

1903  
Cobb Co

J. S. Hendrix

Inventory

March 1903

Inventory

Received of J. S. Hendrix

after a careful examination of claims made against the estate of J. S. Hendrix. It is made known that on March 1st 1903 an appeal was made to the Court of Appeals in the case of J. S. Hendrix vs. J. S. Hendrix. It is ordered that the appeal be dismissed and the case be closed for 1903 and thereafter.

John Awtrey, Judge Probate

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

Georgia, Cobb County -  
Personally comes  
J. S. Hendrix, and answers the  
Charge made by the Grand Jury  
at the March Term 1902 and  
says that he is entitled to an  
Oblivious pension under Section  
1254 of the Code of Georgia  
1885, and in defense of said  
Claim 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 ~~at~~ <sup>his</sup> ~~part~~ -  
He swears to said proofs and says before me this April 27th 1903.  
John Awtrey, Judge Probate, Marietta

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

Georgia, Cobb County.  
Personally comes J. S.  
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 J. S.  
Hendrix be dropped from the pension  
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. S. G. Awtrey  
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 Awtrey, Ordina

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

PENSION OFFICE

Atlanta Ga 3/23 1903

To T. S. Hendrix

Cobb County Ga.

SIR

You are hereby notified to furnish to this office on or by the 15<sup>th</sup> 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 Lindsey Pension & should be dropped. You must take account of all your other occupations with and benefits all other occupations with them & make proper provision for your household & responsibly proof that every claimant's son on which you base your right to the Pension is clearly & duly born

J. W. Lindsey  
Clerk 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. S. Hendrix be dropped from the pension list  
x x x

D. V. Stobely Foreman

Georgie }  
Cobb County }

I, J. W. Lindsey 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 6<sup>th</sup> day of September 1902

J. W. Lindsey  
Clerk

Case of Justice

And appears of record in this office  
Witness my hand and official seal  
this 6<sup>th</sup> day of September 1942  
- J. B. Decker  
C. H. C.

Mr. J. S. Hardwick 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 work of any kind  
Dwight also subscribed for the same and was  
before me this 27<sup>th</sup> day of Sept. 1942  
J. M. Stone  
Ordry

*Afternoon of 20th January 1904*  
*113 Cobb County*

CODE SECTION 1254.  
(FOR THOSE ALREADY ENROLLED.)

*J.W. Lindsey 1102*  
No. *113*  
*20 January Co. 1904*

**INDIGENT  
SOLDIER'S PENSION  
1903.**

Name *M.B. Kerney*  
County *Cobb*  
Co. *B* 38th Regiment *Ga. 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,

*Cobb* County }

*John W. Lindsey* hereby authorize  
*Ben Kerney* of \_\_\_\_\_  
to receive and receipt for the pension allowed and request that he remit same to \_\_\_\_\_

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

Executed in presence of  
*John W. Lindsey* [L.S.]

POWER OF ATTORNEY.

STATE OF GEORGIA,

Chick County.

W. B. Nearing hereby authorize  
John Purkey 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.

W. B. Nearing [L. S.]  
Executed in presence of  
J. M. Cannon

Getting 25.00  
to work on Jan  
11.3. Chick County

CODE SECTION 1294.  
(FOR THOSE ALREADY ENROLLED.)  
In Purkey's 1102  
No. 1824  
Do Pension Co. 1204

INDIGENT  
SOLDIER'S PENSION  
1903.

Name W. B. Nearing  
County Chick  
Co. B. 38th Regiment Gal. 100

WARRANT ISSUED  
20 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. }  
John A. [unclear] Ordinary.

W.B. Hemming  
mark

STATE OF GEORGIA,

Cobb County.)

I, John A. [unclear] 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 A. [unclear] Ordinary. Cobb County.



NOTE.—The blank spaces must be filled.  
NOTE.—Affidavit should not be attested before January 1st, 1908.



POWER OF ATTORNEY.

STATE OF GEORGIA.

Cobb COUNTY.

I, Wm. C. E. Hice hereby authorize  
F. M. Hembree of Roosnel  
to receive and receipt for the pension allowed, and request that he remit same to  
me at Roosnel  
by hama

WITNESS my hand and seal, this 15<sup>th</sup> day of January 1907.  
Wm. C. E. Hice [L. S.]

