Date of Death *December 25 1928*

Amount \$ *100.00*

Approved and ordered paid.

May 9, 1929
JOHN W. CLARK,
Commissioner of Pensions.

Ordinary: Fill out above in full and send this blank to Pension Department for approval. Do not pay out the money until the approved blank is in your hands giving you authority to draw on the Pension Department with your receipted bill. It will be permanently filed with them. Do not keep this application in your office.

STATEMENT

ACWORTH, GA. April 18, 1929.

Estate of Mrs. M. E. Harris,

In Account With

D. H. Collins

R. L. Collins

L. R. Collins

J. F. Collins' Sons

Furniture, House Furnishings, Stoves, Etc
Funeral Directors and Embalmers

12/24/28

Casket, Hearses and Service \$100.00

Georgia, Cobb County:

The above and foregoing account is rendered for services for funeral expenses of Mrs. M. E. Harris, who died without owning sufficient property to pay this bill.

Sworn to and subscribed before me,
this April 19, 1929.

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

Application for Pension Due to a Deceased Pensioner

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

(Under Act Approved August 15, 1904)

GEORGIA, Coker County.

Personally before me, the Ordinary of said County, comes Mrs. Karlene Fowler

of said County, who, after being sworn, on oath

says that he knew Mr. M. E. Harris of said County, and that said Pensioner

was on the Pension Roll of said County at the time of death, which occurred in Coker

County, in this State, on the 24 day of December 1928

and that pensioner left no widow surviving, and no estate of any value sufficient to pay these funeral expenses, which amounted to the sum of \$100.00, per sworn statements fully and completely ITEMIZED hereto attached.

Sworn to and subscribed before me,

J. M. Brown Ordinary
Coker County

(Seal of Ordinary)

Mrs. Karlene Fowler

CERTIFICATE OF ORDINARY

GEORGIA, Coker County.

I, J. M. Brown Ordinary of said County, do certify

that I personally know Mrs. Karlene Fowler, who is a resident

citizen of said County, and that said person is of truthful and trustworthy character, entitled to full faith and credit; that I also knew Mr. M. E. Harris while in life and that this was

the same person whose name appears on the Pension Roll of Coker County, and

was paid a Pension of Two Hundred (\$200) Dollars

in said County for 1928, and I now believe said pensioner to be dead; and that the instructions at the foot of this voucher have been carefully observed in making up this voucher and the bills which are attached hereto.

Given under my hand and official seal, this

19 day of April, 1929.

(Seal of Ordinary)

J. M. Brown Ordinary
Coker County

INSTRUCTIONS:

1st. Require those claiming expenses of last illness and funeral, to make out their accounts in fully itemized form, giving each item and the value of it, and each date.

2nd. Each account must be sworn to before the Ordinary, and in the following form. (Do not use the terms: "Just, true, due, unpaid," etc.)

"The above and foregoing account is rendered for services in the last illness (or for funeral expenses, as the case may be) of _____, who died without owning sufficient property to pay this bill.

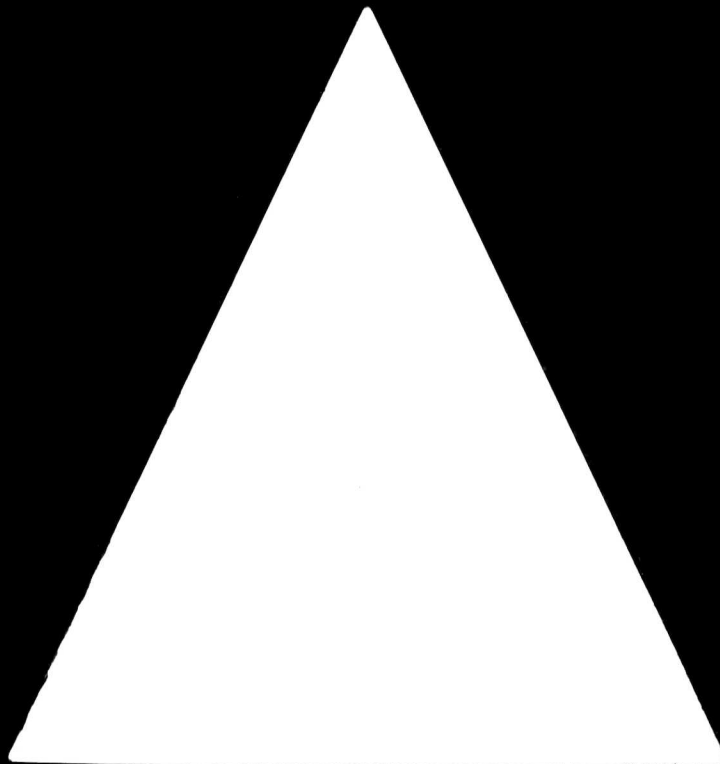
3rd. The Ordinary must see to it that each bill is perfectly legitimate in every respect, and properly sworn to, and all attached neatly to this blank, after this blank has been properly completed as indicated.

4th. The completed voucher—this blank and the bills—must be sent to the Pension Department for approval and no money must be paid out until it is returned to you as your authority to make the payment.

5th. Return this application, and attached bills, with your final settlement, to the Pension Department.

6th. Ordinary should see that the back of this blank, when folded, is filled out.

- 4th. The completed voucher—this blank and the bills—must be sent to the Pension Department for approval and no money must be paid out until it is returned to you as your authority to make the payment.
- 5th. Return this application, and attached bills, with your final settlement, to the Pension Department.
- 6th. Ordinary should see that the back of this blank, when folded, is filled out.



POWER OF ATTORNEY.

Form 5.

STATE OF GEORGIA.

Cobb County.

KNOW ALL MEN BY THESE PRESENTS, That I,

W. H. Harrison

of

County, in said State, do hereby appoint

W. H. Harrison

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

In WITNESS WHEREOF, I have hereunto set my hand and seal, this *14* day of *March*, 1892.

W. H. Harrison

[L.S.]

Executed in the presence of us:

John H. Harrison

WITNESSES.

If allowed, send amount by—

me at

, and oblige,

to

Cobb Co.

No. *2946*
Harrison W. H.

Soldier's Pension.

1892.

Name

W. H. Harrison

County

Cobb

Disability

Shall receive

Amount, \$

50

W. H. Harrison

1892

W. H. HARRISON,

Secretary of Executive Department.

WARRANT ISSUED TO:

M. L. Green

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

POWER OF ATTORNEY.

STATE OF GEORGIA.

Cobb County.

KNOW ALL MEN BY THESE PRESENTS, That I,

H. A. Harrison
of *Cobb* County

County, in said State, do hereby appoint

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

In WITNESS WHEREOF, I have hereunto set my hand and seal, this *24* day of *March* 1892.

H. A. Harrison

[L. S.]

Executed in the presence of us:

J. M. Stouder

DIRECTION.

If allowed, send amount by:

me at

, and oblige,

to

Form 6.

FOR USE OF APPLICANTS WHO HAVE NOT HERETOFORE DRAWN.

STATE OF GEORGIA.

Cobb County.

Personally appears *H. A. Harrison* of *Cobb* County,

State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of Georgia, and has been continuously since the *20* day of

March 1892; 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 *C*, of *Phillips* Regiment

of *Georgia* Volunteers *Wofford's* Brigade; that whilst engaged

in such military service, at the battle of *Knoxville* in the State

of *Tenn* on the *29* day of *November* 1863, he was

disabled as follows: *By being struck on the left*

side of his head by a spike that

fracturing the skull, causing a

loose half dozen pieces of the skull

some to come out exposing the

brain.

Deponent says that by reason of

said wound he is unable to endure

heat and cold and that his strength

is gone, and that he is permanently

disabled.

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the Acts amendatory thereof, and makes application for the allowance to which he is entitled for the year thereunder, ending October 26, 1892.

Sworn to and subscribed before me, this, the *17* day of *March* 1892.

H. A. Harrison
J. M. Stouder

Ordinary.

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

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

Form 1.

Cobb Co.
Harrison H. A.
Soldier's Pension.

1892.

Name *H. A. Harrison*

County *Cobb*

Disability *Skull wound*

Amount, \$ *50*

H. A. Harrison

W. H. HARRISON,
Secretary of Executive Department.

WARRANT ISSUED TO
M. D. Green

Affidavit for Witnesses.

STATE OF GEORGIA,

County of Cobb

PERSONALLY appears before me, the undersigned Ordinary in and for said County,
J. B. Green, M. B. Green and
H. H. White
each of whom, being duly sworn according to law,
severally say, under oath, that they are personally well acquainted with
H. A. Harrison whose application is herewith presented for a pension,
and that they served with him in the army, and from our personal knowledge he was injured by
the service as follows: (Give full statement, and tell in your own language how badly applicant is
disabled from work. If he does any labor, or can do any, state what.)

H. A. Harrison He was to our knowledge
a private in Comp. D. of Hill's Legion of Georgia
Battalion in 1863; and that he was shot in the
head with grape shot at the Battle of Knoxville
Tenn. on 29th day of Nov 1863. His skull
broken & several pieces of the skull come
out; which wound now renders him totally
unable to do manual labor.

H. H. White swears that the above
facts are true and correct as stated, to his
best knowledge and belief - he was not
present when Mr. Harrison was wounded,
but saw him after he came home
six months after the battle

We personally know above stated facts. We were with him in the army and have known
him ever since. Applicant is permanently disabled as stated and has been so to our certain
knowledge ever since 1863. We have no interest in the recovery of a pension by him.

Sworn to and subscribed before me, this
24 day of March 1892,
J. M. Stone
ORDINARY.

J. B. Green
A. B. Edwards
M. B. Green Lieut. C. O.
H. H. White

NOTE.—The Ordinary will see that the full text of the Affidavit is understood by the witnesses, and that they are legally qualified to the same.
2. Witnesses are asked to make their statements full and explicit.

PHYSICIAN'S AFFIDAVIT.

STATE OF GEORGIA,

County of Cobb

PERSONALLY comes before me J. M. Stone Ordinary of said County,
Dr. H. H. White and E. J. Stiles, both known to
me as reputable physicians of said County, who, being severally sworn, say on oath that they
have carefully examined H. A. Harrison and after such personal examination,
say that the applicant has been injured as follows:

By having his skull fractured on the left
side, from which there is depression now of
two or three inches in diameter, rendering applicant
unable to stand exposure to heat or cold & unable
to perform manual labor. Applicant's extremities
are emaciated & said emaciation, in your opinion
caused from the wound on applicant's head.

We have treated applicant professionally for twenty six years.

Sworn to and subscribed before me, this
17 day of March 1892,
J. M. Stone
ORDINARY.

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

STATE OF GEORGIA,

County of Cobb

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

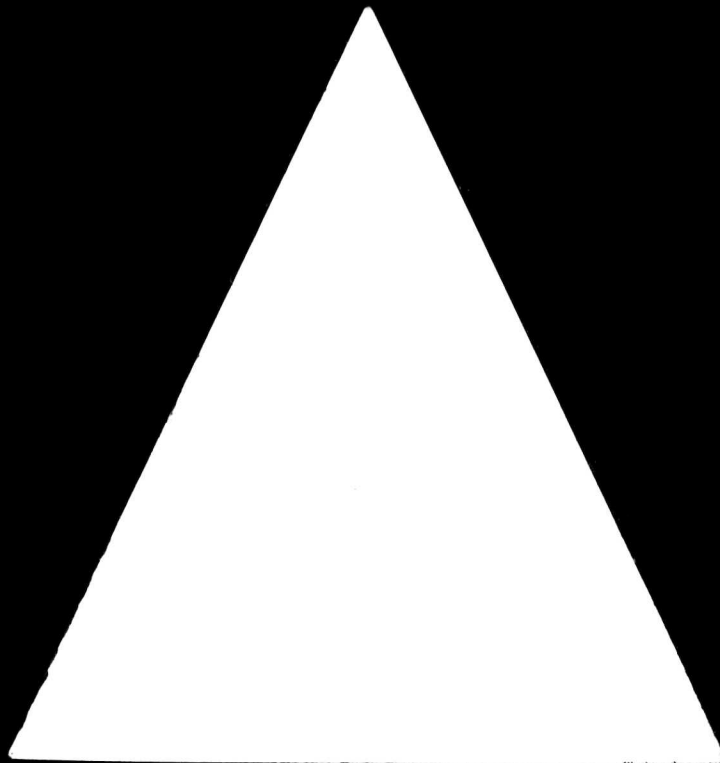
Given under my official signature and seal, this 24 day of March 1892,

J. M. Stone
Ordinary Cobb County.

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

2. Witnesses are asked to make their statements full and explicit.

Ordinary John Smith County.



POWER OF ATTORNEY.

STATE OF GEORGIA.

County.

I, L. A. Hartfield hereby authorize

of

County,

to receive and receipt for the pension allowed and that he

transmit the same to me at

Witness my hand this

day of

1901.

Executed in presence of

Ordinary.

County.



L. A. Hartfield
Wm. Hartfield

Pension office
 Applicant L. A. Hartfield
 owner of real estate
 of retired Wm. Hartfield
 that L. A. Hartfield design to
 make a will and quit claim
on pension
Cons of Pension

Get Martin to
 make affidavit to
 administration of
 estate

Hartfield (Mrs) L. A.
Wm. Hartfield
Wm. Hartfield

No. OK

WIDOW'S
 Indigent Pension.
 1901.

Name L. A. Hartfield
 County OK

Widow of Thomas Hartfield
Geo. H. 56 La. Hart

Approved _____ 1901.

JOHN W. LINDSEY,
 Commissioner of Pensions.

WARRANT HANDED TO

1901.

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

3/19/01 1/16-02

POWER OF ATTORNEY.

STATE OF GEORGIA.

Cobb County. }
I, L. A. Nartsfield hereby authorize John Andrew
of Cobb County, to receive and receipt for the pension allowed and that he
remit the same to me at _____ by his check or registered mail.
Witness my hand this 5th day of March 1901.

Executed in presence of

Ordinary.

County.

L. A. Nartsfield
Wark

SEAL

Receiving office
Applied to the
Warrior of red coat
of return value
State Co. not subject
to the 1st. granted
to the Pension
to the Pension
to the Pension

Let Martin to
Main affidavit to
administration of
estate.

Nartsfield (Mrs.) L. A.
Cobb County
March 5, 1901

WIDOW'S
Indigent Pension.
1901.

Name L. A. Nartsfield
County Cobb
Widow of Thomas Nartsfield
Law of 5 to be kept
Approved _____ 1901.
JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

3/10/01 11/16-02

Questions for Applicant.

STATE OF GEORGIA.

Cobb County. }
Mrs. L. A. Nartsfield of said State and County, desiring to
avail herself of the Pension allowed to Indigent Widows of Confederate Soldiers, under Act of General Assembly,
1900, hereby submits her proofs, and after being duly sworn true answers to make to the
following questions, deposes and answers as follows:
1. What is your name and where do you reside? (Give State, County and Post Office.)
L. A. Nartsfield - Reside in Cobb County, Ga.
2. How long and since when have you been a resident of this State?
Have lived in this State 71 years.
3. When and where were you born?
In 1828, in South Carolina.
4. When and where was your husband born—state his full name, and when were you and he married?
Thomas Nartsfield, my husband, born in Charleston, S. C. don't know the date.
We were married January 11th, 1855.
5. When and where, and in what Company and Regiment did your husband enlist or serve during the
war between the States? He enlisted at Atlanta Ga. in May 1867,
Co. F. 56th Regt. Va. Inf.
6. How long did your husband serve in said Company and Regiment?
Three years.
7. When and where did your husband's Company and Regiment surrender and was discharged?
Applicant cannot answer.
8. Was your husband present at the time and place when his Company and Regiment surrendered?
Applicant cannot answer.
9. If not with his command at surrender, state clearly and specifically where he was, when he left com-
mand, for what cause, and by what authority?

10. When and where did your husband die?
In Cobb County, Dec. 7th 1898.

11. Which of the following grounds do you base your application for Pension, viz: First—Age and
Poverty; Second—Infirmary and Poverty; or Third—Blindness and Poverty?
Age, infirmity,
blindness and poverty.

12. If upon the first ground, state how long you have been in such a condition that you cannot earn
your support. If upon the second, give a full and complete history of the infirmity and its extent. If upon
the third, state whether you are totally blind, and when and where you lost your sight.
I am in my
73rd year, I am unable to work in general, I have been totally blind in right eye for 16
years, and in left eye for 10 years.

13. What has been your occupation and your husband's death?
None had no occupation, not able to do any work at all.

14. How much can you earn gross, by your own exertion or labor?
Nothing at all.

15. What property, real or personal, or income do you have or possess, and its gross value?
My husband left 14 acres land, money 500, and real value \$100.

16. What property, real or personal, did you possess at death of husband or he left you, and of the year
1898-1900, and what disposition, if any, by sale or gift, have you made of the same?
Nothing but the land as above stated.

17. In what counties did you reside in 1899 and 1900, and what property did you return for taxation?
In Cobb County. \$250.00 entire estate for five heirs.

18. How have you been supported since death of husband, and especially for 1899 and 1900?
My husband left a support for 1899. My son supported me in 1900.

19. How much did your support cost for each of those years, and how much did you contribute by your
own labor or income?
I don't know what it cost. I contribute nothing.

20. What was your employment during 1899 and 1900—how much did you receive for each year?
Had no employment. Not even able to look for in Cobb.

21. Have you a family? If so, who composes such family? Give their means of support. Have they
any lands or other property?
Have none single.

22. Have you ever made an application for pension before?
No.

23. How many applications have you made for a Pension, and under what claim?
None.

Sworn to and subscribed before me this 5th
day of March 1901.
of Cobb County. } L. A. Nartsfield.
John Andrew
Wark

Questions for Witnesses.

STATE OF GEORGIA,

Fulton County.

Minton Davis of said State and County, having been presented as a witness in support of the Application of Mrs. S A Hartfield for a Pension under the Act of 1900, and after having been duly sworn true answers to make to the following questions, depose and answers as follows:

- What is your name and where do you reside? Minton Davis
- Are you acquainted with the applicant, Mrs. S A Hartfield yes
If so, how long have you known her? Since 1860 in 1860
- Where does she reside, and how long and since when has she been a resident of this State? I know her in Cobb County Ga she has lived in that county
- When and where was she born? do not know
- Were you ever acquainted with her husband? yes
- Where did he reside in 1861? Cobb County Ga
- When and to whom was he married? Jan 11th 1855 to Mrs S A Hartfield
- When and where was he born? Epworth Ga do not know the date of his birth
- How long have you known him? Since 1860
- When and where did S A Hartfield enlist in the war between the States, and in what Company and Regiment did he enlist and how do you know this? Co F 56th Regt 1862 entered in Atlanta Ga I was in same Co & Reg
- Were you a member of the same Company and Regiment? yes
- How long did he perform regular military duty? about 8 months
- When and where was his Company and Regiment surrendered and discharged from service? at Greensboro N C 1865
- Were you with the command when it surrendered? no
- Was Thomas Hartfield the husband of applicant present? no
- If not present, where was he? in the Hospital
- When and where did he leave his Command? Fulton Ga
- For what cause? being unable to do any duty
By whose authority he left? by the Surgeon of the Regiment
- How do you know all this? (State fully and clearly) I was present at the time when he was sent to hospital and he was kept in hospital until the hospital was burned down and he was killed in the burning of the hospital
- When and where did Thomas Hartfield die? at the hospital in 1865
- Where did he reside at his death and how long and he been a resident of Georgia at his death? Cobb County 7th of December 1865
- Do you of your own knowledge know that applicant is the lawful widow of Thomas Hartfield? yes
- Has she remained unmarried since her soldier husband's death, and is now his widow? yes
- What property, effects or income has the applicant, if any, and how do you know this of your own knowledge? She owns a one fifth interest in a tract of land worth from \$400 to \$500. It brings her income at all.
- What property, effects or income did applicant possess in 1899 and 1900 and what disposition did she make of it? The same as stated above.
- Has applicant conveyed any property in last two years or given any away, if so what was it and to whom? She has not.
- What is applicant's physical condition and her chances and ability to earn a support? She is over sixty, nearly blind, and cannot work. She cannot earn a support of herself of any kind.

- Is applicant able to earn a support at labor of any sort, if not why? no on account of blindness, old age and blindness
- How was she supported for 1899 and 1900? By her son, who is now dead
- How much did applicant contribute to her support for last two years? Nothing
- Give a full and complete statement of applicant's physical condition? she is nearly blind in one eye, nearly blind in the other, is over twenty years old and quite feeble
- What interest have you in the recovery of this pension by the applicant? None.

Sworn to and subscribed before me this 2 day of March, 1901.
John R. Wilkinson Ordinary.
Fulton County.
I certify to good character of Minton Davis.
Witnesses: Wm. H. Davis 1 to 31 inclusive.
Henry J. Martine 22 to 30 inclusive.

Affidavits of Physicians.

STATE OF GEORGIA,

Cobb County.

Personally before me, comes A. E. Johnson M.D. and

both known to me to be reputable physicians of said county, who, being severally sworn, say on oath that they have examined carefully Mrs. S A Hartfield applicant for a Pension under Act of 1900, and after such personal examination say that her physical condition is she is taking blind in right eye and nearly so in left. she has a large lump on her back. Some times a lump with it. she is an old and very feeble woman, unable to do any work whatever.

and we have no interest in said pension if allowed.

Sworn to and subscribed before me this 19th day of Feb, 1901.
John C. White Ordinary.
Cobb County.
A. E. Johnson M.D.
Geo. Z. Eggard M.D.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Cobb County.

I, John C. White Ordinary in and for said county, hereby certify that the applicant, Mrs. S A Hartfield resides in said county, and has been a bona fide resident of this State since 1st day of Jan 1860, and that the witnesses, Mr. Henry J. Martine and John C. White are of trustworthy character, and that their statements are entitled to full faith and credit.

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

I further certify that the tax digest of Cobb county shows that applicant returned for taxation in her own name in 1899 500 dollars worth of property, and in 1900 500 dollars worth of property.

Witness my hand and official seal, this 19th day of Feb, 1901.
John C. White Ordinary,
Cobb County.

- NOTES—1. Before any questions are answered, the Ordinary shall swear applicant and the witnesses in the following words: "I do solemnly swear that you will true answers make to each of the questions asked of you, and the evidence you shall give will be the whole truth; So help you God."
2. Additional affidavits may be attached, if blank spaces are insufficient.
3. All affidavits must be made before Ordinary.
4. Only widows who were the wives of the dead husbands while they were soldiers need apply—and are now widows. Those married since 26th April, 1865, not entitled.
5. Witnesses and two Physicians are necessary to make out claims.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County,
I, L. S. Hartfield, hereby authorize
John Lindsey of
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 1st
day of July 1903

Mrs. L. S. Hartfield [L. S.]
Mary

Executed in the presence of

W. Karm

Hartfield, L. S. (Mrs)
Cobb County
To Those Heretofore Paid.

1903.

No. 163

INDIGENT

WIDOW'S PENSION,

For year ending Dec. 31, 1903.

Mrs. L. S. Hartfield
Widow of

Cobb County,
L. S. Hartfield
Co. Regiment

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED

1/23 1903

AND HANDSD FOR

Cobb

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

Hartfield, L. S. (Mrs)
Cobb County

TO THOSE HERETOFORE PAID.

1904.

No. 2163

INDIGENT

WIDOW'S PENSION

FOR YEAR ENDING DECEMBER 31, 1904.

Mrs. L. S. Hartfield
Widow of

Cobb County,
L. S. Hartfield
Co. Regiment

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED

JAN 25 1904.

AND HANDSD TO

Cobb

Geo. W. Hartman, State Printer, Atlanta, Ga.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County,
I, L. S. Hartfield, hereby authorize
John Lindsey of
to receive and receipt for the pension paid hereon, and request that he remit same to
me at his office
In Witness Whereof, I have hereunto set my hand and seal, this 7th
day of January 1904

L. S. Hartfield
Mary

[L. S.]

Executed in the presence of

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

County of Cobb

PERSONALLY COMES MRS.

L. A. Hartfield

who, being sworn, says on oath, that she is a bona fide resident of said County of

Cobb

State of Georgia, and that she has RESIDED in said State

continuously ever since 1831

That she is the Widow of

J. J. Hartfield

who was a soldier in Company

of the

Regiment of

Ka. Vols

Volunteers, that he enlisted in said regiment on or about the month of

1862

April

and served in the Army up to 1865

That he died

on the 7th

day of

December 1898

On acct of age & poverty she cannot earn a support

Dependent 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 1852

I have been allowed an Indigent pension as a resident of Cobb County, under Act 1900, for the year 1903, and now apply for the pension provided by law for the year ending December 31, 1903

Sworn to and subscribed before me,

this 1st day of May 1903

John Dwyer Ordinary

Post Office

Mrs. L. A. Hartfield

Wm. Hartfield

N. F. S. Pa. 8

State of Georgia,

Cobb

County, Ordinary of said County, certify that I am well

acquainted with Mrs. L. A. Hartfield 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 18th

day of May 1903

Given under my official signature and seal, this 1st day of May 1903

Official Seal

Ordinary of

Cobb

County

NOTE.—All blanks must be filled.
Vouchers and affidavits must bear date after January 1st, 1903.

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

County of Cobb

PERSONALLY COMES MRS.

L. A. Hartfield

who, being sworn, says on oath that she is a bona fide resident of said County of

Cobb

State of Georgia, and that she has RESIDED in said State

continuously ever since All her life, nearly

That she is the Widow of

J. J. Hartfield

who was a soldier in Company

7th

of the

56th

Regiment of

Ga.

Volunteers, that he enlisted in said regiment on or about the month of

1860

and served in the Army up to

1865

That he died

on the 7th

day of

December

1898

On acct. of age, in infirmity, poverty she is unable to support herself

Dependent 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 1855

I have been allowed an Indigent pension as a resident of Cobb County, under Act 1900, for the year 1903, and now apply for the pension provided by law for the year ending December 31, 1904

Sworn to and subscribed before me,

this 7th day of May 1904

John Dwyer Ordinary

Post Office

Mrs. L. A. Hartfield

Wm. Hartfield

State of Georgia,

Cobb

County, Ordinary of said County, certify that I am well

acquainted with Mrs. L. A. Hartfield 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 Many years

day of

18

Given under my official signature and seal, this 7th day of May 1904

Official Seal

Ordinary of

Cobb

County

NOTE.—All blanks must be filled.
Vouchers and Affidavits must bear date after January 1st, 1904.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb COUNTY,

I, L. A. Hartfield, hereby authorize

John A. Mabry 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 3 day of January, 1905.

L. A. Hartfield [L. S.]

Executed in presence of

W. G. Gann

To Those Herebefore Paid.

1905.

No. 240

INDIGENT

WIDOW'S PENSION,

For year ending Dec. 31, 1905.

Mrs. L. A. Hartfield

of Cobb

County,

Widow of

Regiment,

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

1905.

JAN 03 AND HANDLED TO

"All Pensions Issued and Disbursed by the State of Georgia, under the Act of March 1, 1901."

Georgia - Cobb County.

Personally appeared before me John A. Mabry Ordinary for and for said County, N. H. Martin and J. H. Mabry, citizens of said County, who being duly sworn depose and say; that the applicant, Mrs. L. A. Hartfield, is a near neighbor of theirs, that she is quite old and feeble. That for the past two years she has paid tax on a small estate left by her husband, that said estate is now being distributed among hers, and leaving applicant without any means of support. That said estate brings no income whatever and that applicant has been supported by her son, who is now dead, leaving her dependent.

Henry T. Martin.

J. H. Mabry

Sworn to and subscribed before me, this March 5th, 1901.

John A. Mabry
Ordinary Cobb County,

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

County of *Wbh* }

PERSONALLY KNOWN BY

*L A Harrisfield**Wbh* who being sworn says on oath, that she is a bona fide resident of said County ofState of Georgia, and that she has ~~RESIDED~~ *RESIDED* in said State

continuously ever since

That she is the Widow of

who was a soldier in Company

of the

*5th*Regiment of *Co*

Volunteers, that he enlisted in said regiment on or about the month of

186 and served in the Army up to

186

That he died on

the day of

18

Age Infirmitly & Poverty

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 18

I have been allowed an Indigent pension as a resident of

Wbh

County, under Act 1900, for the year 1904, and now apply for the pension provided by law for the year ending December 31, 1905

Sworn to and subscribed before me,

the *3* day of *Jan* 1905
John Awtrey Ordinary.

Post Office

L A Harrisfield

State of Georgia,

Wbh }

County.

Ordinary of said County, certify that I am well

acquainted with Mrs. *L A Harrisfield*, who made the above affidavit and am satisfied that the facts therein stated are true and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the

day of

18

Given under my official signature and seal, this the

3 day of *Jan* 1905.

Official
 Seal

Ordinary of

Wbh

County.

OFFICE OF
 JOHN AWTRY,
 ORDINARY, COBB COUNTY

Marietta, Ga., *July 19th* 1901.

I certify that the applicant, Mrs. L. A. Harrisfield, is very old and infirm and in such condition mentally that she cannot answer the questions as to the discharge of husband. Her memory is quite defective, while she is otherwise clear in mind. I shall certify, Ordinary.

NOTE.—All blanks must be filled.

Vouchers and Affidavits must bear date after January 1st, 1905.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb COUNTY.

I, L. A. Hartfield hereby authorize
John Lindsey of Marilla, Ga.
to receive and receipt for the pension paid hereon, and request that he remit same to

at

In Witness Whereof, I have hereunto set my hand and seal, this 20
day of January 1906.

Executed in presence of

Mr. L. A. Hartfield [L. S.]
Mark

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb COUNTY.

I, L. A. Hartfield hereby authorize
John Lindsey of
to receive and receipt for the pension paid hereon, and request that he remit same to

at

In Witness Whereof, I have hereunto set my hand and seal, this
day of Jan 1907.

Executed in presence of

Mr. L. A. Hartfield [L. S.]
Mark

Hartfield, L. A. Mr.
Cobb Co
To Those Heretofore Paid
1906.
No. 212
INDIGENT
WIDOW'S PENSION,
For year ending Dec. 31, 1906.
Mr. L. A. Hartfield
Cobb County,
Widow of Mr. Hartfield
Co. C. 64th Va. Regiment.
JOHN W. LINDSEY,
Commissioner of Pensions.
WARRANT ISSUED
11/22 1906,
AND HANDED TO
any
THE FOLLOWING PENSIONERS AND PENSIONERS OF THE ATLANTA, GA.

Hartfield, L. A. Mr.
Cobb County
To Those Heretofore Paid
1907.
No. 311
INDIGENT
WIDOW'S PENSION,
For year ending Dec. 31, 1907.
Mr. L. A. Hartfield
Cobb County,
Widow of Mr. Hartfield
Co. C. 64th Va. Regiment.
JOHN W. LINDSEY,
Commissioner of Pensions.
WARRANT ISSUED
12/1 1907,
AND HANDED TO
Gen. W. M. MASON, BRIDGE PENSION, ATLANTA.

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

County of Cobb

PERSONALLY COMES Mrs.

L. A. Hartspilewho, being sworn says on oath, that she is a bona fide resident of said County of Cobb State of Georgia, and that she has resided in said Statecontinuously ever since all her life That she is the Widow of Thos. Hartspile who was a soldier in Company E. of the 64th Regiment of Ka.Volunteers, that he enlisted in said regiment on or about the month of April 1863, and served in the Army up to 1865 That he died on the age & poverty day of 18Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 18—I have been allowed an Indigent pension as a resident of Cobb

County, under Act 1900, for the year 1906, and now apply for the pension provided by law for the year ending December 31, 1906.

Sworn to and subscribed before me this 20 day of Jan 1906 John Hartspile Ordinary.Mrs. L. A. Hartspile Post Office —

State of Georgia,

County of CobbCounty of CobbOrdinary of said County, certify that I am well acquainted with Mrs. L. A. Hartspile, who made the above affidavit, and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the 1 day of Jan 1894.Given under my official signature and seal, this the 20 day of Jan 1906.

Official Seal

Ordinary of Cobb County,NOTE.—All blanks must be filled.
Vouchers and Affidavits must bear date after January 1st, 1906.

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

County of Cobb

PERSONALLY COMES Mrs.

L. A. Hartspilewho, being sworn says on oath, that she is a bona fide resident of said County of Cobb State of Georgia, and that she has resided in said Statecontinuously ever since Jan 1 1894 That she is the Widow of Thos Hartspile who was a soldier in Company H of the 56th Regiment of GaVolunteers, that he enlisted in said regiment on or about the month of — 1882, and served in the Army up to 1885 That he died on the age & poverty day of 1899Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 18—I have been allowed an Indigent pension as a resident of Cobb

County, under Act 1900, for the year 1906, and now apply for the pension provided by law for the year ending December 31, 1907.

Sworn to and subscribed before me this 5 day of Jan 1907 John Hartspile Ordinary.L. A. Hartspile Post Office —

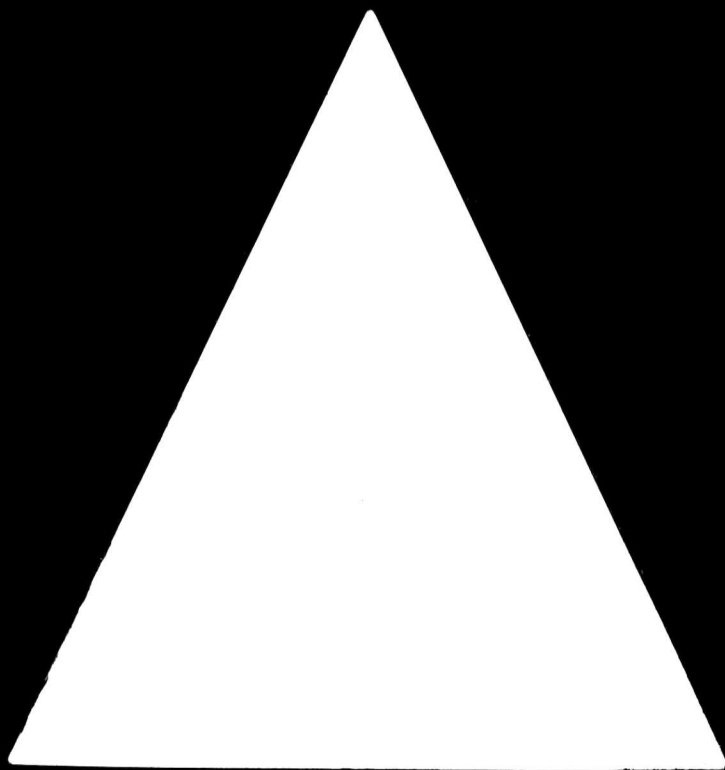
State of Georgia,

County of CobbCounty of CobbOrdinary of said County, certify that I am well acquainted with Mrs. L. A. Hartspile, who made the above affidavit, and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the — day of — 18—.Given under my official signature and seal, this the 16 day of Jan 1907.

Official Seal

Ordinary of Cobb County,NOTE.—All blanks must be filled.
Vouchers and Affidavits must bear date after January 1st, 1907.

Georgia } Personally appeared before me
Cobb County } H. S. Martin, who on oath says
that he is the Administrator of the
Estate of Thos. J. Host, late of Cobb County
Ga. that the said Thos. J. Host was the
Husband of Mrs L. W. Host, fields. That I have
Administered and sold all property belong-
ing to said estate, and that I have paid
to Mrs L. W. Host, fields \$35⁰⁰, and have seven
Dollars more to pay her making total
amount received by her \$42⁰⁰ from
said estate, that to my knowledge she
has already used the amount I have
paid her and that she is now dependent
on her children for support, she being
unable to work and support herself
and
Subscribed before H. S. Martin
me this Jan. 11th 1907
John Chisley
Ordry



Hartfield, Thomas J.
Colt Co

756 648
No.

Application for Allowance

Genl Dir, Bureau

Applicant *Thos J Hartfield*

County *Colt Co*

Amount *\$20.00*

Date of Warrant *Jan 28/88*

Entered on Record

Jan 28 1888
M N H

Secretary Executive Department

E / 1/88

STATE OF GEORGIA,
Cobb County

PERSONALLY appears *Thos J Hartfield* of *Cobb* county, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has been such since the *15* day of *October*, 1848; that he enlisted in the military service of the Confederate States (on the State of during the war between the States, and served as a *private* in Company "F", of 5th Regiment of *Georgia* Volunteers, *Company F*, 5th Brigade; that whilst engaged in such military service, at the battle of _____ in the State of _____ on the _____ day of _____, 1864, he was _____

While engaged in said military service, he contracted a disease as follows: In 1864, some time in July, near Vicksburg, in Mississippi, by exposure in the rain and from sickness he contracted the Rheumatism in both legs; the legs soon became almost double, after his discovery he was discharged from the army by reason of the condition of his legs. The Rheumatism was brought on by reason of the said sickness exposure and since that time his legs by reason of exposure are continually swelling. Dependent 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 _____ day of _____, 1887.
J. J. Mcortfield
W. H. Spinnett Clerk

NOTE: State full and true of wound or character of disease which causes the disability, and explain particularly the extent of the disability.

COMMISSIONED OFFICER'S AFFIDAVIT.

STATE OF GEORGIA,
Cobb County.

PERSONALLY came before me *R. C. Pressley* of the county of *Cobb* State of Georgia, who, being duly sworn, says that he was a commissioned officer in Company _____ of _____ Regiment of *Georgia* Volunteers, and that deponent knows *Thos J Hartfield* and that he ~~knows of the wound~~ (he contracted the disease) in the military service, as stated in his foregoing affidavit, and that ~~the disease~~ permanently disables the said *Thos J Hartfield*, as stated by him in said affidavit. Dependent further states that said *Thos J Hartfield* is a *bona fide* citizen of this State, and resides in *Cobb* county.

Sworn to and subscribed before me, this *17* day of *January*, 1888.
J. J. Winkimott *W. H. R. C. Pressley* *10th Lieut*
Cobb Co. Ga. *Co. 1st Regt 9th*

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 officer is not obtainable, the following affidavit of three responsible citizens should be furnished.

Application for Allowance

No. *56648*

Thos J Hartfield

Cobb Co. Ga.

Thos J Hartfield

Cobb Co. Ga.

Thos J Hartfield

Cobb Co. Ga.

Thos J Hartfield

STATE OF GEORGIA,

County)

PERSONALLY came,

citizens of

county, in said State,

who, being duly sworn, say that they are acquainted with

and know that he received the wounds (or contracted the disease) in the military service, as stated by him in the foregoing affidavit; that said wounds (or disease) permanently disables applicant, as stated by him; that said applicant is a bona fide citizen of this State, and resides in County, and we are well satisfied that all the statements in his affidavit are true.

Sworn to and subscribed before me, this

day of 1888

STATE OF GEORGIA,

Cobb County,

PERSONALLY comes before me

H. M. Hammett

Ordinary of said county,

B. F. F. F. and E. J. F. F.

and E. J. F. F.

both known to

me as reputable physicians of said County, who, being severally sworn, say on oath that they have carefully examined

Thos. J. Hartfield

and after such examination say that the

applicant has been injured as follows: He has suffered from Rheumatism, his legs are now almost entirely paralyzed, and has been rendered substantially and permanently unable to perform any of the duties of his office. He has been confined to his bed for many months, and is almost entirely helpless. He has been afflicted with this complaint since he contracted the Rheumatism from exposure. He thinks it reasonable that he should be compensated for his services in the military service.

Sworn to and subscribed before me, this

24th day of January 1888

W. H. Hammett

ORDINARY

NOTE: The physicians will state fully the extent of the wound and the disability, and being sworn to

STATE OF GEORGIA,

Cobb County,

I, H. M. Hammett

Ordinary of said county,

do certify that I am well acquainted with Thos. J. Hartfield, the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be, and that he resides in this county. It also certifies that the foregoing witnesses are persons of respectability, and that their statements are worthy of full credit and belief.

I further certify that I am Ordinary before whom the foregoing affidavits were made and power of attorney was signed, is a Notary Public of said county, and that the said affidavits and signatures thereto are genuine.

Given under my official signature and seal, this

17th day of January 1888

W. H. Hammett

Ordinary Cobb County.

POWER OF ATTORNEY

STATE OF GEORGIA,

Cobb County,

Know all men by these presents, That I

Thos. J. Hartfield

county, in said State, do hereby appoint

of Cobb Co.

my true and lawful attorney in fact, for

me and in my name to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State, as stated in the foregoing affidavit). Hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

In witness whereof I have hereunto set my hand and seal, this

day of

January 1888

Thos. J. Hartfield

[L. S.]

Executed in the presence of us:

W. H. Hammett

Ordinary

Hartfield, J. J.
Cobb Co.
7.56

10/18/89

APPLICATION FOR ALLOWANCE

FOR YEAR ENDING OCTOBER 26, 1889

FOR
Sut. A. J. H. Jones
Applicant, J. J. Hartfield
County, Cobb
Amount, 50
Date of Warrant, July 24
Entered on record, July 27, 1889
Notary Public, W. H. H.
Col. J. J. Hartfield
Madison Co. La.
A. J. H. Jones

STATE OF GEORGIA,

Cobb

County.

PERSONALLY appears J. J. Hartfield of Cobb county, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has been such continually since the 3rd day of Nov 1861; that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served as a private in Company #, of 56th Regiment of Ga Volunteers Cumming's Brigade; that whilst engaged in such military service, at the battle of

on the day of 186, he was wounded as follows: He contracted Rheumatism in the left leg and hip by exposure - this was on 26 July 1863 - the leg and hip was pinched away, the leg is almost drawn double and afflicts constantly, never ceases to contract in the morning. He has been suffering with the disease since 1863 and the leg is and has been essentially and substantially useless

Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and the Act amendatory thereof, approved December 24, 1888, and makes application for the allowance to which he is entitled for the year ending October 26, 1889.

Sworn to and subscribed before me, this the

18 day of July 1889

NOTE: State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability.

STATE OF GEORGIA,

Cobb

County.

PERSONALLY comes before me J. M. Stow Ordinary of said county, D. E. J. and J. J. H. G. M. D. both known to me as reputable physicians of said county, who, being severally sworn, say on oath that they have carefully examined J. J. Hartfield and after such examination say that the applicant has been injured as follows:

He has Rheumatism in left hip and leg - the leg is pinched away, drawn almost double and the limb is useless and appears to have been in this condition for many years - the hip is out of joint and the leg is not only essentially & substantially useless but entirely useless.

Sworn to and subscribed before me, this the

18 day of July 1889

J. M. Stow
J. J. H. G. M. D.

ORDINARY.

READ NOTE. The physicians will state fully the extent of the wound, and then give facts to show the extent of the disability resulting therefrom.

STATE OF GEORGIA,

Robt
I, *Wm M Stone* County, Ordinary of said county, do certify that I am well acquainted with *J. H. Hartfield* the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and that he is disabled to the extent he claims, and I know he is the individual he represents himself to be, and that he resides in this county. I also certify that the foregoing witnesses, to-wit:

are persons of respectability, and that their statements are worthy of full credit and belief.

I further certify that before whom the foregoing affidavits were made and power of attorney was signed, is a of said county, and the said affidavits and signatures thereto are genuine.

Given under my official signature and seal, this 18 day of July 1889

Ordinary

County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Robt
Know all Men by these Presents, That I, *J. H. Hartfield* of county, in said State, do hereby appoint my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

In witness whereof I have hereunto set my hand and seal, this 18 day of July 1889

Executed in the presence of us:

DIRECTION:

Send money to me as follows, by

to

County, Georgia.

P. O.

NOTES.

1. If an applicant has been wounded, the description of the wound should be carefully and fully set forth by applicant and physician, and followed by a plain statement of facts showing the extent of the disability. If applicant claims disability from disease contracted in the service, a full and carefully stated history of the disease should be given, tracing the disability by positive proofs to the service.

2. The law makes no allowance for an arm or leg, unless the arm or leg has been rendered substantially and essentially useless.

3. It will not answer to say that an arm is "substantially useless for ordinary pursuits of life, etc." There is no qualification to the clause of the Act in reference to the arm or leg, but the limb must for all purposes be "substantially and essentially useless."

4. If the application is for a wounded leg, it would seem to be a fair construction of the Act, and the words above quoted, to say that unless the injury is such as to require the constant use of crutch or stick, that the leg is not "substantially and essentially useless."

5. If application is for loss of fingers or toes the proofs must be made to show the number, and points where amputated.

6. If papers are returned for correction, and amendments are added to any of the affidavits, the amendments must be made under oath before an officer, and the proofs must show that the amendments have been duly sworn to.

7. Every application must be certified by the Ordinary of the county of the residence of the applicant. The certificate of any other will not be received in any case.

STATE OF GEORGIA,

I, *W. H. H. H.* County, *W. H. H. H.* Ordinary of said county, do certify that I am well acquainted with *W. H. H. H.* the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and that he is disabled, to the extent he claims, and I know he is the individual he represents himself to be, and that he resides in this county.

I further certify that before whom the foregoing affidavits were made and power of attorney was signed, is a *W. H. H. H.* of said county, and the said affidavits and signatures thereto are genuine.

Given under my official signature and seal, this *10th* day of *July* 189*0*

Ordinary

County

STATE OF GEORGIA,

I, *W. H. H. H.* County, *W. H. H. H.* Ordinary of said County, do certify that I am well acquainted with *W. H. H. H.* the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and that he is disabled, to the extent he claims, and I know he is the individual he represents himself to be, and that he resides in this County.

I further certify that before whom the foregoing affidavits were made and power of attorney was signed, is a *W. H. H. H.* of said County, and the said affidavits and signatures thereto are genuine.

Given under my official signature and seal, this *10th* day of *July* 189*0*

Ordinary

County

1890.

No. 1116

APPLICATION FOR ALLOWANCE.

FOR THE YEAR ENDING OCTOBER 31, 1890.

Des by please

Applicant, *W. H. H. H.*

County, *W. H. H. H.*

Amount, *50*

Date of warrant, *July 13*

Entered on record, *July 13* 189*0*

W. H. H. H.

SEPARATE EXECUTIVE DEPARTMENT.

WARRANT ISSUED TO

S. S. H. H.

1891

No. 890

Application for Allowance

FOR THE YEAR ENDING OCTOBER 31, 1891.

Des by please

Applicant, *W. H. H. H.*

County, *W. H. H. H.*

Amount, *50*

Date of Warrant, *July 11*

Entered on record, *July 11* 189*1*

W. H. H. H.

SEPARATE EXECUTIVE DEPARTMENT.

WARRANT ISSUED TO

S. S. H. H.

Geo. W. Harrison, State Printer, Albany, Ga.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

PERSONALLY appears *Robert* of *North* County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State and has been such continually since the *3rd* day of *November* 18*31* that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Private* in Company *A*, of *56th* Regiment of *Volunteers* *Cummings*'s Brigade; that whilst engaged in such military service, at the battle of *Mobile* in the State of *Alabama*, on the *26th* day of *July* 186*3*, he was

wounded as follows: *Attacked with rheumatism in left hip and leg. He has been unable to walk for 23 years - and has to go on crutches continuously.*

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 *\$50.* dollars.

Sworn to and subscribed before me, this *10th* day of *July* 189*1* *J. S. Thawley* *Notary Public*

NOTE. - State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability.

POWER OF ATTORNEY.

STATE OF GEORGIA

North County.

KNOW ALL MEN BY THESE PRESENTS, That I, *J. S. Thawley* of *North* County, State of Georgia, do hereby appoint *Wm. H. Thawley* my true and lawful attorney in fact, for me and in my name, to receive and receipt for what ever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *10th* day of *July* 189*1* *J. S. Thawley* [L. S.]

Executed in the presence of us: *Wm. H. Thawley* [L. S.]

DIRECTION.

Send money to me as follows, by *to* *County, Georgia.*

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

PERSONALLY appears *J. S. Thawley* of *North* 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 *3rd* day of *November* 18*31* that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Private* in Company *A*, of *56th* Regiment of *Volunteers* *Cummings*'s Brigade; that whilst engaged in such military service at the battle of *Mobile* in the State of *Alabama*, on the *26th* day of *July* 186*3*, he was

wounded as follows: *Attacked with rheumatism in left hip, leg & back - continuing to be painful, and drawing the leg help double, and compelled to go on crutches continuously. Said leg is essentially and substantially useless.*

Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1891. I have heretofore been allowed a pension of *\$50.* dollars, for *total disability*

Sworn to and subscribed before me, this *10th* day of *July* 189*1* *J. S. Thawley* *Notary Public*

NOTE. - State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease.

POWER OF ATTORNEY.

STATE OF GEORGIA,

North County.

Know all Men by these Presents, That I, *J. S. Thawley* of *North* County, State of Georgia, do hereby appoint *Wm. H. Thawley* my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *10th* day of *July* 189*1* *J. S. Thawley* [L. S.]

Executed in the presence of us: *Wm. H. Thawley* [L. S.]

DIRECTION.

Send money to me as follows, by *to* *County, Georgia.*

STATE OF GEORGIA.

I, John H. Harrison Ordinary of said county, do certify that I am well acquainted with John H. Harrison the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and that he is disabled, to the extent he claims, and I know he is the individual he represents himself to be, and that he resides in this county.

Given under my official signature and seal, this 2nd day of March 1892

Ordinary

County.

SOLDIER'S PENSION.

1892.

FOR THE YEAR ENDING ON TABLE B, 1892

Name

County

Disability

Amount \$

Entered on record

1892.

W. H. HARRISON,

Ordinary of Jackson County.

W. H. HARRISON, State Printer, Albany, Ga.

Hastings H. P.
Grub Co.

1893.

No. 570

Application for Pension

For the Year Ending October 31, 1892

FOR

Applicant John H. Harrison

County Jackson

Amount 50

Date of Pension 3/20

Entered on record 3/20

1893.

WARRANT HANDLED BY

John H. Harrison

Ordinary

W. H. HARRISON, State Printer, Albany, Ga.

POWER OF ATTORNEY.

STATE OF GEORGIA.

Know all Men by these Presents, That I, John H. Harrison of Jackson County, State of Georgia, do hereby appoint John H. Harrison 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 paid to me for the reason aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 2nd day of March 1892

Executed in the presence of us:
John H. Harrison
John H. Harrison

Send money to me as follows: by John H. Harrison to John H. Harrison P. O. John H. Harrison County, Georgia.

STATE OF GEORGIA. FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

186.² he was wounded as follows :

Dollars for

Ordinary

POWER OF ATTORNEY.

STATE OF GEORGIA

Executed in the presence of us

DIRECTION.

to

P. O.

STATE OF GEORGIA

wounded as follows: disability - loss of the stomach
stomach - in left hip and
leg - loss of disability was given
and left hip and leg disability
and public trust was lost

18th day of March 1893

NOTE—State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease.

STATE OF GEORGIA

Given under my official signature and seal, this 18th day of March 1893

Ordinary

STATE OF GEORGIA

BOMEB OF ALLOBIEN

POWER OF ATTORNEY.

STATE OF GEORGIA.

Cobb COUNTY.

Know all Men by these Presents, That I,

County, State of Georgia, do hereby appoint

of *Minetta Ya.* my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of an injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing my said Attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this

day of

1894.

J. F. Hartshill [I. S.]

Expressed in the presence of us

M. H. Stone
Wm. C. Gray

DIRECTIONS

Send money to me as follows, by

to
County, Georgia.

P. O.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.

KNOW ALL MEN BY THESE PRESENTS, That I,

County, State of Georgia, do hereby appoint

of *Minetta Ya.* my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of an injury received as aforesaid in the military service of the Confederate States (or of this State) as stated in the foregoing affidavit; hereby authorizing my said Attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this

day of

1895.

J. F. Hartshill [I. S.]

Expressed in presence of us

M. H. Stone
Wm. C. Gray

DIRECTIONS

Send money to me as follows, by

to
County, Georgia.

P. O.

(For Those Already Enrolled.)

Soldier's Pension.

1894.

Name *J. F. Hartshill*
County *Cobb*

Disability

Amount, \$

35.00

1894

W. H. HARRISON,

Secretary Executive Department

WARRANT HANDLED TO

A. S. Gray

Geo. W. Harrison, State Printer, Atlanta.

(For Those Already Enrolled.)

SOLDIER'S PENSION.

1895.

Name *J. F. Hartshill*
County *Cobb*

Disability

Amount, \$

50.00

1895.

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDLED TO

alt

Geo. W. Harrison, State Printer, Atlanta.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County, }
 Personally appears *J. H. Hartshorn* 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 *Novr.* 18*31*, that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Private* in Company *A*, of *56th* Regiment of *Vol.* Volunteers *Cummings*'s Brigade; that whilst engaged in such military service at *Atlanta* in the State of *Georgia* on the *76* day of *July* 18*63*, he was *attacked with Rheumatism in the left hip and leg, which disease has continued up to the present - On boat. of which disease deponent is rendered practically incompetent to perform the ordinary Marine services of life.*
 Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1894. I have heretofore been allowed a pension of *\$30.* dollars, for the year 189*3*.

Sworn to and subscribed before me, this, *15th* day of *March* 1894, } *J. H. Hartshorn*
Wm. Stone
 Notary Public for the State of Georgia.

STATE OF GEORGIA,

Cobb County, }
 I, *Wm. Stone* Ordinary of said County, do certify that I am well acquainted with *J. H. Hartshorn*, the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County.

Given under my official signature and seal, this *15th* day of *March* 1894, } *Wm. Stone*
 Ordinary *Cobb* County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County, }
 Personally appears *J. H. Hartshorn* 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 *all life* 18*38*; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Private* in Company *A*, of *56th* Regiment of *Vol.* Volunteers *Cummings*'s Brigade; that whilst engaged in such military service at the battle of *Atlanta* in the State of *Georgia* on the *76* day of *July* 18*63*, he was *attacked with Rheumatism in the left hip and leg, which disease has continued up to the present - On boat. of which disease deponent is rendered practically incompetent to perform the ordinary Marine services of life.*
 Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26th, 1895. I have heretofore been allowed a pension of *\$30.* dollars, for the year 189*4*.

Sworn to and subscribed before me, this, *27th* day of *July* 1895, } *J. H. Hartshorn*
Wm. Stone
 Notary Public for the State of Georgia.

STATE OF GEORGIA,

Cobb County, }
 I, *Wm. Stone* Ordinary of said County, do certify that I am well acquainted with *J. H. Hartshorn*, the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County.

Given under my official signature and seal, this *27th* day of *July* 1895, } *Wm. Stone*
 Ordinary *Cobb* County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.

I, J. J. Hartsfield hereby authorize A. S. Clay
of Monetta Ga
to receive and receipt for the pension paid hereon and request that he remit same to
me by him

at

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 3

day of Nov. 1896. J. J. Hartsfield [L. S.]

Executed in presence of us

J. M. Stone
Wm. J. Hartsfield

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.

I, J. J. Hartsfield hereby authorize A. S. Clay
of Monetta Ga
to receive and receipt for the pension paid hereon and request that he remit same to
me by him

at

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 15

day of Jan 1897. J. J. Hartsfield [L. S.]

Executed in presence of

J. M. Stone
Wm. J. Hartsfield

SOLDIER'S PENSION.

1896.

Name J. J. Hartsfield
County Cobb
Disability left leg
Amount, \$ 30.

1896

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDED TO

E. L. Hartsfield

Geo. W. Hartsfield, State Printer, Atlanta.

No data

SOLDIER'S PENSION.

1897.

Name J. J. Hartsfield
County Cobb
Disability leg
Amount, \$ 50.

1897.

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDED TO

See p

Geo. W. Hartsfield, State Printer, Atlanta.

No data

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County,

Personally appears *J. H. Hartshill 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 *3rd*
day of *Nov* 18 *31*, that he enlisted in the military service of the Con-
federate States (or of the State of *Georgia*) during the war between the
States, and served as a *Private* in Company *A*, of *1st* Regiment
of *Georgia* Volunteers, *Cummins*'s Brigade; that whilst engaged
in such military service in the State of *Mississippi*, on the *16* day
of *July* 1863, he was wounded, injured or diseased as follows:

That while in the Confederate Army he contracted Rheumatism in the State of Mississippi in 1863 - from which he has never recovered - the left leg and hip is essentially and substantially useless.

Deponent desires to participate in the benefits of the Act, approved October 24th, 1897,
and the acts amendatory thereof, and makes application for the pension to which he is
entitled for the year ending October 26th, 1896. I have heretofore as a resident of
Cobb county been allowed a pension of *\$30*
dollars, for the year 1895.

Sworn to and subscribed before me, this, the *15* day of *May* 1897, by *J. S. Hartshill*
Wm. Stone Clerk of Court.

Note: State fully the nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease.

STATE OF GEORGIA,

Cobb County,

I, *Wm. Stone* Ordinary of said County,
do certify that I am well acquainted with *J. H. Hartshill* the
applicant in the foregoing affidavit, and am well satisfied that the statements made by him
in his said affidavit are true, and I know he is the individual he represents himself to be
and that he resides in this County.

Given under my official signature and seal, this *3rd*
day of *May* 1897.

Attest
your
oath
here.

Ordinary *Cobb* County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County,

Personally appears *J. H. Hartshill 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 *3rd*
day of *Nov* 18 *31*, that he enlisted in the military service of the Con-
federate States (or of the State of *Georgia*) during the war between the
States, and served as a *Private* in Company *A*, of *1st* Regiment
of *Georgia* Volunteers, *Cummins*'s Brigade; that whilst engaged
in such military service in the State of *Mississippi*, on the *16* day
of *July* 1863, he was wounded, injured or diseased as follows:

by an attack of Rheumatism which resulted in a permanent attack which caused the entire use of the left leg and hip.

Deponent desires to participate in the benefits of the Act, approved October 24th, 1897,
and the acts amendatory thereof, and makes application for the pension to which he is
entitled for the year ending October 26th, 1897. I have heretofore under said law as a
resident of *Cobb* county been allowed an invalid pension of *\$50*
dollars, for the year 1896.

Sworn to and subscribed before me, this, the *15* day of *May* 1897, by *J. S. Hartshill*
Wm. Stone Clerk of Court.

Note: State fully the nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease.

STATE OF GEORGIA,

Cobb County,

I, *Wm. Stone* Ordinary of said County,
do certify that I am well acquainted with *J. H. Hartshill* the
applicant in the foregoing affidavit, and am well satisfied that the statements made by him
in his said affidavit are true, and I know he is the individual he represents himself to be
and that he resides in this County.

Given under my official signature and seal, this *15th*
day of *May* 1897.

Attest
your
oath
here.

Ordinary *Cobb* County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.

I, J. Hartsfield hereby authorize R. C. Irwin
of Monetta Ga.

to receive and receipt for the pension paid hereon and request, that he remit same to

at J. M. Lane by him

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 1st
day of Feb 1898.

[L. S.]

Executed in presence of

J. M. Lane
Oray

Hartsfield, J. H.
Cobb Co.

ACT OF MARCH 1891.
(For Those Already Enrolled.)

No. 2946

INVALID
SOLDIER'S PENSION.
1898.

Name J. H. Hartsfield
County Cobb
Disability Disen
Amount, \$ 30.
2/26 1898.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO

R. C. Irwin

BY W. H. Johnson, State Printer, Atlanta, Ga.

Monetta

Hartsfield, L. A. (Mrs)
Cobb Co. Ga.

1899

APPLICATION FOR PENSION
DUE DECEASED SOLDIER

UNDER ACT 1891.

No 3167

BY

Mrs L. A. Hartsfield
Widow of J. H. Hartsfield
County Cobb

Approved and Paid

2/24

1899

Richard Johnson,

Sec. Executive Department.

Handed to
R. C. Irwin

Geo. W. Harrison State Printer, Atlanta, Ga.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of Cobb
 Personally appears J. J. Nantfield 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 Nov. 1861; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company D, of 1st Vol. Regiment of Ya. Volunteers, Emmings's Brigade; that whilst engaged in such military service in the State of Miss, on the July day of 1861, he was wounded, injured or diseased as follows:

He was attacked with
pneumonia from which he
has never recovered, causing
the left hip and leg to be
totally and substantially useless.

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 26th, 1898. I have heretofore under said law as a resident of Cobb county been allowed an invalid pension of \$30. Dollars, for the year 1887.

Sworn to and subscribed before me, this 1st day of July, 1898, by J. J. Nantfield
J. M. Stone POST-OFFICE Leonard P.O.

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 of Cobb
 I, J. M. Stone Ordinary of said County, do certify that I am well acquainted with J. J. Nantfield the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County.

Given under my official signature and seal, this 27th day of July, 1898.
J. M. Stone
 Ordinary Cobb County.



APPLICATIONS FOR PENSIONS DUE DECEASED SOLDIERS.

Under Act Approved October 9, 1891.

STATE OF GEORGIA,

County of Cobb
 Personally appears before me Mrs. L. A. Nantfield of said County of Cobb State of Georgia, who, being duly sworn, says on oath that she is the widow of J. J. Nantfield who was a disabled Confederate soldier, and whose name had been duly enrolled as entitled to a pension of Twenty (\$20.) Dollars annually from the State of Georgia. That said J. J. Nantfield died on the 1st day of Decr. 1887, in Cobb County and that at his death, his right to said pension for the year ending October 26, 189 had accrued, but had not been paid to him for the said pension year. Applicant, as his widow, applies for the amount which would have been paid him had he lived to this time.

Sworn to and subscribed before me, this 1st day of July, 1898, by Mrs. L. A. Nantfield
J. M. Stone Ordinary.

If allowed, I authorize J. M. Stone to receive and receipt for the amount.
 Attest: Mrs. L. A. Nantfield

NOTE: Above form may be used by the guardian or next of kin for any dependent minor children of the deceased soldier who dies and leaves no widow, by altering the same to suit the facts.

STATE OF GEORGIA,

County of Cobb
 I, J. M. Stone Ordinary of said County, do certify that I am personally acquainted with Mrs. L. A. Nantfield that I know personally or from the testimony of witnesses before me, that she is the widow of J. J. Nantfield, a deceased Confederate soldier, who has been allowed a pension under the law on account of disability proven, and that at the date of his death his right to a pension had accrued but had not been paid for the current pension year.

Given under my official signature and seal, this 21st day of July, 1898.
J. M. Stone
 Ordinary Cobb County.



Gold

Maimed Soldiers.

Voucher No. 784

Amount \$ 50.

Paid to J. J. Hartfield
For General disability

July 21, 1889

Included in Warrant No.
issued to Treasurer

1889

WARRANT CLERK

W. J. Campbell, State Printer, Constitution Job Office

A. S. Clay

Gold

Maimed Soldiers.

Voucher No. 1116

Amount \$ 50.

Paid to J. J. Hartfield
For Disabled by
Disease
Feb 13 1890

Included in warrant No.
issued to Treasurer

18

WARRANT CLERK

W. J. Campbell, State Printer, Constitution Job Office

A. S. Clay

Hartfield, J. J.

Refused
1891.

Maimed Soldiers.

Voucher No. 895

Amount \$ 50.

Paid to J. J. Hartfield
For Military Service

July 1891

Included in warrant No.
issued to Treasurer.

1891.

WARRANT CLERK

Geo. W. Harrison, State Printer, Atlanta.

Gold

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.

No. 784.
Atlanta, Ga. Feb'y 21 1889

Mr. J. J. Hartshorn of the County
of Cobb, having filed his application in the Executive
Department for an allowance under the Act approved October 24, 1887, as amended by Act.

Dec. 24, 1888, and the same having been allowed for

General disability from disease

He is entitled to receive the sum of \$500.00 Dollars
for such disability, the same being the allowance due for the year ending October 24, 1889.

The Treasurer will pay the same and hold receipt on this voucher, and return same to
Executive Department for warrant.

By the Governor,

C. W. Harrison

CLERK EXECUTIVE DEPARTMENT.

1889.

RECEIVED OF STATE TREASURER R. U. HARDEMAN,

\$500.00

per above voucher, this

21

of

Feb'y

1889

A. S. Clay

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.

No. 1116
Atlanta, Ga., Feb'y 13 1890

Mr. J. J. Hartshorn of the County
of Cobb, having filed his application in the Executive
Department for an allowance under the Act approved October 24, 1887, as amended by Act,

approved, Dec. 24, 1888, and the same having been examined and allowed for Disabled

by Disease

He is entitled to receive the sum of Fifty 00/10 Dollars
for such disability, the same being the allowance due for the year ending October 24, 1890.

The Treasurer will pay the same and hold receipt on this voucher, and return same
to Executive Department for warrant.

By the Governor,

C. W. Harrison

CLERK EXECUTIVE DEPARTMENT.

\$50.00

RECEIVED OF STATE TREASURER R. U. HARDEMAN,

Fifty 00/10

per above voucher, this

13

of

Feb'y

1890

J. J. Hartshorn per
A. S. Clay his atty in fact

1891.

No. 895

STATE OF GEORGIA,

EXECUTIVE DEPARTMENT.

Atlanta, Ga. Dec. 14 1891.

Mr.

J. Hartsfield

of the County

of

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

He is entitled to receive the sum of

Dollars

for such disability, the same being the allowance due for the year ending October 24, 1891.

The Treasurer will pay the same and hold his receipt for the voucher and return same to Executive Department for warrant.

By the Governor.

W. H. Harrison

SECY. EXECUTIVE DEPARTMENT

\$ 50

RECEIVED OF R. U. HARDEMAN, Treasurer of the State of Georgia

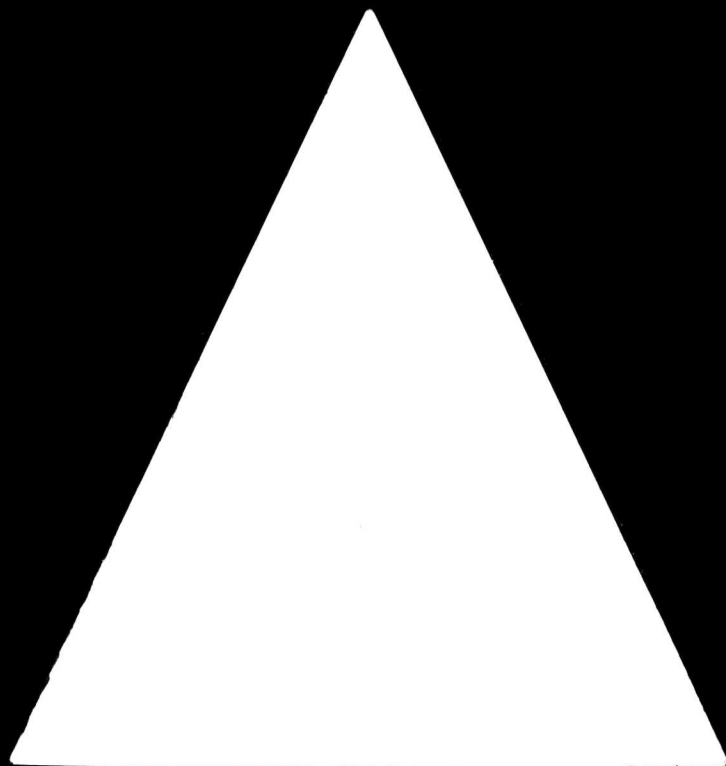
per above voucher, this

111 of

Dollars,

1891.

J. Hartsfield per
W. B. Colay his
attly in fact



ORDINARY'S CERTIFICATE

STATE OF GEORGIA,

Cobb COUNTY.

I, J. M. Gamm, Ordinary of said County, do certify that I know Mrs. Margaret Hawkins the applicant for this pension, and that she is the person she represents herself to be, and that she is a bona fide continuing resident of said County and was on the 19th day of June, 1920.

That I also know _____ witness as to marriage, and I also know _____; that both of the foregoing were duly sworn by me before signing the respective affidavits, and that they are truthful and trustworthy and their statements are entitled to full faith and credit.

Sworn under my hand and official seal of office this 19 day of Oct, 1920.

(SEAL.)

Ordinary

Cobb County.

NOTES: 1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the truth. So help you God." 2. Additional affidavits may be attached if blank spaces are insufficient. 3. All affidavits must be made before the Ordinary of the county of residence. 4. Only widows who married prior to first January, 1881, are entitled. 5. Attach certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation. 6. Widows of Disabled Pensioners must use the Blue Application Blank and state and prove full term of husband's service—because he made no proof of service and was not required to do so.

Hawkins, Margaret
Cobb County

No.

Widow's Application

To Be Put on Roll in Her Own Right When Husband Was on the Indigent Roll or Put on Under Act of July 11, 1910—As Amended by Act of 1919.

County

Name

Widow of

Company

Regiment

Approved

J. W. LINDSEY,

Commissioner of Pensions.

Burd Printing Co., State Printers, Atlanta.

10/20-1920

WIDOW'S AFFIDAVIT

STATE OF GEORGIA,

Cobb COUNTY }

Personally before me comes Mrs. Margaret J. Hawkins of said County, who, after being duly sworn, says that she is the widow of William A. Hawkins to whom, in the County of Forsyth State of Ga she was married on the 31 day of March 1880, and that she remained his wife, and resided with him to the date of his death in Sept. 27 1919 and that she has not since his death remarried. At the time of his death he was a resident of Gulton County, in said State of Georgia, and he was on the Indigent Pension Roll of the State and paid a pension of \$20 in Gulton County for 1919 per annum, on account of being a soldier in Company D 43 Inf Regiment Vol. Inftry (Volunteers or State Militia)

That she is now a bona fide resident citizen of said County of Cobb and she has so continuously resided since 1 day of May 1920

Sworn to and subscribed before me, this the

16 day of Oct 1920
J. M. Gann Ordinary
of Cobb County

Margaret J. Hawkins

(SEAL)

Affidavit of Witnesses to Prove Marriage and to Whom. Date of Death of Husband

STATE OF GEORGIA,

COUNTY }

Personally before me comes _____ 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. _____ who made the foregoing affidavit, is the lawful widow of _____ who died in _____ County in said State of _____ on _____ day of _____ 19____, and that she has not since remarried. That she became the wife of _____ on the _____ day of _____ 18____, and that she and he had resided together as man and wife continuously since _____ day of _____ 18____, and that the _____ was the same man who was on the pension roll of said State _____ from _____ County _____ when he died

Sworn to and subscribed before me, this the

_____ day of _____ 19____
_____ Ordinary
of _____ County

(SEAL)

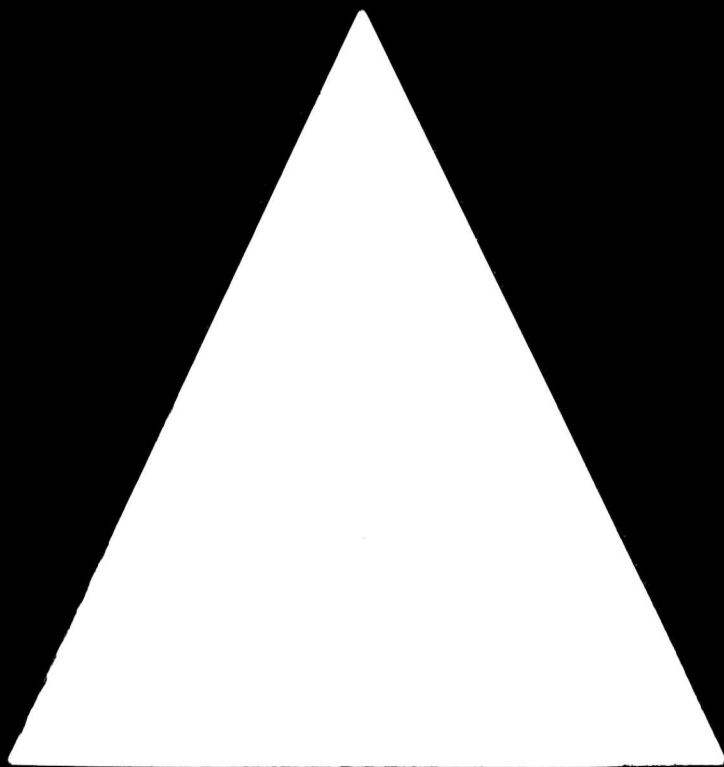
Georgia Forsyth County
 In. H. marriage of
 Mr. H. Hawkins
 and
 Miss M. J. Barker

Before me Personally came J. L. Johnson who after being duly sworn on oath says that Mr. H. Hawkins and Miss Margaret J. Barker was married on the 31st Day of March 1880 and I Personally so that they the said Mr. H. Hawkins and Margaret J. Hawkins lived together as man and wife from year 1880 to the date of his Death on the 27th day of Sept 1898 and that I so that Mrs Margaret J. Hawkins is now his lawful widow.

Sworn to and subscribed
 Before me Oct 17th 1898
 N. J. Tidwell
 Ordinary
 Forsyth County
 Ga

J. L. Johnson
 Married

I, N. J. Tidwell, Ordinary of Forsyth County, do hereby certify that I and J. L. Johnson the witness of marriage of Mr. H. Hawkins and Margaret J. Barker to be true and correct. I full faith and credit. 11-1-1898 N. J. Tidwell not



Hayes, Almond
Capt. G.
Sept 1911
White P. Res.

**Confederate
Soldier's Application.**

✓ UNDER ACT 1910.

County Cobb
Name Almond Hayes
Company I
Regiment 24 Cavalry
Approved _____

J. W. LINDSEY
Commissioner of Prisoners

CHAR. P. DUFF, State Printer, Atlanta.

8/20/10

APPLICATION FOR SOLDIER'S PENSION UNDER ACT 1910.

Questions for Applicants to Answer.

STATE OF GEORGIA.

Cobb 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 the same, and after being duly sworn true answers to make to the questions propounded, answers as follows, to wit:

What is your name and where do you reside? (Give County and Post-office)
Almon Hayes, Cordell Springs Cobb Co. Ga.

2. How long and since when have you been a continuous resident citizen of this State?
All my life, ever since

3. Did you enlist in the Army of the Confederate States or of the Organized Militia of this State from 1861 to 1865?
Yes

4. When and where, and in what Company and Regiment did you enlist? (Give the arm and class of Service)
Sept. 1862, Camp Douglas, 2nd Co. 2nd Cavalry

5. How long did you remain in the actual Military Service with said Company and Regiment? (Give date of discharge)
Sept. 1863

6. When and where was your Company and Regiment surrendered or discharged from the Service?
I was in prison

7. Were you actually present with your Command when it was surrendered or discharged?
Yes

8. If you were not actually present, state specifically and clearly where you were
I was in prison

a. Where was your Command when you left it?
Chickamauga

b. When did you leave the Command?
Sept. 1863

c. For what cause did you leave?
Chickamauga

d. By whose authority did you leave?
Chickamauga

e. For how long was your leave granted? In what way?
For leave granted

f. Why did you not return to your Command after leave expired?
Yes

g. In what way were you prevented?
Yes

h. What effort did you make to return?
Yes

i. Were you captured during the war?
Yes

j. If so, when, and where? In what prison were you held and when were you released?
on Sept 18/1863, at Chickamauga, Camp Douglas, I was released June 15, 1865

9. What property of every description was owned, in the use, possession and control of yourself and wife, and its cash value on the 4. Nov. 1908? (Make list by items and value.)

41 acres of land, value \$500.00

1 Cow and calf 25.00 Total \$525.00

10. What property of any kind have you or your wife disposed of and for what purpose since 4 Nov., 1908. To whom and for what price?
None Sold

11. What property of any description of any kind, and of any value now owned and in the use, possession and control of yourself and wife and its cash value? (Make itemized list).

41 acres of land value \$500.00

1 Cow and calf 25.00 Total \$525.00

12. What annual or monthly income or earnings of yourself and wife and the source derived have you?
None except rent of land \$20.00 per year - my own labor \$20.00

13. Are you drawing a pension of any amount from this State or the United States?
No

14. Have you ever applied for the Georgia Pension and had it refused? and for what cause it was not allowed?
No

Sworn to and subscribed before me, this the 11 day of August, 1910, at Cobb County.

Almon Hayes Ordinary.

Confederate
Soldier's Application.

UNDER ACT 1910.

County Cobb
Name Almon Hayes
Company 2nd Cavalry
Regiment 2nd Cavalry
Approved

J. W. LINDSEY,
Clerk of Superior Court of Georgia.

STATE OF GEORGIA.

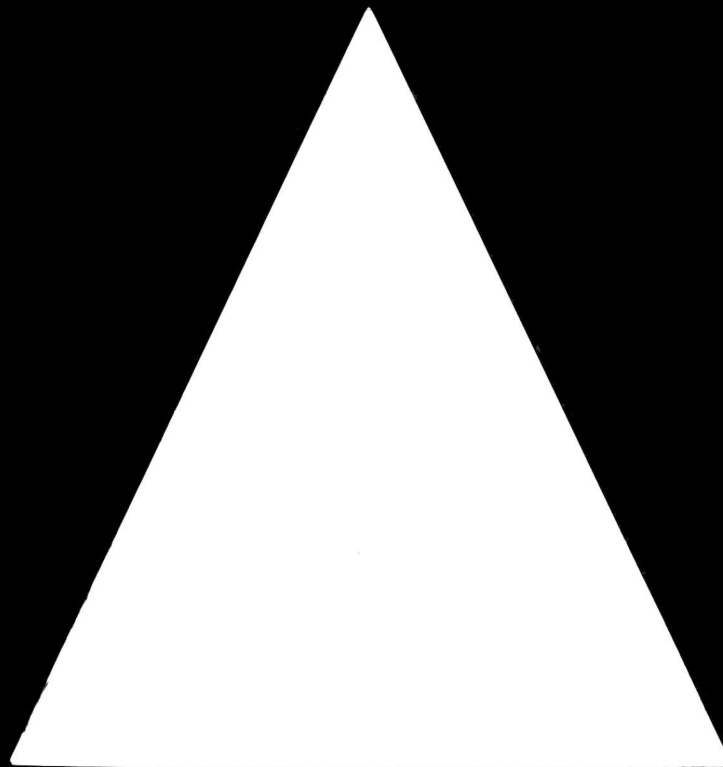
NOTES: 1. Before any questions are answered the Ordinary shall swear applicant and all witnesses in the following words: "You do hereby swear that you will give true answers to each question asked you and the evidence you shall give shall be the whole truth; so help you God."

2. Additional affidavits may be obtained if blank spaces are insufficient.

3. All affidavits must be made before the Ordinary and certified by him.

4. If applicant has no property at all in his possession, use or control of self and wife, affidavits of Free holders

1. What property, if any, has been sold or given away by the applicant or his wife since 4 Nov.



POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb Co. County. }

John W. Lindsey of Marble Co. hereby authorize

to receive and receipt for the pension allowed and request that he remit same to me

at Atlanta by hand

Witness my hand and seal, this 16 day of January, 1904

Executed in the presence of

J. H. H. H. [L.S.]

Hargis & W. Cobb Co.

No. OK Jan 1905

INDIGENT PENSION.
1903.

1905

Name Mr. Hargis

County Cobb

Co. L. Phillips Legion Regt.

Approved _____ 1903.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Ordinary will write Name of Applicant, Company and Regiment on back as indicated above.

Gen. W. Harrison, State Printer, Atlanta.

1/21/04

POWER OF ATTORNEY.

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 day of 1903.

Executed in the presence of

QUESTIONS FOR APPLICANT.

STATE OF GEORGIA,

COUNTY.

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, depose and answers as follows:

1. What is your name and where do you reside? (give State, County and post-office)
John Lindsey Hayes, Cobb Co. Ga. P.O. Roswell.
2. How long and since when have you been a resident of this State?
Since 1887 continuous.
3. When and where were you born?
At Roswell, Ga. S.C. Sept. 1842.
4. When and where and in what company and regiment did you enlist or serve?
Enlisted at P.O. Roswell, Ga. in Co. B. 1st Regt. Georgia Heavy Artillery, 1862. Was discharged at P.O. Roswell, Ga. July 1865. Was re-enlisted in Co. B. 1st Regt. Georgia Heavy Artillery, 1865. Was discharged at P.O. Roswell, Ga. July 1865.
5. How long did you remain in such company and regiment?
I was a member of said regt. until the summer of 1865.
6. When and where was your company and regiment surrendered and discharged?
At P.O. Roswell, Ga. April 1865.
7. Were you present with your company and regiment when it was surrendered?
I was not.
8. If not present, state specifically and clearly where you were, when you left your command, for what cause and by whose authority?
I was at P.O. Roswell, Ga. at the time of the surrender.
9. How much can you earn (gross) per month by your own exertions at labor?
About \$10.00 per month.
10. What has been your occupation since 1865?
I have been a farmer.
11. Upon which of the following grounds do you base your application for pension, viz: first, "age and poverty," second, "infirmary and poverty," or third, "blindness and poverty"?
Age and poverty.
12. If upon the first ground, state how long you have been in such condition that you could not earn your support? If upon the second, give a full and complete history of the infirmity and its extent? If upon the third, state whether you are totally blind and when and where you lost your sight?
I have been in such condition since 1865. I have been in such condition since 1865. I have been in such condition since 1865.
13. What property, real and personal, or income, do you possess, and its gross value?
I have a small farm of 10 acres, valued at \$100.00.
14. What property, real or personal, did you possess in 1894, 1895, 1896, 1897, 1898, 1899, 1900, 1901 and 1902? and what disposition, if any, by sale or gift, have you made of same?
I have a small farm of 10 acres, valued at \$100.00.
15. In what County did you reside during those years, and what property did you then return for taxation?
Cobb County, Ga.
16. How were you supported during the years 1899, 1900, 1901 and 1902?
By my own labor.
17. How much did your support cost for each of those years, and what portion did you contribute thereto by your own labor or income?
My support cost \$10.00 per month. I contributed \$5.00 per month.
18. What was your employment during 1898, 1899, 1901 and 1902? What pay did you receive in each year?
I was a farmer. I received \$10.00 per month.
19. Have you a family? If so, who composes such family? Give their means of support? Have they a homestead, or other property? Their ages and how employed?
I have a family of four. My wife is 65 years old. My son is 25 years old. My daughter is 20 years old. My son is a farmer. My daughter is a housekeeper.
20. Are you receiving any pension? If so, what amount and for what disability?
I am not receiving any pension.
21. Have you ever made an application for pension before?
Yes.
22. How many applications have you ever made and under what claim?
One - Indigent.

Every Question MUST be Answered.

Sworn to and subscribed before me this the

day of May 1903.

John Lindsey Hayes, Applicant.

Ordinary,

County.

Hayes & W. Cobb Co.

No.

1903.

INDIGENT PENSION.

1903.

Name Mr. Hayes

County Cobb

and Philadelphia Regt.

Approved 1903.

JOHN W. LINDSEY, Commissioner of Pensions.

WARRANT HANDED TO

Ordinary will write Name of Applicant, Company and Regiment on back as indicated above.

1/21/04

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,

Colt COUNTY.

H. N. White of said State and County, having been presented as a witness in support of the application of *J. M. Hays* 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? *H. N. White Marietta Ga*

2. Are you acquainted with *J. M. Hays*, the applicant; if so, how long have you known him? *Before the war 1868*

3. Where does he reside, and how long and since when has he been a resident of this State? *In Cobb County - and in Cobb County since prior to the Civil War.*

4. When, where and in what company and regiment did he enlist, and how do you know? *He enlisted first in Capt. Phillips' Legion March 1862 and 1862 after it was transferred to the 1st Georgia Cavalry.*

5. Were you a member of the same company and regiment? *I was a member of the same Legion.*

6. How long did he perform regular military duty? *He was a member of the Legion until the end of the war.*

7. When and where was his command surrendered? *He was not present at Appomattox as he was not present at Appomattox.*

8. Were you present when it surrendered? *He was not present at Appomattox as he was not present at Appomattox.*

9. Was applicant present? *He was not present at Appomattox as he was not present at Appomattox.*

10. If he was not present, where was he? *He was not present at Appomattox as he was not present at Appomattox.*

When did he leave his command? *He was not present at Appomattox as he was not present at Appomattox.*

By what authority he left? *He was not present at Appomattox as he was not present at Appomattox.*

How do you know all of this? *He was not present at Appomattox as he was not present at Appomattox.*

11. What property, effects or income has the applicant? (Give your means of knowledge.) *None - He has no property except a few horses.*

12. What property, effects or income did the applicant possess in 1890, 1897, 1898, 1899, 1900, 1901 and 1902, and what disposition, if any, did he make of same? *He has no property except a few horses.*

13. Has he conveyed away any of his property in the last four years, if so, what was it, and to whom? *He has not - Had him to a few horses.*

14. What is the applicant's occupation and physical condition? *He is a farmer and a carpenter.*

15. Is the applicant unable to support himself by labor of any sort, if so, why? *He is - by reason of Humidation.*

16. How was he supported during the years 1898, 1899, 1900, 1901 and 1902? *By what little he could make & help of friends.*

17. What portion of his support for those years was derived from his own labor or income? *I suppose very little - He is physically unable to make a living.*

18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code? *He suffered from Humidation & had for several years.*

19. Who composes family? What property have they? Children's age and their earning capacity? *His has a wife & son - except his household furniture.*

20. What interest have you in the recovery of a pension by this applicant? *None.*

Sworn to and subscribed before me, this *20th* day of *January* 1904, *H. N. White* Witness.

John D. White Ordinary.

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,

Colt COUNTY.

Personally came before me, *Wm. H. Hays*, and *Chas. H. Fuld*, both known to me as reputable physicians

of said County, who, being severally sworn, say on oath that they have examined carefully

J. M. Hays, applicant for pension under Section 1254, Code, and after

such personal examination say that his precise physical condition is as follows:

The final applicant - suffering from

catarrh of the bladder & chronic inflammation.

He also has chronic catarrh with

chronic diabetes. Applicant is

not - Physically able to earn support

and that we have no interest in said pension being allowed.

Sworn to and subscribed before me, this *15th* day of *January* 1904, *John D. White* Ordinary.

Wm. H. Hays Ordinary.

Chas. H. Fuld Ordinary.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Colt COUNTY.

I, *John D. White*, Ordinary, in and for said County, hereby certify

that the applicant *J. M. Hays* resides in said County, and has

been a bona fide resident of this State since the *15th* day of *January* 189*8*

and that the witness, viz.: *H. N. White*

are of trustworthy character, and that their statements are entitled to full faith and credit.

I further certify that before answering the foregoing questions the applicant and each witness took the oath hereon prescribed, and that the full text of the affidavits was read to the applicant and witness before same was signed.

I further certify that the tax digest of *Cobb* County show that applicant returned for taxation in his name in *1898* *25* Dollars of property, and in *1900* *25* Dollars of property, in *1902* *25* Dollars of property.

In my opinion the foregoing claim is *not* made in good faith.

Witness my hand and seal of office, this *10th* day of *January* 1904, *John D. White* Ordinary.

of *Cobb* County.

NOTE.

1. Before any questions are answered, the Ordinary shall swear applicant and the witnesses in the following words: "You shall true answers make to each of the questions asked of you, and the evidence you shall give will be the whole truth, so help you God."

2. Additional affidavits may be attached if blank spaces are insufficient.

3. In every case the Ordinary must certify to the character of the witness, and as to the execution of the proof as above set out.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County,

hereby authorize
to receive and receipt for the pension allowed, and request that he remit same to
at

Witness my hand and seal, this

17th day of January 1905.
M. Hayes

Executed in the presence of

INDIGENT
SOLDIER'S PENSION
1905.

Name

County

Co.

WARRANT ISSUED

JAN 23

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDLED TO

Geo. W. Harrison, Manager, 100 State Printer, Atlanta.

NO DATA

Hayes, J. W.
Colt County

Cons. Section 1234.

(FOR THOSE ALREADY ENROLLED.)

No. 622

INDIGENT

SOLDIER'S PENSION
1906.

Name

County

Co.

WARRANT ISSUED

JAN 23

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDLED TO

Hemmerle

Geo. W. Harrison, Manager, 100 State Printer, Atlanta.

no data

POWER OF ATTORNEY.

STATE OF GEORGIA,

County,

hereby authorize
to receive and receipt for the pension allowed, and request that he remit same to
at

Witness my hand and seal, this

17th day of January 1906.
J. W. Hayes

Executed in the presence of

L. C. Hemmerle

State of Georgia

FOR APPLICANTS HERETOFORE ATTOWED PENSIONS

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cobb County.

Personally appears

J. H. Hayes

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

1844

that he is

60

years old and

by occupation a

farmer

that he enlisted in the military service of the Confederate States (or of the State of

State, and served for the term of *4 yrs* in Company *L*, of *Phillips Legion, La. Fols*, that his physical condition is as follows: *in need of aid in most respects he is unable to support himself*

that his property consists of the following items:

nothing

of the value of

nothing

Dollars. I am now earning,

by my labor,

nothing

Dollars per month. That by reason of his

physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1905. I have heretofore as a resident of *Cobb* County been allowed a pension for the year 1905.

Sworn to and subscribed before me, this the

day of

Sept

1905.

Ordinary.

J. H. Hayes
W. H. Hayes

STATE OF GEORGIA,

Cobb County.

I,

John W. Hayes

Ordinary of said County,

do certify that I am well acquainted with *J. H. Hayes* the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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

Sept

1905.

Ordinary

Cobb

County.



NOTE.—The blank spaces must be filled.
NOTE.—Affidavit should not be attested before January 1st, 1906.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,

Cobb County.

Personally appears

J. H. Hayes

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

24

day of

Septemb

1844

that he is

61

years old and

by occupation a

Painter

that he enlisted in the military service of the Confederate States (or of the State of

1861

) during the war between the

States, and served for the term of *4 yrs* in Company *L*, of *Phillips Legion*, that his physical condition is as follows:

Infirmity & poverty

that his property consists of the following items:

nothing

of the value of

nothing

Dollars. I am now earning

by my labor,

nothing

Dollars per month. That by reason of his

physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1905. I have heretofore as a resident of *Cobb* County, been allowed a pension for the year 1905.

Sworn to and subscribed before me, this the

day of

Sept

1905.

Ordinary.

J. W. Hayes
W. H. Hayes

State of Georgia,

Cobb County.

I,

John W. Hayes

Ordinary of said County,

do certify that I am well acquainted with *J. H. Hayes* the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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

Sept

1905.

Ordinary

Cobb

County.



NOTE.—The blank spaces must be filled.
NOTE.—Affidavit should not be attested before January 1st, 1906.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb

COUNTY

I, J. W. Hayes, hereby authorize

Orville Henderson of Roanoke

to receive and receipt for the pension allowed, and request that he remit same to

me at Roanoke

by me

WITNESS my hand and seal, this first day of January, 1907.

J. W. Hayes [L. S.]
mark

Executed in presence of

H. C. Sturman

Hayes, J. W.

Cobb Co.

(FOR THOSE ALREADY ENROLLED)

No. 717

INDIGENT
SOLDIER'S PENSION
1907.

Name J. W. Hayes
County Cobb
Co. 7 Regiment Phillips
Legion

WARRANT ISSUED

JAN 21 1907.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Henderson

Geo. W. Ralston, STATE PRINTER, ATLANTA.

no date

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,

Colk County.

Personally appears John Hayes of Colk

County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the _____ day of _____ 18____; that he is _____ years old and by occupation a _____, that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served for the term of _____ in Company L, of Phillips Legion of San Volo; that his physical condition is as follows: _____

that his property consists of the following items: _____

of the value of _____ Dollars. I am now earning _____ Dollars per month. That by reason of his physical condition and ~~poverty~~ he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1907. I have heretofore, as a resident of Colk County, been allowed a pension for the year 1906.