Executed in the presence of  
J. W. Hays

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb COUNTY.

I, Wm. C. E. Hice hereby authorize  
F. M. Hembree of Roosnel  
to receive and receipt for the pension allowed, and request that he remit same to  
me at Roosnel  
by hama

WITNESS my hand and seal, this 12<sup>th</sup> day of January 1907.  
Wm. C. E. Hice [L. S.]

Executed in presence of  
J. W. Hays

Wm. C. E. Hice  
Cobb County  
Jan 15 1907

Code Section 134  
(FOR THOSE ALREADY ENROLLED)  
January 15 1907  
**INDIGENT  
SOLDIER'S PENSION  
1906.**

Name Wm. C. E. Hice  
County Cobb  
Co. d Regiment 36

WARRANT ISSUED  
1/15/07  
1906.

JOHN W. LINDSEY,  
Commissioner of Pensions.

WARRANT HANDLED TO  
Hembree

710 do to

Hice, C. E.,  
Cobb G.

Code Section 134  
(FOR THOSE ALREADY ENROLLED)  
No. 704

**INDIGENT  
SOLDIER'S PENSION  
1907.**

Name Wm. C. Hice  
County Cobb  
Co. I Regiment 36

WARRANT ISSUED  
JAN 21 1907.

JOHN W. LINDSEY,  
Commissioner of Pensions.

WARRANT HANDED TO  
Hice

Gen. W. H. HARRIS, STATE PRINTER, ATLANTA.

710 do to

STATE OF GEORGIA  
FOR APPLICANTS HERETOFORE AITOMED PENSIONS

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,

Cobb County,

Personally appears C. 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 1844; 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 90th Regiment of Geo. Inf.; that his physical condition is as follows:

Infirmity & poverty

that his property consists of the following items: subm

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.  
John W. Harty Ordinary. 6 E Rice

State of Georgia,

Cobb County,

I, John W. Harty Ordinary of said County, do certify that I am well acquainted with C. 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 W. 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 C. 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 Geo. Inf.; that his physical condition is as follows:

Age & Infirmary

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.  
John W. Harty Ordinary.

State of Georgia,

Cobb County,

I, John W. Harty Ordinary of said County, do certify that I am well acquainted with C. 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 1 day of Jan 1907.  
John W. Harty Ordinary Cobb County.



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

*Higgins Sarah*  
*1880*

To Those Heretofore Paid.

1906.

*(From Cherokee Co 1905)*  
No. *210*

**WIDOW'S PENSION**

For year ending Dec. 31, 1906.

PAID TO  
*Mrs Sarah Higgins*  
OR  
*Capt* County,  
Widow of *Sarah Higgins*  
Co. Regiment

JOHN W. LINDSEY,  
Commissioner of Pensions.

WARRANT ISSUED

*1/2* 1906,

AND HANDED TO

*024*

**POWER OF ATTORNEY.**

STATE OF GEORGIA,

COURT. }

*Sarah Higgins*  
of \_\_\_\_\_

herby authorize

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

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

*18*

day of *January* 1906.

*Sarah Higgins* [L.S.]

Executed in presence of

*William*

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 18<sup>th</sup>  
day of January 1906. Sarah Higgins [L. S.]

Executed in presence of  
J. Mann

Higgins, Sarah  
Cobb Co.  
1906.  
(From Dec 31 to 1907)  
No. 510

WIDOW'S PENSION

For year ending Dec. 31, 1906.

PAID TO  
Ms Sarah Higgins  
OF  
Capt County,  
Widow of Sarah Higgins  
Co. \_\_\_\_\_ Regiment

JOHN W. LINDSEY,  
Commissioner of Pensions.

WARRANT ISSUED  
1/2 1906,  
AND HANDED TO  
024

The Pensions Provided for and Paid under this Act, shall be paid to the Beneficiary, his

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb COUNTY, }  
I, Sarah Higgins, hereby authorize  
John A. 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 18<sup>th</sup>  
day of January 1907. Sarah Higgins [L. S.]