Sworn to and subscribed before me, this the _____ day of _____ 1907.

John Hayes Ordinary.

State of Georgia,

Colk County.

I, John Hayes Ordinary of said County,

do certify that I am well acquainted with John Hayes the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be, and that he resides in this County.

Given under my official signature and seal this _____

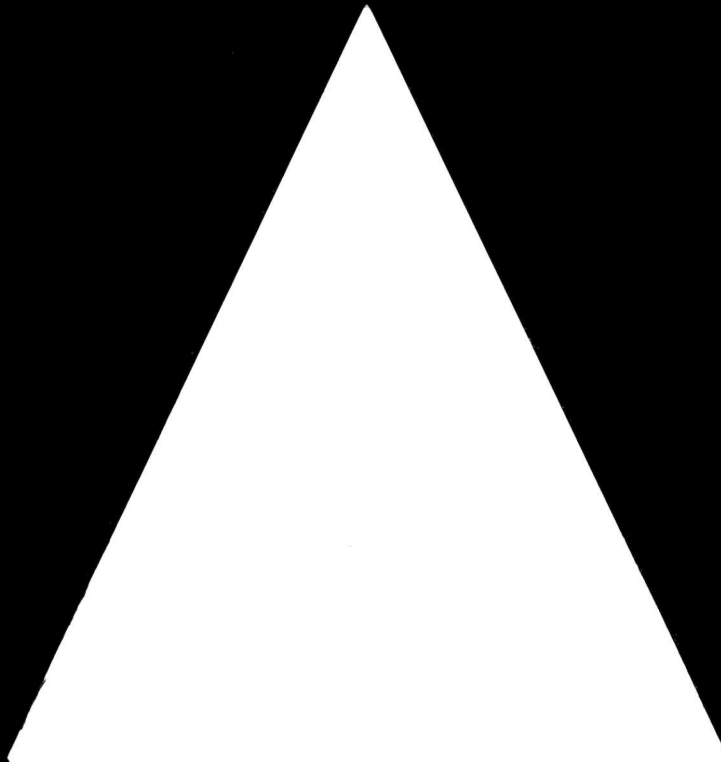
day of Jan 1907.

John Hayes Ordinary



Notes.—This blank space must be filled.
Note.—Affidavit should not be attested before January 1st, 1907.

Notes.—This Affidavit should not be filed.
Note.—Affidavit should not be attested before January 1st, 1907.



ORDINARY'S CERTIFICATE

STATE OF GEORGIA

COUNTY }

I, John C. Davis

Ordinary of said County, do certify that I

know Mrs. Susan Davis the applicant for this pension, and that she is the

person she represents herself to be, and that she is a bona fide continuing resident of said County and was

on the 13 day of Sept 1919 witnesses as to marriage, and I also know

That I also know John C. Davis that both of the foregoing were duly sworn by me

before signing the respective affidavits, and that they are truthful and trustworthy and their statements

are entitled to full faith and credit.

Sworn under my hand and official seal of office this 13 day of Sept 1919

(SEAL) John C. Davis Ordinary, County.

NOTES: 1. Before any questions are answered the Ordinary shall pose questions and the witnesses in the following words:

"You do solemnly swear that you will true answers make to each of the questions asked you and the ordinary."

2. Affidavits shall be made by the witnesses and the ordinary are incompetent.

3. All affidavits must be made before the ordinary of the county of residence.

4. Affidavits must be made by the witnesses and the ordinary are incompetent.

5. Affidavits must be made by the witnesses and the ordinary are incompetent.

6. Affidavits must be made by the witnesses and the ordinary are incompetent.

7. Affidavits must be made by the witnesses and the ordinary are incompetent.

8. Affidavits must be made by the witnesses and the ordinary are incompetent.

9. Affidavits must be made by the witnesses and the ordinary are incompetent.

10. Affidavits must be made by the witnesses and the ordinary are incompetent.

11. Affidavits must be made by the witnesses and the ordinary are incompetent.

12. Affidavits must be made by the witnesses and the ordinary are incompetent.

13. Affidavits must be made by the witnesses and the ordinary are incompetent.

14. Affidavits must be made by the witnesses and the ordinary are incompetent.

15. Affidavits must be made by the witnesses and the ordinary are incompetent.

16. Affidavits must be made by the witnesses and the ordinary are incompetent.

17. Affidavits must be made by the witnesses and the ordinary are incompetent.

18. Affidavits must be made by the witnesses and the ordinary are incompetent.

19. Affidavits must be made by the witnesses and the ordinary are incompetent.

20. Affidavits must be made by the witnesses and the ordinary are incompetent.

21. Affidavits must be made by the witnesses and the ordinary are incompetent.

22. Affidavits must be made by the witnesses and the ordinary are incompetent.

23. Affidavits must be made by the witnesses and the ordinary are incompetent.

24. Affidavits must be made by the witnesses and the ordinary are incompetent.

25. Affidavits must be made by the witnesses and the ordinary are incompetent.

26. Affidavits must be made by the witnesses and the ordinary are incompetent.

27. Affidavits must be made by the witnesses and the ordinary are incompetent.

28. Affidavits must be made by the witnesses and the ordinary are incompetent.

Widow's Application

To Be Put on Roll in Her Own Right When
Husband Was on the Indigent Roll or
Put on Under Act of July 11, 1910
As Amended by Act of 1919.

County Cobb
Name Mrs. Susan Davis
Widow of John C. Davis
Company L
Regiment Phillips Regt
Approved _____

J. W. LINDSEY,
Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

620
1936

No Warrant Recd
beginning 1865
Original Jan 1919

Hager, Hager
10-30-1919
Original No. 1000

ORDINARY'S CERTIFICATE

STATE OF GEORGIA

COUNTY

I, J. M. Lamm Ordinary of said County, do certify that I know Mrs. Ruby Hayes the applicant for this pension, and that she is the person she represents herself to be, and that she is a bona fide continuing resident of said County and was on the 10 day of Oct 1919

That I also know J. M. Hayes witness as to marriage, and I also know J. M. Hayes that both of the foregoing were duly sworn by me before signing the respective affidavits, and that they are truthful and trustworthy and their statements are entitled to full faith and credit.

Sworn under my hand and official seal of office this 20 day of Oct 1919

(SEAL)

Ordinary.

County.

NOTES: 1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the truth. So help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. All affidavits must be made before the Ordinary of the county of residence.
4. Only widows who married prior to first January, 1861, are entitled.
5. Attach certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.
6. Widows of Disabled Pensioners must use the Blue Application Blank and state and prove full term of husband's service—because he made no proof of service and was not required to do so.

Widow's Application

To Be Put on Roll in Her Own Right When Husband Was on the Indigent Roll or Put on Under Act of July 11, 1910—As Amended by Act of 1919.

County

Name Mrs. Ruby Hayes

Widow of J. M. Hayes

Company 1st

Regiment Phillips Regt

Approved

J. W. LINDSEY,
Commissioner of Pensions.

First Printing Co., State Printer, Atlanta.

No. 10-30-1919

Hayes

Phillips

Hayes

WIDOW'S AFFIDAVIT

STATE OF GEORGIA,

Cobb COUNTY.

Personally before me comes W. H. Hayes of said County, who, after being duly sworn, says that she is the widow of J. H. Hayes to whom, in the County of Cobb State of Georgia she was married on the 27 day of August 1863, and that she remained his wife, and resided with him to the date of his death in Sept 1919, and that she has not since his death remarried. At the time of his death he was a resident of Cobb County, in said State of Georgia, and he was on the Indigent Pension Roll of the State and paid a pension of \$90.00 in Cobb County for 10/2 per annum, on account of being a soldier in Company L Regiment Phillippo Legion (Volunteers or State Militia)

That she is now a bona fide resident citizen of said County of Cobb and she has so continuously resided since day of 1919

Sworn to and subscribed before me, this the

15 day of Oct 1919

J. O. Cornett
of Cobb County

(SEAL)

Mrs. Thilda Hayes

Affidavit of Witnesses to Prove Marriage and to Whom. Date of Death of Husband

STATE OF GEORGIA,

Cobb COUNTY.

Personally before me comes J. H. Hayes 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. Thilda Hayes who made the foregoing affidavit, is the lawful widow of J. H. Hayes who died in Cobb County in said State of Georgia on 27 day of August 1919, and that she has not since remarried. That she became the wife of J. H. Hayes on the 27 day of August 1863, and that she and he had resided together as man and wife continuously since 27 day of August 1863 and that the he was the same man who was on the pension roll of said State Georgia from Cobb County when he died.

Sworn to and subscribed before me, this the

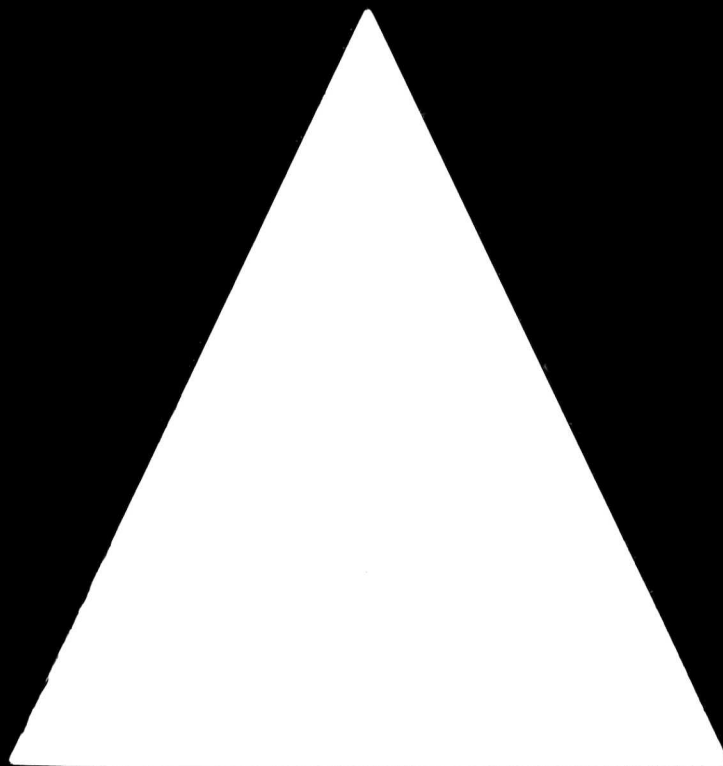
28 day of Oct 1919

J. M. Lane
of Cobb County

(SEAL)

J. H. Hayes

for County |
(SEAL)



POWER OF ATTORNEY,

STATE OF GEORGIA.

Cobb

(County.)

Know all Men by these Presents, That I,

L. A. Hayes
Cobb County
Ga.

County in said State, do hereby appoint

of Wm. L. Cobb

Ga., my true and lawful attorney in fact, for

me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia as a widow of a Confederate Soldier, as stated in the foregoing affidavit; hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this

16th

day of

L. A. Hayes

[L.S.]

Executed in the presence of us:

J. D. Jones
J. M. H. Jones

DIRECTORS.

If allowed, send amount by

me at

to

and oblige,

Hayes, L. A.
Cobb County
1891.

No. 2224.

Widows' Pension

PAID TO
Mrs. L. A. Hayes
OF
Cobb COUNTY.

\$100.00.

Warrant Issued

1891

AND HANDED TO

POWER OF ATTORNEY.

Form No. 3.

STATE OF GEORGIA.

Cobb County.

Know all Men by these Presents, That I,

County, in said State, do, hereby appoint

of *Lowell Cobb County Ga.* my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia as a widow of a Confederate Soldier, as stated in the foregoing affidavit; hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *16* day of *April* 18*91*.

Executed in the presence of us,

J. D. Power
Wm. H. Power

DIRECTIONS.

If allowed, send amount by me at

and oblige,

[L. S.]



Widow's Pension

Wm. H. Power

\$100.00.

Warrant Issued

1891

AND HANDED TO

20. 22 24

Hayes J. A.
Cobb County
1891.

Affidavit to be Made by the Widow.

Form No. 1.

STATE OF GEORGIA.

County of *Cobb*

In person came before me, the undersigned Ordinary

in and for the County of *Cobb*

Mrs. *L. A. Hayes*, who being sworn according to law, says under oath that she is the widow of *J. O. Hayes*, who was a soldier in

the service of the Confederate States, and served as a member of Company *B*, of the

41st Regiment of *Georgia* Volunteers; that he enlisted in said

service on or about the *4th* day of *March* 186*2*, and was in the

Army up to *about July* 186*2*. That while in the

Army, he was on the *day of July* 186*2*. (See Note No. 1)

He was attacked with a tropical
fever, was sent to the Hospital
at Columbus Mississippi, and while
there was attacked with erysipelas
from which disease he died on
the 31st day of August 1862
at the Hospital at Columbus in
the State of Mississippi.

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 *6*th day of *February* 18*45*, and that she has resided in Georgia continuously since the day of *December* 18*50*; that Georgia is her home, and was such on the 23d day of December, 1890, and since said date she has not lived in any other State or locality. Deponent, as the widow of said deceased soldier husband, applies for the pension provided by Act of the General Assembly of Georgia, approved December 23d, 1890, for the pension year ending February 15th, 1892, and herewith tenders the proof of her right to receive the allowance granted by said Act.

Sworn to and subscribed before me, this, the *16th* day of *April* 1891.

L. A. Hayes
mak
Ordinary.

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 shown positively to have resulted from the service of the soldier in the Army and not from any other cause.

Affidavit for Three Witnesses.

Form No. 2.

STATE OF GEORGIA,

County of *Cobb*

In person came before me, the undersigned Ordinary
in and for said County, witnesses *H. H. Richardson*

and *J. J. Steele* (each known to said Attesting Officer as truthful,
reliable and reputable citizens), who severally say under oath, that, from their own personal knowledge,
Mrs. *L. A. Hayes* of the County of *Cobb*

State of Georgia, is the widow of *J. O. Hayes*, who was a soldier in
Company *B* of the *41st* Regiment of *Georgia* Volunteers.

That said soldier enlisted in the service of the Confederate States (or the Georgia State Troops) on or
about the *4th* day of *March* 186*2* The while in said service, or by

reason of said service in the Army, he lost his life as follows:

*a kind of dropsical swelling while in
the Army in the State of Mississippi during
July 1862 - was sent to the hospital
at Columbus Mississippi some time
during the month of July 1862 - while
at said hospital, he was attacked
with erysipelas from which disease
he died on the 31st day of August
1862, at the hospital at Columbus
Mississippi.*

*At Donerick Parks Hegdman swears that
J. O. Hayes served in the Confederate Army
as above stated, and that he was confined
in the hospital at Columbus Miss. and
the disease as above mentioned, and that
he J. O. Hayes never returned home after
the war, nor was ever heard of alive after
the war.*

We further swear that Mrs. *L. A. Hayes* was the wife of said
soldier during the service, and that she has not intermarried since his death, and that she resides in

Cobb

County of the State of Georgia.

Sworn to and subscribed before me, this, the

16th day of *April* 1891.

J. M. Stone
Ordinary.

W. H. Richardson
Parks Hegdman
J. V. Steele
mark

Form No. 3.

Certificate of Ordinary of the County of Applicant's Residence.

STATE OF GEORGIA,

County of *Cobb*

I, *J. M. Stone* Ordinary

in and for said County of *Cobb*

State of Georgia, hereby certify that I am acquainted with Mrs. *L. A. Hayes*
the applicant for a pension in this case, and know, from my own knowledge, or from positive proof
presented to me by reputable witnesses, that she resides in this County, and that she resided in the
State of Georgia on December 23d, 1890, and has not lived out of the State since that date. I also
certify that the witnesses whose testimony she presents to sustain her claim are known to me to be
truthful witnesses, entitled to full faith and credit as such. I am fully satisfied that this claim is made in
good faith, and that I have caused the applicant and the witnesses to read or hear read the proofs they sign.

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this, the

16th

day of *April* 1891.

SEAL

J. M. Stone
Ordinary.

Form No. 4.

NOTES.

The pension is only payable to certain classes of widows.

Those whose husbands were killed in service.

Those whose husbands died in the army of wounds or disease contracted in the service.

Those whose husbands went to the army and have never been heard from since the war.

Those whose husbands were wounded in the army and have since died from the direct effects
of the wounds.

Those whose husbands contracted disease in the service, and who after the war, died of the disease
caused by the service. The disease directly causing the death.

No widow is entitled unless she was the wife of the soldier during the war, and has never
remarried.

The law does not provide for any one living out of the State of Georgia, or who did not live in the
State at the date of the Act.

The facts to establish a claim must be substantiated by the testimony of three witnesses
who personally know of the enlistment of the husband and his death and the immediate cause
of the death.

Widows who have married since the service of their husbands in the army are not entitled.

There is no need of employing a lawyer or other agent to attend to these claims. The
Department will furnish full and specific instructions, and give ample opportunity to every claimant.

If witnesses live in another County from that wherein applicant resides, they must go before
the Ordinary and testify. The attestation of a Justice of the Peace or Notary will not answer.

Fill out Power of Attorney authorizing some one who can call at Treasurer's office in Atlanta and
receive the money, to receipt for same.

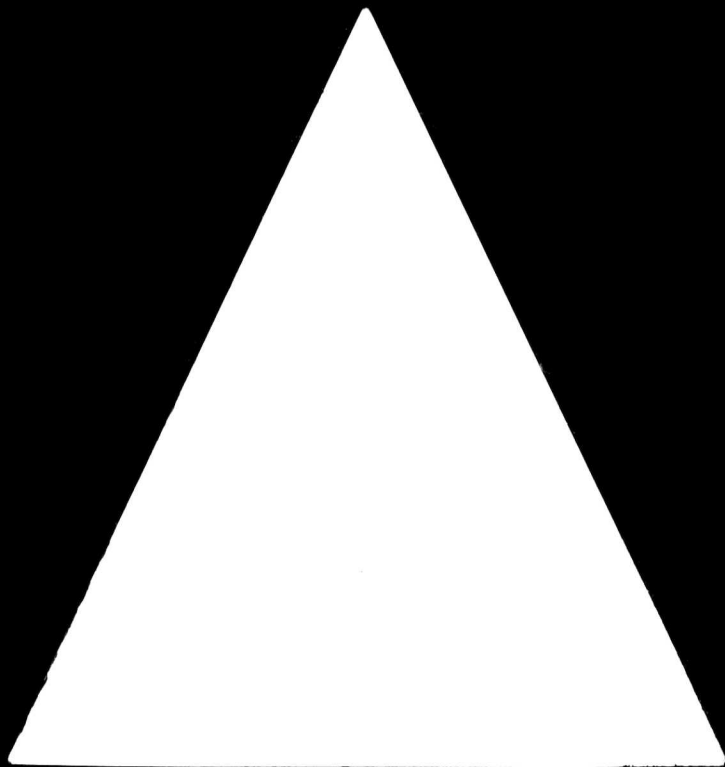
Fill out the "directions" below Power of Attorney, so that your Agent will know where and how
to send the money.

By order of the Governor.

W. H. HARRISON,
Sec. Ex. Department.

J. V. Spiller
mark

U.S. Department.



POWER OF ATTORNEY.

STATE OF GEORGIA.

CONFIRMED

I, One J. J. Hayes
John Hayes
 of Colt Co Ga
 do hereby authorize
 to receive and receipt for the pension allowed and request that be sent same to Ant Bul

Witness my hand and seal this _____ day of _____ 1901
 Executed in presence of _____

[S&S]

Hayes (Mrs) J. J. 3
Colt County

ACT DEC 18, 1901

No.

WIDOW'S PENSION,

1902

Mrs. J. J. Hayes
 County of Colt
 Widow of J. J. Hayes
Co L Phillips Regt

Warrant issued _____ 1901

and handed to _____

J. W. LINDSEY,
 Commissioner of Pensions.

Geo. W. Harron, State Printer

7/25 1902

POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY,

I, Mrs S. J. Hays hereby authorize
John Anthony of Colt Co Ga
 to receive and accept for the pension allowed and request that he remit same to My Self

Witness my hand and seal this _____ day of _____ 190

Executed in presence of _____

1-11

WIDOW'S AFFIDAVIT.

STATE OF GEORGIA,

Personally came Mrs.

COUNTY OF

widow of

who says on oath she is the

to whom, in the County of

State of

she was married on the

12 day of Aug 1887, that she remained his wife up to the 28

day of December 1901, at which time he died, and that she has not since married.

At the time of his death he was a resident of Intonton County, in said State of

Georgia, and was on the Indigent pension roll of the State of Georgia, having been allowed

a pension of 8 67 per annum on account of being a soldier in Company "E" Phelps

Legion Regiment, Co. Volunteers of State

What affliction have you and how does it effect you? Rheumatism very

Brown In lower Limbs

What have you been doing to earn a support since 1st January, 1900? Have not been

able to earn a support for my self but

have resided with children

What property or effects had you on 1st January, 1900? nothing but Bedding & Room fixtures

What have you acquired since, and what income have you now?

None

What disposition have you made of any property since 1st January, 1900, and at what price and for what purpose?

have not disposed of any had not any
to dispose of

Deponent further says that she is now a resident of Colt County and has

continuously resided in the State of Georgia since the 17 day of Aug 1888

She applies for the pension provided by Act of the General Assembly, approved December 18, 1901.

Sworn to and subscribed before me this 2 day of August 1902

John Anthony
 Ordinary of Colt County.

NOTE.—All blank spaces must be filled before signing.

WIDOW'S PENSION,

1902
 Mrs. S. J. Hays
 County of Colt

Widow of S. J. Hays
Co. E. 1st Regt. U.S. Inf.

Warrant issued
 and handed to

J. W. LINDSEY,

Commissioner of Pensions.

Jess W. Harrison, State Printer

Dec 5 1902

No.

ACT DEC 16, 1901

Hays Mrs. S. J.
John Anthony

AFFIDAVIT FOR THREE WITNESSES.

STATE OF GEORGIA, Personally came S. J. Hays
COUNTY OF Cobb and
J. E. Good known to me to be reputable and truthful persons who say
on oath that from his own personal knowledge Mrs. S. J. Hays
who made the foregoing affidavit is the widow of J. M. Hays
who died in Outlook County and State of Georgia on the
28 day of December 1901, and that she has not since married, that she became his
wife on the 17 day of Aug 1888, and so remained up to the time of his death,
and that she has resided in this State continuously since the 17 day of Aug 1888.
With what affliction does she suffer? Rumetian

What property or income had she on 1st January, 1900? No property that we
know of, and no income at all
What has she in her possession and control now? Nothing

How was she supported in 1900 and 1901? In 1900 by the help of her husband's Pension
In 1901 lived with the same means

I have no personal interest in the pension asked for S. J. Hays
J. E. Good
Sworn to and subscribed before me this 18th day of September 1902
John Arthur
Ordinary Cobb County, Georgia.

PHYSICIANS' AFFIDAVIT.

STATE OF GEORGIA, Personally came before me
COUNTY OF Cobb Gilbert Bennett M.D.
and J. M. Hays, both of whom are known to me to be reputable
physicians, who say on oath that they personally know W. J. Hays
mentioned in the foregoing affidavit, that she is permanently afflicted with (state disease and how it prevents her
earning a support) Rheumatism and is sixty-two
years of age, and basis her claim on age
and poverty, and being unable to work on
account of Rheumatism
Gilbert Bennett M.D.
W. J. Hays
Sworn to and subscribed before me this 25th day of Sept. 1902
John Arthur
Ordinary of Cobb County.

CERTIFICATE OF ORDINARY OF THE COUNTY OF APPLICANT'S RESIDENCE.

STATE OF GEORGIA, I, John Arthur Ordinary,
COUNTY OF Cobb in and for said County of Cobb
State of Georgia, hereby certify that I am acquainted with Mrs. S. J. Hays
the applicant for a pension in this case, and know from my own knowledge (or from positive proof presented to me
by reputable witnesses) that she resides in this County, and that she has resided in the State of Georgia continuously
since the 1st day of January 1894, and has not lived out of the
State since that date. I also certify that the witness S. J. Hays
and J. E. Good, whose testimony she
presents to sustain her claim, are known to me to be truthful witnesses, entitled to full faith and credit as such,
and that the full text of the affidavit was read to and understood by them before same was signed. I am fully
satisfied that this claim is made in good faith, and I have caused the applicant and the witnesses to read or hear
read the proofs they sign.

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this the 25th
day of September 1902
John Arthur
Ordinary.

NOTES.

The pension is only payable to those widows whose husbands were on Pension Roll at the time of death. The
marriage must have existed at the time husband was a soldier, and the widow must have remained unmarried since the
death of such husband.

Proofs by one witness and two physicians will be accepted when it is shown that the same can not be furnished,
but in all cases the best proof accessible will be required and it is incumbent on the applicant to make out a clear case
covering the above points.

Affidavits must be made in presence of the Ordinary.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.

I, S. J. Hayes, hereby authorize
John Lindsey of
 to receive and receipt for the pension paid hereon, and request that he remit same to
him at

In Witness Whereof, I have hereunto set my hand and seal, this 3
 day of Jan 1903.

Executed in the presence of

McKann

my J. G. Gray [L. S.]

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.

I, S. J. Hayes, hereby authorize
John Lindsey 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 9
 day of Jan 1904.

Executed in presence of

McKann

my J. G. Gray [L. S.]

Hayes, S. J. (over)
Cobb County
 TO THOSE HERETOFORE PAID.
1903.
 No. 162
INDIGENT
WIDOW'S PENSION,
 For year ending Dec. 31, 1903.
 Paid to
Mrs. S. J. Hayes
 of
Cobb County,
 Widow of S. J. Hayes
 Co. Phillips Regiment
 JOHN W. LINDSEY,
 Commissioner of Pensions.
WARRANT ISSUED
123
 AND HANDLED TO
Cady
 GEO. W. HARRISON, STATE PRINTER, ATLANTA.

Hayes, S. J. (over)
Cobb County
 TO THOSE HERETOFORE PAID.
1904.
 No. 200
INDIGENT
WIDOW'S PENSION
 FOR YEAR ENDING DECEMBER 31, 1904.
 PAID TO
Mrs. S. J. Hayes
 of
Cobb County,
 Widow of S. J. Hayes
 Co. Phillips Regiment
 JOHN W. LINDSEY,
 Commissioner of Pensions.
WARRANT ISSUED
JAN 25 1904.
 AND HANDLED TO
Cady
 GEO. W. HARRISON, STATE PRINTER, ATLANTA.

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA.

County of Cobb

PERSONALLY COMES MRS.

J. H. Hayes

who, being sworn, says on oath, that she is a bona fide resident of said County of Cobb State of Georgia, and that she has RESIDED in said State continuously ever since all my life. That she is the Widow of J. H. Hayes who was a soldier in Company 4 of the Phillip Legion Regiment of Volunteers, that he enlisted in said regiment on or about the month of April 1865, and served in the Army up to April 1865. That he died on the 25 day of Oct 1861.

Growing to age Infirmary
& poverty

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1858.

I have been allowed an Indigent pension as a resident of Cobb County, under Act 1900, for the year 1903, and now apply for the pension provided by law for the year ending December 31, 1903.

Sworn to and subscribed before me, this 3 day of Jan 1903.
John H. Hayes Ordinary.

Post-Office

State of Georgia,

Cobb County. } John H. Hayes Ordinary of said County, certify that I am well acquainted with Mrs. J. H. Hayes who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the day of 18.

Given under my official signature and seal, this 3 day of Jan 1903.



Ordinary of

Cobb County.

NOTE.—All blanks must be filled.
Vouchers and Affidavits must bear date after January 1st, 1903.

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

County of Cobb

PERSONALLY COMES MRS.

J. H. Hayes

who, being sworn, says on oath that she is a bona fide resident of said County of Cobb State of Georgia, and that she has RESIDED in said State continuously ever since all my life. That she is the Widow of J. H. Hayes who was a soldier in Company 4 of the Phillip Legion Regiment of Volunteers, that he enlisted in said regiment on or about the month of April 1865, and served in the Army up to April 1865. That he died on the 28 day of Dec 1861.

Growing to age Infirmary and
poverty she is unable to support herself

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1858.

I have been allowed an Indigent pension as a resident of Cobb County, under Act 1900, for the year 1903, and now apply for the pension provided by law for the year ending December 31, 1904.

Sworn to and subscribed before me, this 9 day of Jan 1904.
John H. Hayes Ordinary.

Post-Office

State of Georgia,

Cobb County. } John H. Hayes Ordinary of said County, certify that I am well acquainted with Mrs. J. H. Hayes who made the above affidavit, and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the day of 18.

Given under my official signature and seal, this 9 day of Jan 1904.



Ordinary of

Cobb County.

NOTE.—All blanks must be filled.
Vouchers and Affidavits must bear date after January 1st, 1904.

POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY, *Paul*

I, *J. Lindsey*, hereby authorize

of

to receive and receipt for the pension paid hereon, and request that he remit same to

at

In Witness Whereof, I have hereunto set my hand and seal, this *2*

day of *Jan*, 1905.

Executed in presence of

my J. G. Hays [L. S.]

J. Lindsey

To Those Herebefore Paid.
Mrs. J. G. Hays
Widow of J. G. Hays

1905.

No. *241*

INDIGENT

WIDOW'S PENSION,

For year ending Dec. 31, 1905.

Mrs. J. G. Hays
OF

County,

Widow of *J. G. Hays*

Co. _____

Regiment.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

1905.

Jan 23

AND HANDED TO

1905.

Q

This document is subject to the provisions of the Act of March 3, 1905, Chapter 140, Section 1, and the Act of March 3, 1905, Chapter 140, Section 2.

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

PERSONAL COMES MRS.

County of Cobb } S. F. Hayes

Cobb 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
J. H. Hayes who was a soldier in Company
of the Phillips Legion
Volunteers, that he enlisted in said regiment on or about the month of

186 and served in the Army up to 186 That he died on
the day of

Age Infirmary & Prater

Dependent swears that she was the wife of said deceased soldier, during his service in the Army as a
soldier, and that she has never married since his death aforesaid, and that she became his wife in
the year 18

I have been allowed an Indigent pension as a resident of
County, under Act 1900, for the year 1901, and now apply for the pension provided by law for the
year ending December 31, 1905.

Sworn to and subscribed before me,
this day of January 1905.
John H. Hayes Ordinary. Post Office Mrs. S. F. Hayes

State of Georgia,
Cobb }
County. }
Ordinary of said County, certify that I am well
acquainted with Mrs. S. F. Hayes, who made the above affidavit and
am satisfied that the facts therein stated are true, and I know she is the individual she represents
herself to be, and that she has continuously resided in this State since the
day of 18

Given under my official signature and seal, this the 12 day of January 1905.
John H. Hayes
Ordinary of Cobb County.

NOTE.—All blanks must be filled.
Vouchers and Affidavits must bear date after January 1st, 1905.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.

I, S. J. Hayes, hereby authorize
John Anthony of Maricopa, Ga.
to receive and receipt for the pension paid hereon, and request that he remit same to
at _____

In Witness Whereof, I have hereunto set my hand and seal, this 5
day of January 1906.

Executed in presence of
William

Wm J. Hayes [L. S.]

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.

I, S. J. Hayes, hereby authorize
John Anthony of _____
to receive and receipt for the pension paid hereon, and request that he remit same to
at _____

In Witness Whereof, I have hereunto set my hand and seal, this 9
day of January 1907.

Executed in presence of
William

Wm J. Hayes [L. S.]

Hayes, S. J. (Mm)

To Those Heretofore Paid.

1906.

No. 311

INDIGENT
WIDOW'S PENSION,

For year ending Dec. 31, 1906.

PAID TO
Mrs. S. J. Hayes

OF

Cobb County,

Widow of S. J. Hayes
Co. H. 1st Inf. Regt.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
1/27 1906.

AND HANDLED TO

ack

THE PRINTER PRINTING AND PUBLISHING CO., ATLANTA, GA.

Hayes, S. J. (Mm)
Cobb County
To Those Heretofore Paid

1907.

No. 310

INDIGENT
WIDOW'S PENSION,

For year ending Dec. 31, 1907.

PAID TO

Mrs. S. J. Hayes

OF

Cobb County,

Widow of S. J. Hayes

Co. _____ Regiment.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED

1/21 1907.

AND HANDLED TO

THE PRINTER PRINTING AND PUBLISHING CO., ATLANTA, GA.

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

County of Cobb

PERSONALLY COMES MRS.

J. H. Hays

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

J. H. Hays

who was a soldier in Company

A of the Phillips Legion Regiment of

Volunteers, that he enlisted in said regiment on or about the month of

186____, and served in the Army up to

186____

That he died on

the _____ day of

18____

g.

Age & Infirmary

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 18____.

I have been allowed an Indigent pension as a resident of

Cobb

County, under Act 1900, for the year 1905, and now apply for the pension provided by law for the year ending December 31, 1906.

Sworn to and subscribed before me

this 5th day of January 1906.John H. Hays, Ordinary.

Post Office _____

State of Georgia,

County.

I, _____

Ordinary of said County, certify that I am well

acquainted with Mrs. _____, who made the above affidavit, and

am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the

day of _____ 18____

Given under my official signature and seal, this the _____ day of _____ 1906.

Official Seal

NOTE--All blanks must be filled.
Vouchers and Affidavits must bear date after January 1st, 1906.

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

County of Cobb

PERSONALLY COMES MRS.

J. H. Hays

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

J. H. Hays

who was a soldier in Company

A of the _____ Regiment of

Volunteers, that he enlisted in said regiment on or about the month of

186____, and served in the Army up to

186____

That he died on

the _____ day of

18____

Age & Infirmary

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 18____.

I have been allowed an Indigent pension as a resident of

Cobb

County, under Act 1900, for the year 1906, and now apply for the pension provided by law for the year ending December 31, 1907.

Sworn to and subscribed before me

this 5th day of January 1907.John H. Hays, Ordinary.

Post Office _____

State of Georgia,

County.

I, _____

Ordinary of said County, certify that I am well

acquainted with Mrs. _____, who made the above affidavit, and

am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the

day of _____ 18____

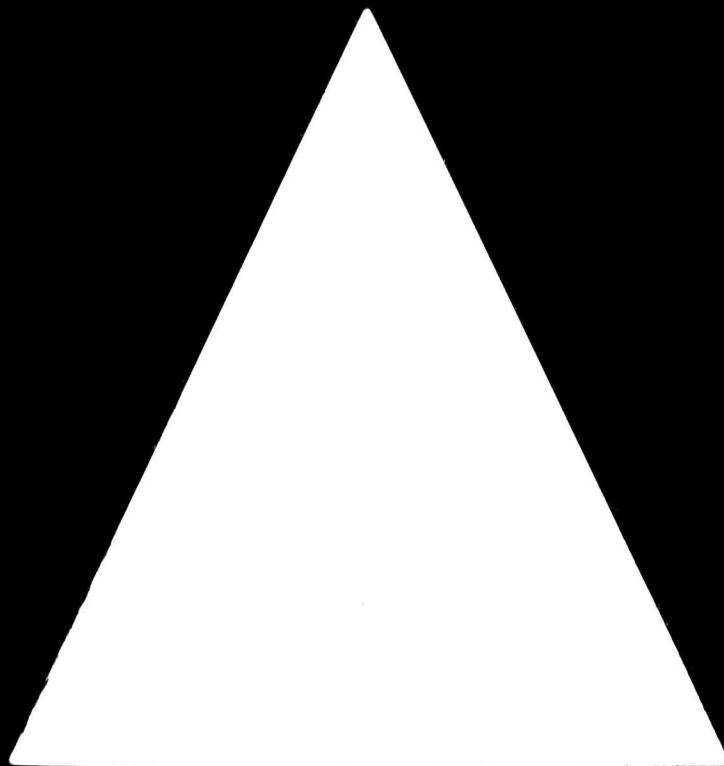
Given under my official signature and seal, this the 9 day of January 1907.

Official Seal

NOTE--All blanks must be filled.
Vouchers and Affidavits must bear date after January 1st, 1907.

NOTE.—All blanks must be filled.
Vouchers and Affidavits must bear date after January 1st, 1906.

NOTE.—All blanks must be filled.
Vouchers and Affidavits must bear date after January 1st, 1907.



STATE OF GEORGIA

Wm. Henry

County

I, *Wm. Henry*, Ordinary of said county,

do certify that I am well acquainted with *John McSwain* 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 before of said county, and the said affidavits and signatures thereto are genuine.

Given under my official signature and seal, this 11th day of Feb'y, 1890

Ordinary

Wm. Henry

County

Naves, W. H.
Cobb Co.
Naves, W. H.
1890.

No. *927*
APPLICATION FOR ALLOWANCE.

FOR THIS COUNTY, GEORGIA.

John McSwain
Ordinary of Cobb Co.
Applicant, *John McSwain*

County, *Cobb*

Amount, *50*

Date of warrant, *Feb 11*

Entered on record

Feb 11, 1890

W. H. H.

RECEIVED BY THE CLERK OF THE COURT

WARRANT HANDED TO

Applicant

STATE OF GEORGIA,

I, J. M. Stone Ordinary of said county,
do certify that I am well acquainted with W. H. Rogers the
applicant in the foregoing affidavit, and am well satisfied that the statements made by him
in his said affidavit are true, and that he is disabled, to the extent he claims, and I know
he is the individual he represents himself to be, and that he resides in this county.

I further certify that _____ before
whom the foregoing affidavits were made and power of attorney was signed, is a
of said county, and the said affidavits and
signatures thereto are genuine.

Given under my official signature and seal, this 11th day of July, 1890

Ordinary

County.

STATE OF GEORGIA,

I, J. M. Stone Ordinary of said County,
do certify that I am well acquainted with W. H. Rogers the
applicant in the foregoing affidavit, and am well satisfied that the statements made by him
in his said affidavit are true, and that he is disabled, to the extent he claims, and I know he is
the individual he represents himself to be, and that he resides in this County.

I further certify that _____
before whom the foregoing affidavits were made and power of attorney was signed, is a
of said County, and the said affidavits and
signatures thereto are genuine.

Given under my official signature and seal, this 12th day of July, 1891.

Ordinary

County.

APPLICATION FOR ALLOWANCE.

No. 720
FOR THE YEAR ENDING DECEMBER 31, 1890
Applicant W. H. Rogers
County Cobb
Amount \$5.50
Date of warrant July 11
Entered on record July 11
1890
WARRANT BLANKED TO
Applicant W. H. Rogers

Application for Allowance

No. 720
FOR THE YEAR ENDING DECEMBER 31, 1890
Applicant W. H. Rogers
County Cobb
Amount \$5.50
Date of Warrant July 11
Entered on record July 11
1890
WARRANT BLANKED TO
Applicant W. H. Rogers

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

PERSONALLY appears *W. H. Hayes* of *Cobb* County,

State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has been such continually since the

June 18 *1863* that he enlist-d in the military service of the Confederate States (or of the State of

States, and served as a *Private* in Company *D*, of *27*th Regiment of *Volunteers* *Colquitt's* Brigade; that whilst engaged

in such military service, at the battle of *Old Harbor* in the State of *Ga.* on the *28*th day of *June* 1862 he was

wounded as follows: *Wound ball entering in the breast and passing through the lungs & ribs, thereby killing the lungs & air passages. Also by bullet striking in & cutting off the third finger on the right hand. Deponent is rendered practically incompetent to perform the Ordinance Manual*

Provisions of Life.

Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1890. I have heretofore been allowed a pension of

\$55. dollars, for *Mind & Fingers*

Sworn to and subscribed before me, this *15*th day of *July*, 1890

W. H. Hayes

W. H. Hayes

NOTE.—State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability.

POWER OF ATTORNEY.

STATE OF GEORGIA

County.

KNOW ALL MEN BY THESE PRESENTS, That I,

of

county, in said State, do hereby appoint

my true and lawful attorney in fact, for me and in my name, to receive and receipt for what ever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this

day of

189

Executed in the presence of us:

[L. S.]

DIRECTION.

Send money to me as follows, by

to

County, Georgia.

P. O.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

PERSONALLY appears *W. H. Hayes* 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 *June* 18 *1863*; that he enlist-d in the military service of the Confederate States (or of the State of

States, and served as a *Private* in Company *D*, of *27*th Regiment of *Volunteers* *Colquitt's* Brigade; that whilst engaged

in such military service at the battle of *Old Harbor* in the State of *Ga.* on the *28*th day of *June* 1862 he was

wounded as follows: *Wound ball entering in the right breast & passing through the lungs & ribs, thereby killing the lungs & air passages. Also by bullet striking in & cutting off the third finger on the right hand. Deponent is rendered practically incompetent to perform the Ordinance Manual*

Provisions of Life.

Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1891. I have heretofore been allowed a pension of

\$55. dollars, for *Mind & Fingers*

Sworn to and subscribed before me, this *15*th day of *July*, 1891

W. H. Hayes

W. H. Hayes

NOTE.—State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

Know all Men by these Presents, That I,

of

County, State of Georgia, do hereby appoint

my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this

day of

1891.

Executed in the presence of us:

[L. S.]

DIRECTION.

Send money to me as follows, by

to

County, Georgia.

P. O.

off an Chin 18 May of June 1864, at Atlanta Ga.

STATE OF GEORGIA.

I, John H. Hays Ordinary of said county,
do certify that I am well acquainted with W. H. Harrison the
applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his
said affidavit are true, and that he is disabled, to the extent he claims, and I know he is the
individual he represents himself to be, and that he resides in this county.

Given under my official signature and seal, this 1st day of March 1892.

John H. Hays Ordinary. DeKalb County.

SOLDIER'S PENSION.

1892.

FOR THE YEAR ENDING OCTOBER 31, 1892.

Name W. H. Harrison
County DeKalb
Disability W. H. Harrison
Amount, \$ 25.00
Entered on record March 1 1892.
W. H. HARRISON,
Secretary of Soldiers' Department.
No AGENT.
Applicant
W. H. Harrison, State Printer, Atlanta, Ga.

POWER OF ATTORNEY.

STATE OF GEORGIA.

Know all Men by these Presents, that I, John H. Hays Ordinary of DeKalb County, State of Georgia, do hereby appoint

of DeKalb County, State of Georgia, my true and lawful attorney in and for
me, 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, having authorized
my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or
for any sum of money which may be coming to me for the reason aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this
day of March 1892.

Executed in the presence of us:

John H. Hays Ordinary of DeKalb County, Georgia.

Send money to me as follows by

STATE OF GEORGIA to P. O.

DeKalb County, Georgia.

Sworn to and subscribed before me this 1st day of March 1892.

1893

Application for Pension

W. H. Harrison

DeKalb County, Georgia

March 1 1892

W. H. Harrison

No

STATE OF GEORGIA

For Applicants Heretofore Allowed Pensions.

POWER OF ATTORNEY.

STATE OF GEORGIA.

COUNTY.

Know all Men by these Presents, That I,

of

County, State of Georgia, do hereby appoint

of _____ my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of an injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing my said Attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this

day of _____ 1894.

[L. S.]

Executed in the presence of us

DIRECTIONS.

Send money to me as follows, by

to

P. O.

County, Georgia.

Hayer, W. H.
Cable Co.

(For Those Already Enrolled.)

Soldier's Pension.

1894.

Name *W. H. Hayer*
County *Lowndes*
Disability *Body maimed & legs*
Amount *\$25.00*
March 14

1894.

W. H. HARRISON,

Secretary Executive Department.

WARRANT HANDLED TO

Applicant

Geo. W. Harrison, State Printer, Atlanta.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

KNOW ALL MEN BY THESE PRESENTS, That I,

of

County, State of Georgia, do hereby appoint

of _____ my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of an injury received as aforesaid in the military service of the Confederate States (or of this State) as stated in the foregoing affidavit; hereby authorizing my said Attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this

day of _____ 1895.

Executed in presence of us

[L. S.]

DIRECTIONS.

Send money to me as follows, by

to

P. O.

County, Georgia.

Hayer, W. H.
Cable Co.

(For Those Already Enrolled.)

No. *1306*

SOLDIER'S PENSION.

1895.

Name *W. H. Hayer*
County *Lowndes*
Disability *Body maimed & legs*
Amount *\$25.00*
Sept 12

1895.

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDLED TO

244

Geo. W. Harrison, State Printer, Atlanta.

No data

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

PERSONALLY appears *W. H. Hayes 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 *5th*
day of *June* 18*63*, that he enlisted in the military service of the Con-
federate States (or of the State of *Georgia*) during the war between the
States, and served as a *Private* in Company *A*, of *37th* Regiment
of *Volunteers* *Colquitt*'s Brigade, that whilst engaged in
such military service at the battle of *Red Bank* in the State
of *Georgia* on the *18th* day of *June* 1864 he was
wounded as follows:

By gunshot striking
the right breast, passing
through the lung and exiting
under the back of the head.
on 18th day of June 1864 the third finger on
the right hand was shot off at the joint.
Wound is now and incompetent to perform

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 23, 1894. I have heretofore been allowed a pension of

\$55.

dollars, for the year 189*3*

Sworn to and subscribed before me, this, the

day of *May* 1894.

W. H. Hayes
W. H. Hayes

Note. Fully the nature of wound or character of disease which causes the disability, and explain particularly the extent
of the disability, resulting from the wound or disease.

STATE OF GEORGIA,

Cobb County.

I, *J. M. Stone* Ordinary of said County.
do certify that I am well acquainted with *W. H. Hayes* the
applicant in the foregoing affidavit, and am well satisfied that the statements made by him
in his said affidavit are true, and I know he is the individual he represents himself to be
and that he resides in this County.

Given under my official signature and seal, this

day of *May* 1894.



J. M. Stone
Ordinary *Cobb* County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

PERSONALLY appears *W. H. Hayes* 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 *5th*
day of *June* 18*63*, that he enlisted in the military service of the Con-
federate States (or of the State of *Georgia*) during the war between the
States, and served as a *Private* in Company *A*, of *37th* Regiment
of *Volunteers* *Colquitt*'s Brigade; that whilst engaged in
such military service at the battle of *Red Bank* in the State
of *Georgia* on the *18th* day of *June* 1864 he was
wounded as follows:

By gunshot striking
under the right breast, passing
through the lung and exiting
under the back of the head.
the third finger on the right hand
was shot off at the joint.
Wound is now and incompetent to perform

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 *55* dollars, for the year 189*4*

Sworn to and subscribed before me, this, the

day of *May* 1895.

W. H. Hayes
W. H. Hayes

Note. Fully the nature of wound or character of disease which causes the disability, and explain particularly the extent
of the disability, resulting from the wound or disease.

STATE OF GEORGIA,

Cobb County.

I, *J. M. Stone* Ordinary of said County,
do certify that I am well acquainted with *W. H. Hayes* the
applicant in the foregoing affidavit, and am well satisfied that the statements made by him
in his said affidavit are true, and I know he is the individual he represents himself to be
and that he resides in this County.

Given under my official signature and seal, this

day of *May* 1895.



J. M. Stone
Ordinary *Cobb* County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

I, _____ hereby authorize _____

of _____

to receive and receipt for the pension paid hereon and request that he remit same to

by _____

at _____

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this _____

day of _____ 1896.

[L. S.]

Executed in presence of _____

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

I, _____ hereby authorize _____

of _____

to receive and receipt for the pension paid hereon and request that he remit same to

by _____

at _____

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this _____

day of _____ 1897.

[L. S.]

Executed in presence of _____

Hayes, M. H.
Testimony
ACT OF MARCH 1897.
 (For These Already Enrolled.)

No. 670

SOLDIER'S PENSION.

1896.

Name *M. H. Hayes*
 County *Cooper*
 Disability *Breast & finger*
 Amount, \$ *55.00*

2/26 1896

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDLED TO

appet

Wm. W. Harrison, State Printer, Atlanta.

No data

Hayes, M. H.

Testimony

ACT OF MARCH 1897.
 (For These Already Enrolled.)

No. 1998

INVALID

SOLDIER'S PENSION.

1897.

Name *M. H. Hayes*
 County *Cooper*
 Disability *Breast & finger*
 Amount, \$ *55.00*

2/24 1897.

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDLED TO

appet

Wm. W. Harrison, State Printer, Atlanta.

No data

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears *W. H. Hayes* 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

1863, that he enlisted in the military service of the Confederate States (or of the State of

Georgia) during the war between the States, and served as a *Private* in Company *D*, of *27th* Regiment of

Volunteers, *Colquhoun's* Brigade; that whilst engaged in such military service in the State of

Georgia, on the *25th* day of *June*, 1864, he was wounded, injured or diseased as follows:

With gun shot striking the right breast passing through the right lung &c

Wholly incompetent as regards practice &c

the ordinary manual vocations of life

Also lost the 3rd finger on the right hand on 18 day of June 1864

Dependent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is

entitled for the year ending October 26th, 1896. I have heretofore as a resident of

Cobb County been allowed a pension of *\$5.00*

dollars, for the year 1890.

Sworn to and subscribed before me, this, the *25th* day of *July*, 1896.

W. H. Hayes

Not a State fully the nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease.

STATE OF GEORGIA,

Cobb County.

I, *W. H. Hayes* Ordinary of said County, do certify that I am well acquainted with

applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be

and that he resides in this County.

Given under my official signature and seal, this *25th* day of *July*, 1896.

W. H. Hayes

Ordinary

Cobb County.



For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears *W. H. Hayes* 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 1863, that he enlisted in the military service of the Confederate States (or of the State of

Georgia) during the war between the States, and served as a *Private* in Company *D*, of *27th* Regiment of

Volunteers, *Colquhoun's* Brigade; that whilst engaged in such military service in the State of

Georgia, on the *25th* day of *June*, 1864, he was wounded, injured or diseased as follows:

By gunshot striking the right breast passing in and has

never been taken out, and by loss of one finger of this finger on right

hand

Applicant is generally practically incompetent to perform the ordinary manual vocations of life

Dependent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is

entitled for the year ending October 26th, 1897. I have heretofore under said law as a

resident of Cobb County been allowed an invalid pension of

\$5.00 Dollars, for the year 1890.

Sworn to and subscribed before me, this, the *25th* day of *July*, 1897.

W. H. Hayes

Not a State fully the nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease.

STATE OF GEORGIA,

Cobb County.

I, *W. H. Hayes* Ordinary of said County, do certify that I am well acquainted with

applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be

and that he resides in this County.

Given under my official signature and seal, this *22nd* day of *July*, 1897.

W. H. Hayes

Ordinary

Cobb County.



POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, _____ hereby authorize

of

to receive and receipt for the pension paid hereon and request that he remit same to

by

at

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this

day of _____ 1898.

[L. S.]

Executed in presence of

Hayes, W. H.

NO. 2722

INVALID
SOLDIER'S PENSION.
1898.

Name *W. H. Hayes*
County *Cobb*
Disability *Shoud & finger*
Amount, \$ *5.50*
2/21 1898.

RICHARD JOHNSON,
Commander of Pension.

WARRANT HANDED TO
Alph

*W. H. Hayes, U.S.A.,
Cobb Co.*

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, *W. H. Hayes* hereby authorize

of

to receive and receipt for the pension paid hereon and request that he remit same to

by

at

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *15*

day of *Feb* 1898.

[L. S.]

Executed in presence of

Hayes, W. H.

NO. 3168

INVALID
SOLDIER'S PENSION.
1898.

Name *W. H. Hayes*
County *Cobb*
Disability *Shoud & finger*
Amount, \$ *5.50*
2/21 1898.

RICHARD JOHNSON,
Commander of Pension.

WARRANT HANDED TO
Alph

*W. H. Hayes, U.S.A.,
Cobb Co.*

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears *W. H. Hayes* 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 *5th* day of *June* 18*63*; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Private* in Company *D*, of *27th* Regiment of *Volunteers*, *Belzoni's* Brigade; that whilst engaged in such military service in the State of *Georgia*, on the *28th* day of *June* 186*2*, he was wounded, injured or diseased as follows:

By one shot in right breast, and third finger on right hand shot so as to necessitate amputation of finger shot at Petersburg on 3rd June 1864, and rendering applicant practically incapable to perform manual avocations of life.

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 20th, 1888. I have heretofore under said law as a resident of *Cobb* County been allowed an invalid pension of

8.55 Dollars, for the year 188*7*

Sworn to and subscribed before me, this, *21st* day of *July* 1888. *W. H. Hayes* POST-OFFICE

State fully the nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease.

STATE OF GEORGIA,

Cobb County.

I, *J. W. Stone* Ordinary of said County, do certify that I am well acquainted with *W. H. Hayes* the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County.

Given under my official signature and seal, this *21st* day of *July* 1888.



Ordinary

J. W. Stone *Cobb* County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears *W. H. Hayes* 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 *5th* day of *June* 18*63*; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Private* in Company *D*, of *27th* Regiment of *Volunteers*, *Belzoni's* Brigade; that whilst engaged in such military service in the State of *Georgia*, on the *28th* day of *June* 186*2*, he was wounded, injured or diseased as follows:

By one shot in right breast, and third finger on right hand shot so as to necessitate amputation of finger shot at Petersburg on 3rd June 1864, and rendering applicant practically incapable to perform the ordinary manual avocations of life.

Deponent makes application for the pension to which he is entitled for the year ending October 20th, 1889. I have heretofore under said law as a resident of *Cobb* County been allowed an invalid pension of

8.55 Dollars, for the year 188*8*

Sworn to and subscribed before me, this, *15th* day of *July* 1889. *W. H. Hayes* POST OFFICE

State fully the nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease.

STATE OF GEORGIA,

Cobb County.

I, *J. W. Stone* Ordinary of said County, do certify that I am well acquainted with *W. H. Hayes* the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County.

Given under my official signature and seal, this *15th* day of *July* 1889.



Ordinary

J. W. Stone *Cobb* County.

POWER OF ATTORNEY.

STATE OF GEORGIA.

Cobb County.

I, W. H. Hayes hereby authorize J. M. Stoue
of Maricetta, Ga.

to receive and receipt for the pension paid hereon and request that he remit same to
me by him

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this

day of _____ 1900.

W. H. Hayes [L. S.]
mark

Executed in presence of

POWER OF ATTORNEY.

STATE OF GEORGIA.

Cobb County.

I, W. H. Hayes hereby authorize John Andrew
of Maricetta

to receive and receipt for the pension paid hereon and request that he remit same to
me by hand

at Maricetta

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 4th

day of Jan 1901.

W. H. Hayes [L. S.]
mark

Executed in presence of

James M. Gann

Hayes, W. H.

Cobb

COBB SECTION 100

(For Those Already Enrolled.)

No. 1284

INVALID

SOLDIER'S PENSION.

1900.

Name W. H. Hayes
County Cobb
Disability Breast
Amount, \$ 55.
Warrant issued Jan 7 1900.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDLED TO

Stoue

Gen. W. Harrison, State Prison, Atlanta.

No data

Hayes, W. H.

Cobb

COBB SECTION 100

(For Those Already Enrolled.)

No. 149

DISABLED

SOLDIER'S PENSION.

1901.

Name W. H. Hayes
County Cobb
Disability Gen. West - leg of leg
Amount, \$ 55.00

Jan 15 1901.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDLED TO

Andrew

Gen. W. Harrison, State Prison, Atlanta.

No data

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears *W. H. Hayes* 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 *5th* day of *June* 18*63*; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *private* in Company *D*, of *27th* Regiment of *Georgia* Volunteers, *Caloyett*'s Brigade; that whilst engaged in such military service in the State of *Georgia*, on the *28th* day of *June* 18*62*, he was wounded, injured or diseased as follows:

By gunshot striking right breast causing inward protrusion rendering the applicant practically incompetent to perform the ordinary manual avocations of life.

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1900. I have heretofore under said law as a resident of *Cobb* County been allowed an invalid pension of *\$55* Dollars, for the year 18*99*.

Sworn to and subscribed before me, this *27th* day of *July* 1900, POST OFFICE *Rockwell Ga.*

Note.—State fully the nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease.

STATE OF GEORGIA,

Cobb County.

I, *J. M. Stone* Ordinary of said County, do certify that I am well acquainted with *W. H. Hayes* the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County.

Given under my official signature and seal, this *27th* day of *July* 1900, *J. M. Stone* Ordinary *Cobb* County.



For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears *W. H. Hayes* 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 *5th* day of *June* 18*63*; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *private* in Company *D*, of *27th* Regiment of *Georgia* Volunteers, *Caloyett*'s Brigade; that whilst engaged in such military service in the State of *Georgia*, on the *28th* day of *June* 18*62*, he was wounded, injured or diseased as follows:

By gun shot striking right breast causing inward protrusion rendering the applicant practically incompetent to perform the ordinary manual avocations of life also the tip of one finger on the right hand by gun shot

Deponent makes application for the pension to which he is entitled for year ending October 26th, 1901. I have heretofore under said law as a resident of *Cobb* County been allowed an invalid pension of *\$55* Dollars, for the year 1900.

Sworn to and subscribed before me, this *14th* day of *January* 1901, POST OFFICE *Rockwell Ga.*

Note.—State fully the nature of the wound or character of disease which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease.

STATE OF GEORGIA,

Cobb County.

I, *John Aubrey* Ordinary of said County, do certify that I am well acquainted with *W. H. Hayes* the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County.

Given under my official signature and seal, this *14th* day of *January* 1901, *John Aubrey* Ordinary *Cobb* County.



POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }
Chick
W. W. Hayes
Maricotta

hereby authorize

of *Maricotta*

to receive and receipt for the pension paid hereon and request that he remit same to

at *his office* by *hand*

IN WITNESS WHEREOF, I have hereunto set my hand and seal this *4th*

day of *July* 1902.

W. W. Hayes
Maricotta

[L. S.]

Executed in presence of

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }
Chick
W. W. Hayes
John M. M. M.

I, *W. W. Hayes* hereby authorize

of

to receive and receipt for the pension paid hereon and request that he remit same to

by

at

IN WITNESS WHEREOF, I have hereunto set my hand and seal this *1st*

day of *July* 1903.

W. W. Hayes
Maricotta

[L. S.]

Executed in presence of

(FOR THOSE ALREADY ENROLLED.)

D-27 No. 318

DISABLED

SOLDIER'S PENSION

1902.

Name *W. W. Hayes*

County *Chick*

Co. _____ Regiment _____

Disability _____

Amount, \$ *35*

1/16 1902.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Dray

Geo. W. Harrison, State Printer, Atlanta.

no data

Hayes, W. W.
Chick County

(FOR THOSE ALREADY ENROLLED.)

No. *364*

DISABLED

SOLDIER'S PENSION

1903.

Name *W. W. Hayes*

County *Chick*

Co. *D* Regiment *27th*

Disability _____

Amount, \$ *55.00*

1/23 1903.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Dray

Geo. W. Harrison, State Printer, Atlanta.

11/16/03

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

City County,

Personally appears *W H Hayes* of *Colt* County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the *5th* day of *June* 18*93*; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Spirap* in Company *D*, of *27th* Regiment of *Georgia* Volunteers, *Colquhoun's* Brigade; that whilst engaged in such military service in the State of *Georgia*, on the *28th* day of *June* 18*62*, he was wounded, injured or diseased as follows:

By gun shot striking right breast

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 *Colt* County, been allowed an invalid pension of *\$55* Dollars, for the year 1901.

Sworn to and subscribed before me, this the *10th* day of *May* 1902. Post-office *Hayes*

STATE OF GEORGIA,

County.

I, *John D. Smith* Ordinary of said County, do certify that I am well acquainted with *W H Hayes* the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County.

Given under my official signature and seal, this *10th* day of *May* 1902.



Ordinary *John D. Smith* County.

Note.—Fill all blanks and of Company and Regiment.
Note.—All vouchers and affidavits must bear date after January 1, 1902.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Colt County,

Personally appears *W H Hayes* of *Colt* County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the *5th* day of *June* 18*93*; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Spirap* in Company *D*, of *27th* Regiment of *Georgia* Volunteers, *Colquhoun's* Brigade; that whilst engaged in such military service in the State of *Georgia*, on the *28th* day of *June* 18*62*, 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, 1903. I have heretofore, under said law, as a resident of *Colt* County, been allowed an invalid pension of *\$55* Dollars, for the year 1902.

Sworn to and subscribed before me, this the *10th* day of *May* 1903. Post-office *Hayes*

STATE OF GEORGIA,

Colt County,

I, *John D. Smith* Ordinary of said County, do certify that I am well acquainted with *W H Hayes* the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County.

Given under my official signature and seal, this *10th* day of *May* 1903.



Ordinary *John D. Smith* County.

Note.—Fill all blanks and of Company and Regiment.
Note.—All vouchers and affidavits must bear date after January 1, 1903.

Audited.

1891.

COMPTROLLER GENERAL.

1891.

Maimed Soldiers.

Voucher No. 421

Amount \$ 55

Paid to M H Hayes -
For Body wound, 11
finger lost
July 12 1891.

Included in warrant No.

issued to Treasurer.

1891.

WARRANT CLERK.

Geo. W. Harrison, State Printer, Atlanta.

Applicant

Audited

18

COMPTROLLER GENERAL.

Gobb

Maimed Soldiers.

Voucher No. 927

Amount \$ 55

Paid to M H Hayes
For Body wound, 11
finger lost
July 11 1891.

Included in warrant No.

issued to Treasurer.

18

WARRANT CLERK.

W. J. Campbell, State Printer, Constitution Job Office.

Applicant

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.

1891.

No. 721

Atlanta, Ga. July 11 1891.

Mr. *W. H. Hayes* of the County
of *Co. 66* 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
Eighty Two Dollars
He is entitled to receive the sum of *Eighty Two* Dollars
for such disability, the same being the allowance due for the year ending October 24, 1891.

The Treasurer will pay the same and hold his receipt on this voucher and return same to
Executive Department for warrant.

By the Governor,

W. H. Harrison

Sec'y EXECUTIVE DEPARTMENT.

RECEIVED OF R. U. HARDEMAN, Treasurer of the State of Georgia.

Eighty Two Dollars,
per above voucher, this *12* of *July* 1891.

with W. J. Speer

W. H. Hayes

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.

No. 927

Atlanta, Ga. July 11 1890

Mr. *W. Henry Hays* of the County
of *Co. 66* having filed his application in the Executive
Department for an allowance under the Act approved October 24, 1887, as amended by Act,

approved, Dec. 24, 1888, and the same having been examined and allowed for *Loss*
of finger and dis. by body m. m.
He is entitled to receive the sum of *Eighty Two* Dollars
for such disability, the same being the allowance due for the year ending October 24, 1890.

The Treasurer will pay the same and hold his receipt on this voucher, and return same
to Executive Department for warrant.

By the Governor,

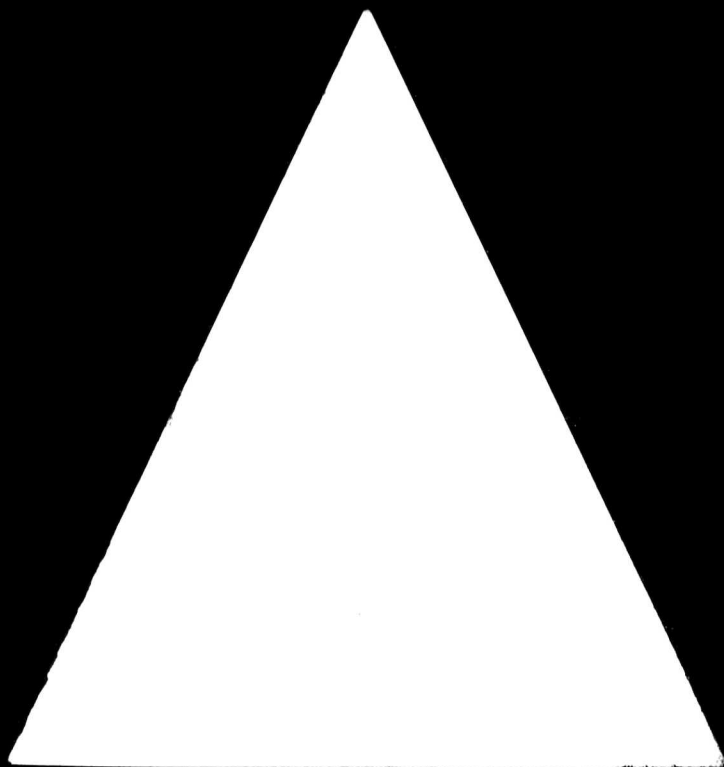
W. H. Harrison

CLERK EXECUTIVE DEPARTMENT.

RECEIVED OF STATE TREASURER, R. U. HARDEMAN.

Eighty Two Dollars,
per above voucher, this *12* of *July* 1890.

W. H. Harrison



In order to avoid unnecessary delays to applicants, and to enable all parties interested to understand the provisions of the law, the following suggestions are made as the rules adopted by the Governor touching the same provided:

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 arm, nor for a crippled foot, nor for an arm or leg, and a crippled leg has been rendered substantially and essentially useless.

There is no qualification to the clause of the Act in reference to the arm or leg; but the limb must for all purposes be "substantially and essentially useless."

4. If the application is for a wounded leg, it would seem to be a fair construction of the Act, and the words above quoted, to say that unless the injury is such as to require the constant use of crutch or stick, that the leg is not "substantially and essentially useless."

5. It is more difficult to say when an arm is "substantially and essentially useless." The words are not defined, and it is not possible to say when an arm is a "mangled condition to entitle one to the allowance mentioned in the Act." The Legislature is added to, to provide for all who were badly injured, but the present law does not reach many worthy, needy cases. It was inaugurated as an experiment; if abused, it will naturally become unpopular and be repealed. If properly administered, will do great good.

6. If papers are returned for correction, and amendments are added to any of the affidavits, the amendments should be made *sworn* before an officer, and the proofs must show that the amendments have been duly sworn to.

7. The Ordinances 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. The certificate of any other will not be received in any case.

The Ordinances of the several counties are specially requested to call the attention of the physicians and applicants to these points.

Haygood, Levi D.
116
Haygood, Levi D.
Colb Co

No. 782

Application for Allowance

FOR

Left leg disabled
Applicant L. D. Haygood

County Colb Co

Amount \$0

Date of Warrant March 6/88

Entered on Record,
March 6

1888

DD NH

Secretary Executive Dep't. Mont.

NOTES.

In order to avoid unnecessary delays to applicants, and to enable all parties interested to understand the law granting allowances to disabled soldiers, as well as the rules adopted by the Governor touching the payments provided, the following suggestions are submitted:

1. If an applicant has been wounded, the description of the wound should be carefully and fully set forth by applicant and physician, and followed by a plain statement of facts showing the extent of the disability. If applicant claims disability from disease contracted in the service, a full and carefully stated history of the disease should be given, tracing the disability by positive proofs to the service.

2. The law makes no allowance for a crippled hand, nor for a crippled foot, nor for an arm or leg, unless the arm or leg has been rendered substantially and essentially useless.

3. It will not answer to say that an arm is "substantially useless for ordinary pursuits of life, etc." There is no qualification to the clause of the Act in reference to the arm or leg, but the limb must for all purposes be "substantially and essentially useless."

4. If the application is for a wounded leg, it would seem to be a fair construction of the Act, and the words above quoted, to say that unless the injury is such as to require the constant use of crutch or stick, that the leg is not "substantially and essentially useless."

5. It is more difficult to say when an arm is "substantially and essentially useless." The words are strong ones, however, and the injury must be very severe, and the arm in a badly damaged condition to entitle one to the allowance mentioned in the Act. The Legislature intended to limit these payments to such as were most seriously wounded and disabled. In the future they will doubtless provide for all who were badly injured, but the present law does not reach many worthy, needy cases. It was inaugurated as an experiment: if abused, it will naturally become unpopular and be repealed. If properly administered, will do great good.

6. If papers are returned for correction, and amendments are added to any of the affidavits, the amendments must be made under oath before an officer, and the proofs must show that the amendments have been duly sworn to.

7. The Ordinaries know the condition of applicants better than the Governor or his Secretaries, and they are earnestly requested to discourage any man from making application unless he is entitled under the law. Hundreds of applications have been received and disallowed because they were not disabled so as to entitle them under the law. This entails much unnecessary work upon this office; it causes delays in making payments to those who are entitled; it puts parties to expense and trouble, and in the end causes bitter disappointment and mortification.

8. Every application must be certified by the Ordinary of the county of the residence of the applicant. The certificate of any other will not be received in any case.

The Ordinaries of the several counties are specially requested to call the attention of the physicians and applicants to these points.

STATE OF GEORGIA,

Booth County.

PERSONALLY appears

Levi J. Haygood of Booth county, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has been such since the day of 1862; that he

enlisted in the military service of the Confederate States (or of the State of Georgia, during the war between the States, and served as a Private in Company B, of the 38th Regiment of Georgia Volunteers, 2nd Brigade; that whilst engaged in such military service, at the battle of the State of Georgia, on the 30th day of August, 1862, he was

wounded as follows: By a Minnie ball through the left leg, just below the knee, fracturing the femur which wound is very tender, and rendering applicant permanently and permanently disabled, for life and unable to perform manual labor and since that essentially useless.

Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and makes application for the allowance to which he is entitled thereunder.

Sworn to and subscribed before me, this

29th day of February, 1888

W. W. Cunningham Jr. Clerk

Note.—State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability.

COMMISSIONED OFFICER'S AFFIDAVIT.

STATE OF GEORGIA,

Booth County.

PERSONALLY came before me

of the county

of State of Georgia, who, being duly sworn, says that he was

a commissioned officer in Company, of Regiment of

Volunteers, and that deponent knows, and that he received the wounds

(or contracted the disease) in the military service, as stated in his foregoing affidavit, and that wounds

(or disease) permanently disables the said, as stated by him in said

affidavit. Deponent further states that said is a bona fide

citizen of this State, and resides in county.

Sworn to and subscribed before me, this day of 1888

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:

Application for Allowance

FOR

Left leg disabled

Applicant Levi J. Haygood.

County Booth

Amount \$50.

Date of Warrant March 6, 1888

Entered on Record.

March 10

2044

Secretary Executive Department.

6/14/88

Haygood, Levi J.

Haygood, Levi J.

Booth Co.

No. 181

STATE OF GEORGIA,
Cobb County.

PERSONALLY COME *W. H. Montgomery and A. L. Leayell*
+ *C. M. Cook*
citizens of Cobb county in said State,
who, being duly sworn, say that they are acquainted with *Levi C. Haggood*
and know that he received the wounds (or contracted the
disease) in the military service, as stated by him in the foregoing affidavit; that said wounds (or
disease) permanently disables applicant, as stated by him; that said applicant is a bona fide citizen of this
State, and resides in Cobb county, and we are well satisfied that all the state-
ments in his affidavit are true.

Sworn to and subscribed before me, this
29th day of February 1888
at *Atlanta Georgia*

W. H. Montgomery
A. L. Leayell
C. M. Cook

NOTE.—Above affidavit must be made by three citizens of the county of applicant's residence.

STATE OF GEORGIA,
Cobb County.

PERSONALLY COMES before me *Levi C. Haggood* Ordinary of said county
and *Levi C. Haggood*, both known to

me as reputable physicians of said county, who, being severally sworn, say on oath that they have
carefully examined *Levi C. Haggood* and after such examination say, that the
applicant has been injured as follows: *He is a man of full body through
the right of which he has been injured in the military service, which
has been a severe wound, and is permanently disabled
from his life, and rendering him unable to perform
his usual labor, and is still in need of medical treatment.*

Sworn to and subscribed before me, this
29th day of February 1888
W. H. Hammett
ORDINARY

Levi C. Haggood
of Cobb County

NOTE.—The physicians will state fully the extent of the wound, and then give facts to show the extent of the disability
resulting therefrom.

STATE OF GEORGIA,
Cobb County.

I, *W. H. Hammett* Ordinary of said county,
do certify that I am well acquainted with *Levi C. Haggood*, the
applicant in the foregoing affidavit, and am well satisfied that the statements made by him in 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 *W. H. Squire* before whom the foregoing
affidavits were made and power of attorney was signed, is a *Notary Public*
of said county, and that the said affidavits and signatures thereto are genuine.

Given under my official signature and seal, this 29 day of February 1888
W. H. Hammett
Ordinary Cobb County.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cobb County.

Know all men by these presents, That I *Levi C. Haggood*
of Cobb
county, in said State, do hereby appoint *General Wm. Phillips*
of Cobb County my true and lawful attorney in fact, for
me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the
State of Georgia by reason of the injury received as aforesaid in the military service of the Confed-
erate States (or of this State), as stated in the foregoing affidavit. Hereby authorizing my said
attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of
money which may be coming to me for the reason aforesaid.

In witness whereof I have hereunto set my hand and seal, this 29th
day of February 1888 *Levi C. Haggood* [L.S.]

Executed in the presence of us:
W. H. Hammett
Oray

Ex Dept Atlanta Ga
July 21. 1889

A follow statement
regarding

Was applicant discharged
from army on account
of wound. If not
why not?

Does he use a crutch
has he used one con-
stantly since he is
wound was received
Does the wound
superficial now
The physicians will
answer fully &
under oath

W.H. Harrison
Chas

Hagood, L. H.
O.K.
Cobb Co

2025.
APPLICATION FOR ALLOWANCE
FOR YEAR ENDING OCTOBER 26, 1889

Left leg *applied*
Applicant, *L. H. Hagood*
County, *Cobb*
Amount, *50*
Date of Warrant *Apr 20/*
Entered on record
Apr 20 1889
W.H.H.
SECRETARY EXECUTIVE DEPARTMENT

No additional data
A. S. May

Mr. L. H. Hagood was shot through the
leg and the bone was broken about the
upper joint, large pieces of the bone worked
out, the leg was wounded & left in the joint
has pinched away, is shorter than the other
leg, the muscles and tendons are injured,
applicant uses a crutch or stick, the leg
swells, he is unable for service in the
army after this wound was received.
The leg is inflamed now, without swelling,
and is very painful, this was a very
serious wound and ~~some~~ *was*
this leg is essentially and substantially
useless. In fact the applicant suffers
almost constantly with the leg. *Edging Mort*
known to and subscribed
before me April 16-1889
J. L. Harrison
Chas

Ex. Mch. Adams Co
 July 21, 1889

A full statement
 required.

You applicant discharge
 from duty on account
 of wound & if not
 will not.

See he was a soldier
 when he used one day
 actually since his
 mind was received
 does the wound
 adequate now
 the physician will
 answer fully &
 make out
 J. H. H. H. H.
 Clerk

Harold, J. H.
 01
 Coll. Co

2020.
 APPLICATION FOR ALLOWANCE
 FOR THE FISCAL YEAR OCTOBER 1, 1888

Applicant
 Name
 Harold J. H.
 Amount
 \$50
 Date of Payment
 April 30, 1889
 Entered on record
 Coll. Co
 J. H. H.
 SECRETARY EXERCISES DEPARTMENT
 No additional data
 A. J. H. H.

Monica 4th April 16, 1889
 Mr. L. C. Hayford was shot through the
 leg and the bone was broken about the
 knee joint, large pieces of the bone worked
 out, the leg was rendered stiff in the joint
 has pained away, is shorter than the other
 leg, the muscles and tendons are injured,
 applicant uses a crutch or stick, the leg
 swells, he was unable for service in the
 army after this wound was received.
 the leg swells now, swells at times,
 and is very painful. This was a very
 serious wound and ~~some more~~
 this leg is essentially and substantially
 useless. In fact the applicant suffers
 almost constantly with the leg. Ex. Secy. Mch.
 known to and subscribed
 before the April 16, 1889
 J. H. H. H.
 Ordway.



Ex. Rept. Atlanta Co
 July 21. 1889
 A Yellow statement
 requires
 Was applicant discharged
 from army on account
 of wounds? If not
 why not?
 Does he use a crutch
 Has he used one con-
 stantly since his
 wounds were received?
 Does the wound
 separate now?
 The physicians will
 answer fully &
 under oath
 W.H. Harrison
 Clerk

2025.
 APPLICATION FOR ALLOWANCE
 FOR YEAR ENDING OCTOBER 31, 1889

Sept leg amputated
 Applicant
 County
 Amount
 Date of Warrant
 Entered on record
 W.H.H.
 SECRETARY EXECUTIVE DEPARTMENT
 No additional data
 A.S. May

Hagood, I. I.
 Cobb Co

Wm. S. & H. Hagood
 Leg and the arm amputated at
 lower joint, lost power of the arm, could
 not, the leg was rendered stiff in the joint.
 has provided away, is shorter than the other
 leg, the amputated limb has been in the
 applicant has a curved skeleton, the leg
 bends, he is unable for service in the
 army after the wound was received
 at leg military men, present letter
 was in my possession. This man will
 never return and will certainly
 never be in fact in service and without
 even I could not return
 from the April 16, 1885
 full office
 before me April 16, 1885

STATE OF GEORGIA,

PERSONALLY appears *I. I. Hagood* of *Cobb* county,
 State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and
 resident of said State, and has been such continually since the
 day of
December 1868 that he enlisted in the military service of the Con-
 federate States (or of the State of Georgia) during the war between the
 States, and served as a *Private* in Company *B* of *38*th Regiment
 of *Volunteers* *Jordan's* Brigade; that whilst engaged
 in such military service, at the battle of *Manassas* in the State
 of *Virginia* on the *29*th day of *August* 1862, he was
 wounded as follows: *by gunshot passing directly*
through left leg near knee, fracturing and
breaking the bone of said leg, from which wound
pinkish matter of pieces of bone and bones
fractured out. The muscles of said leg are
useless, resting at times being and exhibiting
spasms. Wound leg is thereby rendered substantially
 Dependent desires to participate in the benefits of the Act, approved October 24, 1887,
 and the Act amendatory thereof, approved December 24, 1888, and makes application for
 the allowance to which he is entitled for the year ending October 26, 1889.

Sworn to and subscribed before me, this the
 day of *Sept* 1889
I. I. Hagood
 Note: State fully nature of wound or character of disease which causes the disability, and explain particularly
 the extent of the disability

STATE OF GEORGIA,

PERSONALLY comes before me *A. J. G. Eschen* Ordinary of said county,
 and *E. J. T. M. M.*, both known to
 me as reputable physicians of said county, who, being severally sworn, say on oath that
 they have carefully examined *I. I. Hagood*
 and after such
 examination say that the applicant has been injured as follows: *by gunshot passing*
through and fracturing the bone of the left leg near
the knee, rupturing the bone, causing pieces of bone
to work out through the skin, the muscles and
leg have been shot away, and said leg
rests at times being and exhibiting spasms. Wound
rendering leg of applicant substantially and
essentially useless.
 Sworn to and subscribed before me, this
 day of *Sept* 1889
A. J. G. Eschen ORDINARY,
E. J. T. M. M.

REMARKS. The physicians will state fully the extent of the wound, and then give facts to show the extent of
 the disability resulting therefrom.

STATE OF GEORGIA,

County

I, *Wm. Stony J. Hagood* Ordinary of said county, do certify that I am well acquainted with *the* applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and that he is disabled to the extent he claims, and I know he is the individual he represents himself to be, and that he resides in this county. I also certify that the foregoing witnesses, to-wit:

are persons of respectability, and that their statements are worthy of full credit and belief.

I further certify that before whom the foregoing affidavits were made and power of attorney was signed, is a of said county, and the said affidavits and signatures thereto are genuine.

Given under my official signature and seal, this *19th* day of *July*, 188*9*
Wm. Stony J. Hagood
Ordinary *Colt* County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County

Know all Men by these Presents, That I,

Wm. Stony J. Hagood
of *Colt* County, my true and lawful attorney in fact, for me and in my name, to receive any receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

In witness whereof, I have hereunto set my hand and seal, this *19th* day of *July*, 188*9*
Wm. Stony J. Hagood (U. S.)

Executed in the presence of us,

Wm. Stony J. Hagood
Ordinary

DIRECTION:

Send money to me as follows, by

to
County, Georgia.

P. C.

NOTES.

1. If an applicant has been wounded, the description of the wound should be carefully and fully set forth by applicant and physician, and followed by a plain statement of facts showing the extent of the disability. If applicant claims disability from disease contracted in the service, a full and carefully stated history of the disease should be given, tracing the disability by positive proofs to the service.
2. The law makes no allowance for an arm or leg, unless the arm or leg has been rendered substantially and essentially useless.
3. It will not answer to say that an arm is "substantially useless for ordinary pursuits of life, etc." There is no qualification to the clause of the Act in reference to the arm or leg, but the limb must for all purposes be "substantially and essentially useless."
4. If the application is for a wounded leg, it would seem to be a fair construction of the Act, and the words above quoted, to say that unless the injury is such as to require the constant use of crutch or stick, that the leg is not "substantially and essentially useless."
5. If application is for loss of fingers or toes the proofs must be made to show the number, and points where amputated.
6. If papers are returned for correction, and amendments are added to any of the affidavits, the amendments must be made under oath before an officer, and the proofs must show that the amendments have been duly sworn to.
7. Every application must be certified by the Ordinary of the county of the residence of the applicant. The certificate of any other will not be received in any case.

STATE OF GEORGIA,

I, Wm. H. Hays Ordinary of said county,
do certify that I am well acquainted with L. S. Hagood the
applicant in the foregoing affidavit, and am well satisfied that the statements made by him
in his said affidavit are true, and that he is disabled, to the extent he claims, and I know
he is the individual he represents himself to be, and that he resides in this county.

I further certify that before
whom the foregoing affidavits were made and power of attorney was signed, is a
of said county, and the said affidavits and
signatures thereto are genuine.

Given under my official signature and seal, this 13th day of July, 1890

Wm. H. Hays Ordinary Col. Co. County.

STATE OF GEORGIA,

I, Wm. H. Hays Ordinary of said County,
do certify that I am well acquainted with L. S. Hagood the
applicant in the foregoing affidavit, and am well satisfied that the statements made by him
in his said affidavit are true, and that he is disabled, to the extent he claims, and I know he is
the individual he represents himself to be, and that he resides in this County.

I further certify that before whom the foregoing affidavits were made and power of attorney was signed, is a
of said County, and the said affidavits and
signatures thereto are genuine.

Given under my official signature and seal, this 13th day of July, 1890

Wm. H. Hays Ordinary Col. Co. County.

APPLICATION FOR ALLOWANCE.

No. 1113

FOR THE YEAR ENDING OCTOBER 31, 1890.

Leg. Hays
Applicant L. S. Hagood

County. Col. Co.

Amount, 50

Date of warrant, July 13,

Entered on record July 13 1890

Wm. H. Hays

WARRANT HANDED TO L. S. Hagood

WARRANT HANDED TO

A. S. Clay

Application for Allowance

FOR THE YEAR ENDING OCTOBER 31, 1890.

FOR

Leg. Hays
Applicant L. S. Hagood

County. Col. Co.

Amount, 50

Date of Warrant, July 13

Entered on record July 13

1890

Wm. H.

WARRANT HANDED TO

A. S. Clay

ONE W. H. HAYES, State Printer, 1890.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

PERSONALLY appears *L. S. Hagood* of *Cobb* county, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has been such continually since the day of

December 1860; that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served as a *private* in Company *B*, of *38*th Regiment of *Georgia* Volunteers *Evans*'s Brigade; that whilst engaged in such military service, at the battle of *Second Manassas* in the State of *Virginia* on the *28* day of *August* 1862, he was

wounded as follows: *by being struck with Minnie ball in left leg just below the knee joint rendering knee joint stiff at time and also forcing upper contract of movement of left foot whereby said Applicant has been rendered practically incompetent to perform his ordinary manual occupations of life.*

Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1890. I have heretofore been allowed a pension of

Sworn to and subscribed before me, this the

13 day of *July* 1890.

W. H. Stone Ordny.

NOTE.—State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability.

POWER OF ATTORNEY.

STATE OF GEORGIA

Cobb County.

KNOW ALL MEN BY THESE PRESENTS, That I, *L. S. Hagood*

of *Cobb*

county, in said State, do hereby appoint

A. S. Clay

of *Cobb Co Georgia* my true and lawful attorney in fact, for me and in my name, to receive and receipt for what ever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this

13

day of

July 1890

L. S. Hagood [L. S.]

Executed in the presence of us:

J. P. Boyer
W. H. Stone

DIRECTION.

Send money to me as follows, by

to

P. O.

County, Georgia.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

PERSONALLY appears *L. S. Hagood* of *Cobb*

County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the day of

December 1860; that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served as a *private* in Company *B*, of *38*th Regiment of

Georgia Volunteers *Evans*'s Brigade; that whilst engaged in such military service at the battle of *2nd Manassas* in the State of

Virginia on the *28* day of *August* 1862, he was

wounded as follows: *By bullet passing through left leg just below knee joint, rendering knee joint stiff at time and also forcing upper contract of movement of left foot whereby said Applicant has been rendered practically incompetent to perform his ordinary manual occupations of life.*

Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1891. I have heretofore been allowed a pension of

Sworn to and subscribed before me, this the

13 day of *July* 1891.

W. H. Stone Ordny.

NOTE.—State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.

Know all Men by these Presents, That I, *L. S. Hagood*

of *Cobb* County, State of Georgia, do hereby appoint

A. S. Clay my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this

13

day of

July 1891.

L. S. Hagood [L. S.]

Executed in the presence of us:

J. P. Boyer
W. H. Stone

DIRECTION.

Send money to me as follows, by

to

P. O.

County, Georgia.

STATE OF GEORGIA.

I, M. Stone Ordinary of said county,
do certify that I am well acquainted with L. G. Haygood the
applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his
said affidavit are true, and that he is disabled, to the extent he claims, and I know he is the
individual he represents himself to be, and that he resides in this county.

Given under my official signature and seal, this 22nd day of March 1899

Ordinary

County.

SOLDIER'S PENSION.

1892.

FOR THE YEAR ENDING OCTOBER 31, 1902

Name

County

Disability

Amount, \$

Entered on record

1892.

W. H. HARRISON.

Secretary of Executive Department

AGENT.

Geo. W. Harrison, State Printer, Atlanta, Ga.

POWER OF ATTORNEY.

STATE OF GEORGIA.

Know all Men by these Presents, That L. G. Haygood
of Cobb County, State of Georgia, do hereby appoint
L. G. Haygood my true and lawful attorney in fact, for
me and in my name to receive and accept for whatever amount of money I may be entitled to
from the State of Georgia by reason of the injury received as aforesaid in the military service of
the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing
my said attorney to receive in my name for any Warrant that may be issued by the Governor, or
for any sum of money which may be coming to me for the reason aforesaid.

IN WITNESS WHEREOF I have hereunto set my hand and seal, this
day of March 1899.

Subscribed and sworn to before me and attested by me, this day of March 1899, at Cobb County, Georgia.

Send money to me as follows, by STATE OF GEORGIA to P. O.
County, Georgia.

1893.

Application for Allowance

Amount, \$

Date of Warrant, March 22, 1899

Entered on Record, March 22, 1899

W. H. HARRISON, Secretary of Executive Department

AGENT.

Geo. W. Harrison, State Printer, Atlanta, Ga.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

County,

PERSONALLY appears

of Cobb County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of Georgia, and has been such continuously since the day of Decr 1859 that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company B, of 38 th Regiment of Inf Volunteers Evans's Brigade, that whilst engaged in such military service at the battle of Monocassin in the State of Virginia, on the 30 day of August, 1862, he was wounded as follows:

leg below the knee fracturing the
bone, driving the musket ball
through the knee joint, the
bone being displaced, and
incompetent to perform the ordinary
man's occupation of life

Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1892. I have heretofore been allowed a pension of

\$30. Dollars for disability

Sworn to and subscribed before me this

5 day of Nov 1892.

M. Stone Ordinary.

Note.—State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County,

Know all Men by these Presents, That I,

County, in said State, do hereby appoint W. S. Kelley of Marble my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit, hereby authorizing my said attorney to receive in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 20 day of Nov 1892.

Executed in the presence of us:

M. Stone Ordinary.

Send money to me as follows, by

to

County, Georgia.

P. O.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

PERSONALLY appears

County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the

day of 1862 that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company B, of 38 th Regiment of Inf Volunteers Evans's Brigade; that whilst engaged in such military service at the battle of Monocassin in the State of Virginia, on the 30 day of August, 1862, he was wounded as follows:

leg below the knee fracturing the
bone, driving the musket ball
through the knee joint, the
bone being displaced, and
incompetent to perform the ordinary
man's occupation of life

Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1893. I have heretofore been allowed a pension of

\$50. dollars, for disability

Sworn to and subscribed before me, this, the

5 day of April, 1893.

M. Stone Ordinary.

Note.—State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease.

STATE OF GEORGIA,

County,

I, M. Stone Ordinary of said County,

do certify that I am well acquainted with L. S. Hagood the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his affidavit are true, and that he is disabled, to the extent he claims, and I know he is the individual he represents himself to be, and that he resides in this County.

I further certify that before whom the foregoing affidavits were made and power of attorney was signed, is a Justice of the Peace of the County of Cobb, and the said affidavits and signatures thereto are genuine.

Given under my official signature and seal, this 5 day of April, 1893.

M. Stone Ordinary Cobb County.

STATE OF GEORGIA,

POWER OF ATTORNEY

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb COUNTY.

Know all Men by these Presents, That I,

County, State of Georgia, do hereby appoint
of *Manetta* *Ya*

L. G. Hagood
of *A. S. Clay*

my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of an injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing my said Attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this
day of *March* 1894.

L. G. Hagood [L. S.]

Executed in the presence of us

M. Stone
Only

DIRECTIONS.

Send money to me as follows, to

to
County, Georgia.

P. O.

Hagood, L. G.

(For Those Already Enrolled.)

Soldier's Pension.

1894.

Name *L. G. Hagood*
County *Cobb*
Disability *Di. Sea*

Amount, \$ *20*

3/23

1894.

W. H. HARRISON.

Secretary Executive Department.

WARRANT HANDED TO

A. S. Clay

Geo. W. Harrison, State Printer, Atlanta.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.

Know all Men by these Presents, That I,

County, State of Georgia, do hereby appoint

of *Manetta* *Ya* my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of an injury received as aforesaid in the military service of the Confederate States (or of this State) as stated in the foregoing affidavit; hereby authorizing my said Attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this
day of *March* 1895.

Executed in presence of us

M. Stone
Only

DIRECTIONS.

Send money to me as follows, by

to
County, Georgia.

P. O.

Hagood, L. G.
Cobb Co

(For Those Already Enrolled.)

No. *315*

SOLDIER'S PENSION.

1895.

Name *L. G. Hagood*
County *Cobb*
Disability *Di*
Amount, \$ *50-34*

1895.

RICHARD JOHNSON.

Secretary Executive Department.

WARRANT HANDED TO

ay
Mo Stone

Geo. W. Harrison, State Printer, Atlanta.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.
PERSONALLY appears *L. G. Hagood* 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 *Nov* 1860 that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Private* in Company *B*, of *38th* Regiment of *Volunteers*, *Evon*'s Brigade; that whilst engaged in such military service at the battle of *2nd Manassas* in the State of *Virginia* on the *30th* day of *August* 1862, he was wounded as follows:

By gunshot striking left leg just below the knee, breaking the bones of said leg, to pieces and cutting and tearing the muscles and flesh. Deponent is injured so much that he is incompetent to perform the ordinary manual labor of life.

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26th, 1894. I have heretofore been allowed a pension of *\$50* dollars, for the year 1893.

Sworn to and subscribed before me, this, *6th* day of *March* 1894, *L. G. Hagood*

NOTE.—State fully the nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease.