Executed in presence of  
John A. Wray

Higgins, Sarah  
Cobb County  
To Those Heretofore Paid.

1907.

No. ND

WIDOW'S PENSION

For Year ending Dec. 31, 1907.

PAID TO  
Ms Sarah Higgins  
OF  
Cobb County,  
Widow of Sarah Higgins  
Co. \_\_\_\_\_ Regiment

JOHN W. LINDSEY,  
Commissioner of Pensions.

WARRANT ISSUED  
1/31 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 Irish Higgins That she is the Widow of

Irish 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 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 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 18 day of January 1906.

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  
Sarah Higgins State of Georgia, and that she has RESIDED in said State  
continuously ever since \_\_\_\_\_ That she is the Widow of

Sarah 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 \_\_\_\_\_ David in prison 18 \_\_\_\_\_ (State here

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

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 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.

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. (Deceased)



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 1940~~

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 1953

*William H. Hudson*  
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.

*William H. Hudson*  
Director.

~~CONFEDERATE PENSION X  
State Department of Public Welfare X~~

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

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Atlanta, Ga., Jan. 26, 1953.

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

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

*Admitted to roll*  
Director.

Hill, Fannie C. (Mrs.)  
Widow of Henry C. Hill.  
COBB COUNTY, GA.



### Widow's Application

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

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

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

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## 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.) <sup>and 1952</sup> 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?  
Give date, or year, of your birth. 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
  - a. Have you married since the death of first and soldier husband? No
  - b. When and where did your soldier husband die? at Austell, Ga. Oct. 14, 1935
  - c. Were you residing together when he died? Yes.
  - d. If not, how long had you resided apart?
  - e. Are you now a widow? Yes.
  - f. Have you or your husband heretofore been paid a pension by the State? Husband did
  - g. 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. C, 27th Batta. 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?
  - 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

23 day of January, 1953  
John T. Dorsey Ordinary  
Cobb County.  
(SEAL OF ORDINARY)

*Sworn Fannie C. Hill  
Mrs. Henry C. Hill  
By W. H. Anderson, D. Dir.*  
Applicant.

(SEAL OF ORDINARY)

STATE OF GEORGIA,

### Ordinary's Certificate

COUNTY.

Judge John T. Dorsey, Ordinary of Cobb County, Ga., stated he did not know applicant.

Statements from Judge J. J. Ordinary of said County, do certify Daniell, formerly Ordinary, and the applicant for pension are attached to this certificate.

I, John T. Dorsey, Ordinary of Cobb County, do hereby certify that I know John T. Daniell and Fannie C. Hill are attached to this certificate. 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 23 day of January, 1953.

(SEAL OF ORDINARY)

#### 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.

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.

John J. Antons, Ordinary  
John J. Antons, Ordinary  
County.  
(SEAL OF ORDINARY)

By W. B. Whitwell, D.M. Applicant.

Federal Security Agency  
U. S. Public Health Service

GEORGIA DEPARTMENT OF PUBLIC HEALTH  
CERTIFICATE OF DEATH

Photo File No. 1066  
Registrar's No.

BIRTH NO. 1200

1. Place of Death  
(a) County Fulton  
(b) City or Town Atlanta  
(c) District City or Town (Add No.)  
(d) Street Address Grady Hospital

2. Usual Residence (Where deceased lived. If institution, residence before admission)  
(a) State Georgia County Cobb  
(b) City or Town Acworth  
(c) Street Address Rt. 2, Box 48 Lake Street P.O. No. FO 56

3. NAME OF DECEASED  
(a) (First) FANNIS (b) (Middle) FRANK (c) (Last) HILL  
4. DATE OF DEATH (Month) (Day) (Year) 3-1-1953

5. SEX F RACE W 6. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed  
7. USUAL OCCUPATION (Give kind of work done during year of preceding Dec. 31 or nearest date before year of preceding Dec. 31 or nearest date before year of preceding Dec. 31) Own Home  
8. USUAL RESIDENCE (State or foreign country) Georgia 9. CODE OF FEDERAL REGISTRATION 1000