STATE OF GEORGIA,

Cobb County.
I, *J. M. Stone* Ordinary of said County, do certify that I am well acquainted with *L. G. Hagood* the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County.

Given under my official signature and seal, this *6th* day of *March* 1894.



J. M. Stone
Ordinary *Cobb* County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.
PERSONALLY appears *L. G. Hagood* 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 *Nov* 1860 that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Private* in Company *B*, of *38th* Regiment of *Volunteers*, *Evon*'s Brigade; that whilst engaged in such military service at the battle of *2nd Manassas* in the State of *Virginia* on the *30th* day of *August* 1862, he was wounded as follows:

By gunshot striking the left leg just below the knee, breaking the bones and tearing up the bones and flesh, wholly depriving him of the use of the leg, and rendering him incompetent to perform the ordinary manual labor of life.

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26th, 1895. I have heretofore been allowed a pension of *\$50* dollars, for the year 1894.

Sworn to and subscribed before me, this, *6th* day of *March* 1895, *L. G. Hagood*

NOTE.—State fully the nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease.

STATE OF GEORGIA,

Cobb County.
I, *J. M. Stone* Ordinary of said County, do certify that I am well acquainted with *L. G. Hagood* the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be, and that he resides in this County.

Given under my official signature and seal, this *6th* day of *March* 1895.



J. M. Stone
Ordinary *Cobb* County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

I, L. G. Hagood hereby authorize AS. Clay
of Meritts Co.

to receive and receipt for the pension paid hereon and request that he remit same to

me by him

at

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this

day of March 1896.

L. G. Hagood [L. S.]

Executed in presence of us

John Stone
Gray

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

I, _____ hereby authorize _____

of _____

to receive and receipt for the pension paid hereon and request that he remit same to

by _____

at _____

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this

day of _____ 1897.

[L. S.]

Executed in presence of _____

SOLDIER'S PENSION.

1896.

Name L. G. Hagood
County Polk
Disability Left leg
Amount, \$ 50.
327

1896

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDED TO

Atty AS. Clay
Geo. W. Harrison, State Printer, Atlanta.

220 data

SOLDIER'S PENSION.

1897.

Name L. G. Hagood
County Polk
Disability Left leg
Amount, \$ 50.
34

1897

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDED TO

Atty AS
Geo. W. Harrison, State Printer, Atlanta.
220 data

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears *L. S. Hagood* *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 *1853* that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Private* in Company *B*, of *38th* Regiment of *Volunteers*, *Evans*'s Brigade; that whilst engaged in such military service in the State of *Georgia*, on the *30* day of *August* 1867, he was wounded, injured or diseased as follows:

By bullet through the leg and joint of the left leg - fracturing the bones & tearing the muscles &c. Defect is such that Applicant is incompetent to perform the ordinary manual avocations of life.

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 26th, 1890. I have heretofore as a resident of *Cobb* county been allowed a pension of *\$50.* dollars, for the year 1889.

Sworn to and subscribed before me, this, *6* day of *March* 1890. *L. E. Hagood*
Wm Stone

NOTE.—State fully the nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease.

STATE OF GEORGIA,

Cobb County.

I, *Wm Stone* Ordinary of said County, do certify that I am well acquainted with *L. S. Hagood* the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County.

Given under my official signature and seal, this *6* day of *March* 1890.



Ordinary *Wm Stone* *Cobb* County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears *L. S. Hagood* *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 *1860*; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Private* in Company *B*, of *38th* Regiment of *Volunteers*, *Evans*'s Brigade; that whilst engaged in such military service in the State of *Georgia*, on the *30* day of *August* 1867, he was wounded, injured or diseased as follows:

By gunshot through left leg before the knee joint - whereby Applicant is rendered practically incompetent to perform the ordinary manual avocations of life.

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 26th, 1897. I have heretofore under said law as a resident of *Cobb* county been allowed an invalid pension of *\$50.* Dollars, for the year 1890.

Sworn to and subscribed before me, this, *23* day of *July* 1897. *L. E. Hagood*
Wm Stone POST OFFICE *Cobb P.O.*

NOTE.—State fully the nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease.

STATE OF GEORGIA,

Cobb County.

I, *Wm Stone* Ordinary of said County, do certify that I am well acquainted with *L. S. Hagood* the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County.

Given under my official signature and seal, this *23* day of *July* 1897.



Ordinary *Wm Stone* *Cobb* County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, _____ hereby authorize

of _____

to receive and receipt for the pension paid hereon and request that he remit same to

by

at

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this

day of _____, 1898.

[L. S.]

Executed in presence of

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, _____ hereby authorize

of _____

to receive and receipt for the pension paid hereon and request that he remit same to

by

at

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this

day of _____, 1899.

[L. S.]

Executed in presence of

(For Those Already Enrolled.)

No. 2920

INVALID

SOLDIER'S PENSION.

1898.

Name *L. S. Hagood*
County *Colbert*
Disability *100%*
Amount, \$ *2.25* 1898.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDLED TO

apph

SEEK OF HARRISON, STATE PRINTER, ATLANTA

(For Those Already Enrolled.)

No. 2998

INVALID

SOLDIER'S PENSION.

1899.

Name *L. S. Hagood*
County *Colbert*
Disability *leg*
Amount, \$ *50* 1899.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDLED TO

apph

SEEK OF HARRISON, STATE PRINTER, ATLANTA

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears *L. G. Hagood* 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 *March* 1857; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Private* in Company *B*, of *38th* Regiment of *Volunteers*, *Georgia's* Brigade; that whilst engaged in such military service in the State of *Georgia*, on the *30* day of *August* 1862, he was wounded, injured or diseased as follows:

By gun shot entering left leg just under knee and fracturing the bone, and rendering applicant practically incompetent to perform manual avocations or life.

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 26th, 1890. I have heretofore under said law as a resident of *Cobb* county been allowed an invalid pension of *\$50* Dollars, for the year 1889.

Sworn to and subscribed before me, this, the *23rd* day of *Feb*, 1890, *J. W. Stone* POST-OFFICE *COBB* County.

Notarize fully the nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease.

STATE OF GEORGIA,

Cobb County.

I, *J. W. Stone* Ordinary of said County, do certify that I am well acquainted with *L. G. Hagood* the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County.

Given under my official signature and seal, this *23rd* day of *Feb*, 1890.



J. W. Stone Ordinary *Cobb* County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears *L. G. Hagood* 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 *March* 1857; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Private* in Company *B*, of *38th* Regiment of *Volunteers*, *Georgia's* Brigade; that whilst engaged in such military service in the State of *Georgia*, on the *30* day of *August* 1862, he was wounded, injured or diseased as follows:

By gunshot through left leg just under knee, rendering applicant practically incompetent to perform the ordinary manual avocations of life.

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1890. I have heretofore under said law as a resident of *Cobb* County been allowed an invalid pension of *\$50* Dollars, for the year 1889.

Sworn to and subscribed before me, this, the *15th* day of *Feb*, 1890, *J. W. Stone* POST OFFICE *Cobb* County.

Notarize fully the nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease.

STATE OF GEORGIA,

Cobb County.

I, *J. W. Stone* Ordinary of said County, do certify that I am well acquainted with *L. G. Hagood* the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County.

Given under my official signature and seal, this *15th* day of *Feb*, 1890.



J. W. Stone Ordinary *Cobb* County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, _____ hereby authorize _____

of _____

to receive and receipt for the pension paid hereon and request that he remit same to

by _____

at _____

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this _____

day of _____ 1900.

J. S. Haggard [L. S.]

Executed in presence of _____

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, _____ hereby authorize _____

of _____

to receive and receipt for the pension paid hereon and request that he remit same to

by _____

at _____

IN WITNESS WHEREOF, I have hereunto set my hand and seal this _____

day of _____ 1901.

_____ [L. S.]

Executed in presence of _____

Haggard, L. S.
1900
1341

CODE SECTION 1341

(For Those Already Enrolled.)

No. 1341

INVALID

SOLDIER'S PENSION.

1900.

Name *L. S. Haggard*
County *Cobb*
Disability *Leg*
Amount, \$ *50.*
Warrant issued *Mar 8* 1900.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

GNP
Geo. W. Harrison, State Printer, Atlanta.

No data

Haggard, L. S.
Cobb Co

CODE SECTION 1341

(For Those Already Enrolled.)

No. 28

DISABLED

SOLDIER'S PENSION.

1901.

Name *L. S. Haggard*
County *Cobb*
Disability *Am. Shot*
Amount, \$ *50*

May 15 1901.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

GNP
Geo. W. Harrison, State Printer, Atlanta.

No data

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears *L. S. Hagood* of *Cobb*

County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State and County, and has resided therein continuously ever since the day of *December* 1860, that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served as a *private* in Company *B*, of *38*th Regiment of *Georgia* Volunteers, *Cowan*'s Brigade; that whilst engaged in such military service in the State of *Va.*, on the *30th* day of *August* 1862, he was wounded, injured or diseased as follows:

By gunshot through left leg and knee causing applicant to be practically incompetent to perform the ordinary manual avocations of life

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1900. I have heretofore under said law as a resident of *Cobb* County been allowed an invalid pension of *\$50* Dollars, for the year 1869.

Sworn to and subscribed before me, this *2nd* day of *March* 1900, } *L. S. Hagood*
John A. Stone } POST OFFICE

NOTE.—State fully the nature of the wound or character of disease which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease.

STATE OF GEORGIA,

Cobb County.

I, *J. M. Sitale* Ordinary of said County, do certify that I am well acquainted with *L. S. Hagood* the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County.

Given under my official signature and seal, this *2nd* day of *March* 1900, } *John A. Stone*
Cobb } Ordinary County.



For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears *L. S. Hagood* of *Cobb*

County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the day of *December* 1860, that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served as a *private* in Company *B*, of *38*th Regiment of *Ga.* Volunteers, *Cowan*'s Brigade; that whilst engaged in such military service in the State of *Va.*, on the *30* day of *August* 1862, he was wounded, injured or diseased as follows:

By gunshot through left leg and knee causing applicant to be practically incompetent to perform the ordinary manual avocations of life

Deponent makes application for the pension to which he is entitled for year ending October 26th, 1901. I have heretofore under said law as a resident of *Cobb* County been allowed an invalid pension of *\$50* Dollars, for the year 1900.

Sworn to and subscribed before me, this *7th* day of *January* 1901, } *L. S. Hagood*
John A. Stone } Postoffice

NOTE.—State fully the nature of the wound or character of disease which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease.

STATE OF GEORGIA,

Cobb County.

I, *John A. Stone* Ordinary of said County, do certify that I am well acquainted with *L. S. Hagood* the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County.

Given under my official signature and seal, this *7th* day of *January* 1901, } *John A. Stone*
Cobb } Ordinary County.



POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County. }
I, *L. G. Hagood*
John A. Harty

hereby authorize

of *Maritta*

to receive and receipt for the pension paid hereon and request that he remit same to

by *hand*

at *his office*

IN WITNESS WHEREOF, I have hereunto set my hand and seal this *9*

day of *July* 1902.

L. G. Hagood [L. S.]

Executed in presence of

J. M. Harty

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County. }
I, *L. G. Hagood*

hereby authorize

of

to receive and receipt for the pension paid hereon and request that he remit same to

by

at *home*

IN WITNESS WHEREOF, I have hereunto set my hand and seal this *9*

day of *Jan* 1903.

L. G. Hagood [L. S.]

Executed in presence of

J. M. Harty

(FOR THOSE ALREADY ENROLLED)

No. *376*

DISABLED

SOLDIER'S PENSION

1902.

Name *L. G. Hagood*
County *Cobb*
Co. *B* Regiment *38*
Disability *W 1/2*
Amount, \$ *11.16* 1902.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Ordry

Geo. W. HARTON, State Printer, Atlanta.

no data

(FOR THOSE ALREADY ENROLLED)

No. *370*

DISABLED

SOLDIER'S PENSION

1903.

Name *L. G. Hagood*
County *Cobb*
Co. *B* Regiment *38*
Disability *W 1/2*
Amount, \$ *10.75* 1903.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Ordry

Geo. W. HARTON, State Printer, Atlanta.

No data

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cobb County.

Personally appears *L. S. Hageood* of *Cobb*

County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has resided therein continuously ever since the day of *Dec* 1860, that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served as a *Private* in Company *B*, of *38*th Regiment of *Georgia* Volunteers, *Frank*'s Brigade; that whilst engaged in such military service in the State of *Va*, on the _____ day of *August* 1862, he was wounded, injured or diseased, as follows:

By gun shot through left leg and knee causing applicant practically incapacitated to perform the ordinary manual avocations of life

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1902. I have heretofore, under said law, as a resident of *Cobb* County, been allowed an invalid pension of *50* Dollars, for the year 1901.

Sworn to and subscribed before me, this *9* day of *Dec* 1902. Post-office *Craft P.O.*

John A. Hageood
NOTE.—State fully the nature of the wound or character of disease which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease.

STATE OF GEORGIA,

Cobb County.

I, *John A. Hageood* 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 *9* day of *Jan* 1903.

Ordinary *John A. Hageood* County.

NOTE.—Fill all blanks and of Company and Regiment.
NOTE.—All vouchers and affidavits must bear date after January 1, 1903.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cobb County.

Personally appears *L. S. Hageood* of *Cobb*

County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has resided therein continuously ever since the day of *Dec* 1860, that he enlisted in the military service of the Confederate States (or of the State of *Virginia*) during the war between the States, and served as a *Private* in Company *B*, of *38*th Regiment of *Georgia* Volunteers, *Frank*'s Brigade; that whilst engaged in such military service in the State of *Va*, on the _____ day of *August* 1862, he was wounded, injured or diseased, as follows:

By gun shot through left leg and knee causing disability to perform the ordinary manual avocations of life

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1903. I have heretofore, under said law, as a resident of *Cobb* County, been allowed an invalid pension of _____ Dollars, for the year 1902.

Sworn to and subscribed before me, this *9* day of *Jan* 1903. Post-office *Craft*

John A. Hageood
NOTE.—State fully the nature of the wound or character of disease which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease.

STATE OF GEORGIA,

Cobb County.

I, *John A. Hageood* 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 *9* day of *Jan* 1903.

Ordinary *John A. Hageood* County.

NOTE.—Fill all blanks and of Company and Regiment.
NOTE.—All vouchers and affidavits must bear date after January 1, 1903.

POWER OF ATTORNEY.

STATE OF GEORGIA.

Cobb COUNTY.

hereby authorize

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 19

day of Jan 1904

L. G. Hagood

[L. S.]

Executed in presence of

McGinn

POWER OF ATTORNEY.

STATE OF GEORGIA.

Cobb COUNTY.

hereby authorize

to receive and receipt for the pension paid hereon, and request that he remit same to

by

at

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 4

day of Jan 1905

L. G. Hagood

[L. S.]

Executed in the presence of

McGinn

Hagood, L. G.

Cobb Co

(FOR THOSE ALREADY ENROLLED.)

No. 1111

DISABLED

SOLDIER'S PENSION

1904.

Name L. G. Hagood

County Cobb

Co. B

Regiment 38

Disability

Amount, \$100

JAN 25 1904.

JOHN W. LINDSEY.

Commissioner of Pensions

WARRANT HANDLED TO

May

Geo. W. Harrison State Printer Atlanta

no data

Hagood, L. G.

Cobb Co

(FOR THOSE ALREADY ENROLLED.)

No. 1111

DISABLED

SOLDIER'S PENSION

1905.

Name L. G. Hagood

County Cobb

Co. B

Regiment 38

Disability

Amount, \$100

1905.

JOHN W. LINDSEY.

Commissioner of Pensions

WARRANT HANDLED TO

May

Geo. W. Harrison State Printer Atlanta

no data

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cobb County.

Personally appears *L. G. Hagood* 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 *1860*; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Private* in Company *B*, of *38*th Regiment of *Ka* Volunteers *Evans*'s Brigade; that whilst engaged in such military service in the State of *Ga*, on the *30th* day of *August* *1862*, he was wounded, injured or diseased as follows:

By a shell shot through left leg and since having appeared to be completely incapacitated to perform the ordinary manual avocations of life

Deponent makes application for the pension to which he is entitled for the year ending October *26th*, *1904*. I have heretofore, under said law, as a resident of *Cobb* County, been allowed an invalid pension of *\$50* Dollars, for the year *1903*.

Sworn to and subscribed before me, this the *19th* day of *Jan* *1904*.

L. G. Hagood
Post-office

NOTE.—State fully the nature of the wound or character of disease which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease.

STATE OF GEORGIA,

Cobb County.

I, *John Anthony* Ordinary of said County, do certify that I am well acquainted with *L. G. Hagood* the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be, and that he resides in this County

Given under my official signature and seal, this *19th* day of *Jan* *1904*.

John Anthony
Ordinary.

NOTE.—Fill all blanks and of Company and Regiment.

NOTE.—All vouchers and affidavits must bear date after January 1, 1904.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cobb COUNTY.

Personally appears *L. G. Hagood* 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 *1860*; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Private* in Company *B*, of *38*th Regiment of *Volunteers* *Evans*'s Brigade; that whilst engaged in such military service in the State of *Ga*, on the day of *August* *1862*, he was wounded, injured or diseased as follows:

By a gun shot through left leg & knee causing the practical loss of said leg

Deponent makes application for the pension to which he is entitled for the year ending October *26th*, *1905*. I have heretofore, under said law, as a resident of *Cobb* County, been allowed an invalid pension of *\$50* Dollars, for the year *1904*.

Sworn to and subscribed before me, this the *4th* day of *Jan* *1905*.

L. G. Hagood
Post-office

NOTE.—State fully the nature of the wound or character of disease which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease.

STATE OF GEORGIA,

Cobb COUNTY.

I, *John Anthony* Ordinary of said County, do certify that I am well acquainted with *L. G. Hagood* the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be, and that he resides in this County.

Given under my official signature and seal, this *4th* day of *Jan* *1905*.

John Anthony
Ordinary.

NOTE.—Fill all blanks and of Company and Regiment.

NOTE.—All vouchers and affidavits must bear date after January 1, 1905.

STATE OF GEORGIA.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this _____
day of July, 1906. L. G. Hughes [L. S.]

Executed in the presence of

(CODE SECTION 1250.)
FOR THOSE ALREADY ENROLLED.)

267%

DISABLED

SOLDIER'S PENSION 1906.

Name *A. H. Napord*
County *Wash*
CoB *38 3/4* Regiment
Disability
Amount, \$ *50.00*

1965.

JOHN W. LINDSEY.

Commissioner of Pensions.

WARRANT HANDED TO

[illegible]

more data

STATE OF GEORGIA.

at _____
In WITNESS WHEREOF, I have hereunto set my hand and seal. this 3rd day of February 1907.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this

day of Feb 22 1907.

Executed in presence of

CODE SECTION 1250.
FOR THOSE ALREADY ENROLLED)

No. 217

DISABLED

SOLDIER'S PENSION 1907.

Name *J. H. Haywood*
County *Cobb*
Co. *B 38th Regiment*
Disability *Incurred*
Amount, *\$500*

207

JOHN W. LINDSEY,
Commissioner of Pensions

WARRANT HANDED TO

JOJO W HARRISON PLATE PRINTER ATLANTA

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,

Colh County.

Personally appears L. S. Haggood of Colh

County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the day of 18; that he enlisted in the military service of the Confederate States, (or of the State of Georgia) during the war between the States, and served as a Private in Company B, of 38th Regiment of Volunteers's Brigade; that whilst engaged in such military service in the State of Georgia, on the 1st day of 1864, he was wounded, injured or diseased as follows:

Left leg disabled

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1906. I have heretofore, under said law, as a resident of Colh County, been allowed an invalid pension of 50 Dollars, for the year 1905.

Sworn to and subscribed before me, this the

1 day of July, 1906.

Post-Office

Note.—State fully the nature of the wound or character of disease which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease.

State of Georgia,

County.

I, John H. Haggood Ordinary of said County,

do certify that I am well acquainted with L. S. Haggood the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be, and that he resides in this County.

Given under my official signature and seal, this

day of July, 1906.

Ordinary Colh County.

Note.—Fill all blanks and of Company and Regiment.
Note.—All vouchers and affidavits must bear date after January 1st, 1906.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,

Colh County.

Personally appears L. S. Haggood of Colh

County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the day of 18; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company B, of 38th Regiment of Volunteers's Brigade; that whilst engaged in such military service in the State of Georgia, on the 1st day of 1864, he was wounded, injured or diseased as follows:

Disability

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 Colh County, been allowed an invalid pension of 50 Dollars, for the year 1905.

Sworn to and subscribed before me, this the

5 day of July, 1907.

Postoffice

Note.—State fully the nature of the wound or character of disease which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease.

State of Georgia,

Colh County.

I, John H. Haggood Ordinary of said County,

do certify that I am well acquainted with L. S. Haggood the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be, and that he resides in this County.

Given under my official signature and seal this

day of July, 1907.

Ordinary Colh County.

Note.—Fill all blanks and of Company and Regiment.
Note.—All vouchers and affidavits must bear date after January 1st, 1907.

Cobb

Maimed Soldiers.

Voucher No *2025.*

Amount, \$ *50.*

Paid to *L. G. Hagerd*

For *Left leg*

disabled

April 20, 1889

Included in Warrant No.

issued to Treasurer.

1889.

WARRANT CLERK.

W. J. Campbell, State Printer, Constitution Building, Atlanta.

A. S. Clay

Maimed Soldiers.

Voucher No *1113.*

Amount \$ *50*

Paid to *L. G. Hagerd*

For *Left leg disabled*

July 13 1890

Included in warrant No.

issued to Treasurer.

1890.

WARRANT CLERK.

W. J. Campbell, State Printer, Constitution Building, Atlanta.

A. S. Clay

Lagood, L. G.

Lagood

1891.

Maimed Soldiers.

Voucher No *1200*

Amount \$ *50*

Paid to *L. G. Hagerd*

For *Left leg disabled*

July 19 1891

Included in warrant No.

issued to Treasurer.

1891.

WARRANT CLERK.

W. J. Campbell, State Printer, Constitution Building, Atlanta.

A. S. Clay

No. 2025

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT

Atlanta, Ga. April 20, 1889.

Mr. *L. G. Hagood* of the County
of *Cobb* having filed his application in the Executive
Department for an allowance under the Act approved October 24, 1887, as amended by Act,

Dec. 24, 1888, and the same having been allowed for

He is entitled to receive the sum of *Eighty four dollars* Dollars
for such disability, the same being the allowance due for the year ending October 24, 1889.

The Treasurer will pay the same and hold his receipt on this voucher, and return same to
Executive Department for warrant.

By the Governor

W. H. Harrison

CLERK EXECUTIVE DEPARTMENT.

RECEIVED OF STATE TREASURER, R. U. HARDEMAN.

Eighty four Dollars,
per above voucher, this *22* of *one* 1889.
A. S. Clay



No. 1113

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.

Atlanta, Ga. July 13, 1890

Mr. *L. G. Hagood* of the County
of *Cobb* having filed his application in the Executive
Department for an allowance under the Act approved October 24, 1887, as amended by Act,

approved, Dec. 24, 1888, and the same having been examined and allowed for

He is entitled to receive the sum of *Eighty four* Dollars
for such disability, the same being the allowance due for the year ending October 24, 1889.

The Treasurer will pay the same and hold his receipt on this voucher, and return same
to Executive Department for warrant.

By the Governor,

W. H. Harrison

CLERK EXECUTIVE DEPARTMENT.

RECEIVED OF STATE TREASURER, R. U. HARDEMAN.

Eighty four Dollars,
per above voucher, this *13* of *July* 1890.

*L. G. Hagood per
A. S. Clay his atty in fact*



1891.

No. 1700

STATE OF GEORGIA.

EXECUTIVE DEPARTMENT.

Atlanta, Ga. Decy. 19 1891.

Mr. *S. G. Haygood* of the County
of *Worth* 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

He is entitled to receive the sum of *Three hundred* Dollars
for such disability, the same being the allowance for the year ending October 24, 1891.

The Treasurer will pay the same and hold it receipt on the voucher and return same to
Executive Department for warrant.



W. J. Vandine.
GOVERNOR.

By the Governor.

W. H. Harrison.

SECY. EXECUTIVE DEPARTMENT.

\$ *300*

RECEIVED OF R. U. HARDEMAN, Treasurer of the State of Georgia

per above voucher, this

Dollars,

1891

19 of *Decy*
S. G. Haygood per
A. S. Clay his atty at law

*Hays, Henry
Cott Co*

No 785

APPLICATION FOR ALLOWANCE

FOR YEAR ENDING OCTOBER 26, 1889

FOR

Gen. Discharge for 7 months

Applicant *Henry Hays*

Comptroller

Amount *50*

Date of Warrant *Feb 21,*

Entered on record

Feb 21 1889

W. H. H.
SECRETARY EXERCISE DEPARTMENT.

A. S. Clay

Hays, Henry
 1887

APPLICATION FOR ALLOWANCE

FOR YEAR ENDING OCTOBER 31, 1889

FOR
 Applicant *Genl. Hays*

County

Amount

Date of Warrant *50 July 31,*

Entered on record *July 27 1889.*

W. H. H.

SWORN TO AND SUBSCRIBED BEFORE ME, THIS

W. H. H.

STATE OF GEORGIA,

Coos

County.

PERSONALLY appears *Henry Hays* of *Coos* county, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has been such continually since the *6* day of

June 18/3; that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served as a *private* in Company *D*, of *27* th Regiment of *Georgia* Volunteers *Colquhoun's* Brigade; that whilst engaged in such military service, at the battle of *Red Bank* in the State of *Virginia*, on the *28* day of *June* 1862, he was wounded as follows:

He was wounded as follows: A ball entered the upper part of the back, the ball entered in the direction of the lungs and lodged against constantly dripping blood on account of the wound. The wound has been a constant sore, the ball is still in the system. Applicant is permanently injured, suffers with shortness of breath, and constant pain in the left side and is unable to labor on account of the wound.

Dependent desires to participate in the benefits of the Act, approved October 24, 1887, and the Act amendatory thereof, approved December 24, 1888, and makes application for the allowance to which he is entitled for the year ending October 26, 1889.

Sworn to and subscribed before me, this the

18 day of *July* 1889

NOTE: State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability.

STATE OF GEORGIA,

Coos

County.

PERSONALLY comes before me *James M. Stout* Ordinary of said county, *and E. J. Setze*, both known to me as reputable physicians of said county, who, being severally sworn, say on oath that they have carefully examined *Henry Hays* and after such

examination say that the applicant has been injured as follows: *He was shot through the breast under the nipple. The wound almost causing death, the ball is still in the system. He is permanently injured, suffers constant pain and shortness of breath on account of the wound. Dripping blood can be seen. He is unable to perform labor.*

Sworn to and subscribed before me, this

18 day of *July* 1889

HEAD NOTE: The physicians will state fully the extent of the wound, and then give facts to show the extent of the disability resulting therefrom.

STATE OF GEORGIA,

1.

County.

Ordinary of said county,

do certify that I am well acquainted with the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and that he is disabled to the extent he claims, and I know he is the individual he represents himself to be, and that he resides in this county. I also certify that the foregoing witnesses, to-wit:

are persons of respectability, and that their statements are worthy of full credit and belief.

I further certify that before whom the foregoing affidavits were made and power of attorney was signed, is a of said county, and the said affidavits and signatures thereto are genuine.

Given under my official signature and seal, this 18 day of July 1889

Ordinary

County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

Know all Men by these Presents, That I,

Henry Hays,

of

county, in said State, do hereby appoint

of my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

In witness whereof I have hereunto set my hand and seal, this 18 day of July 1889

1889

(L. S.)

Executed in the presence of us

DIRECTION:

Send money to me as follows, by

to

County, Georgia.

P. O.

NOTES.

1. If an applicant has been wounded, the description of the wound should be carefully and fully set forth by applicant and physician, and followed by a plain statement of facts showing the extent of the disability. If applicant claims disability from disease contracted in the service, a full and carefully stated history of the disease should be given, tracing the disability by positive proofs to the service.

2. The law makes no allowance for an arm or leg, unless the arm or leg has been rendered substantially and essentially useless.

3. It will not answer to say that an arm is "substantially useless for ordinary pursuits of life, etc." There is no qualification to the clause of the Act in reference to the arm or leg, but the limb must for all purposes be "substantially and essentially useless."

4. If the application is for a wounded leg, it would seem to be a fair construction of the Act, and the words above quoted, to say that unless the injury is such as to require the constant use of crutch or stick, that the leg is not "substantially and essentially useless."

5. If application is for loss of fingers or toes the proofs must be made to show the number, and points where amputated.

6. If papers are returned for correction, and amendments are added to any of the affidavits, the amendments must be made under oath before an officer, and the proofs must show that the amendments have been duly sworn to.

7. Every application must be certified by the Ordinary of the county of the residence of the applicant. The certificate of any other will not be received in any case.

Audited

1889.

COMPTROLLER GENERAL

2966

Maimed Soldiers.

Voucher No. 780

Amount \$ 50.

Paid to Henry Hays

For General Dis

ability body, maimed

July 21

1889

Included in Warrant No

issued to Treasury

1889

WARRANT CLERK

W. J. Campbell, State Printer, Constitution Job Office

A. S. Delany

No. 785.

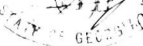
STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.

Atlanta, Ga. Feb'y 21 1889

Mr. *Henry Hays* of the County
of *Cobb* having filed his application in the Executive
Department for an allowance under the Act approved October 24, 1887, as amended by Act,
Dec. 24, 1888, and the same having been allowed for:

General disability body wound
He is entitled to receive the sum of *Fifty & 00/100* Dollars
for such disability, the same being the ~~maximum~~ *allowance* for the year ending October 24, 1889.

The Treasurer will pay the same and hold his receipt on this voucher, and return same to
Executive Department for warrant.



GOVERNOR

By the Governor

W. M. Harrison

CLERK EXECUTIVE DEPARTMENT.

\$
50.

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

Fifty & 00/100,

Dollars

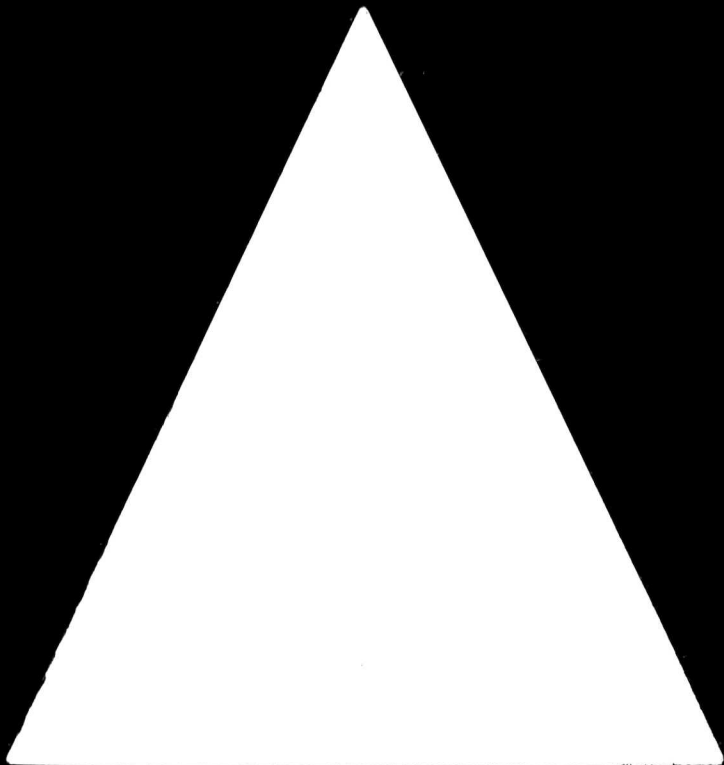
per above voucher, this

21 of

Feb'y

1889

W. M. Harrison



POWER OF ATTORNEY.

STATE OF GEORGIA.

Polk County.

I, J. M. Hayes hereby authorize
John Stone of Monetta Ga
 to receive and receipt for the pension allowed and request that he remit same to
him

Witness my hand and seal this 7th day of Jan 1897.

Executed in presence of

J. M. Williams }
C. M. Hayes

Pension Office 6/28/1897
 Appli cant advised that
 he can earn enough
 to support himself
Richard P. Hayes
Com of Pension
 See answer to no
9 & 30/17

Hayes, J. M.
305 1/2
Polk County
No. 3062

INDIGENT PENSION
 1897.

Name J. M. Hayes
 County Polk

Approved 8/2 1897.

WARRANT HANDED TO

R. C. Irwin

RED. W. HARRISON, STATE PRINTER, ATLANTA.

1/16/97
7/19/97

STATE OF GEORGIA,

STATE OF GEORGIA,
Robt County, }
 I, J. S. N. Hayes hereby authorize
Joe Stone of Winnetta Ga
 to receive and receipt for the pension allowed and request that he remit same to me
him
 at _____
 Witness my hand and seal this 17 day of Jan, 1897.

Executed in presence of

Executed in presence of
G. M. Fleming } J. R. Hays

Pension Office, GS 1047
 Application & answer to
 the same were enough
 to support your self
 & dependent
 Com of Pension
 Dec 20/17
 9430/17

INDIGENT PENSION

1897.

Name L. N. Hayes
County Rock

Approved 8/2 1897.

WARRANT HANDED TO

RC Smith

WPA. W. HARRISON, STATE PRINTER, ATLANTA.

1/16/97

7/19/97

Questions for Applicant.

STATE OF GEORGIA.

John W. Anderson County. }
John W. Anderson of said State and County, desiring
to avail himself of the Pension Act approved December 16th, 1894, hereby submits his proofs, and after
being duly sworn true answers to make to the following questions, deposes and answers as follows:

- What is your name and where do you reside? (give State, County and post office) *I Charles Smith Jr. I live at a brick house Granville Ohio*
- Where did you reside on January 1st, 1894, and how long have you been a resident of this State? *In Piquette, Ohio since 1870 - 24 years*
- When and where were you born? *March 2nd 1867, Granville, Ohio*
- When and where and in what company and regiment did you enlist or serve? *Feb 2nd 1892, Company B, 10th Cavalry, sent to Cuba during Spanish War, 1898*
- How long did you remain in such company and regiment? *Until the close of the war*
- For how long a period did you discharge regular military duty? *during the war*
- When, where and under what circumstances were you discharged from service? *Discharged after the surrender*
- What is your present occupation? *Printer by trade*
- How much can you earn (gross) per annum by your own exertions or labor? *Nothing like small*
- Has been your occupation since 1895? *Printer*
- Upon which of the following grounds do you base your application for pension, viz.: first "age and poverty," second "infirmity and poverty" or third "blindness and poverty"? *All three*
- 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? *Was partially blind in 1890, in 1894 became worse, had surgery on left eye, have never recovered, have been under treatment of Dr. Simpson for a year, last summer I gained my health*
- What property, effects or income do you possess and its gross value? *Have a couple of horses, some chickens, some stock*
- What property, effects or income did you possess in 1894, 1895 and 1896 and what disposition, if any, did you make of same? *Sold horse, had in the year 1894-1896 but sold for very little*
- In what County did you reside during those years and what property did you then return for taxation? *In Granville Ohio have no property to tax*
- How were you supported during the years 1895 and 1896? *By the help of old friends & the little money I had*
- How much did your support cost for each of those years, and what portion did you contribute thereto by your own labor or income? *Cost \$700 per year, nothing to my family*
- What was your employment during 1895 and 1896? What pay did you receive in each year? *Printed only what people saw fit to give me*
- Have you a family? If so, who composes such family? Give their means of support? Have they a homestead? *Wife & two children, support themselves by working in the shoe factory*
- Are you receiving any pension, if so what amount and for what disability? *No*

Sworn to and subscribed before me this the

day of June 18 97.

Ordinary

County. Amendment

County. *Amendments*

31st day of May 1877

John Wayne Co.
- as to conclusions

Every Question MUST be Answered.

Condition number

QUESTIONS FOR WITNESS.

STATE OF GEORGIA.

Cobb County.

Isaac N. Hayes, of said State and County, having been presented as a witness in support of the application of Isaac N. Hayes for pension under the Act approved December 15th, 1894, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? James B. Young
Isaac N. Hayes, in the City of Atlanta
2. Are you acquainted with Isaac N. Hayes, the applicant, is of how long have you known him? years
3. Where does he reside, and how long has he been a resident of this State? at Marietta
and has lived there his life
4. Do you know of his having served in the Confederate army or the Georgia militia? How do you know this? Isaac N. Hayes was in the Confederate Army
and was in the 1st Georgia Infantry
5. When, where and in what company and regiment did he enlist? Enlisted in the
1st Georgia Infantry
6. Were you a member of the same company and regiment? I was
7. How long did he perform regular military duty, and what do you know of his service as a Confederate soldier, and the time and circumstances of his discharge from the service? During
the war he was captured and
was held in prison

8. What property, effects or income has the applicant? (Give your means of knowledge.)

one that I saw he lived very near to
the river and he was very poor

9. What property, effects or income did the applicant possess in 1895 and 1896, and what disposition, if any did he make of same? He did not have any property
in the State

10. What is the applicant's occupation and physical condition? Paralyzed
and is now down on his hands
and knees

11. Is the applicant unable to support himself by labor of any sort, if so, why? The applicant
is unable to support himself
and is dependent on his friends

12. How was he supported during the years 1895 and 1896? He is now
supported by his friends

13. What portion of his support for these two years was derived from his own labor or income?

None

14. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under the Act of December 15th, 1894? He is now
paralyzed and is now down on his hands
and knees

15. What interest have you in the recovery of a pension by this applicant? None

Sworn to and subscribed before me, this 7th day of Jan 1897, by J. B. Young Witness.
J. B. Young Ordinary.

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA.

Cobb County.

Personally came before me John H. Simpson and E. J. Setzer, both known to me as reputable physicians of said county, who being severally sworn, say on oath that they have examined carefully Isaac N. Hayes, applicant for pension under the Act of 1894, and after such personal examination say that his precise physical condition is as follows:

Was Paralyzed in 1890 and since
then was fully unable to work continuously
at his trade is now feeble and infirm
result of age and above mentioned
attacks

We further say on oath that the physical condition of applicant renders him unable to labor at any work or calling sufficient to earn a support for himself, and that we have no interest in said pension being allowed.

Sworn to and subscribed before me, this 7th day of Jan 1897, by John H. Simpson and E. J. Setzer Ordinary.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA.

Cobb County.

I, J. B. Young Ordinary in and for said County, hereby certify that the applicant Isaac N. Hayes resides in said County, and was a bona fide resident of this State on the first day of January, 1894, and that the witnesses, viz: J. B. Young, John H. Simpson and E. J. Setzer are of trustworthy character and that their statements are entitled to full faith and credit.

I further certify that before answering the foregoing questions, the applicant and each witness took the oath hereon prescribed, and that the full text of the affidavits was read to the applicant and witnesses before same was signed.

I further certify that the tax digests of Cobb County show that applicant returned for taxation in his name in 1895, \$50. dollars of property, and in 1896, \$50. dollars of property.

In my opinion the foregoing claim is made in good faith.
Witness my hand and seal of office, this 7th day of Jan 1897, by J. B. Young Ordinary of Cobb County.

NOTE.

Before any questions are answered, the Ordinary shall swear applicant and the witnesses in the following words: "You shall true answers make to each of the questions asked of you, and the evidence you shall give will be the whole truth, so help you God." Additional affidavits may be attached if blank spaces are insufficient.

POWER OF ATTORNEY.

State of Georgia.

Cobb County.

J. N. Hayes

hereby authorize

of

Marionette G.

to receive and receipt for the pension paid hereon and request that he remit same to

me

by

him

at

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this

14th

day of

May

1898.

Executed in presence of

J. N. Hayes

[L. S.]

Pay to R. C. Brum
J. N. Brum

POWER OF ATTORNEY.

STATE OF GEORGIA.

Cobb County.

I

J. N. Hayes

hereby authorize

J. N. Brum

of

Marionette

to receive and receipt for the pension allowed, and request that he remit same to

by

me
him

Witness my hand and seal this

14th

day of

May

1898.

Executed in presence of

J. N. Hayes

[L. S.]

INDIGENT

SOLDIER'S PENSION,

1898.

Name

J. N. Hayes

County

Cobb

WARRANT ISSUED

1/20

1898.

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDLED TO

R. C. Brum

Geo. W. Harrison, State Printer, Atlanta

W. N. Brum

Hayes J. N.
Cobb Co.

GOODS REG. 1284.

(For Those Already Enrolled.)

No. 1143

INDIGENT

SOLDIER'S PENSION,

1899.

Name

J. N. Hayes

County

Cobb

WARRANT ISSUED

1/14

1899.

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDLED TO

J. N. Brum

Geo. W. Harrison, State Printer, Atlanta

W. N. Brum

Hayes J. N.

(For Those Already Enrolled.)

NO. 1948

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County,

Personally appears *N. Hayes* 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 *14* day of *April* 18*39*; that he is *58* years old and by occupation a *Painter*; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served for the term of *4* yrs. in Company *D*, of *Phillips* Regiment, *Georgia* Vols.; that his physical condition is as follows: *On account of disease and infirmity he is unable to support himself by labor of any sort.* that his property consists of the following items

Nothing

of the value of _____ Dollars, that by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1898. I have heretofore as a resident of *Cobb* county been allowed a pension for the year 189*8*

Sworn to and subscribed before me, this, the

14 day of *May* 1898. *N. Hayes* Ordinary.

State of Georgia,

Cobb County,

I, *Wm. Stone* Ordinary of said County, do certify that I am well acquainted with *N. Hayes* the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County.

Given under my official signature and seal, this

day of *May* 1898.

Wm. Stone Ordinary *Cobb* County.



NOTE.—The blank spaces must be filled.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County,

Personally appears *N. Hayes* 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 *14* day of *April* 18*39*; that he is _____ years old and by occupation *Painter*; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served for the term of *3* yrs. in Company *D*, of *Phillips* Regiment, *Georgia* Vols.; that his physical condition is as follows: *Disease, Infirmity and poverty*

that his property consists of the following items

Nothing

of the value of _____ Dollars, that by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1899. I have heretofore as a resident of *Cobb* county been allowed a pension for the year 189*8*

Sworn to and subscribed before me, this, the

14 day of *May* 1899. *N. Hayes* Ordinary.

State of Georgia,

Cobb County,

I, *Wm. Stone* Ordinary of said County, do certify that I am well acquainted with *N. Hayes* the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County.

Given under my official signature and seal, this

day of *May* 1899.

Wm. Stone Ordinary *Cobb* County.



NOTE.—The blank spaces must be filled.
NOTE. A Affidavit should not be attested before January 1st, 1899.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, _____ hereby authorize

of _____

to receive and receipt for the pension allowed, and request that he remit same to

at _____

by _____

Witness my hand and seal, this _____ day of _____ 1900.

[L. S.]

Executed in presence of _____

CODE SEC. 1384

(For Those Already Enrolled.)

NO. 250

INDIGENT

SOLDIER'S PENSION,

1900.

Name

County

WARRANT ISSUED

1900.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDLED TO

R. C. Brown, Camp Sinks Office

JOHN W. LINDSEY, State Printer, Atlanta

W. B. Galt

Hayes, S. H.

Cable Co

(For Those Already Enrolled.)

No. 281

INDIGENT

SOLDIER'S PENSION.

1901.

Name

County

WARRANT ISSUED

1901.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDLED TO

J. H. Hay

JOHN W. LINDSEY, State Printer, Atlanta

W. B. Galt

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, *J. A. Hayes* hereby authorize

of *Marquette*

to receive and receipt for the pension allowed and request that he remit same to

at *his office*

by _____

Witness my hand and seal, this *2* day of *Jan* 1901.

Executed in presence of

W. B. Galt

[L. S.]

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, _____ hereby authorize

of

to receive and receipt for the pension allowed, and request that he remit same to

at

by _____

Witness my hand and seal, this _____ day of _____ 1900.

[L. S.]

Executed in presence of

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, *John Switty* hereby authorize

of

to receive and receipt for the pension allowed and request that he remit same to

at

by _____

Witness my hand and seal, this *2* day of *Jan.* 1901.

[L. S.]

Executed in presence of

J. M. Hays

CODE SEC. 1284.

(For Those Already Enrolled.)

NO. *450*

INDIGENT

SOLDIER'S PENSION,
1900.

Name

J. M. Hays

County

Colt Co.

WARRANT ISSUED

January 16 1900.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Richardson Camp Under Officer

JOHN W. LINDSEY, Commissioner of Pensions.

no date

CODE SECTION 1284

(For Those Already Enrolled.)

No. *221*

INDIGENT

SOLDIER'S PENSION.
1901.

Name

J. M. Hays

County

Colt Co.

WARRANT ISSUED

Jan 15 1901.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

John Hays

JOHN W. LINDSEY, Commissioner of Pensions.

no date

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears J. N. Hayes 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 20th day of April 1839; that he is years old and by occupation a Painter; that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served for the term of 3 years in Company L, of Phillips Legion Ga. Vol.; that his physical condition is as follows: On account of disease, infirmity and poverty he is unable to support himself that his property consists of the following items

Nothing

of the value of Dollars, that by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1900. I have heretofore as a resident of Cobb county been allowed a pension for the year 1899.

Sworn to and subscribed before me, this, 15th day of January 1900. J. N. Hayes Ordinary.

State of Georgia, Cobb County.

I, J. W. Stone Ordinary of said County, do certify that I am well acquainted with J. N. Hayes the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County.

Given under my official signature and seal, this 15th day of January 1900. J. W. Stone Ordinary Cobb County.

NOTE.—The blank spaces must be filled.

NOTE.—Affidavit should not be attested before January 1st, 1900.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears J. N. Hayes 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 20th day of April 1839; that he is 61 years old and by occupation a Painter that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States and served for the term of 3 years in Company L, of Phillips Legion; that his physical condition is as follows: Disease, infirmity and poverty and poverty

that his property consists of the following items

Nothing

of the value of Dollars, that by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1901. I have heretofore as a resident of Cobb county been allowed a pension for the year 1900.

Sworn to and subscribed before me, this 2nd day of January 1901. J. N. Hayes Ordinary.

STATE OF GEORGIA, Cobb County.

I, John A. Harty Ordinary of said County, do certify that I am well acquainted with J. N. Hayes the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County.

Given under my official signature and seal, this 2nd day of January 1901. John A. Harty Ordinary Cobb County.

NOTE.—The blank spaces must be filled.

NOTE.—Affidavit should not be attested before January 1st, 1901.

Marietta Ga., July 12th. 1897.

This is to certify that I have known Mr. I. N. Hayes for a long time, and that he was largely supported by the public in the years 1895 and 1896, and that I have contributed largely to his support, and am at the present time doing so, and if it was not for my help, I do not know how he could keep out of the Poor House. I also know him to be an aged ex-Confederate Soldier, and totally unable to earn a support for himself. I know that he has been in bad health since 1890, and since 1890, he has not been able to earn a living for himself. I have contributed to his support all of this year. Mr Hayes was paralyzed in 1890.

*Seen to & subscribed Chas Anderson
before me this July 31*

1897. J. N. Hayes

State of Georgia,

Cobb County:

I hereby appoint and empower Clyde Matthews to collect for me and in my name any pensions that may be allowed me under the Acts of General Assembly, approved December 15th. 1894., I also authorize him to give a receipt for the same in my name, and do all other things connected with said Pension matter, in as full and complete a manner, as I might do myself, if personally present.

I hereby ratify and confirm all acts of the said Clyde Matthews in connection with this Pension business.

Witness my hand ~~_____~~ this 12th. day of July 1897.

J. N. Hayes

Wit. ess.

W. H. Grant
W. H. Grant
Ordinary of Cobb County.

CLYDE MATTHEWS,
STENOGRAPHIC REPORTER,
OFFICE IN BARNES BUILDING.

MARIETTA, GA., July 19th. 1897.,

Hon. Richard Johnston,
Atlanta Ga.,

Dear Sir:-

I herewith enclose Mr. I. N. Hay's application for pension. It has been amended, and I think it will cover all the points that you named in your letter. I came to Atlanta to see you Tuesday The 18th. But found that you were in Columbus Ga., I also enclose power of Attorney.

Hoping that Mr. Hayes will be successful in securing his pension, and that the amended part is all right, I beg to remain,

Respectfully yours,

Clyde Matthews

Ordinary's Certificate

STATE OF GEORGIA,

COUNTY }

I, Wm. Henry Heard Ordinary of said County, do certify

that I know Wm. Henry Heard the applicant for pension. She

is the person she represents herself to be and she is a bona fide continuing resident citizen of said County

and was on the 4th November 1908, that I also know J. A. Heard

the witness who swears to the service of husband; that both of them are now residents of said County and

were duly sworn by me before signing the foregoing affidavits and that they both are truthful, tract-

worthy, and their statements are entitled to full faith and credit.

Sworn under my hand and official seal of office this 25 day of Oct 1919

(SEAL)

Wm. Henry Heard Ordinary.
County

NOTES: 1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words:

"You do solemnly swear that you will true answers make to each of the questions asked you and the evidence

2. Only widows who married prior to January 1st, 1881, are entitled.

3. Affidavits must be made before the Ordinary of the residence of the person to be sworn and certified by said Ordinary.

4. Attach certified copies of marriage license if obtainable. If not, prove marriage by some person, or by general reputation.

Widow's Pension

Under Act 1910—as Amended by Act of 1919.

County Cobb
Name Nancy Heard
Widow of J. A. Heard
Company H
Regiment 2nd Co. 1st Regt. Inf.
Approved [Signature]

J. W. LINDSEY,
Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

11-1-1919

Ordinary's Certificate

STATE OF GEORGIA,

COUNTY.

I, John Henry Ordinary of said County, do certify that I know Mrs. Mary Beard the applicant for pension. She is the person she represents herself to be and she is a bona fide continuing resident citizen of said County and was on the 4th November 1908; that I also know J. H. Bennett the witness who swears to the service of husband; that both of them are now residents of said County and were duly sworn by me before signing the foregoing affidavits and that they both are truthful, trustworthy, and their statements are entitled to full faith and credit.

Sworn under my hand and official seal of office this 25 day of Oct 1919
(SEAL) J. H. Bennett Ordinary,
Cobb County.

NOTES: 1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the truth. So help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. Only widows who married prior to January 1st, 1881, are entitled.
4. All affidavits must be made before the Ordinary of the residence of the person to be sworn and certified by such Ordinary.
5. Attach certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.

Widow's Pension

Under Act 1310—as Amended by Act of 1919.

County Cobb

Name Mary Beard

Widow of J. H. Beard

Company H

Regiment 2nd Co. 1st Regt.

Approved Benny Morgan

As sworn

25 Oct

J. W. LINDSEY,

Commissioner of Revenue.

State Printing Co. State Printing Office.

11-1-1919

Application for Pension by a Widow Under Act of 1910 As Amended by Act of 1919

Questions for Applicant

STATE OF GEORGIA,

COUNTY.

Personally before me comes _____ of said State and County, and, after being duly sworn, says that she desires to apply for a pension allowed under the Act of 1910, as amended by Act of 1919, and submit testimony to make out the same, true answers makes to the following questions to-wit:

1. What is your name, and where do you reside? _____
2. How long and since when have you been a continuing resident of the State of Georgia? _____
3. When, where and to whom were you married? _____
- a. Have you married since the death of first and soldier husband? _____
4. When, where and in what Company and Regiment did your husband enlist as a soldier in Confederate Army or Georgia Militia? (State the arms and class of Service.) _____
5. 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? _____
7. If he was not present state clearly where he was? _____
8. Where was his command when he left? _____
- a. For what cause did he leave his command? _____
- b. By whose authority did he leave his command? _____
- c. For how long was he granted leave of absence? _____
- c. What was his physical condition when he left his command? _____
- f. What effort did he make to return to his command? _____
- g. In what way was he prevented from going back to Command _____
- h. Was he captured by the enemy at any time? _____
- i. If so, when and where captured and where held as a prisoner, and when and for what cause released? _____
- j. When and where did your first husband die? _____
- k. Were you residing together when he died? _____
- l. If not, how long had you resided apart? _____
- m. Are you now a widow? _____
9. Have you or your husband heretofore been paid a pension by the State? _____

Sworn to and subscribed before me this the _____ day of _____ 19____

Ordinary
of _____ County.
(SEAL)

**Application for Pension by a Widow Under Act of 1910
As Amended by Act of 1919**

Questions for Applicant

STATE OF GEORGIA,

Cobb

COUNTY.

Personally before me comes *Mrs. Nancy Heard* of said State and County, and, after being duly sworn, says that she desires to apply for a pension allowed under the Act of 1910, as amended by Act of 1919, and submit testimony to make out the same, true answers makes to the following questions to wit:

1. What is your name, and where do you reside? *Nancy Heard Marietta Ga*
2. How long and since when have you been a continuing resident of the State of Georgia? *All my life. 75 years*
3. When, where and to whom were you married? *March 8 1863 Cherokee Co. Ga. John E. Heard*
- a. Have you married since the death of first and soldier husband? *No*
4. When, where and in what Company and Regiment did your husband enlist as a soldier in Confederate Army or Georgia Militia? (State the arms and class of Service) *May, Cherokee Co. Ga. Co. H 2nd Ga. Confederate Corp.*
5. When and where did the commands of your husband surrender or discharge from the army? *April 1865 Appomattox*
6. Was your husband personally present at the time of the surrender or discharge of this command? *No*
7. If he was not present state clearly where he was? *He was present and surrendered under Gen. Johnston at Kingston Ga. July 1865. and before I was and joined a Co.*
8. Where was his command when he left? *Cherokee Co. Ga.*
- a. For what cause did he leave his command?
- b. By whose authority did he leave his command?
- c. For how long was he granted leave of absence?
- e. What was his physical condition when he left his command?
- f. What effort did he make to return to his command?
- g. In what way was he prevented from going back to Command?
- h. Was he captured by the enemy at any time?
- i. If so, when and where captured and where held as a prisoner, and when and for what cause released?
- j. When and where did your first husband die? *April 4 1918 Marietta Ga.*
- k. Were you residing together when he died? *Yes*
- l. If not, how long had you resided apart?
- m. Are you now a widow? *Yes*
9. Have you or your husband heretofore been paid a pension by the State?

If so, when and for what cause were you or your husband placed on the roll?

Sworn to and subscribed before me this the

35 day of *October* 19*19*

Nancy Heard

of *M. J. Gamm* Ordinary
Cobb County

(SEAL)

STATE OF GEORGIA, COBB COUNTY.

Personally appeared before the undersigned attesting officer, S.K. Bennett of the County of Bartow, said State, and who being duly sworn, on oath deposes and says as follows:

That he knows and is acquainted with John G. Heard, of Cobb County, who formerly resided in the County of Cherokee, and says further that he knew and was in the Confederate Army with said Heard during the time of their service in said Army for about four years. Affiant further says that said Heard was with him in Virginia before Richmond on the Darby Town Road in the Month of February 1865, with Benning's Brigade, Second Georgia Regiment Confederate State troops, Company "F", and he the said Heard being Captain of said Company at said time, Shepard being then Lieutenant Colonel of said Regiment, Captain Chaffin being in command.

Affiant knows and remembers that Captain J. G. Heard, above referred to, while with his command at the place above mentioned obtained a furlough for his passage and visit to Georgia and knows that he left his command and went away by authority of said furlough, all of said facts being well and publicly known at the time of his departure. Affiant was in the Company and Command with said Heard at that time as he had been through the war. Affiant knows that before the time fixed in said furlough for his return that all communications between the army in Virginia the sections and Georgia were cut off and he had no opportunity for returning to his command.

Subscribed and sworn to before me, this the 7th day of Nov. 1915.

*Notary Public
Wm. H. Hefner
Admitted 1916*

Widow's Application

Under Act of 1916—As Amended by Act of 1919, and Constitutional Amendment of 1920.

County Cobb
Name Elizabeth P. Hefner
Widow of Wm. H. Hefner
Date of Marriage 2/28/82 1882
Company Hefner's Co.
Regiment Fourth Reg. Infantry
Approved _____

*Capt Hefner not identified
Hefner not found on
Whitcomb draft rolls of
White Co.*

JOHN W. CLARK,
Commissioner of Pensions.

7-18-30 C.

Ordinary's Certificate

STATE OF GEORGIA

COUNTY.

I, Wm. H. Hefner, Ordinary of said County, do certify that I know Wm. H. Hefner the applicant for pension; that

she is the person she represents herself to be, and that she has been, continuously, a bona fide resident citizen of said State since January 1st, 1920; that I also know

the witnesses who swear to the ~~sworn~~ truth of husband; that both of them are now residents of said County and were duly sworn by me before signing the foregoing affidavits, and that they are truthful and trustworthy and their statements are entitled to full faith and credit.

Given under my hand and official seal of office this 28 day of June 1930.
(SEAL OF ORDINARY) Wm. H. Hefner Ordinary.
of Cobb County.

INSTRUCTIONS:

1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You do solemnly swear that you will truly answer each of the questions asked you and the evidence given you by the witnesses who swear to the truth of your statements."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. All affidavits must be sworn to before the Ordinary of the County in which the applicant or witness resides and must be verified by such Ordinary.
4. Affidavits must be sworn to before the Ordinary of the County in which the applicant or witness resides and must be verified by such Ordinary.
5. Full and true copies of the application and affidavits must be filed in the County Clerk's office.
6. The Ordinary shall forward the duly sworn application and affidavits to the State. A short, simple form is easier to handle.

Hefner Elizabeth P.
Cobb County
24 Feb 1866

Widow's Application

Under Act of 1910—As Amended by Act of 1919, and Constitutional Amendment of 1920.

County Cobb
Name Elizabeth P. Hefner
Widow of John H. Hefner 1866
Date of Marriage 3/28/71
Company Hick Co.
Regiment Fourth Regiment
Approved

Sgt & Hefner not identified
Hefner not found on
William draft rolls of
White Co.

JOHN W. CLARK,
Commissioner of Pensions.

7-18-30 C.

Ordinary's Certificate

STATE OF GEORGIA.

Cobb COUNTY.

I, J. M. Gamm, Ordinary of said County, do certify that I know Mrs Elizabeth Hefner the applicant for pension; that she is the person she represents herself to be, and that she has been, continuously, a bona fide resident citizen of said State since January 1st, 1920; that I also know the widow who swore to the service of husband; that both of them are now residents of said County and were duly sworn by me before signing the foregoing affidavits, and that they are truthful and trustworthy and their statements are entitled to full faith and credit.

Given under my hand and official seal of office this 10 day of June 1930.
(SEAL OF ORDINARY) J. M. Gamm, Ordinary.
of Cobb County.

INSTRUCTIONS:

1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the whole truth. So help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. Only widows who married prior to January 1st, 1861, are entitled.
4. All affidavits must be made before the Ordinary of the County in which the applicant or witness resides and must be certified by such Ordinary.
5. Attach certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.
6. Fill out the back of the application carefully.
7. Don't use the bulky form of Marriage Certificate in vogue throughout the State. A short, simple form is easier to handle.

APPLICATION FOR PENSION BY A WIDOW

Under Act of 1910, as Amended by Act of 1919, and Constitutional Amendment of 1920.

QUESTIONS FOR APPLICANT TO ANSWER:

STATE OF GEORGIA.

Cobb COUNTY.

Personally appears before me Mrs Elizabeth Hefner of said State and County and hereby applies for the pension allowed by the Act of 1910, as amended by the Act of 1919 and the Constitutional Amendment of 1920, and submits testimony to support the same, and after being duly sworn true answers to make to the questions propounded, answers as follows, to wit:

1. What is your name, and where do you reside? (Give Post Office and County)
Mrs Elizabeth Hefner, Marietta, Cobb Co.
2. How long and since when have you been, continuously, a bona fide resident citizen of the State of Georgia? All my life 37 years

3. When, where and to whom were you married? July 28 1861 White Co. Ga. William H. Hefner
4. Have you married since the death of first and soldier husband? No
5. When, where and in what Company and Regiment did your husband enlist as a soldier in Confederate Army or Georgia Militia? (State the arms and class of Service, and give name of Colonel and Captain.) 1862, Capt. William Hefner Co. 4th Cavalry Regiment Johnson's Brigade of the Vol.
6. When and where did the commands of your husband surrender or discharge from the Service? Spring of 1865 near Athens Ga.
7. Was your husband personally present with his command when it was surrendered or discharged? Yes he returned home at close of war
8. If he was not present, state specifically and clearly where he was? Remained
9. When did he leave the Command? Spring 1861
10. For what cause did he leave? Went back over
11. By whose authority did he leave? by order of those in command
12. For how long was his leave of absence granted? None In what way?
13. What was his physical condition when he left his command? good
14. What effort did he make to return to his Command?
15. In what way was he prevented from going back to Command? Went over
16. Was he captured by the enemy at any time? No
17. If so, when and where? In what prison was he held and when was he released?
18. When and where did your first husband die? June 7 1909 on visit to home
19. Were you residing together when he died? Yes
20. If not, how long have you resided apart?
21. Are you now a widow? Yes
22. Have you or your husband heretofore been paid a pension by the State? No
If so, when and for what cause were you or your husband placed on the roll?

Sworn to and subscribed before me, this the

28 day of June 1930
J. M. Gamm, Ordinary

of Cobb County.
(SEAL OF ORDINARY)

Elizabeth Hefner
Applicant.

and disp
article on bond

Questions for Witness as to Service of Husband and Marriage

STATE OF GEORGIA,

White COUNTY.

John M. Robinson, of said State and County is hereby presented as a witness in support of the application of Elizabeth Hefner, for the pension provided by the Act of 1910, as amended by the Act of 1919 and the Constitutional Amendment of 1920, in said State, who, after being sworn true answers to make to the questions propounded, answer as follows, to-wit:

1. What is your name and where do you reside? John M. Robinson, In White County, Ga. P.O. Leaf, Ga.
2. How long and since when have you known Mrs. Elizabeth Hefner, applicant Seventy years or longer since about 1860
3. Where does she now reside, and since when has she been, continuously, a bona fide, resident citizen of this State? Cobb County, Ga. near Marietta, Ga.
4. When and to whom was she married? Yes, 1838, 1860 How do you know, I married her in the settlement and knowing that she was a Virginian etc.
5. How long and since when did you know since 1860 about 20 years her husband? Known William H. Hefner since 1860
6. When and where did William H. Hefner, the husband of applicant, die? I am informed that he died about fifteen years ago
7. Were the applicant and her husband living together as husband and wife at the date of his death? Yes
8. If not, how long did they live apart before his death? Were they divorced?
9. When, where and in what Company and Regiment did William H. Hefner enlist? (Give date and place.) Saw him in service 1865 Capt. Meake, Co. Findley's Regt. Johnson, a friend did you furnish your information of this service? By seeing him in service
10. How long within your personal knowledge did he perform actual military service with this Company and Regiment? (Give dates.) To Surrender about two years
11. When and where was his Command surrendered or discharged? (Give date and place.) About May 1865 at Athens, Ga.
12. Were you personally present with this Command when it was surrendered? Not present but understood this at time and know it to be true. If not, where were you at some and how came you there? Seen discharged.
13. Was the husband of applicant personally present with his Command at its surrender? Yes If not where was he? and how came him there? When, where and for what cause did he leave his Command? (Give date.) By whose authority did he leave his Command? Regimental Authority and how long was he granted leave? Final discharge How do you know all that you have stated to be true? (If of your own knowledge, state clearly and specifically) From being present, living near William H. Hefner and seeing in the service and seeing him after his surrender
14. For what cause, if you know of your own knowledge, was he prevented from returning to his Command? Surrender
15. What effort did he make to return to his Command and how do you know this? Not surrender
16. Was he captured as a prisoner? No If so, when and where? In what prison was he held? and when released?
17. Sworn to and subscribed before me, this the 26th day of June 1880, 192

(SEAL OF ORDINARY)

Witness on Roll 1904
Patton's Co. Findley's Regt.
Surrender

APPLICATION FOR PENSION BY A WIDOW

Under Act of 1910, as Amended by Act of 1919, and Constitutional Amendment of 1920.

QUESTIONS FOR APPLICANT TO ANSWER:

STATE OF GEORGIA.

Cobb COUNTY.

Personally appears before me Mrs. Elizabeth Hefner of said State and County and hereby applies for the pension allowed by the Act of 1910, as amended by the Act of 1919 and the Constitutional Amendment of 1920, and submits testimony to support the same, and after being duly sworn true answers to make to the questions propounded, answers as follows, to wit:

1. What is your name, and where do you reside? (Give Post Office and County)
Mrs. Elizabeth Hefner, Marietta, G. O. Co.

2. How long and since when have you been, continuously, a bona fide resident citizen of the State of Georgia? All my life 37 years

3. When, where and to whom were you married? July 28 1865 White Co. Ga. William H. Hefner

a. Have you married since the death of first and soldier husband? No

4. When, where and in what Company and Regiment did your husband enlist as a soldier in Confederate Army or Georgia Militia? (State the arms and class of Service, and give name of Colonel and Captain.) 1863 in Captain Wheeler Co. Cal. Infantry Regiment Johnsons Regt of the Vol.

5. When and where did the commands of your husband surrender or discharge from the Service? Spring of 1865 near Athens Ga.

6. Was your husband personally present with his command when it was surrendered or discharged? Yes he returned home at close of war

7. If he was not present, state specifically and clearly where he was? Away from

8. When did he leave the Command? Spring of 1865

a. For what cause did he leave? Went away before

b. By whose authority did he leave? By order of those in command

c. For how long was his leave of absence granted? In what way?

e. What was his physical condition when he left his command? good

f. What effort did he make to return to his Command?

g. In what way was he prevented from going back to Command? Went away

h. Was he captured by the enemy at any time? No

i. If so, when and where? In what prison was he held and when was he released?

j. When and where did your first husband die? July 7 1909 on road to home

k. Were you residing together when he died? Yes

l. If not, how long have you resided apart?

m. Are you now a widow? Yes

9. Have you or your husband heretofore been paid a pension by the State? No

If so, when and for what cause were you or your husband placed on the roll?

Sworn to and subscribed before me, this 26 day of June 1920
E. L. Hefner Ordinary
of Cobb County.
(SEAL OF ORDINARY)

Elizabeth Hefner
Applicant.

will send with or send

(SEAL OF ORDINARY)

Ordinary

Sworn to and subscribed before me, this 26 day of June 1920

In what prison was he held?

17. Was he captured as a prisoner?

16. What effort did he make to return to his Command and how do you know this?

15. For what cause, if you know of your own knowledge, was he prevented from returning to his Command?

14. Was the husband of applicant personally present with his Command at its surrender?

When, where and for what cause did he leave his Command? (Give date.)

By whose authority did he leave his Command? (Give date.)

How do you know all that you have stated to be true? (If of your own knowledge, state clearly and specifically)

13. For what cause, if you know of your own knowledge, was he prevented from returning to his Command?

12. Was the husband of applicant personally present with his Command at its surrender?

When, where and for what cause did he leave his Command? (Give date.)

By whose authority did he leave his Command? (Give date.)

How do you know all that you have stated to be true? (If of your own knowledge, state clearly and specifically)

11. For what cause, if you know of your own knowledge, was he prevented from returning to his Command?

10. Was the husband of applicant personally present with his Command at its surrender?

When, where and for what cause did he leave his Command? (Give date.)

By whose authority did he leave his Command? (Give date.)

How do you know all that you have stated to be true? (If of your own knowledge, state clearly and specifically)

9. Have you or your husband heretofore been paid a pension by the State? No

If so, when and for what cause were you or your husband placed on the roll?

8. When and where did your first husband die? July 7 1909 on road to home

7. Were you residing together when he died? Yes

6. If not, how long have you resided apart?

5. Are you now a widow? Yes

4. Have you or your husband heretofore been paid a pension by the State? No

If so, when and for what cause were you or your husband placed on the roll?

Sworn to and subscribed before me, this 26 day of June 1920

E. L. Hefner Ordinary

of Cobb County.

(SEAL OF ORDINARY)

INSTRUCTIONS:

- Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the whole truth. So help you God."
- Additional affidavits may be attached if blank spaces are insufficient.
- Only widows who married prior to January 1st, 1861, are entitled.
- All affidavits must be made before the Ordinary of the County in which the applicant or witness resides and must be certified by such Ordinary.
- Attach certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.
- Fill out the back of the application carefully.
- Don't use the bulky form of Marriage Certificate in vogue throughout the State. A short, simple form is easier to handle.

STATE OF GEORGIA.

Cobb COUNTY.

I, A. L. Hefner, Ordinary of said County, do certify

that I know Elizabeth Hefner the applicant for pension; that

she is the person who represents herself to be, and that she has been, continuously, a bona fide resident citizen of said State since January 1st, 1920, that know

the witness who swears to the service of husband; that both of them are now residents of said

County and were duly sworn by me before signing the foregoing affidavits, and that they are truthful and trustworthy and their statements are entitled to full faith and credit.

Given under my hand and official seal of office this 26 day of June 1920

(SEAL OF ORDINARY) A. L. Hefner Ordinary.

of White County.

December 19, 1899.

Hon. J. M. Gunn,
Ordinary of Cobb County,
Marietta, Ga.

My dear Judge:

I regret that I have not been able to approve
the application of Mrs. Elizabeth P. Refner for a pension
as the widow of William H. Refner, Second Ohio Infantry
Regiment for the reason that it has not been possible to
establish any proof of the service of the services of
William P. Refner in the above named.

With kind regards,

Very truly yours,

Commissioner of Pensions

A

Georgia White County.

"I do hereby certify that the above and under of the Superior Court,

and under of the Superior Court,

and under of the Superior Court, and for as long as I shall be your sufficient

and under of the Superior Court, and for as long as I shall be your sufficient

and under of the Superior Court, and for as long as I shall be your sufficient

and under of the Superior Court,

and under of the Superior Court, and for as long as I shall be your sufficient

A. H. Leonard, Ordinary."

and under of the Superior Court,

"I do hereby certify that the above and under of the Superior Court,

and under of the Superior Court, and for as long as I shall be your sufficient

Andrew Dorsy, J. C. (Judge Inferior Court.)"

and under of the Superior Court,

Georgia White County.

I, A. H. Leonard, Ordinary, do hereby certify that the above is a correct copy of the marriage license and Certificate of marriage of William H. Refner and Elizabeth Refner, as a case of record in the Office of Book "A", page 47, "Record Marriage License, White County, Georgia, under order of Board and J. C. A.," this the 20th day of June, 1930.

A. H. Dorsy,
Ordinary White County, Georgia.

Has it generally understood
in Marietta that the husband of this
widow was a Confederate soldier.

Did he ever make application for
a pension before his death in 1909

Do you know her sons who are
agitating this matter. *I understand that the sons of William H. Refner are agitating this matter.*

There is no Capt. H. H. Refner
Hendley's Regiment & H. H. Refner
has been found on no military
draft roll of White Co. 1864.

POWER OF ATTORNEY.

STATE OF GEORGIA.

COUNTY, }

I, _____, hereby authorize

to receive and receipt for the pension allowed and request that he remit same to _____

at _____ day of _____, 190__

Witness my hand and seal, this _____ day of _____, 190__

Executed in presence of _____

Pension office
10/23-1904
Mr Lindsey
by Cr & Refund
by request of
Corr - turn from
Cons of Court

Hefner, W. H.
Deaf
 Case No. *10/23-1904*
 County _____

INDIGENT PENSION.
190__

Name *W. H. Hefner*

County *Cobb*

Co. _____ Regt. _____

Approved _____ 190__

JOHN W. LINDSEY,
 Commissioner of Pensions.

WARRANT HANDED TO

Ordinary will write name of Applicant, Company and Regiment on back as indicated above.

Franklin Printing and Publishing Co., Geo. W. Harrison, Mgr., Atlanta, Georgia.

10/10/06

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,

White COUNTY.

of said State and County, having been presented as a witness in support of the application of W. H. Refner 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? John Chambers Le. White
2. Are you acquainted with W. H. Refner the applicant: if so how long have you known him? Yes - 45 or 50 years
3. Where does he reside, and how long, and since when has he been a resident of this State? Marquette Co. Ga 45 or 50 years & my personal knowledge.
4. When, where and in what company and regiment did he enlist, and how do you know? I was with the 1st Georgia Infantry during the Civil War, he was with the 1st Georgia Infantry during the Civil War, he was with the 1st Georgia Infantry during the Civil War.
5. Were you a member of the said company and regiment? Yes, in the two weeks before he was discharged.
6. How long did he perform regular military duty? about three months
7. When and where was his command surrendered? don't know
8. Were you present when it surrendered? No
9. Was applicant present? don't know
10. If he was not present, where was he? don't know

When did he leave his command? don't know For what cause? don't know
By what authority he left? don't know How do you know all of this?
I came with the Co. the two weeks before he was discharged.

11. What property, effects or income has the applicant? (Give your means of knowledge.)
12. What property, effects or income did the applicant possess in 1901, 1902, 1903, 1904 and 1905, and what disposition, if any, did he make of same?
13. Has he conveyed away any of his property in the last four years; if so, what was it, and to whom?
14. What is the applicant's occupation and physical condition?
15. Is the applicant unable to support himself by labor of any sort; if so, why?
16. How was he supported during the years 1901, 1902, 1903, 1904 and 1905?
17. What portion of his support for these four years was derived from his own labor or income?
18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code.
19. Who composes family? What property have they? Children's ages and their earning capacity?
20. What interest have you in the recovery of a pension by this applicant?

Sworn to and subscribed before me, this 17 day of Sept 1906
John H. Chambers Ordinary.
as to John H. Chambers

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,

Cost COUNTY.

Personally appeared me W. H. Miller M.D. and W. H. Miller M.D., both known to me as reputable physicians of said County, who, being severally sworn, say on oath that they have examined carefully

W. H. Refner, applicant for pension under Section 1254, Code, and after such personal examination say that his precise physical condition is as follows:

Applicant - is suffering from chronic disease. It is now out of his control, and is unable to earn a support - by manual labor.

and that we have no interest in said pension being allowed.

Sworn to and subscribed before me, this 17 day of Sept 1906
John H. Chambers Ordinary. W. H. Miller M.D.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Cost COUNTY.

I, John H. Chambers Ordinary, in and for said County, hereby certify that the applicant W. H. Refner resides in said County, and has been a bona fide resident of this State since the 17 day of January 1894 and that the witnesses, viz: D. H. McChesney

are of trustworthy character, and that their statements are entitled to full faith and credit.

I further certify that before answering the foregoing questions the applicant and each witness took the oath hereon prescribed, and that the full text of the affidavit was read to the applicant and witness before same was signed.

I further certify that the tax digest of Cost County shows that applicant returned for taxation in his name in 1901 No Dollars of property, and in 1902 No Dollars of property; in 1903 No Dollars of property; in 1904 No Dollars of property; in 1905 No Dollars of property.

In my opinion the foregoing claim is made in good faith
Witness my hand and seal of office, this 17 day of Sept 1906
John H. Chambers Ordinary.
as to John H. Chambers County.

NOTE.

1. Before any questions are answered, the Ordinary shall swear applicant and the witnesses in the following words: "You shall true answers make to each of the questions asked of you, and the evidence you shall give will be the whole truth, so help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. In every case the ordinary must certify to the character of the witness, and as to the execution of the proof as above set out.

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,

Coast COUNTY.

D. H. McCleskey of said State and County, having been presented as a witness in support of the application of W. H. Hughes for pension under section 1254, Code, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? D. H. McCleskey, Blackwelder, Coos County, Ga.
 2. Are you acquainted with W. H. Hughes, the applicant; if so how long have you known him? Yes, about two years
 3. Where does he reside, and how long and since when has he been a resident of this State? Blackwelder Coos County, lived in State since I knew him
 4. When, where and in what company and regiment did he enlist, and how do you know? Don't know.
 5. Were you a member of the same company and regiment? No
 6. How long did he perform regular military duty? Don't know
 7. When and where was his command surrendered? Don't know
 8. Were you present when it surrendered? No
 9. Was applicant present? Don't know.
 10. If he was not present, where was he? Don't know.
- When did he leave his command? Don't know. For what cause? Don't know.
- By what authority he left? Don't know. How do you know all of this? Don't know.

11. What property, effects or income has the applicant? (Give your means of knowledge.) Nothing
12. What property, effects or income did the applicant possess in 1901, 1902, 1903, 1904 and 1905, and what disposition, if any, did he make of same? Nothing. Since I knew him.
13. Has he conveyed away any of his property in the last four years; if so, what was it, and to whom? Had none -
14. What is the applicant's occupation and physical condition? He is very old and feeble - has had no occupation since I knew him -
15. Is the applicant unable to support himself by labor of any sort; if so, why? He is unable on account of extreme age and feebleness - being over eighty years old -
16. How was he supported during the years 1902, 1903, 1904 and 1905? By his children since I knew him - all being away now.
17. What portion of his support for these four years was derived from his own labor or income? None -

18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under section 1254, Code. He is over eighty years old & very feeble - cannot do anything -
19. Who comprises family? What property have they, and their earning capacity? Wife & children - no property at all - but a little household goods worth five to ten dollars.
20. What interest have you in the recovery of a pension by this applicant? None -

Subscribed and sworn to before me, this the 24th day of April, 1906.
J. H. M. McCleskey Witness.
J. H. M. McCleskey Ordinary.

*himself & wife. No property at all - but
a little household goods worth five to ten dollars.*

20. What interest have you in the recovery of a pension by this applicant? *None.*

Subscribed before me, this the *20th* day of *Sept*, 190*6*.

John H. McCaskey Ordinary.

D. H. McCaskey Witness.

Georgia }
White County } I, S. L. Brown Ordinary of
said County do hereby Certify
that I am well acquainted
with John Chambers the witness offered
in support of the application of W. H.
Hefner for pension, and know that
his statements are entitled to full
faith and credit.

Given under my hand and official sig-
nature with the Seal of the Court annexed
This 19th day of Sept. 190*6*.

S. L. Brown Ordinary.

Washington
record included.

Deputy Clerk of the Court
Cobb Co. Ga.
1937

Widow's Application

Under Act of 1910—As Amended by Act of
1919, and Constitutional Amendments
of 1920 and 1937.

County Cobb
Name Mrs. J. N. Higgin
Widow of Murton Higgin
Date of Marriage Dec. 16, 1898
Date of Husband's Death Feb. 22, 1922
Company 1st
Regiment 1st
Approved DEC 27 1937
J. H. H. H. Director

AUG 13 1937

STATE OF GEORGIA.

Ordinary's Certificate

I, Jas. J. Daniel Cobb COUNTY, Ordinary of said County, do certify that I know Mrs. J. N. Higgin the applicant for pension; that she is the person she represents herself to be, and that she has been, continuously, a bona fide resident citizen of said State since January 1st, 1920; that I also know Mrs. Leila Leake the witness who swears to the service of husband and/or the marriage; that both of them are now residents of said County and were duly sworn by me before signing the foregoing affidavits, and that they are truthful and trustworthy and their statements are entitled to full faith and credit.

Given under my hand and seal of office this 28th day of July 1937.

(SEAL OF ORDINARY) J. J. Daniel Ordinary.
of Cobb County.

INSTRUCTIONS:

1. Before any questions are answered the Ordinary shall review applicant and the witness in the following manner: "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the truth, so help you God." If the witness answers "Yes" or "No" the Ordinary shall ask the witness to repeat the answer.
2. Additional affidavits may be attached if blank spaces are sufficient.
3. Any witness who married prior to January 1st, 1920, are entitled to pension.
4. Affidavits must be made before the Ordinary of the County in which the applicant or witness resides and must be certified by such Ordinary.
5. Affidavits must be made before the Ordinary of the County in which the applicant or witness resides and must be certified by such Ordinary.
6. Fill out the back copy the application form in proper form.
7. Don't use the back copy of the application form in proper form.
8. Do not take an application from any widow who is already receiving a pension.

*Deputy Secy to J. M. (Mrs.) Washington
Cobb Co. 3-10-1938
rec'd - enclosed*

Widow's Application

Under Act of 1910 - As Amended by Act of 1919, and Constitutional Amendments of 1920 and 1937.

County Cobb
 Name Mrs. J. M. Haggie
 Widow of Wm. Haggie
 Date of Marriage Dec. 16, 1890
 Date of Husband's Death Feb. 22, 1922
 Company 1st Ga.
 Regiment 1st
 Approved DEC 27 1937
 Director J. M. Haggie

Ordinary's Certificate

STATE OF GEORGIA,

Cobb COUNTY.

I, Jas. J. Daniell, Ordinary of said County, do certify that I know Mrs. J. M. Haggie the applicant for pension; that she is the person she represents herself to be, and that she has been, continuously, a bona fide resident citizen of said State since January 1st, 1920; that I also know Mrs. Lella Lonke the witness who swears to the service of husband and/or the marriage; that both of them are now residents of said County and were duly sworn by me before signing the foregoing affidavits, and that they are truthful and trustworthy and their statements are entitled to full faith and credit.

Given under my hand and seal of office this 28th day of July, 1937.
 (SEAL OF ORDINARY)
Jas. J. Daniell, Ordinary.
 of Cobb County.

INSTRUCTIONS:

- Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the whole truth. So help you God."
- Additional affidavits may be attached if black spaces are insufficient.
- Only widows who married prior to January 1st, 1920, are entitled.
- All affidavits must be made before the Ordinary of the County in which the applicant or witness resides and must be certified by such Ordinary.
- Attach certified copy of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.
- Fill out the back of the application carefully.
- Don't use the bulky form of Marriage Certificate in vogue throughout the State. A short, simple form is easier to handle.
- Do not take an application from any widow who is already receiving a pension.

AUG 13 1937

APPLICATION FOR PENSION BY A WIDOW OF A CONFEDERATE SOLDIER

(Under Act of 1910, as Amended by Act of 1919, and Constitutional Amendments of 1920 and 1937.)

QUESTIONS FOR APPLICANT TO ANSWER:

STATE OF GEORGIA,

Cobb COUNTY.

Personally appears before me, Mrs. Norton Haggie of said State and County and hereby applies for the pension allowed by the Act of 1910, as amended by the Act of 1919 and the Constitutional Amendments of 1920 and 1937, and submits testimony to support the same, and, after being duly sworn, true answers to make to the questions propounded, answers as follow, to wit:

SECTION I.

- What is your name, and where do you reside? (Give Post Office and County) Mrs. Norton Haggie 500 Church St. Marietta, Cobb Co. Georgia
- How long and since when have you been, continuously, a bona fide resident citizen of the State of Georgia? All my life
- Give date, or year, of your birth Nov. 19th 1850 Age 86
- (1) When, (2) where and (3) to whom were you married? W Dec. 16th 1890
W Marietta, Ga. (3) J. M. Haggie
- Have you married since the death of first and soldier husband? No
- When and where did your first husband die? Feb. 22nd 1922 - Piedmont Ga. Atlanta, Ga.
- Were you residing together when he died? Yes
- If not, how long had you resided apart? Yes
- Are you now a widow? Yes
- Have you or your husband heretofore been paid a pension by the State? No
- If so, when and for what cause were you or your husband placed on the roll?

SECTION II.

Answer the following questions if your husband was not a pensioner:

- When, where and in what Company and Regiment did your husband enlist as a soldier in Confederate Army or Georgia Militia. (Give name of Colonel and Captain.) State whether Infantry, Cavalry, Artillery, Reserves, State Guards, State Militia or State Troops.
May 31st 1861 - Company H 7th Georgia Regiment
Georgia Infantry. Captain P. K. Tollesday. Colonel W. T. Wilson
- When and where did the Commands of your husband surrender or discharge from the Service?
- Was your husband personally present with his Command when it was surrendered or discharged?
- If he was not present, state specifically and clearly where he was?
- When did he leave the Command? At the close of the war.
- For what cause did he leave?
- By whose authority did he leave?
- For how long was his leave of absence granted? 8 mos d. In what way?
- What was his physical condition when he left his Command? Good
- What effort did he make to return to his Command?
- In what way was he prevented from going back to his Command?
- Was he captured by the enemy at any time? No
- If so, when and where? In what prison was he held and when was he released?

Sworn to and subscribed before me, this the 28th day of July, 1937.
Jas. J. Daniell, Ordinary.
 of Cobb County.
 (SEAL OF ORDINARY)

Mrs. J. M. Haggie
 Applicant.

An Affidavit

(Read carefully before making this affidavit.)

State of Georgia,

County of

Before me, the Ordinary of said County, comes Mrs. who, after being duly sworn, deposes and says:

1. That she is an applicant for the Georgia pension allowed to widows of Confederate soldiers;
2. That her deceased husband was not a pensioner of the State of Georgia at the time of his death, and, therefore, his Confederate military service has not heretofore been proven in connection with an application for pension;
3. That she is unable to obtain from any person or source evidence as to the Confederate military service of her deceased soldier husband;
4. That this affidavit is being made to authorize the use, as evidence, of any official record of said Confederate military service as may be preserved either at the Capitol in Atlanta, or in the office of the Adjutant-General, Washington, D. C.

Mrs. R. B. Heggie

Sworn to and subscribed before me, this the

24 day of *July*, 1937
Jas. J. Danell Ordinary,
Cobb County.

See attached letter from War Dept. at Washington, D.C., dated Aug. 7, 1937, to Jas. J. Danell, Ordinary, showing service.

Questions for Witness as to Marriage and Service of Husband.

STATE OF GEORGIA,

County.

Mrs. Lila Leake of said State and County is hereby presented as a witness in support of the application of *Mrs. Newton Heggie* for the pension provided by the Act of 1910, as amended by the Act of 1919 and the Constitutional Amendments of 1920 and 1937, in said State, who, after being sworn true answers to make to the questions propounded, answers as follows, to-wit:

1. What is your name and where do you reside? (Give Post Office and County) *Mrs. Lila Leake, Marietta, Cobb*
2. How long and since when have you known *Mrs. Newton Heggie* applicant *About fifty years*
3. Where does she now reside, and since when has she been, continuously, a bona fide, resident citizen of this State? *500 Church St. Marietta Cobb Co. Georgia. All her life*
4. When and to whom was she married? *Newton Heggie* how do you know? *Was a witness*
5. How long and since when did you know *Newton Heggie* her husband? *Since her marriage*
6. When and where did *Newton Heggie* the husband of applicant, die? *In a hospital in Atlanta Georgia*
7. Were the applicant and her husband living together as husband and wife at the date of his death? *Yes they were living together when he died*
8. If not, how long did they live apart before his death? *No*

If the husband of the applicant was a pensioner, DO NOT answer the following questions.

9. When, where and in what Company and regiment did enlist? (Give date and place)
10. How did you obtain your information of this service?
11. How long within your personal knowledge did he perform actual military service with this Company and Regiment? (Give dates.)
12. When and where was his Command surrendered or discharged? (Give date and place.)
13. Were you personally present with this Command when it was surrendered? If not, where were you and how came you there?
14. Was the husband of applicant personally present with his Command at its surrender? If not where was he? and how came him there? When, where and for what cause did he leave his Command? (Give date.) By whose authority did he leave his Command? and how long was he granted leave? How do you know all that you have stated to be true? (If of your own knowledge, state clearly and specifically.)
15. For what cause, if you know of your own knowledge, was he prevented from returning to his Command?
16. What effort did he make to return to his Command and how do you know this?

17. Was he captured as a prisoner? If so, when and where? and when released?

Sworn to and subscribed before me, this the

24 day of *July*, 1937
Jas. J. Danell Ordinary,
Cobb County.
(SEAL OF ORDINARY)

Mrs. Lila Leake
(Witness)
as to marriage

STATE DEPARTMENT OF PUBLIC WELFARE

HURT BUILDING

ATLANTA

Honorable James J. Daniell, Ordinary,
Cobb County,
Marietta, Georgia.

WHEREAS:

MRS. I. N. HEGGIE, WIDOW OF NEWTON HEGGIE,

has filed in this office an application for the Georgia pension allowed to widows of Confederate veterans; and it appearing that the late husband of this applicant performed actual military service as a Confederate soldier and was honorably separated from such service; and that applicant was married to said soldier prior to January 1st, 1920, and that she was not remarried; it is, therefore,

ORDERED:

That said applicant be admitted to the pension roll of the State of Georgia for the month of January, 19 38, and thereafter; and that a copy of this order be sent to the Ordinary of said County.

This, the 27th day of December 19 37.

L. T. Bollen
Director, Confederate Division
State Department of Public
Welfare

WAR DEPARTMENT

THE ADJUTANT GENERAL'S OFFICE

WASHINGTON

August 7, 1937.

Respectfully returned to

Hon. James J. Daniell,
Ordinary Cobb County,
Marietta, Georgia.

The records show that Isaac N. Haggie, also borne as I. N. Haggie, Jr., not found as Newt Haggie, a private and Sergeant of Company I, 7th Regiment Georgia Infantry, Confederate States Army, enlisted May 31, 1861, at Atlanta, Georgia. He was transferred to Company I, from Company H, in May or June, 1861.

The company muster roll for June 30 to October 31, 1862, shows "Discharged July 16".

The records also show that one I. N. Haggie, a private of Company B, Cavalry Battalion, Phillips' Legion, Georgia, Confederate States Army, enlisted (October --, 1862, Virginia), place of enlistment also shown as Cobb County, Georgia.

The company muster roll for September and October, 1864, last on file, shows him present.

No later record of him has been found.

E. J. Conley
Major General
The Adjutant General
By *E. J. Conley*

COURT OF ORDINARY, COBB COUNTY

JAS. J. DANIELL, ORDINARY
MARIETTA, GA.

Georgia, Cobb County.

This is to certify that I. N. Haggie and Idella Marlow were married on the 16th day of December, 1890, as found on Marriage Record Book C, page 600, Cobb County Record of Marriages.

Given under my hand and seal of office, this
July 24, 1937.

Jas. J. Daniell
Ordinary

Ordinary's Certificate

STATE OF GEORGIA,

Wm. H. Lindsey Ordinary }
Wm. H. Lindsey Ordinary }

I, *Wm. H. Lindsey* Ordinary of said County, certify that I know the applicant *Wm. H. Lindsey* for pension is the person he represents himself to be and resides in said county. That I also know *Wm. H. Lindsey* the witness swearing to the

service; that they are both residents of said county and were duly sworn by me before signing the foregoing affidavit and they are all truthful and trustworthy and their statements are entitled to full faith and credit.

Sworn under my hand and official seal of office this *10* day of *October*, 19*22*

Wm. H. Lindsey Ordinary
 of *Cobb* County }
 (SEAL)

NOTES: 1. Before any questions are answered the Ordinary shall read applicant and witnesses to the following words: "I, the undersigned, being duly sworn, depose and say that the foregoing is a true and correct statement of the facts as the same are known to me, and I give said to be the whole truth. So help you God." 2. 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.

Hoggen R.
1916 *Cobb Co.*
 No. *10-31-22*
C. H. Jones #23

Confederate Soldier's Application

Under Act 1910—As Amended by Act of 1919.

County *Cobb*
 Name *Hoggen R.*
 Company *8*
 Regiment *72nd Ga Cavalry*
 Approved *John W. Glaid*
Commissioner of Pensions
11-27-22

Ordinary's Certificate

STATE OF GEORGIA,

Robert Haggie COUNTY }
 I, *Robert Haggie* Ordinary of said County, certify that I know
 the applicant *Robert Haggie* for pension is the person he represents himself to be and
 resides in said county. That I also know *Robert Haggie* the witness swearing to the
 service, that they are both residents of said county and were duly sworn by me before signing the forego-
 ing affidavit and they are all truthful and trustworthy and their statements are entitled to full faith and
 credit.