10. FATHER'S NAME W. H. Shoemaker 11. MOTHER'S MARRIAGE Sally Hardin

12. WAS DECLARED MENTALLY DEFICIENT OR IMBECILE OR IDIOT OR EPILEPTIC OR ALCOHOLIC OR ADDICTED TO DRUGS OR TO HABITUALLY EXCESSIVE USE OF ALCOHOL OR TO ANY OTHER HABITUAL AND DANGEROUS PRACTICE?  
13. SOCIAL SECURITY NO. 210-10-10000

14. CAUSE OF DEATH (Enter only one cause per line but list all) (1) Condition or complication directly leading to Death? Pneumonia  
(2) Medical condition, if any, giving rise to above cause? Pulmonary edema, Arteriosclerosis  
(3) Underlying cause of death? Heart disease, Auric Fibrillation  
(4) OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition of death) Right hemiplegia

15. DATE OF OPERATION 1 year 16. MAJOR FINDINGS OF OPERATION Brain

17. ACCIDENT OR SUICIDE? (Specify) (a) (b) PLACE OF INJURY (c) (d) CITY OR TOWN (COUNTY) (STATE)

18. TIME OF DEATH (Month) (Day) (Year) (Hour) (Minute) 19. HOW DID INJURY OCCUR? (a) (b) HOW DID INJURY OCCUR?

20. I hereby certify that I attended the deceased from Feb 17 to Mar 1 and that death occurred at 1:55 on 3-1-53 and that death occurred at 1:55 on 3-1-53.

21. SIGNATURE D. L. Smith, M.D. (Physician or other) Grady Hospital (Institution) 3-1-53 (Date)

22. SOCIAL SECURITY NO. 210-10-10000 23. NAME OF CEMETERY OR DEPOSITARY West View Cemetery 24. LOCATION (City or Town) (County) (State) Atlanta Fulton Georgia

25. DATE REC'D BY LOCAL REGISTRAR MAR 2 1953 26. REGISTRAR'S SIGNATURE Fate Pinner 27. REGISTRAR'S ADDRESS Public Health, Atlanta, Ga.

I hereby certify that the foregoing is a true and correct copy of the above death certificate as appears on file in the Office of Vital Statistics of the City of Atlanta, Georgia.

Signed Fate Pinner Registrar, V.S.

W. B. Whitwell Commissioner of Health, Fulton County.

Federal Security Agency  
U. S. Public Health Service

GEORGIA DEPARTMENT OF PUBLIC HEALTH  
CERTIFICATE OF DEATH

Form 100-20  
Certificate No. 1000

1. Place of Death (a) County <u>Fulton</u> 470.0 (b) City <u>Atlanta</u> (c) Hospital <u>Grady Hospital</u>		2. Usual Residence (Unless deceased lived in institution, nursing home, etc.) (a) State <u>Georgia</u> County <u>Cobb</u> (b) City <u>Atlanta</u> (c) Street <u>48 Lane Street</u>	
3. NAME OF DECEASED a. (Last) <u>FRANKS</u> b. (First) <u>W</u> c. (Middle) <u>H</u>		4. SEX <u>M</u> AGE <u>42</u> DATE OF BIRTH <u>1-1-1926</u>	
5. MARITAL STATUS (Date of death) <u>W</u>		6. SOCIAL SECURITY NO. <u>48-123456789</u>	
7. FATHER'S NAME <u>W H Shoemaker</u>		8. MOTHER'S NAME <u>Sally Hartman</u>	
9. CAUSE OF DEATH (a) <u>Pneumonia</u> (b) <u>Pulmonary edema, lobes of lungs congested</u> (c) <u>Heart failure, acute</u> (d) <u>Right hemiparesis</u>		10. DATE OF DEATH <u>Feb 17 1953</u>	
11. MAJOR FINDINGS OF AUTOPSY		12. SIGNATURE OF REGISTRAR <u>D L Smith, MD</u>	
13. DATE OF LOCAL REGISTRATION <u>MAR 2 1953</u>		14. SIGNATURE OF REGISTRAR <u>Kate Pinner</u>	

REGISTRAR: CHECK CERTIFICATE CAREFULLY

I hereby certify that the facts stated herein are true and correct to the best of my knowledge and belief, and that the deceased was at the time of death a resident of the State of Georgia.