Sworn under my hand and official seal of office this *10th* day of *October* 19*22*

Robert Haggie Ordinary
 of *Cobb* County
 (SEAL)

NOTES: 1. Before any questions are answered the Ordinary shall swear applicant and witnesses in the following words:
 "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence
 you give shall be the whole truth. So help you God."
 2. Additional affidavits may be attached if blank spaces are insufficient.
 3. All affidavits must be made before the Ordinary of the county in which the applicant or witness resides and
 must be certified by such Ordinary.

Confederate Soldier's Application

Under Act 1910—As Amended by Act of 1919

County *Cobb*
 Name *Robert Haggie*
 Company *Co. 2*
 Regiment *7th Ga. Cavalry*
 Approved *John W. Richard*
Commissioner of Pensions
11-27-22

J. W. LINDSEY,
 Commissioner of Pensions.

Bryce Printing Co., State Printers, Atlanta.

Application for Soldier's Pension Under Act 1910

Amended by Act 1919

Questions For Applicants to Answer

STATE OF GEORGIA,

Robert Haggie COUNTY }
 of said State and County, hereby applies
 for the pension provided by Act of 1910, as amended by Act of 1919, to Confederate Soldiers, and submits
 his sworn statement, with his testimony to make out the same, and after being duly sworn true answers to
 make to the questions propounded, answers as follows, to-wit:

1. What is your name and where do you reside? (Give County and Post-office) *Robert Haggie Delandetta Ga*
2. How long and since when have you been a continuous resident citizen of this State? *All my life a born 1846*
3. Did you enlist in the Army of the Confederate States or in the organized militia of this State from 1861 to 1865? *Yes*
4. When and where, and in what Company and Regiment did you enlist? (Give the arm and class of Service) *Nov 1863 Columbus Ga Co 2 7th Ga Cavalry*
5. How long did you remain in the actual military service with said Company and Regiment? (Give date of discharge) *Until end of war I was disabled from Co. to Hospital*
6. When and where was your Company and Regiment surrendered or discharged from the Service? *Was not with Co. at surrender & was sent to hospital in April & discharged*
7. Were you actually present with your command when it was surrendered or discharged? *Not with Co*
8. If you were not actually present, specify and clearly where you were. *I had been assigned to Hospital for Sick Soldiers & General Service*
- a. Where was your command when you left it? *At Savannah Ga July 1865*
- b. When did you leave the command? *Feb 1865*
- c. For what cause did you leave? *Was assigned to Hospital for Sick Soldiers*
- d. By whose authority did you leave? *By Order of Col. Glendon Commanding 7th Ga Cavalry*
- e. For how long was your leave granted? In what way? *Had No leave of absence until Dec. Never had a furlough during war*
- f. Why did you not return to your command after leave expired? *—*
- g. In what way were you prevented? *—*
- h. What effort did you make to return? *—*
- i. Were you captured during the war? *No*
- j. If so, when, and where? In what prison were you held and when were you released? *—*
9. Are you drawing a pension of any amount from this State or the United States? *No*
10. Have you ever applied for the Georgia Pension and had it refused? and for what cause it was not allowed? *No*

Sworn to and subscribed before me, this the

10th day of *May* 19*22*

Robert Haggie Ordinary
 of *Cobb* County.

(SEAL)

Robert Haggie
Delandetta Ga
for Sent duty & Pension duty
11-27-22

Robert Haggie
Delandetta Ga
for Sent duty & Pension duty
11-27-22

Questions for Witness as to Service

STATE OF GEORGIA.

G. B. Server COUNTY. }

of said State and County is hereby presented as a witness in support of the application of *Newton Haggie* for the pension provided by the Act of 1910, as amended by the Act of 1919 in said State, and, after being sworn true answers to make to the questions propounded, answers as follows:

1. What is your name and where do you reside? *J. B. Server*

2. How long and since when have you known *Newton Haggie* the applicant? *ever since he was in a bar before war*

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? *Marathon, ever since before war*

4. When, where and in what Company and Regiment did *Newton Haggie* enlist during war from 1861 to 1865? (Give date and place.) *He was transferred to 7th Ga. Co. 1862*

5. How did you obtain your information of this Service? *I was orderly Sergeant of 7th Ga. Co.*

6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (Give date) *He enlisted just before surrender when he was*

7. When and where was his command surrendered or discharged (give date and place). *part of the surrender with him but much of it was out and second*

8. Were you personally present at the surrender? *Yes*

9. If not, where were you and how came you there? *He stated he had been assigned to 7th Ga. Co. and I do not know that*

10. Was the applicant personally present with his command at surrender?

11. If not where was he and how came him there? *As stated above*

12. When did he leave his command? Where was his command

when he left it? For what cause did he leave?

By whose authority did he leave. *Order from Headquarters* and how

long was he granted leave? How do you know

all that you have stated to be true? If of your own knowledge, tell clearly and specifically.

I was with this man in Georgia since then and know him now

13. In what way was he prevented from returning to his command? *War did. Peace had just*

How do you know?

14. What effort did he make to return to his command and how do you know?

15. Was applicant captured as a prisoner? *No* If so, when and where?

In what prison was he held? and

when released

Sworn to and subscribed before me, this the

17 day of *January* 19*22*

J. B. Server Ordina.y

of *Chas* County

(SEAL)

attest to the fact of being sworn for jury

J. B. Server
Noted 7 Ga. Co.

Application for Pension for Deceased Soldier
 STATE OF GEORGIA Cobb County
 I, J. M. Gamm Ordinary of said County, do certify
 that I personally know Mrs. Newton Stegge the applicant, and that she
 is the lawful widow of Newton Stegge and was on
 the Survivor Pension Roll of said Cobb County, and was paid
 a Pension from _____ County for 19____, and at the time
 of his death on the _____ day of July 1923 there was due to
 him and unpaid his Pension of One Hundred Dollars from the State
 of Georgia, and I know J. R. Kegg the within
 witness, and he is of a faithful and trustworthy character and entitled to full credit.
 Given under my hand and seal this 18 of June 1928
 (SEAL) J. M. Gamm Ordinary
Cobb County.

HEGGER
Cobb County
1923
 Application for Pension Due
 Deceased Soldier
 (UNDER ACT 1891)
 (To be paid his Widow or Dependent Children)
 BY
Mrs. Newton Stegge
 Widow of Newton Stegge
 of Cobb County
 Old or New _____
 Date of Death July 22 1923
 Approved and ordered paid 100
June 19 1928
J. W. Hatcher
 Commissioner of Pensions
 Ordinary: Fill out above in full and send
 this blank to Pension Office for approval be-
 fore you pay pension. If approved, fill in
 the number of the roll for permanent filing in
 the Pension Office.

GEORGIA, _____ County.
 I hereby authorize and constitute _____ of said County, my
 lawful attorney to collect, and receipt for me in my name, for the Pension due me for 192____
 through my deceased husband, _____ who was on _____
 Pension Roll and paid from _____ County for 19____
 Witness my hand this _____ day of _____, 192____
 Attested before me: _____

Application for Pension Due Deceased Soldier

(To Be Paid to His Widow or Dependent Children)

UNDER ACT APPROVED OCTOBER 3, 1901.

STATE OF GEORGIA, Cobb County

Personally before me comes Mrs. Newton Haggie, of said County, who after being duly sworn, on oath says that she is the widow of Newton Haggie who was duly enrolled as a Servant Pensioner from the County of Cobb and was paid a Pension of 1.00 Dollars from April County for 1913, and that the said Newton Haggie died in May County on the 22 day of July, 1923, and at the time of his death a Pension of 1.00 was due him from Cobb County and unpaid for 1923. Applicant further swears that she married the said Newton Haggie on the 14th day of Dec, 1894, in Cobb County and State of Ga, 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 18 day of June, 1928
J. M. Lamm, Ordinary.
Cobb County. Mrs. Newton Haggie (L. S.)
(SEAL.) Haggie

AFFIDAVIT OF WITNESS

STATE OF GEORGIA, Cobb County

Personally before me comes Jos. P. Legg, who on oath says that he knew Newton Haggie while in life and that he knows Mrs. Newton Haggie the above applicant; that he knows that the said Newton Haggie (L. S.) and Mrs. Newton Haggie (L. S.) were in due form of law married in the County of Cobb in the State of Ga on the 16 day of Dec, 1894, and that they were residing together as husband and wife at the time of his death on the 22 day of July, 1923, and I know that she is his dependent widow.

Sworn to and subscribed before me this 18 day of June, 1928
J. M. Lamm, Ordinary.
Cobb County. Jos. P. Legg
(SEAL.)

INSTRUCTIONS:
1st. This form can be used by guardian, or minor children, where there is no widow.
2nd. The Ordinary must, in all cases, send certificate of marriage attached hereto, if marriage is not proven by witnesses only for framing. Such a certificate is entirely too bulky for use in any sort of pension paper.
3rd. This form is for widows of disabled soldiers who died after October 31st, and for widows and dependent children of service soldiers who died after November 1st, 1901.
4th. The Ordinary should examine the blank carefully and see that it is fully and correctly completed, and the seals affixed, and that the blank when filled in is not altered in any way.
5th. Pay out no money on this application until it is approved in the Pension Office, and returned to you as your authority to make the payment.
6th. Return this application with your final settlement to the Pension Office.
7th. The widow signs pay-out for the pension of her husband, against the name opposite his name thereon.
8th. The pension for only one year can be covered by one voucher. Each year's pension is a separate and distinct transaction and must be so treated. If widow has a "new" pension, she must make two new applications—one for each year. Attach a separate marriage license to each follow blank.

10. Return this application with your final settlement to the Pension Office.
11. The widow signs pay-roll for the pension of her husband, signing her name opposite his name thereon.
12. The pension for only one year can be covered by one voucher. Each year's pension is a separate and distinct transaction and must be so treated. If order of a "new" pensioner who was due for and all pensions she must make, two yellow applications—one for each year. Attach a separate marriage license to each yellow blank.

Office of Ordinary

GEORGIA, Cobb County.

I, J. M. GANN, Ordinary and Ex-Officio Clerk of the Court of Ordinary of said County (I having no Clerk), do hereby certify that I have compared the foregoing ~~Remittance~~ Copy of Marriage

License of I. N. Haggie, and Idelle Marlow, and Certificate
of Marriage

with the original record thereof, now remaining in this office, and the same is a correct transcript therefrom, and of the whole of such original record as found in book "C", records of Marriages, folio 1199

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of the Court of Ordinary, this the 18th day of June 1923

J. M. Gann
Ordinary and Ex-Officio C. C. O.

No. 987

Marriage



License

State of Georgia

County of Cobb

TO ANY JUDGE, JUSTICE OF THE PEACE, OR MINISTER OF THE GOSPEL.

I M. Haggie You are hereby authorized to join
and *Idelle Marlow*
in the Holy State of Matrimony according to the Constitution and
Laws of this State and for so doing this shall be your License.
And you are hereby required to return this License to me with your
Certificate hereon of the fact and date of the Marriage.

Given under my hand and seal of the *15* day of
Dec 189*0* *Shore* (L.S.)
Ordinary.

STATE OF GEORGIA

CERTIFICATE

COUNTY OF COBB

I Certify that *I. M. Haggie* and *Idelle Marlow*
were joined in Matrimony by me this *15* day of *December* *Eighteen Hundred*
and *Ninety*
Recorded

19
Ordinary

V. E. Marget M. G.

LICENSE OBTAINED UNDER OATH BY

PARTY PERFORMING CEREMONY RETURN TO ORDINARY TO BE RECORDED.

April 27, 1865.
 Captured, near Farmville
 Va, April 6, 1865.
 Released, Newport News,
 Va, June 14, 1865.

Helding S. J.
 ✓ Cobb Co

No. 0.11. Jan 1920

Confederate Soldier's Application

Under Act 1910—As Amended by Act of 1919.

County Cobb
 Name J. J. Helton
 Company "A"
 Regiment 18th Ga Inf
 Approved _____

J. W. LINDSEY,
 Commissioner of Pensions.

Hyatt Printing Co., State Printers, Atlanta.

10-30-1919

Ordinary's Certificate

STATE OF GEORGIA.

COUNTY }

I, W. J. Helton

Ordinary of said County, certify that I know

the applicant, J. J. Helton for pension in the person he represents himself to be and

resides in said county. That I also know Aspen House, the witness swearing to the

service; that they are both residents of said county and were duly sworn by me before signing the foregoing affidavits and they are all truthful and trustworthy and their statements are entitled to full faith and

credit.

Given under my hand and official seal of office this 20 day of Oct 1915

W. J. Helton
 of Cobb County }
 Ordinary

(SEAL)

NOTES: 1. Before any application are submitted the Ordinary shall make application and reference to the following public:
 You are to certify that you will not swear to any of the questions asked you and the evidence
 you give shall be the whole truth. So help you God.
 2. 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.

Ordinary's Certificate

STATE OF GEORGIA,

COUNTY.

I, J. J. Hallen Ordinary of said County, certify that I know the applicant, J. J. Hallen for pension is the person he represents, himself to be and resides in said county. That I also know Gregory Hauer the witness swearing to the service; that they are both residents of said county and were duly sworn by me before signing the foregoing affidavit and they are all truthful and trustworthy and their statements are entitled to full faith and credit.

Sworn under my hand and official seal of office this 20 day of Oct 1919

J. J. Hallen Ordinary
of Cobb County.

(SEAL)

NOTES: 1. Before any questions are answered the Ordinary shall swear applicant and witnesses in the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you give shall be the whole truth. So help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. All affidavits must be made before the Ordinary of the county in which the applicant or witness resides and must be certified by such Ordinary.

Confederate Soldier's Application

Under Act 1910—As Amended by Act of 1919.

County Cobb
Name J. J. Hallen
Company "A"
Regiment 18th Co. Inftry
Approved _____

J. W. LINNEY,
Commissioner of Pensions,
New Printing Co. State Prison, Atlanta.

10-30-1919

Application for Soldier's Pension Under Act 1910 Amended by Act 1919

Questions For Applicants to Answer

STATE OF GEORGIA,

COUNTY.

I, J. J. Hallen of said State and County, hereby applies for the pension provided by Act of 1910, as amended by Act of 1919, to Confederate Soldiers, and submits his sworn statement, with his testimony to make out the same, and after being duly sworn true answers to make to the questions propounded, answers as follows, to-wit:

1. What is your name and where do you reside? (Give County and Post-office)
J. J. Hallen; Newnan, Cobb County Ga.
2. How long and since when have you been a continuous resident citizen of this State?
All my life, 73 years
3. Did you enlist in the Army of the Confederate States or in the organized militia of this State from 1861 to 1865?
Yes
4. When and where, and in what Company and Regiment did you enlist? (Give the arm and class of Service)
May 1864, Newnan, Co. B. 18th Inftry
5. How long did you remain in the actual military service with said Company and Regiment? (Give date of discharge)
Until April 1865
6. When and where was your Company and Regiment surrendered or discharged from the Service?
April 9 1865 - 4th Army
7. Were you actually present with your command when it was surrendered or discharged?
Yes
8. If you were not actually present, state specifically and clearly where you were.
April 6 1865, on the retreat from Atlanta to Kennesaw

- a. Where was your command when you left it?
between Atlanta & Kennesaw
- b. When did you leave the command?
still above
- c. For what cause did you leave?
captured
- d. By whose authority did you leave?
—
- e. For how long was your leave granted? In what way?
—
- f. Why did you not return to your command after leave expired?
—
- g. In what way were you prevented?
in prison
- h. What effort did you make to return?
—
- i. Were you captured during the war?
Yes
- j. If so, when, and where? In what prison were you held and when were you released?
April 6 1865, on retreat from Kennesaw to Kennesaw, Ga.
9. Are you drawing a pension of any amount from this State or the United States?
Yes
10. Have you ever applied for the Georgia Pension and had it refused? and for what cause it was not allowed?
No

Sworn to and subscribed before me, this the

25 day of August 1919

J. J. Hallen Ordinary
of Cobb County.

(SEAL)

Hallen, J. J.
Cobb Co.
No. 911, Jan 1920

April 9 1865.
Captured, near Savannah
Ga., April 6, 1865.
Released, Newport News,
Va., June 14, 1865.

of New Port News
with release

Questions for Witness as to Service

STATE OF GEORGIA,

Cobb COUNTY.

Brogan House of said State and County is hereby presented as a witness in support of the application of J. J. Hillen for the pension provided by the Act of 1910, as amended by the Act of 1949 in said State, and, after being sworn true answers to make to the questions propounded, answers as follows:

1. What is your name and where do you reside? Brogan House
Manassas Va

2. How long and since when have you known J. J. Hillen the applicant?
all his life

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? Pinson and Clark Co, Ga

4. When, where and in what Company and Regiment did J. J. Hillen enlist during war from 1861 to 1865? (Give date and place.) he joined 6th Co, in May 1864 as a recruit

5. How did you obtain your information of this Service? I was in same Co
7 Reg

6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (Give date) until in April 1865

7. When and where was his command surrendered or discharged (give date and place) April 9, 1865, Appomattox, Va

8. Were you personally present at the surrender? no

9. If not, where were you and how came you there? I was captured on April 6, 1865
at the same time Applicant was captured

10. Was the applicant personally present with his command at surrender? no

11. If not where was he and how came him there? he was prisoner

12. When did he leave his command? April 6, 1865 Where was his command when he left it? near Richmond Va For what cause did he leave? captured

By whose authority did he leave? by no authority and how long was he granted leave? no leave How do you know all that you have stated to be true? If of your own knowledge, tell clearly and specifically. I was in same Co. & Regt. was applicant and was Capt with him

13. In what way was he prevented from returning to his command? was prisoner How do you know? I was with him

14. What effort did he make to return to his command and how do you know? no effort

15. Was applicant captured as a prisoner? yes If so, when and where? April 6, 1865
near Richmond Va In what prison was he held? New York Navy and when released last of June 1865

Sworn to and subscribed before me, this the 1st day of June 19 1865 } Brogan House
man

Ordinary }
of }
County. }

(SEAL)

this being ss. A. S. Hillen 1865

CERTIFICATE OF ORDINARY

STATE OF GEORGIA, Cobb County.
 I, J. M. Lamm, Ordinary of said County, do certify
 that I personally know Mrs. Eliza Ann Shelton, the applicant, and that she
 is the lawful widow of T. J. Shelton, who was on
 the Pension Roll of said Cobb County, and was paid
 a Pension from Cobb County for 1927, and at the time
 of his death on the 11 day of June 1927, there was due to
 him and unpaid his Pension of One hundred Dollars from the State
 of Georgia, and I know C. B. Dickson, the within
 witness, and he is of a truthful and trustworthy character and entitled to full credit.

Given under my hand and seal this 26 of July, 1927
 (Seal of Ordinary)

J. M. Lamm Ordinary
Cobb County

*Rule on the within approval for
 3 mos 4 1/2 months pension of 1927 for
 \$50 each quarter
 Nov 23/29 Mrs T J Shelton*

HEITON, T. J.

County Cobb
 1925 7
 Application for Pension Due
 Deceased Soldier
 (UNDER ACT 1891)
 (To be paid to his Widow or Dependent
 Children)
 BY
 Mrs. Eliza Ann Shelton
 Widow of T. J. Shelton
 Date of Marriage October 7, 1877
 Date of Death June 11, 1927
 Approved and ordered paid.
John W. Clark 1927
Aug. 2. 27
 Commissioner of Pensions
 Ordinary: Fill out above in full and send
 this blank to Pension Department for ap-
 proval before you pay out the money, and
 attach your pay-roll for per-
 manent filing in the Pension Department.

GEORGIA, Cobb County.
 I hereby authorize and constitute _____ of said County, my
 lawful attorney to collect, and receipt for me in my name, for the Pension due me for 192____
 through my deceased husband, _____, who was on the
 Pension Roll and paid from _____ County for 19____
 Witness my hand this _____ day of _____, 192____

Attested before me:

Application for Pension Due Deceased Soldier

(To Be Paid to His Widow or Dependent Children)
(UNDER ACT APPROVED OCTOBER 9, 1891)

STATE OF GEORGIA, Cobb County.

Personally before me, the Ordinary of said County, comes Mrs. Eliza Ann Hellen
of said County, who after being duly sworn, on oath says that she is the widow of
T. J. Hellen
and that said Pensioner was on the Pension Roll of Cobb County
and was paid a Pension of One Hundred (\$100⁰⁰) Dollars
from said County Oct 1927, and that the said Pensioner died in Cobb
County on the 11th day of June, 1927,
and at the time of his death a Pension of 100⁰⁰ was due him from Cobb County
and unpaid for 1928. Applicant further swears that she married the said T. J. Hellen
on the 9th day of October, 1900, in Cobb County and
State of Ga, 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 19th day of July, 1928,
J. M. Gamm Ordinary } Eliza Ann Hellen (L. S.)
Cobb County }

(Seal of Ordinary)

AFFIDAVIT OF WITNESS

STATE OF GEORGIA, Cobb County.

Personally before me comes C. B. Dickson, who
on oath says that he knew T. J. Hellen while in life
and that he knows Mrs. Eliza Ann Hellen, the
above applicant; and knows that the said T. J. Hellen
and Eliza Ann Hellen were in due form of law married in the County
of Cobb in the State of Ga on
the 9th day of October, 1900, and that they were residing
together as husband and wife at the time of his death on the 11th day of
June, 1927, and that she is his dependent widow.

Sworn to and subscribed before me this 25th day of July, 1928,
J. M. Gamm Ordinary } C. B. Dickson
Cobb County }

(Seal of Ordinary)

INSTRUCTIONS:

- 1st. This form is for widows of Service and Disabled Soldier pensioners, who died after November 1st. If pensioner died after Jan-
uary 1st, leaving dependent children but no widow, their guardian may use this form in their behalf.
- 2nd. Proof of marriage must be made.
- 3rd. Do not use the marriage certificate in common usage throughout the State, suitable only for framing.
Such certificate is entirely too bulky for use in any pension application. A plain certificate written on the back of the copy of marriage
license is the proper thing.
- 4th. The Ordinary should examine the blank after it is filed in, and see that everything is fully and correctly completed, and the
seals affixed, and that back of application, when filled, is filed in.
- 5th. Pay out no money on this application until approved by the Pension Department and returned to you as your authority to make
the payment.
- 6th. Return this application with your final settlement to the Pension Department.
- 7th. The widow or person holding her proper power-of-attorney receipt for this pension by signing name, as widow, appends the
name of husband on the soldier pay roll.
- 8th. Only the one pension is covered by this application. Take another application, on the white blank, to admit widow to roll in her
own right. November 1st is the last filing date for the next year's roll.

NAME Helton, T. J. YEAR 1920 COUNTY Cobb.

WHEN AND WHERE BORN? A resident of Georgia all my life, 73 years.

ENLISTED WHEN AND WHERE? May, 1864, Acworth, Georgia.

RANK:

COMPANY AND REGIMENT? Company A, 18th Georgia Infantry.

NAME OF CAPTAIN AND COLONEL?

WOUNDED?

CAPTURED, WHEN AND WHERE? April 6, 1865 captured on retreat from Richmond and Petersburg- held a prisoner at Newport News.

RELEASED: Released from Newport News last of June, 1865.
(witness states).

WHEN AND WHERE SURRENDERED? Command surrendered April 9, 1865, Appomattox, Virginia.

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU? A prisoner at Newport News, near Richmond, Virginia.

DIED, WHEN AND WHERE?

BURIED:

WITNESSES: Grogan House - same company and regiment --No data.

SB/

Georgia, Cobb County.

I hereby certify that the within and foregoing is a true copy of the Marriage of T. J. Helton & Eliza Ann Dickson. Said copy having been taken from the records of Cobb County, and shown of record in Marriage Record "B", page 14.

Witness my hand and seal of office, this the 26th day of July, 1927

J. M. Gamm
Ordinary, Cobb County, Georgia.

MARRIAGE LICENSE

Mr. T. J. Helton

AND

Eliza Ann Dickson

Issued September 30th 1899 '192

and Recorded on Page 14 Book

#B. of Marriage Licenses

J. H. Stone

Ordinary

MARRIAGE LICENSE

OF

Mr. T. J. Holton

AND

Eliza Ann Doleon

Issued September 201 1899, 192

and Recorded on Page 14 Book

#2.
of Marriage Licenses

J. M. Stone

Ordinary

RANK:

COMPANY AND REGIMENT?

Company A, 18th Georgia Infantry.

NAME OF CAPTAIN AND COLONEL?

WITNESSES?

CAPTURED, WHEN AND WHERE? April 6, 1865 captured on retreat from Richmond and Petersburg- held a prisoner at Newport News.

RELEASED: Released from Newport News last of June, 1865.
(witness states).

WHEN AND WHERE SURRENDERED? Command surrendered April 9, 1865, Appomattox, Virginia.

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU? A prisoner at Newport News, near Richmond, Virginia.

DIED, WHEN AND WHERE?

BURIED:

WITNESSES: Grogan House - same company and regiment --No data.

SB/

No. 947



TO ANY JUDGE, JUSTICE OF THE PEACE, OR MINISTER OF THE GOSPEL

You are hereby authorized to join

Mr. T. J. Helton and Miss. Eliza Ann Dickson

*in the Holy State of Matrimony, according to the Constitution and Laws of this State and for so doing this shall be your License.**And you are hereby required to return this License to me, with your Certificate hereon of the fact and date of the Marriage, within thirty days after the date of said Marriage.*

Given under my hand and seal this 30th day of September, 1899

J. H. Stone

Ordinary (S)

STATE OF GEORGIA **CERTIFICATE** COUNTY OF COBB

I Certify that Mr. T. J. Helton and Miss. Eliza Ann Dickson
were joined in Matrimony by me this 7th *day of* October, 1899 *at* ~~Eliza Ann~~ *Eliza Ann* ~~and~~ *and*
and ninety nine

Recorded

192

A. E. Hayes, J.P.

J. H. Stone

Ordinary.

~~Hemlock, 887~~
Hemlock, 887
No. 64 Cal. L. Co.

APPLICATION FOR

Art. 11311

FOR CONFEDERATE SOLDIER

Archer Hemlock

County Col. Co.

Land. Ar. 11311

Amount 60

Date of Warrant. 11/15/52

Page

Co. H, 131st Regt.
S. 11311

11/15/52

STATE OF GEORGIA.

(Cable County)

Personally appeared before me, Jowler Kinsbrun of the county of Cable, State of Georgia, who, being duly sworn, deposes and says that he was on the 20th day of September, 1879 a bona fide resident of this State; that he enlisted in the military service of the Confederate States, or of this State, as a Private in Company A 1st Regiment of South Carolina Volunteers that while engaged in such military service, to wit: at the battle or engagement of 2nd Manassas in the State of Virginia on the 29 day of August, 1862, he was wounded in the right arm and that the same was amputated above the elbow that he has not received the payment allowed him for such limb under an Act entitled an Act to carry into effect the last clause of Paragraph 1, Section 1, Article 7 of the Constitution of 1877, approved September 20th, 1879; that he has not supplied himself with an artificial arm; or that, not having done so, he prefers to supply himself with an artificial arm.

Sworn to and subscribed before me this 12 day of August, 1879, at Richmond, Richmond.

NOTE: The above affidavit must be made before some officer authorized to administer oaths, a Judge of the Superior or County Court, Justice of the Peace, Clerk of the Superior Court, or Ordinary.

COMMISSIONED OFFICERS AFFIDAVIT.

STATE OF GEORGIA.

County.

Personally came before me, _____ of the county of _____, State of Georgia, who, being duly sworn, depose and says that he was _____ in Company _____ Regiment and that _____ the above deponent, was a _____ in said Company, and that this deponent knows that said _____ last a _____ in the military service as said in the above affidavit.

Sworn to and subscribed before me this _____ day of _____, 18____.

NOTE: If the affidavit of the commissioned officer is taken before the following affidavit of three responsible citizens must be furnished.

APPLICATION FOR

Cable

Jowler Kinsbrun

Private

South Carolina

2nd Manassas

Virginia

29

August

Richmond

Richmond

AN ACT

To carry into effect the last clause of Paragraph 1, Section 1, Article 7 of the Constitution of 1877.

SECTION I. Be it enacted by the General Assembly of the State of Georgia, That any person now *bona fide* resident of this State, who enlisted in the military service of the Confederate States, or of this State, who, while engaged in said military service, lost a limb or limbs, may furnish to the Governor of this State proof that such applicant has supplied himself with such useful artificial limb or limbs, and the Governor, on reception of such proof, is hereby authorized to draw his warrant on the Treasurer of this State in favor of such applicant for either amount hereinafter mentioned, to wit: For a leg extending above the knee, one hundred dollars; for a leg not extending above the knee, seventy-five dollars; for an arm extending above the elbow, sixty dollars; for an arm not extending above the elbow, forty dollars. Provided, the said amounts of money may be allowed to any one entitled to the benefits of this Act who may prefer to supply himself with the said artificial limb.

SEC. II. Be it further enacted by the said authority, That such application shall contain proof of such applicant being entitled to the benefits of this Act, and shall further state whether arm or leg has been supplied. If an arm, whether extending above the elbow or not; if a leg, whether extending above the knee or not, and the Governor shall decide the sufficiency of the proof submitted.

SEC. III. Be it further enacted by the said authority, That no applicant shall receive the sum allowed under this Act oftener than once in five years.

SEC. IV. Be it further enacted by the authority aforesaid, That all laws and parts of laws in conflict with this Act be and the same are hereby repealed.

HENRY R. GORTCHUS,
Secretary House Representatives.
WM. S. HARRIS,
Secretary Senate.
Approved, September 19th, 1879

A. O. BACON,
Speaker House Representatives.
RUFUS E. LESTER,
President Senate.
ALFRED H. COLQUHUN, Governor.

STATE OF GEORGIA,

Cobb County,

Personally came *Geo. C. Roberts, Mr. W. Guthrie*
and *J. P. Roberts*
who, being duly sworn, depose and say they are acquainted with *Forster Hembree*

and know that he lost a *right arm* in the military service during the late war; that said *arm* was amputated *above the elbow*; that he is a bona fide citizen of this State, and we are well satisfied that the facts stated by him in the above affidavit are true.

Sworn to and subscribed before me this *12* day of *December* 1879.
W. M. Kammatt *Grey* *George C. Roberts*
John B. Roberts
W. C. Guthrie

STATE OF GEORGIA,

Cobb County,

I *W. M. Kammatt* Ordinary of *Cobb* county, do certify that I am well acquainted with *Forster Hembree* the applicant for *an arm*, and am well satisfied that the facts stated by him in the foregoing affidavit are true, and that I am well acquainted with *Geo. C. Roberts, John B. Roberts, and W. C. Guthrie* the citizens who make their affidavit, that they are respectable citizens of this county, and that the facts stated by them are true.

Given under my hand and official seal, this *12* day of *December* 1879.

W. M. Kammatt
Grey

Hembree, Fowler
Cobb Co.

No. 332

APPLICATION FOR ALLOWANCE

FOR YEAR ENDING OCTOBER 31, 1889.

Yours of Right Arm
Applicant *George Hembree*

County *Cobb*
Amount *100*
Date of Warrant *Dec 11 1889*
Entered on record *Dec 11 1889*

SECRETARY EXECUTIVE DEPARTMENT.

Applicant

STATE OF GEORGIA,

Cobb County,
PERSONALLY appears *George Hembree* of *Cobb* county,
State of Georgia, who, being duly sworn, says on oath that he is a *long-ide* citizen and
resident of said State, and has been such continually since the *24th* day of
November 18 *74*, 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 *D*, of *13* th Regiment
of *South Carolina* Volunteers *1st S.C. Volunteers* 's Brigade; that whilst engaged
in such military service, at the battle of *Wm.* in the State
of *Wm.* on the *29* day of *August* 1862 he was
wounded as follows: *by gunshot wound in the right elbow, completely destroying the joint, thereby causing complete paralysis of the right shoulder necessary*

Deponent desires to participate in the benefits of the Act, approved October 24, 1887,
and the Act amendatory thereof, approved December 24, 1888, and makes application for
the allowance to which he is entitled for the year ending October 26, 1889.

Sworn to and subscribed before me, this *11th* day of *Sept* 188 *9*, *George Hembree*
Wm. Stone
NOTE.—State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability.

STATE OF GEORGIA,

County.

PERSONALLY comes before me _____ Ordinary of said county,
and _____ both known to
me as reputable physicians of said county, who, being severally sworn, say on oath that
they have carefully examined _____ and after such
examination say that the applicant has been injured as follows:

Sworn to and subscribed before me, this _____ day of _____ 188 _____

ORDINARY.

HEAD NOTE.—The physicians will state fully the extent of the wound, and then give facts to show the extent of the disability resulting therefrom.

STATE OF GEORGIA,

Cobb County, *John H. Homan* Ordinary of said county,
do certify that I am well acquainted with *George Humber* the
applicant in the foregoing affidavit, and am well satisfied that the statements made by him
in his said affidavit are true, and that he is disabled to the extent he claims, and I know he is
the individual he represents himself to be, and that he resides in this county. I also certify
that the foregoing witnesses, to-wit:

are persons of respectability, and that their statements are worthy of full credit and belief.

I further certify that before whom the foregoing
affidavits were made and power of attorney was signed, is a
of said county, and the said affidavits and signatures thereon are genuine.

Given under my official signature and seal, this *11* day of *July*, 188*9*

John H. Homan
Ordinary *Cobb* County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County

Know all Men by these Presents, That I,
of

county, in said State, do hereby appoint
of my true and lawful attorney in fact, for
me and in my name, to receive and receipt for whatever amount of money I may be entitled
to from the State of Georgia by reason of the injury received as aforesaid in the military ser-
vice of the Confederate States (or of this State), as stated in the foregoing affidavit, hereby
authorizing my said attorney to receipt in my name for any Warrant that may be issued by
the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

In witness whereof I have hereunto set my hand and seal, this
day of 188

(L. S.)

Executed in the presence of us:

DIRECTION:

Send money to me as follows, by

to
County, Georgia.

P. O.

NOTES.

1. If an applicant has been wounded, the description of the wound should be carefully and fully set forth by applicant and physician, and followed by a plain statement of facts showing the extent of the disability. If applicant claims disability from disease contracted in the service, a full and carefully stated history of the disease should be given, tracing the disability by positive proofs to the service.
2. The law makes no allowance for an arm or leg, unless the arm or leg has been rendered substantially and essentially useless.
3. It will not answer to say that an arm is "substantially useless for ordinary pursuits of life, etc." There is no qualification to the clause of the Act in reference to the arm or leg, but the limb must for all purposes be "substantially and essentially useless."
4. If the application is for a wounded leg, it would seem to be a fair construction of the Act, and the words above quoted, to say that unless the injury is such as to require the constant use of crutch or stick, that the leg is not "substantially and essentially useless."
5. If application is for loss of fingers or toes the proofs must be made to show the number, and points where amputated.
6. If papers are returned for correction, and amendments are added to any of the affidavits, the amendments must be made under oath before an officer, and the proofs must show that the amendments have been duly sworn to.
7. Every application must be certified by the Ordinary of the county of the residence of the applicant. The certificate of any other will not be received in any case.

STATE OF GEORGIA,

I, J. M. Stone Ordinary of said county, do certify that I am well acquainted with James Humber the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and that he is disabled, to the extent he claims, and I know he is the individual he represents himself to be, and that he resides in this county.

I further certify that M. R. Fowler before whom the foregoing affidavits were made and power of attorney was signed, is a Notary Public of said county, and the said affidavits and signatures thereto are genuine.

Given under my official signature and seal, this 5 day of Feb'y 1890.

Ordinary

County.

STATE OF GEORGIA,

I, J. M. Stone Ordinary of said County, do certify that I am well acquainted with James Humber the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and that he is disabled, to the extent he claims, and I know he is the individual he represents himself to be, and that he resides in this County.

I further certify that M. R. Fowler before whom the foregoing affidavits were made and power of attorney was signed, is a Notary Public of said County, and the said affidavits and signatures thereto are genuine.

Given under my official signature and seal, this 9 day of Feb'y 1891.

Ordinary

County.

James Humber
Col. C. C.
Humber, 1890.

1890.

APPLICATION FOR ALLOWANCE.

No. 294.
FOR THE TALKS GIVEN IN 1890.
James Humber
Applicant, James Humber
County, Col. C.
Amount, \$100
Date of warrant, Feb'y 5 1890
Entered on record Feb'y 5 1890
Col. C.
WARRANT ISSUED TO Col. C.

James Humber
Col. C.

1891
James Humber
Col. C.
PAID 1891
No. 408

Application for Allowance

FOR THE TALKS GIVEN IN 1891.
James Humber
Applicant, James Humber
County, Col. C.
Amount, \$100
Date of Warrant, Feb'y 20
Entered on record Feb'y 20 1891
Col. C.
WARRANT ISSUED TO Col. C.

Don. W. Harrison, State Printer, Atlanta, Ga.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

PERSONALLY appears *Fowler* Number of *Cobb* county,

State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has been such continually since the *28* day of

December 1874; that he enlisted in the military service of the Confederate States (or of the State of *South Carolina*) during the war between the States, and served as a *private* in Company *I*, of *13* th Regiment of *South Carolina* Volunteers *Griggs*'s Brigade; that whilst engaged in such military service, at the battle of *Manassas* in the State of *Virginia*, on the *29* day of *August* 1862, he was wounded as follows:

On right arm above the elbow which caused amputation of right arm above the elbow

Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1890. I have heretofore been allowed a pension of *one hundred* dollars.

Sworn to and subscribed before me, this the *5* day of *July*, 1890.

NOTE: State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.

KNOW ALL MEN BY THESE PRESENTS, That I,

of *Cobb* county, in said State, do hereby appoint

my true and lawful attorney in fact, for me and in my name, to receive and receipt for what ever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *5* day of *July*, 1890.

Executed in the presence of us:

[L. S.]

DIRECTION.

Send money to me as follows, by

to

P. O.

County, Georgia.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

PERSONALLY appears *Fowler* Number 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 *1874*; that he enlisted in the military service of the Confederate States (or of the State of *South Carolina*) during the war between the States, and served as a *private* in Company *I*, of *13* th Regiment of *South Carolina* Volunteers *Griggs*'s Brigade; that whilst engaged in such military service at the battle of *Manassas* in the State of *Virginia*, on the *30* day of *August* 1862, he was wounded as follows:

By Minnie East, striking the elbow joint of the right arm, so tearing up the arm that it was amputated between the elbow and shoulder

Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1891. I have heretofore been allowed a pension of *100* dollars, for *Said Disability*.

Sworn to and subscribed before me, this the *4* day of *July*, 1891.

NOTE: State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.

Know all Men by these Presents, That I,

of *Cobb* County, State of Georgia, do hereby appoint

my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *5* day of *July*, 1891.

[L. S.]

Executed in the presence of us:

DIRECTION.

Send money to me as follows, by

to

P. O.

County, Georgia.

BOOKED ON THE ONLY

POWER OF ATTORNEY.

STATE OF GEORGIA, }

COUNTY. }

Know all Men by these Presents, That I,

of

County, State of Georgia, do hereby appoint

of my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of an injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing my said Attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this

day of

1894.

[L. S.]

Executed in the presence of us

DIRECTIONS.

Send money to me as follows, by

to

P. O.

County, Georgia.

Hemlock, Frank
No. 587
Soldier's Pension.

1894.

Name *Frank Hemlock*
County *Cobb*
Disability *Loss of arm*
Amount *\$100.*
3/4

1894.
W. H. HARRISON,
Secretary Executive Department.

WARRANT HANDLED TO

Applicant
Gen. W. Harrison, State Printer, Atlanta.

POWER OF ATTORNEY.

STATE OF GEORGIA, }

County. }

KNOW ALL MEN BY THESE PRESENTS, That I,

of

County, State of Georgia, do hereby appoint

of my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of an injury received as aforesaid in the military service of the Confederate States (or of this State) as stated in the foregoing affidavit; hereby authorizing my said Attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this

day of

1895.

[L. S.]

Executed in presence of us

DIRECTIONS.

Send money to me as follows, by

to

P. O.

County, Georgia.

Hemlock, Frank
Cobb Co
SOLDIER'S PENSION.

1895.

Name *Frank Hemlock*
County *Cobb*
Disability *Right arm*
Amount *\$100*
3/4

1895.
RICHARD JOHNSON,
Secretary Executive Department.

WARRANT HANDLED TO

Applicant
Gen. W. Harrison, State Printer, Atlanta.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA.

Cobb County, Personally appears *Forbes Hambro* 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 *1874* that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Private* in Company *D*, of *13th* Regiment of *S.C.* Volunteers, *5599*'s Brigade; that whilst engaged in such military service at the battle of *Manassas* in the State of *Va.*, on the *30* day of *August* 1862, he was wounded as follows:

In the right arm from which wound the said arm was amputated between elbow and shoulder.

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1894. I have heretofore been allowed a pension of

\$100 dollars, for the year 1893. Sworn to and subscribed before me, this, *13th* day of *March* 1894. *Forbes Hambro* *Mark*

Note.—State fully the nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease.

STATE OF GEORGIA.

Cobb County, I, *J. M. Stone* Ordinary of said County, do certify that I am well acquainted with *Forbes Hambro* the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County.

Given under my official signature and seal, this *13th* day of *March* 1894.



Ordinary *Cobb* County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County, Personally appears *Forbes Hambro* 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 *1874* that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Private* in Company *D*, of *13th* Regiment of *S.C.* Volunteers, *5599*'s Brigade; that whilst engaged in such military service at the battle of *Manassas* in the State of *Va.*, on the *30* day of *August* 1862, he was wounded as follows:

In the right arm from which wound the said arm was amputated between the elbow & shoulder.

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26th, 1895. I have heretofore been allowed a pension of

100 dollars, for the year 1894. Sworn to and subscribed before me, this, *17th* day of *March* 1895. *Forbes Hambro* *Mark*

Note.—State fully the nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease.

STATE OF GEORGIA,

Cobb County, I, *J. M. Stone* Ordinary of said County, do certify that I am well acquainted with *Forbes Hambro* the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County.

Given under my official signature and seal, this *12th* day of *March* 1895.



Ordinary *Cobb* County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, _____ hereby authorize _____

of _____

to receive and receipt for the pension paid hereon and request that he remit same to

by _____

at _____

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this _____

day of _____ 1896.

[L. S.]

Executed in presence of us

Hamberger Family

30 Oct 91.

ACT OF MARCH 1867

(For Those Already Enrolled.)

No. 3085

SOLDIER'S PENSION.

1896.

(In Testimony to 1877)

Name *Amos H. Hamberger*

County *Colt*

Disability *Loss right arm*

Amount, \$ *100*

3/9

1896

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDED TO

Amos

JOHN W. HARRISON, State Printer, Atlanta.

No data

Georgia *J. Fowler Hamberger*
(Colt County) *I hereby authorize and*
empower R. H. Northcutt
Esq. to receive & receipt for in
my name the amount coming
from an Pension Warrant
for Artificial Arm.
Witness my hand & seal
this December 11 - 1891.
J. Fowler Hamberger
mark
Amos H. Hamberger
My Public
(Colt Co. Ga.)

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appear James Hembree 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 1874 that he enlisted in the military service of the Con-
federate States (or of the State of Georgia) during the war between the
States, and served as a Private in Company X, of 13th Regiment
of S.C. Volunteers, Brigade; that whilst engaged
in such military service in the State of Georgia, on the 27th day
of August 1862 he was wounded, injured or diseased as follows:

By bullet striking
the right arm in the elbow
joint, thereby causing the
joint arm to be amputated
up near the shoulder.

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887,
and the acts amendatory thereof, and makes application for the pension to which he is
entitled for the year ending October 26th, 1896. I have heretofore as a resident of
Cobb county been allowed a pension of \$100
dollars, for the year 1895.

Sworn to and subscribed before me, this, the
9th day of March 1896.

James Hembree
Ordinary

NOTE.—State fully the nature and character of the wound or disease which causes the disability, and explain particularly the extent
of the disability, resulting from the wound or disease.

STATE OF GEORGIA,

Cobb County.

I, Full Stone Ordinary of said County,
do certify that I am well acquainted with James Hembree the
applicant in the foregoing affidavit, and am well satisfied that the statements made by him
in his said affidavit are true, and I know he is the individual he represents himself to be
and that he resides in this County.

Given under my official signature and seal, this 9th
day of March 1896.

Ordinary Full Stone Cobb County.



Audited Feb. 11 1889.

Wm. B. Mingle
COMPTROLLER GENERAL

Cobb

Maimed Soldiers.

Voucher No. 332

Amount \$ 100

Paid to James Hembree

For loss of right

arm

Feb. 11 1889

Included in Warrant No.
issued to Treasurer

1889

WARRANT CLERK

W. J. Campbell, State Printer, Constitution Job Office

Application

No. 332

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.

Atlanta, Ga Feb'y 11 1889

Mr. *Fowler, Newbree* of the County
of *Walt*, having filed his application in the Executive
Department for an allowance under the Act approved October 24, 1887, as amended by Act,

Dec'y 24, 1888, and the same having been allowed for
Loss of Right Arm
He is entitled to receive the sum of *One hundred & 00/100* Dollars
for such disability, the same being the allowance *400* for the year ending October 24, 1889.

The Treasurer will pay the same and hold this receipt of this voucher, and return same to
Executive Department for warrant.

By the Governor
W. H. Harrison
CLERK EXECUTIVE DEPARTMENT.

100
RECEIVED OF STATE TREASURER, R. U. HARDEMAN,
One Hundred & 00/100 Dollars.
per above voucher, this *11th* of *Feb'y*, 1889.
Test *Fowler & Newbree*
W. H. Harrison *mark*

Newbree, Fowler
1000

1891.

Maimed Soldiers.

Voucher No. *408*
Amount \$ *100*
Paid to *Fowler Newbree*
for *Loss of arm*

Feb'y 10 1891.

Included in warrant No.
issued to Treasurer.

1891.

WARRANT CLERK

Geo. W. Harrison, State Printer, & Co.

Applicant

Fowler

Maimed Soldiers.

Amount \$ 100
Newbree
Loss of right
arm
Feb'y 10 1891

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

WARRANT CLERK

Geo. W. Harrison, State Printer, & Co.

Applicant

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.

No. 294

Atlanta, Ga. Feb'y 5 1890

Mr. *Fowler Heurbree* of the County
of *Cobb* having filed his application in the Executive
Department for an allowance under the Act approved October 24, 1887, as amended by Act,
approved Dec. 24, 1888, and the same having been examined and allowed for

Loss of right arm
He is entitled to receive the sum of *One Hundred & 00/100* Dollars
for such disability, the same being the allowance due for the year ending October 24, 1890

The Treasurer will pay the same and hold his receipt on this voucher, and return same
to Executive Department for warrant.

By the Governor,

W. H. Harrison
GOVERNOR.
CLERK EXECUTIVE DEPARTMENT.

\$100

RECEIVED OF STATE TREASURER, R. U. HARDEMAN

One Hundred & 00/100 Dollars,

per above voucher, this

10 of *Feb'y* 1890
Fowler Heurbree
X

1891.
No. 408
STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.

No. 408

Atlanta, Ga. Feb'y 10 1891.

Mr. *Fowler Heurbree* of the County
of *Cobb* having filed his application in the Executive
Department for an allowance under the Act approved October 24, 1887, as amended by Acts
approved Dec. 24, 1888 and Nov. 11, 1889, and the same having been examined and allowed for
Loss of arm
He is entitled to receive the sum of *One Hundred* Dollars
for such disability, the same being the allowance due for the year ending October 24, 1891.

The Treasurer will pay the same and hold his receipt on this voucher and return same to
Executive Department for warrant.

By the Governor,

W. H. Harrison
SEC'Y EXECUTIVE DEPARTMENT.

\$100

RECEIVED OF R. U. HARDEMAN, Treasurer of the State of Georgia

One Hundred & 00/100 Dollars,

per above voucher, this

10 of *Feb'y* 1891.
Fowler Heurbree

STATE OF GEORGIA.

Ordinary's Certificate

COUNTY }

I, Ordinary of said County, certify that I know the applicant for pension is the person he represents himself to be and resides in said county. That I also know the witness swearing to the service; that they are both residents of said county and were duly sworn by me before signing the foregoing affidavit and they are all truthful and trustworthy and their statements are entitled to full faith and credit.

Sworn under my hand and official seal of office this day of 19.....

of Ordinary }
(SEAL) County }

NOTES: 1. Before any questions are answered the Ordinary shall swear applicant and witnesses in the following words: "You swear that the answers you give shall be the whole truth, so help you God." 2. Additional affidavits may be attached if such sworn are insufficient. 3. Affidavits must be sworn to by the Ordinary of the county in which the applicant or witness resides and must be certified by such Ordinary.

✓ OK for 1920 Ge.
Hendricks Co
No. Cobb Co

Confederate
Soldier's Application

Under Act 1910—As Amended by Act of 1919.

County Cobb
Name D. Hendricks
Company
Regiment Long Co. Cavalry
Approved

ENTERED HOSTLER OFFICE

J. W. LINDSEY,
Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

11-1-1919

Ent. May 31, 1864.
Absent without leave
since Dec. 24, '64
pr.

Ordinary's Certificate

STATE OF GEORGIA,

COUNTY.

I, _____ Ordinary of said County, certify that I know the applicant _____ for pension is the person he represents himself to be and resides in said county. That I also know _____ the witness swearing to the service; that they are both residents of said county and were duly sworn by me before signing the foregoing affidavit and they are all truthful and trustworthy and their statements are entitled to full faith and credit.

Sworn under my hand and official seal of office this _____ day of _____ 19____

Ordinary

of _____ County.

(SEAL)

NOTES: 1. Before any questions are answered the Ordinary shall swear applicant and witnesses in the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you give shall be the whole truth. So help you God." 2. Additional affidavits may be attached if blank spaces are insufficient. 3. All affidavits must be made before the Ordinary of the county in which the applicant or witness resides and must be certified by such Ordinary.

Confederate

Soldier's Application

Under Act 1910-As Amended by Act of 1919

County

Name

Company

Regiment

Approved

ENTERED ROSTER OFFICE

J. W. LINDSEY,

Commissioner of Pensions.

Byrd Printing Co. State Printer, Atlanta

11-1-1919

Application for Soldier's Pension Under Act 1910

Amended by Act 1919

Questions For Applicants to Answer

STATE OF GEORGIA,

COUNTY.

I, _____ of said State and County, hereby applies for the pension provided by Act of 1910, as amended by Act of 1919, to Confederate Soldiers, and submits his sworn statement, with his testimony to make out the same, and after being duly sworn true answers to make to the questions propounded, answers as follows, to-wit:

1. What is your name and where do you reside? (Give County and State) *O Hendricks Powder Camp Ark Co*
2. How long and since when have you been a continuous resident citizen of this State? *All my life 75 years*
3. Did you enlist in the Army of the Confederate States or in the organized militia of this State from 1861 to 1865? *Yes*
4. When and where, and in what Company and Regiment did you enlist? (Give the arm and class of Service) *Enlisted June 15th 1864 3rd Co 2nd Va Cavalry (Regiment)*
5. How long did you remain in the actual military service with said Company and Regiment? (Give date of discharge) *Nearly 12 months until an April 1865*
6. When and where was your Company and Regiment surrendered or discharged from the Service? *roughly N.C. in April 1865*
7. Were you actually present with your command when it was surrendered or discharged? *Yes*
8. If you were not actually present, state specifically and clearly where you were. *I was present*
- a. Where was your command when you left it? *Roughly N.C.*
- b. When did you leave the command? *April 1865*
- c. For what cause did you leave? *I was over*
- d. By whose authority did you leave? *I was over*
- e. For how long was your leave granted? In what way? *I was over*
- f. Why did you not return to your command after leave expired? *I was over*
- g. In what way were you prevented? *I was over*
- h. What effort did you make to return? *I was over*
- i. Were you captured during the war? *No*
- j. If so, when, and where? In what prison were you held and when were you released? *No*
9. Are you drawing a pension of any amount from this State or the United States? *No*
10. Have you ever applied for the Georgia Pension and had it refused? and for what cause it was not allowed? *No*

Sworn to and subscribed before me, this the _____ day of _____ 19____

J. M. Gann
Ordinary
of _____ County.

(SEAL)

Sub. may 31/1919
Alonso with mt. leave
since Dec. 24/64

APPLICATION FOR SOLDIER'S PENSION UNDER ACT 1910.

Questions for Applicants to Answer.

STATE OF GEORGIA,

Cobb County.

O. Hendrick of said State and County, hereby applies for the pension provided by Act of 1910, to Confederate Soldiers, and submits his sworn statement, with his testimony to make out the same, and after being duly sworn true answers to make to the questions propounded, answers as follows, to wit:

1. What is your name and where do you reside? (Give County and Post-office).
O. Hendrick Powder Springs Ga.
2. How long and since when have you been a continuous resident citizen of this State?
All my life 78 years
3. Did you enlist in the Army of the Confederate States or of the Organized Militia of this State from 1861 to 1865?
Yes
4. When and where, and in what Company and Regiment did you enlist? (Give the arm and class of Service).
Enlisted Jan 1 1864 Co. B. 2nd Ga Regiment Cavalry
5. How long did you remain in the actual Military Service with said Company and Regiment? (Give date of discharge).
March 17 Months until in April 1865
6. When and where was your Company and Regiment surrendered or discharged from the Service?
Roughly N.C. in April 1865
7. Were you actually present with your Command when it was surrendered or discharged?
Yes
8. If you were not actually present, state specifically and clearly where you were.
I was present
- a. Where was your Command when you left it?
Roughly N.C.
- b. When did you leave the Command?
War was over April 1865
- c. For what cause did you leave?
War was over
- d. By whose authority did you leave?
Officers in Command
- e. For how long was your leave granted? If what way?
- f. Why did you not return to your Command after leave expired?
- g. In what way were you prevented?
- h. What effort did you make to return?
- i. Were you captured during the war?
No
- j. If so, when, and where? In what prison were you held and when were you released?
9. What property of every description was owned, in the use, possession and control of yourself and its cash value on the 4 Nov. 1908? (Make list by items and value.)
10. What property of any kind have you disposed of and for what purpose since 4 Nov. 1908. To whom and for what price?
11. What property of any description of any kind, and of any value now owned and in the use, possession and control of yourself and its cash value? (Make itemized list.)
12. What annual or monthly income or earnings of yourself and the source derived have you?
13. Are you drawing a pension of any amount from this State or the United States?
No
14. Have you ever applied for the Georgia Pension and had it refused? and for what cause it was not allowed?
No

Sworn to and subscribed before me, this the

14 day of May 1918

O. Hendrick

Ordinary

of Cobb County.

Confederate Soldier's Application.

UNDER ACT 1910.

No.

Hendrick, O.
Cobb Co.

County

Cobb

Name

O. Hendrick

Company

B

Regiment

2nd Ga, Cavalry

Approved

J. W. LINDSEY,

Commissioner of Pensions

*signed this Co. at
Powder Springs Ga. last subject to go to
County at Jackson Ga.*

QUESTIONS FOR WITNESS AS TO SERVICE.

STATE OF GEORGIA.

Cobb County.

W. B. Ragsdale of said State and County is hereby presented as a witness in support of the application of *O. Hendrick* for the pension provided by the Act of 1910, in said State, and after being sworn true answers to make to the questions propounded answers as follows:

1. What is your name and where do you reside? *W. B. Ragsdale*
Sevier Springs, Cobb Co. Ga.
2. How long and since when have you known *O. Hendrick* the applicant?
Jan 1/1864, 54 years
3. Where does he now reside, and since when has he been a bona fide, continuing resident in this State and how do you know? *Sevier Springs, Ga. ever since I know him. Being accompanied with him 4 yrs in same Regiment*
4. When, where and in what Company and Regiment did *O. Hendrick* enlist during war from 1861 to 1865? (Give date and place) *Jan 1864, Columbus, Ga. Co. B. 6. 2nd Ga. Cavalry*
5. How did you obtain your information of this Service? *I was in same Regiment when he joined us.*
6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (give date) *until in April 1865*
7. When and where was his Command surrendered or discharged (give date and place) *Caulfield N. C. April 1865*
8. Were you personally present at the Surrender? *Yes*
9. If not, where were you and how came you there? *I was present*
10. Was the applicant personally present with his Command at surrender? *Yes*
11. If not where was he and how came him there? *he is present*
12. When did he leave his Command? *April 1865 - Raleigh N. C.* Where was his Command when he left it? *Caulfield N. C.* for what cause did he leave? *Army Surrendered*
By whose authority did he leave? *His Regt* and how long was he granted leave? *His Regt* How do you know all that you have stated to be true? If of your own knowledge (Tell clearly and specifically) *I was in same Regiment and applied*
13. In what way was he prevented from returning to his Command? *I*
How do you know?
14. What effort did he make to return to his Command and how do you know?
15. Was applicant captured as a prisoner? *No* If so, when and where?
In what prison was he held? *I* and when released

Sworn to and subscribed before me, this the

W. B. Ragsdale

Ordinary,

Cobb County.

AFFIDAVIT OF TWO FREEHOLDERS.

STATE OF GEORGIA.

Cobb County.

Personally before me comes _____ who on oath says that they are freeholders residing in said County and we know the applicant for pension and we know the property that is now in the use, possession and control of himself and of its cash value to wit: (Make List by items and value.)

1. What property, if any, has been sold or given away by the applicant since Nov. 4, 1908? (State it fully by items.)

2. When and to whom was it sold or given to?
3. What was the price paid or stated to be paid?
4. What relation is the party to applicant?
5. What disposition was made of the proceeds of the sale?
6. Was the disposition of this property made in good faith and full value? or was it made to obtain a pension?

Sworn to and subscribed before me, this the

day of 191

Ordinary,

of Cobb County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA.

Cobb County.

I, *J. M. Gamm* Ordinary of said County, certify that I know the applicant *O. Hendrick* for Pension is the person he represents himself to be and resides in said County. That I also know *W. B. Ragsdale* the witness swearing to the service and _____ who are freeholders, that they are all residents of said County and were duly sworn by me before signing the foregoing affidavit and they are all truthful and trustworthy and their statements are entitled to full faith and credit. That the Tax Returns of _____ shows that _____ value for tax is in 1908 \$ _____ for 1909 \$ _____ for 1910 \$ _____ for 1911 \$ _____ for 1912 \$ _____ for 1913 \$ _____ for 1914 \$ _____ for 1915 \$ _____

Sworn under my hand and official seal of office this 14 day of Nov 1918

J. M. Gamm Ordinary,

Cobb County.

- NOTES 1. Before any questions are answered the Ordinary shall swear applicant and all witnesses in the following words "You do solemnly swear that you will true answers make to each question asked you and the evidence you shall give shall be the whole truth; so help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. All affidavits must be made before the Ordinary and certified by him.
4. If applicant has no property at all in his possession, use or control of self affidavits of freeholders unnecessary.

NAME Hendricks, O.

YEAR 1920 COUNTY Cobb.

WHEN AND WHERE BORN? A resident of Georgia all my life,
75 years.

ENLISTED WHEN AND WHERE? June 1864, Cartersville, Georgia.

RANK:

COMPANY AND REGIMENT? Company E, 2nd Georgia Cavalry Regiment

NAME OF CAPTAIN AND COLONEL?

WOUNDED?

CAPTURED, WHEN AND WHERE?

RELEASED:

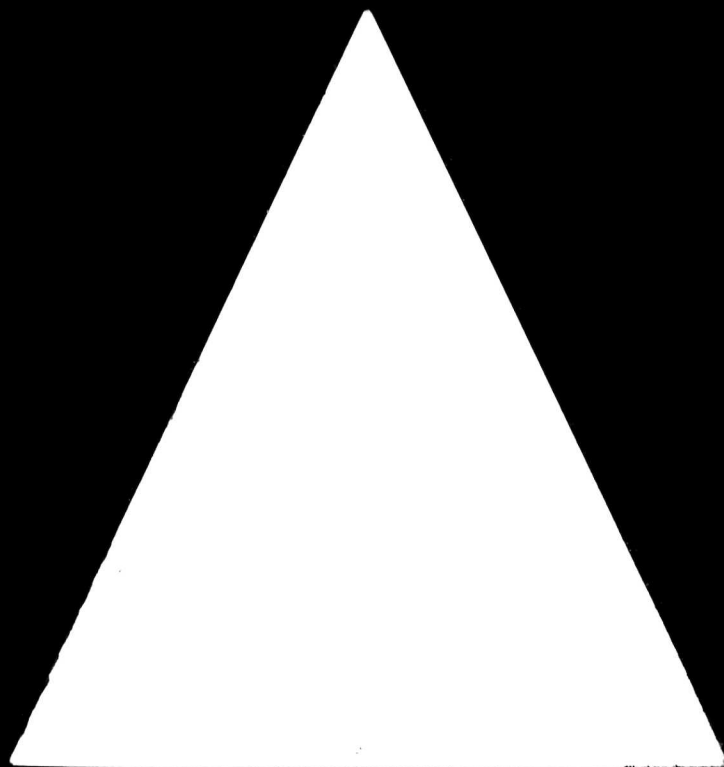
WHEN AND WHERE SURRENDERED? Raleigh, North Carolina,
April, 1865.

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED:

WITNESSES: S. B. Ragsdale - same Regiment - - - No data.
SE.



POWER OF ATTORNEY.

STATE OF GEORGIA.

Cobb County.

I, W. J. Hendrix

herby authorize

W. J. Hendrix

of Marilla

to receive and receipt for the pension allowed and request that he remit same to me.

at _____ by me

Witness my hand and seal this 16 day of May 1898

Remitted in presence of

W. J. Hendrix } W. J. Hendrix [S.]

*Business Office 8/1/89
That applicant is unable
to earn a support at home
by labor or calling does
not satisfactorily appear.
Richard Johnson
Comptroller of Pension*

W. J. Hendrix
Cobb Co.
No. _____

INDIGENT PENSION
1898.

Name W. J. Hendrix
County Cobb

Approved _____ 1898.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO

RED. W. HARRISON, STATE PRINTER, ATLANTA

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb COUNTY.

I, *J. T. Hendrix* hereby authorize

W. J. Gray of *Moreland Co* to receive and receipt for the pension allowed and request that he remit same to *myself*

at *my* day of *May* 1898

Excepted in presence of *J. T. Hendrix* [I.B.]

Pension Office 8/1/1898
That applicant is unable to earn a support at home
Labor or calling does not satisfactorily appear
Risk of Pension
Comp. of Pension

INDIGENT PENSION

1898.

Name *J. T. Hendrix*

County *Cobb*

Approved *Richard Johnson*

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO

W. W. JOHNSON, STATE COMMISSIONER, ATLANTA

210695-1-1899

Questions for Applicant.

STATE OF GEORGIA,

Cobb County.

J. T. Hendrix of said State and County, desiring to avail himself of the Pension Act approved December 15th, 1894, hereby submits his proofs, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? (give State, County and post office.)
J. T. Hendrix Moreland Cobb County Ga.
2. How long and since when have you been a resident of this State? *Since 1840 same thing am 57 years*
3. When and where were you born? *Atlanta Ga August the 21st 1840*
4. When and where and in what company and regiment did you enlist or serve? *at Atlanta Ga in April 1861 the 1st South Carolina regt. Co K*
5. How long did you remain in such company and regiment? *til the close of the war in the Spring of 1865*
6. For how long a period did you discharge regular military duty? *near 4 years*
7. When, where and under what circumstances were you discharged from service? *was wounded, and disabled at Brown Branch in the Spring of 1865*
8. What is your present occupation? *Am a farmer if able to work*
9. How much can you earn (gross) per annum by your own exertions or labor? *not any thing*
10. What has been your occupation since 1865? *farmer*
11. Upon which of the following grounds do you base your application for pension, viz: first "age and poverty," second "infirmary and poverty" or third "blindness and poverty"? *age and poverty*
12. If upon the first ground, state how long you have been in such condition that you could not earn your support? If upon the second, give a full and complete history of the infirmity and its extent? If upon the third, state whether you are totally blind and when and where you lost your sight?
blind 27 years, I have lost the use of my right hand had to quit all work and am unable to do any more & can't make a support
13. What property, effects or income do you possess and its gross value? *none in property*
14. What property, effects or income did you possess in 1894, 1895, 1896 and 1897 and what disposition, if any, did you make of same? *I have no property in any of these years of my own did give in some that belonged to my children they became old and then changed it*
15. In what County did you reside during those years and what property did you then return for taxation?
lived in Cobb County and when I was 18 years old for my children
16. How were you supported during the years 1896 and 1897? *by my children*
17. How much did your support cost for each of those years and what portion did you contribute thereto by your own labor or income? *I do not know as I did not work*
18. What was your employment during 1896 and 1897? What pay did you receive in each year?
in 1896 did not work and in 1897 did not work
19. Have you a family? If so, who composes such family? Give their means of support? Have they a homestead? *none in 1896 and 1897 and have no means of support and I can't make a support*
20. Are you receiving any pension, if so, what amount and for what disability? *have none*

Subscribed and sworn to before me this *27th* day of *May* 1898.
J. T. Hendrix Applicant.
Ordinary.
of *Cobb* County.

Every Question MUST be Answered

QUESTIONS FOR WITNESS.

STATE OF GEORGIA.

~~Chatham~~ Fulton County.

G. I. Proctor, of said State and County, having been presented as a witness in support of the application of J. I. Hendrix for pension under the Act approved December 15th, 1894, and after being duly sworn true answer to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? G. I. Proctor
Marion Fulton County Ga
2. Are you acquainted with J. I. Hendrix, the applicant, if so how long have you known him? yes have known him in Shelby Co.
3. Where does he reside, and how long and since when has he been a resident of this State?
in Shelby Co. Tenn. near accident of the State Arsenal there in
4. When, where and in what company and regiment did he enlist, and how do you know? at Athens Ga in 1861 in Co H 1st South Carolina regt.
5. Were you a member of the same company and regiment? I was
6. How long did he perform regular military duty, and what do you know of his service as a Confederate soldier, and the time and circumstances of his discharge from the service? about 4 years he was a good mounted soldier and was discharged at the end of the war at Greenville S.C. in the fall of 1865
7. What property, effects or income has the applicant? (Give your means of knowledge.)
he had some land and some
8. What property, effects or income did the applicant possess in 1896 and 1897, and what disposition, if any, did he make of same? sets this
9. Has he conveyed away any of his property in the last three years, if so, what was it and to whom?
his land was sold to Hendrix
10. What is the applicant's occupation and physical condition? no work
11. Is the applicant unable to support himself by labor of any sort, if so, why? he is not
12. How was he supported during the years 1896 and 1897? I know that his father had to support him in the fall of the year
13. What portion of his support for these two years was derived from his own labor or income?
I don't think that he was long enough to support himself
14. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under the Act of December 15th, 1894? he is not able to work and can not make a living
15. What interest have you in the recovery of a pension by this applicant? none what ever

Sworn to and subscribed before me, this 7 day of July 1898.

G. I. Proctor Witness.

M. M. Hendrix Ordinary.

being out of the return is illegible
of his credit M. M. Hendrix
July 7th 1898

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA.

Cobb County.

Personally and before me John H. Simpson M.D.
E. J. Setze M.D., both known to me as reputable physicians of said County, who being severally sworn, say on oath that they have examined carefully J. I. Hendrix, applicant for pension under the Act of 1894, and after such personal examination say that his precise physical condition is as follows:

Left arm
from the age and infirm. Has no use of
right hand (palsy). Is not able to do any
hard or manual labor so as to make his
living.

We further say on oath that the physical condition of applicant renders him unable to labor at any work or calling sufficient to earn a support for himself, and that we have no interest in said pension being allowed.

Sworn to and subscribed before me this the 7 day of July 1898.
John H. Simpson M.D.
E. J. Setze M.D.
Ordinary.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA.

Cobb County.

I, John H. Simpson, Ordinary in and for said County, hereby certify that the applicant J. I. Hendrix resides in said County, and has been a bona fide resident of this State since the 15th day of July 1890 and that the witnesses, viz: John H. Simpson M.D.
E. J. Setze M.D. and A. E. Newton are of trust worthy character and that their statements are entitled to full faith and credit.

I further certify that before answering the foregoing questions, the applicant and each witness took the oath hereon prescribed, and that the full text of the affidavit was read to the applicant and witness before name was signed.

I further certify that the tax digests of Cobb County show that applicant returned for taxation in his name in 1896 Nothing Dollars of property, and in 1897 Nothing Dollars of property.

In my opinion the foregoing claim is made in good faith.
Witness my hand and seal of office, this 15th day of July 1898.

John H. Simpson Ordinary
John H. Simpson County.

1. Before any questions are answered, the Ordinary shall swear applicant and the witnesses the following words: "You shall true answer make to each of the questions asked of you, and the evidence you shall give will be the whole truth, so help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. In every case the Ordinary must certify to the character of the witness, and as to the execution of the proof as above set out.

(Additional Testimony)

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,

DeKalb COUNTY.
R. E. Newton

of said State and County, having been presented as a witness in support of the application of *Edmund* for pension under the Act approved December 15th, 1894, and after being duly sworn true answer to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? *See no H R E Newton*
McNello DeKalb County Ga
2. Are you acquainted with *Edmund*, the applicant; if so how long have you known him? *Yes three or four years*
3. Where does he reside, and how long and since when has he been a resident of this State?
Coanville DeKalb County Ga he is never here
4. When, where and in what company and regiment did he enlist, and how do you know?
He is not in the service
5. Were you a member of the same company and regiment?
6. How long did he perform regular military duty, and what do you know of his service as a Confederate soldier, and the time and circumstances of his discharge from the service?
7. What property, effects or income has the applicant? (Give your means of knowledge.)
8. What property, effects or income did the applicant possess in 1896 and 1897, and what disposition, if any, did he make of same?
9. Has he conveyed away any of his property in the last three years, if so, what was it, and to whom?
10. What is the applicant's occupation and physical condition?
11. Is the applicant unable to support himself by labor of any sort, if so, why? *Yes he is. He has no money and is very feeble. I lived by him (his) and last year it was impossible to for him to do it.*
12. How was he supported during the years 1896 and 1897?
13. What portion of his support for these two years was derived from his own labor or income?
14. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under the Act of December 15th, 1894?

15. What interest have you in the recovery of a pension by this applicant?

Sworn to and subscribed before me, this *17* day of *Jan* 189*6*
R. E. Newton Witness.
John Ordinary.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.

I, T. J. Hendrix hereby authorize
E. W. Gray of Marietta, Ga.

to receive and receipt for the pension allowed, and request that he remit same to

by himself

Witness my hand and seal, this 17th day of January, 1900.

T. J. Hendrix [L. S.]
mark

Executed in presence of

J. M. Gann

GOOD SEC. 1224.

(For Those Already Enrolled.)

No. 785

INDIGENT

SOLDIER'S PENSION,
1900.

Name T. J. Hendrix
County Cobb

WARRANT ISSUED

January 18, 1900.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

E. W. Gray

Geo. W. Harrison, State Printer, Atlanta

No data

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.

I, T. J. Hendrix hereby authorize
John Arthey of Marietta

to receive and receipt for the pension allowed and request that he remit same to

by me at his office

Witness my hand and seal, this 17th day of January, 1901.

T. J. Hendrix [L. S.]
mark

Executed in presence of

James M. Gann

GOOD SEC. 1224.

(For Those Already Enrolled.)

No. 222

INDIGENT

SOLDIER'S PENSION.
1901.

Name T. J. Hendrix
County Cobb

WARRANT ISSUED

Jan. 15, 1901.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Arthey

Geo. W. Harrison, State Printer, Atlanta

No data

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears J. T. Hendrix 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 26th day of August 1838; that he is 61 years old and by occupation a farmer; that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served for the term of 3 1/2 years in Company H, of 9th South Carolina Regiment; that his physical condition is as follows: On account of age, infirmity and poverty he is unable to support himself that his property consists of the following items _____

Nothing

of the value of _____ Dollars, that by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1900. I have heretofore as a resident of Cobb county been allowed a pension for the year 1899.

Sworn to and subscribed before me, this the 17th day of January, 1900, J. T. Hendrix mark

Ordinary.

State of Georgia,

Cobb County.

I, J. W. Stone Ordinary of said County, do certify that I am well acquainted with J. T. Hendrix the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County.

Given under my official signature and seal, this 17th day of January, 1900.

Ordinary Cobb County.



NOTE.—The blank spaces must be filled.
NOTE.—Affidavit should not be attested before January 1st, 1900.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears J. T. Hendrix 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 26th day of August 1838; that he is 62 years old and by occupation a farmer; that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served for the term of 3 1/2 years in Company V, of 9th South Carolina Regiment; that his physical condition is as follows: On account of age infirmity and poverty he is unable to support himself that his property consists of the following items _____

Nothing

of the value of _____ Dollars, that by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1901. I have heretofore as a resident of Cobb county been allowed a pension for the year 1900.

Sworn to and subscribed before me, this the 5th day of January, 1901, J. T. Hendrix mark

Ordinary.

STATE OF GEORGIA,

Cobb County.

I, John Aubrey Ordinary of said County, do certify that I am well acquainted with J. T. Hendrix the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County.

Given under my official signature and seal, this 5th day of January, 1901.

Ordinary Cobb County.



NOTE.—The blank spaces must be filled.
NOTE.—Affidavit should not be attested before January 1st, 1901.

POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY.

I, _____ hereby authorize _____ of _____ to receive and receipt for the pension allowed, and request that he remit same to _____ at _____ by _____

Witness my hand and seal, this _____ day of _____, 1902.

[L. S.]

Executed in presence of _____

INDIGENT PENSION,
1902.

Name Phos. J. Hendrix
County Cobb

Co. _____ Reg't _____
Approved _____ 1902.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO _____

Ordinary will write Name of Applicant, Company and Regiment on back as indicated above.

Gen. W. Harrison, State Printer, Atlanta.

12/29-1902

Questions for Applicant.

STATE OF GEORGIA,

County.

Phos. J. Hendrix of said State and County, desiring to avail himself of the Pension Act (Section 1254, Code), hereby submits his proof, and after being duly sworn true answers to make to the following questions, depose and answers as follows:

1. What is your name and where do you reside? (give State, County and post office)
Phos. J. Hendrix - Powers, Cobb County, Ga.
2. How long and since when have you been a resident of this State?
all my life, since 1838.
3. When and where were you born?
Marthasville, now Atlanta, Ga August 26 1838.
4. When and where and in what company and regiment did you enlist or serve?
Co. 1st S. L. Stephens, on latter part of 1861, 1st Atlanta Georgia.
5. How long did you remain in such company and regiment?
During the entire war until Johnston's Surrender at Smithsboro, N. C.
6. When and where was your company and regiment surrendered and discharged?
N. C. May 1865, with Johnston's Army.
7. Were you present with your company and regiment when it was surrendered?
Yes.
8. If not present, state specifically and clearly where you were, when you left your command, for what cause and by whose authority?
It was present.
9. How much can you earn (gross) per annum by your own exertions or labor?
Nothing.
10. What has been your occupation since 1865?
Farming.
11. Upon which of the following grounds do you base your application for pension, viz.: first, "age and poverty," second, "infirmary and poverty," or third, "blindness and poverty"?
1st & 2nd grounds.
12. If upon the first ground, state how long you have been in such condition that you could not earn your support? If upon the second, give a full and complete history of the infirmity and its extent? If upon the third, state whether you are totally blind and when and where you lost your sight?
I have been deaf & dumb 8 years I could not earn a full support for three years have been unable to earn anything. Have had nervous prostration and anxiety of mind 8 years. This disease and age disable me from labor.
13. What property, real or personal, or income, do you possess, and its gross value?
Nothing.
14. What property, real or personal, did you possess in 1894, 1895, 1896, 1897, 1898, 1899, 1900 and 1901, and what disposition, if any, by sale or gift, have you made of same?
None - Have a pension of sixty dollars for last three years.
15. In what County did you reside during those years, and what property did you then return for taxation?
In Cobb County - Thomas nothing for taxes.
16. How were you supported during the years 1899, 1900 and 1901?
By my pension - with some help from my children.
17. How much did your support cost for each of those years, and what portion did you contribute thereto by your own labor or income?
I have contributed nothing but my pension.
18. What was your employment during 1898, 1899 and 1901? What day did you receive in each year?
I rented land and my family cultivated it. Could do nothing myself.
19. Have you a family? If so, who supports such family? Give their means of support? Have they a homestead?
Yes - Wife and two boys - No means except their labor. They have no homestead.
20. Are you receiving any pension? If so, what amount and for what disability?
Have been receiving an indigent pension of sixty dollars - They have recently been disappointed.
21. Have you ever made an application for pension before?
Yes.
22. How many applications have you ever made and under what class?
Indigent in above.

Sworn to and subscribed before me this the _____ day of _____, 1902.

Phos. J. Hendrix
John Hendrix Ordinary,
of Cobb County.

Applicant.

Every Question MUST be Answered.

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,

Trulton COUNTY.

Charles Potter of said State and County, having been presented as a witness in support of the application of T. T. Hendrix for pension under Section 1254, Code, and after being duly sworn true answers to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? Atlanta

2. Are you acquainted with T. T. Hendrix, the applicant; if so, how long have you known him? during the war served with him

3. Where does he reside, and how long and since when has he been a resident of this State?

4. When, where and in what company and regiment did he enlist, and how do you know?

in 1862 in Co K 1st South Carolina regulars was within

5. Were you a member of the same company and regiment? same Regiment 1st Army Co.

6. How long did he perform regular military duty? from 62 till the surrender

7. When and where was his command surrendered? Greensboro North Carolina

8. Were you present when it surrendered? was not left for hospital service before

9. Was applicant present? was there when I left

10. If he was not present, where was he? I don't know

When did he leave his command? about 1865 For what cause?

By what authority he left? order How do you know all of this?

was with Company

11. What property, effects or income has the applicant? (Give you means to the knowledge?)

None. I have known him since before the war

12. What property, effects or income did the applicant possess in 1896, 1897, 1898, 1899, 1900 and 1901, and what disposition, if any, did he make of same? None that I know of

13. Has he conveyed away any of his property in the last four years, if so, what was it, and to whom?

Conveyed none

14. What is the applicant's occupation and physical condition? Forming. He is very feeble and not able to make a support

15. Is the applicant unable to support himself by labor of any sort, if so, why? Yes, because he is not physically able to do so

16. How was he supported during the years 1898, 1899, 1900 and 1901? By his children

and what he could do

17. What portion of his support for those four years was derived from his own labor or income? about one fourth

18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code? Physically unable to do any work. He has trouble in his chest and shoulders. He suffers great pain & sleep but little.

19. What interest have you in the recovery of a pension by this applicant? None. None.

Sworn to and subscribed before me, this the 8th day of November 1902.

John R. McWhorter Ordinary.

Charles R. Potter Witness.

John R. McWhorter Ordinary.

John R. McWhorter Ordinary.

John R. McWhorter Ordinary.

John R. McWhorter Ordinary.

John R. McWhorter Ordinary.

John R. McWhorter Ordinary.

John R. McWhorter Ordinary.

John R. McWhorter Ordinary.

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,

Colo COUNTY.

Personally come before me, Will Kemp and E. J. Setze, both known to me as reputable physicians

of said County, who, being severally sworn, say on oath that they have examined carefully

Thos. T. Hendrix, applicant for pension under Section 1254, Code, and after such personal examination say that his precise physical condition is as follows:

He find applicant paralyzed in right side and chest critical in condition which condition renders him physically unable to do manual labor

and that we have no interest in said pension being allowed.

Sworn to and subscribed before me, this the 14th day of Nov 1902.

John R. McWhorter Ordinary.

John R. McWhorter Ordinary.

John R. McWhorter Ordinary.

John R. McWhorter Ordinary.

John R. McWhorter Ordinary.

John R. McWhorter Ordinary.

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John R. McWhorter Ordinary.

John R. McWhorter Ordinary.

John R. McWhorter Ordinary.

John R. McWhorter Ordinary.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Colo COUNTY.

I, John R. McWhorter, Ordinary in and for said County, hereby certify

that the applicant Thos. T. Hendrix resides in said County, and has

been a bona fide resident of this State since the 14th day of Nov 189

and that the witnesses, viz.: Will Kemp

are of trustworthy character, and that their statements are entitled to full faith and credit.

I further certify that before answering the foregoing questions the applicant and each witness took the oath hereon prescribed, and that the full text of the affidavit was read to the applicant and witness before same was signed.

I further certify that the tax digest of Colo County show that applicant

returned for taxation in his name in 1899 nothing Dollars of property.

and in 1900 nothing Dollars of property.

In my opinion the foregoing claim is made in good faith.

Witness my hand and seal of office, this 26 day of December 1902.

John R. McWhorter Ordinary,

of Colo County.

John R. McWhorter Ordinary.

John R. McWhorter Ordinary.

John R. McWhorter Ordinary.

John R. McWhorter Ordinary.

John R. McWhorter Ordinary.

John R. McWhorter Ordinary.

John R. McWhorter Ordinary.

John R. McWhorter Ordinary.

John R. McWhorter Ordinary.

John R. McWhorter Ordinary.

John R. McWhorter Ordinary.

John R. McWhorter Ordinary.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Colt County.

I, J. J. Hendrix, hereby authorize _____

John Hendrix of _____

to receive and receipt for the pension allowed and request that he remit same to

at _____

by _____

Witness my hand and seal, this

3 day of Jan 1902.
J. J. Hendrix
Mary

1902.

[L. S.]

Executed in presence of

J. J. Hendrix

POWER OF ATTORNEY.

STATE OF GEORGIA,

Colt County.

I, J. J. Hendrix, hereby authorize _____

John Hendrix of _____

to receive and receipt for the pension allowed and request that he remit same to

at _____

by _____

Witness my hand and seal, this

3 day of Jan 1902.
J. J. Hendrix
Mary

1902.

[L. S.]

Executed in presence of

(FOR THOSE ALREADY ENROLLED.)

No. 207

INDIGENT

SOLDIER'S PENSION
1902.

Name J. J. Hendrix
County Colt

Co. K Regiment 1st
S. C. Infantry

WARRANT ISSUED

1902.

JOHN W. LINDSEY,

(Notary Public for Georgia.)

WARRANT HANDLED TO

24th

(JOHN W. LINDSEY, Notary Public for Georgia.)

not at

Warrant Handled To
J. J. Hendrix
Colt County
S. C. Infantry
1st Regiment
S. C. Infantry

(FOR THOSE ALREADY ENROLLED.)

No. 4064

INDIGENT

SOLDIER'S PENSION
1902.

Name J. J. Hendrix
County Colt

Co. K 1st Regiment S. C. Infantry

WARRANT ISSUED

1902.

JOHN W. LINDSEY,

(Notary Public for Georgia.)

WARRANT HANDLED TO

24th

(JOHN W. LINDSEY, Notary Public for Georgia.)

not at

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cobb County.

Personally appears *J. J. Hendrix* 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 *20th* day of *August* 18*88*; that he is *64* years old and by occupation a *farmer* that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served for the term of *3 1/2* years in Company *K*, of *4th* Regiment of *1st North Carolina Regulars*; that his physical condition is as follows: *On account of age, infirmity and poverty he is unable to support himself*

that his property consists of the following items

Nothing

of the value of _____ Dollars, that by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1902. I have heretofore as a resident of *Cobb* county been allowed a pension for the year 1901

Sworn to and subscribed before me, this the

3 day of *June* 1902.

John Hartley Ordinary.

STATE OF GEORGIA,

Cobb County.

I, *John Hartley* Ordinary of said County, do certify that I am well acquainted with *J. J. Hendrix* the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 *June* 1902.

Ordinary

Cobb County.

Note.—The blank spaces must be filled.
Note.—Affidavit should not be attested before January 1st, 1902.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cobb County.

Personally appears *J. J. Hendrix* 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*84*; that he is *63* years old and by occupation a *farmer* that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served for the term of *3* years in Company *K*, of *18th* Regiment of *S. C. Highlanders*; that his physical condition is as follows: *From infirmity of foot, he cannot support himself*

that his property consists of the following items

Nothing

of the value of _____ Dollars, that by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1902. I have heretofore as a resident of *Cobb* county been allowed a pension for the year 1902

Sworn to and subscribed before me, this the

3 day of *June* 1902.

John Hartley Ordinary.

STATE OF GEORGIA,

Cobb County.

I, *John Hartley* Ordinary of said County, do certify that I am well acquainted with *J. J. Hendrix* the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 *June* 1902.

Ordinary

Cobb County.

Note.—The blank spaces must be filled.
Note.—Affidavit should not be attested before January 1st, 1902.

POWER OF ATTORNEY.

STATE OF GEORGIA.

Cobb COUNTY.

I, *J J Hendrix* hereby authorize
John Anthony of _____
 to receive and receipt for the pension allowed and request that he remit same to
 at _____
 by _____

Witness my hand and seal, this _____ day of *Jan* 1894.

J J Hendrix [L. S.]

Executed in presence of

J W Gunn

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb COUNTY.

I, *J J Hendrix* hereby authorize
John Anthony of _____
 to receive and receipt for the pension allowed, and request that he remit same to
 at _____
 by _____

Witness my hand and seal, this _____ day of *Jan* 1905.

J J Hendrix [L. S.]

Executed in the presence of

J W Gunn

Hendrix, J. J.
Cobb Co.

(FOR THOSE ALREADY ENROLLED.)

No. *672*

INDIGENT

**SOLDIER'S PENSION
 1904.**

Name *J J Hendrix*
 County *Cobb*
 Co. *A* Regiment *Vol*

WARRANT ISSUED
1/25 1904.

JOHN W. LINDSEY,
 Commissioner of Pensions.

WARRANT HANDED TO

Vol
 Geo. W. Harrison, State Printer, Atlanta.

no date

Hendrix, J. J.
Cobb Co.

(FOR THOSE ALREADY ENROLLED.)

No. *667*

INDIGENT

**SOLDIER'S PENSION
 1905.**

Name *J J Hendrix*
 County *Cobb*
 Co. *K* Regiment *8. C*

WARRANT ISSUED
1/23 1905.

JOHN W. LINDSEY,
 Commissioner of Pensions.

WARRANT HANDED TO

Vol
 Geo. W. Harrison, State Printer, Atlanta.

no date

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

County.

Personally appears

of Cobb County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the 26th day of August 1878; that he is 66 years old and by occupation a Farmer, that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the

States, and served for the term of 3 1/2 years in Company 11, of 1st Georgia Regiment of Infantry; that his physical condition is as follows: Infirmity and poverty

that his property consists of the following items:

of the value of Nothing Dollars, that by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1904. I have heretofore as a resident of Cobb County been allowed a pension for the year 1904.

Sworn to and subscribed before me, this

1 day of January 1904.

Ordinary.

STATE OF GEORGIA,

County.

I, John A. Cushing Ordinary of said County, do certify that I am well acquainted with J. J. Hendrix the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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.

Ordinary

County.

NOTE.—The blank spaces must be filled.

NOTE.—Affidavit should not be attested before January 1st, 1904.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

County.

Personally appears

of Cobb County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the 26th day of August 1878; that he is 66 years old and by occupation a Farmer, that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the

States, and served for the term of 3 1/2 years in Company 11, of 1st Georgia Regiment of Infantry; that his physical condition is as follows: Infirmity and poverty

that his property consists of the following items:

of the value of Nothing Dollars. I am now earning, by my labor, Nothing Dollars per month. That by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1905. I have heretofore as a resident of Cobb County been allowed a pension for the year 1904.

Sworn to and subscribed before me, this

1 day of January 1905.

Ordinary.

STATE OF GEORGIA,

County.

I, John A. Cushing Ordinary of said County, do certify that I am well acquainted with J. J. Hendrix the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 1905.

Ordinary

County.

NOTE.—The blank spaces must be filled.

NOTE.—Affidavit should not be attested before January 1st, 1905.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb COUNTY.

J. J. Hendrix hereby authorize
John Lindsey of _____
 to receive and receipt for the pension allowed, and request that he remit same to
 _____ at _____
 by _____

WITNESS my hand and seal, this _____ day of *July* 1906.

J. J. Hendrix [L. S.]

Executed in the presence of

John Lindsey

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb COUNTY.

J. J. Hendrix hereby authorize
John Lindsey of _____
 to receive and receipt for the pension allowed, and request that he remit same to
 _____ at _____
 by _____

WITNESS my hand and seal, this _____ day of _____ 1907.

J. J. Hendrix [L. S.]

Executed in presence of

John Lindsey

Cons. Section 134.
 (FOR THOSE ALREADY ENROLLED.)

No. *670*

INDIGENT
 SOLDIER'S PENSION
 1906.

Name *J. J. Hendrix*
 County *Cobb*
 Co. *B Co.* Regiment

WARRANT ISSUED

112 1906.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Grady

The Pensioners' Property and Insurance Co., 100 N. Washington, 1906.

no data

Cons. Section 134.
 (FOR THOSE ALREADY ENROLLED.)

No. *607*

INDIGENT
 SOLDIER'S PENSION
 1907.

Name *J. J. Hendrix*
 County *Cobb*
 Co. *K* Regiment *1st*

WARRANT ISSUED

Jan 21 1907.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

8

Gen. W. H. BERRY, REAR MASTER, ATLANTA.

no data

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,

Cobb County.

Personally appears J. J. Hendrix of Cobb

County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the _____ day of _____ 18____; that he is _____ years old and by occupation a _____, that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served for the term of _____ in Company K, of 1st Regiment of 1st Regiment; that his physical condition is as follows: Infirmary and poverty

that his property consists of the following items:

of the value of _____ Dollars. I am now earning by my labor, _____ Dollars per month. That by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1906. I have heretofore, as a resident of Cobb County, been allowed a pension for the year 1905.

Sworn to and subscribed before me, this the _____ day of January 1906. J. J. Hendrix
John A. Harty Ordinary.

State of Georgia,

Cobb County.

I, John A. Harty Ordinary of said County, do certify that I am well acquainted with J. J. Hendrix the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be, and that he resides in this County.

Given under my official signature and seal, this _____ day of January 1906.
John A. Harty Ordinary Cobb County.



Note.—The blank spaces must be filled.
Note.—Affidavit should not be attested before January 1st, 1906.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,

Cobb County.

Personally appears J. J. Hendrix of _____

County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the _____ day of _____ 18____; that he is _____ years old and by occupation a _____, that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served for the term of _____ in Company K, of 1st Regiment of 1st Regiment; that his physical condition is as follows: Agile and poverty

that his property consists of the following items:

of the value of _____ Dollars. I am now earning by my labor, _____ Dollars per month. That by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1907. I have heretofore, as a resident of _____ County, been allowed a pension for the year 1906.

Sworn to and subscribed before me, this the _____ day of January 1907.
J. J. Hendrix Ordinary.

State of Georgia,

Cobb County.

I, John A. Harty Ordinary of said County, do certify that I am well acquainted with J. J. Hendrix the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be, and that he resides in this County.

Given under my official signature and seal this _____ day of January 1907.
John A. Harty Ordinary Cobb County.



Note.—The blank spaces must be filled.
Note.—Affidavit should not be attested before January 1st, 1907.