\_\_\_\_\_  
Registrar





STATE OF GEORGIA  
COUNTY OF CW

AFFIDAVIT

I, Wade P. Belcher, living at Austell Ga  
Rt. 1. 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. Belcher 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. Belcher

Witnesseth:

Edw. H. Brown  
Notary Public, Georgia  
County, Cobb. My Comm. E12-6-52

STATE OF GEORGIA  
COUNTY OF CW

AFFIDAVIT

I, W. S. Mozley, living at Austell  
Ga 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. S. 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. S. Mozley

Witnesseth:

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

STATE OF GEORGIA

COUNTY OF Cobb

A F F I D A V I T

I, R M Brown, living at Austell  
ga 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  
since that time 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. Casper

Notary Public, Georgia,  
County.

443 Cobb Hill, Frances C. (Mrs)

For COBB County

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

Ordinary

For: Mrs. Frances C. Hill  
(Name of Pensioner)

Date of Death: 1-55 (P. 7)  
1953

Amount: \$ 95.00

TO THE ORDINARY: Fill out in full and  
return this application to Confederate Pen-  
sion and Record Department, 400 State Cap-  
itol, Atlanta 3, Georgia.

Approved and ordered paid,  
3-17 1953  
William 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 Widows'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

3044

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 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 G. 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. Dotsey* Ordinary.

*G. B. Driskell*

CERTIFICATE OF THE ORDINARY

GEORGIA, Cobb County.

I certify that G. 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. Dotsey* 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.

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 [REDACTED] 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  
Phone 333 417*

*copy*

## Department of Confederate Pensions and Records

300 STATE CAPITOL  
ATLANTA, GEORGIA

LILLIAN HENDERSON  
DIRECTOR

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 Dursey 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 know Mrs. Fannie C. Hill and know that she is now a resident of Cobb County, Georgia. Does Mrs. Hill receive the age exemption? 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 copy of an application containing the Ordinary's certificate and this filled out immediately and return to this office and we will proceed 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. P. 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

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

Witness my hand and official seal of office this 21 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 are sworn to give the truth and nothing but the truth in answer to the questions asked you and the evidence you give shall be the whole truth, so help you God." 2. The name of the county in which the applicant or witness resides and must be written by such Ordinary.

Hill, A. P.  
Cobb County  
No. OK for 1922

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

County Cobb  
Name A. P. Hill  
Company "B"  
Regiment 27<sup>th</sup> Va. Battalion  
Approved \_\_\_\_\_

Mrs. J. M. Gamm  
J. M. Gamm

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 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 upon my hand and official seal of office this 31 day of October 1921

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

NOTES: 1. Before any questions are answered the Ordinary shall swear applicant and witnesses in the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you give shall be the whole truth. So help you God."  
2. Additional affidavits may be attached if blank spaces are insufficient.  
3. All affidavits must be made before the Ordinary of the county in which the applicant or witness resides and must be certified by such Ordinary.

Hill, A.C.  
Cobb County  
North  
OK for 1921  
**Confederate**  
**Soldier's Application**  
Under Act 1910 - As Amended by Act of 1919.  
County Cobb  
Name A. C. Hill  
Company "Q"  
Regiment 27<sup>th</sup> Ga. Calvary  
Approved \_\_\_\_\_  
Miss. J. R. R.  
1865  
J. W. LINDSEY,  
Commissioner of Pensions.  
1917 Printing Co., State Printer, Atlanta.  
10-31-1921

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 the name, and in what Company and Regiment did you enlist? (Give the arm and class of service).  
27<sup>th</sup> Ga. Calvary
5. How long did you remain in the actual military service with said Company and Regiment? (Give date of discharge).  
Until Johnsons 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 Under Johnsons Surrender
- d. By whose authority did you leave?  
General Orders
- 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 1921  
J. M. Gamm Ordinary  
of Cobb County

(SEAL)

Questions for Witness as to Service

STATE OF GEORGIA,

Tulston COUNTY.

E. J. Kelley 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 the questions propounded, answers as follows:

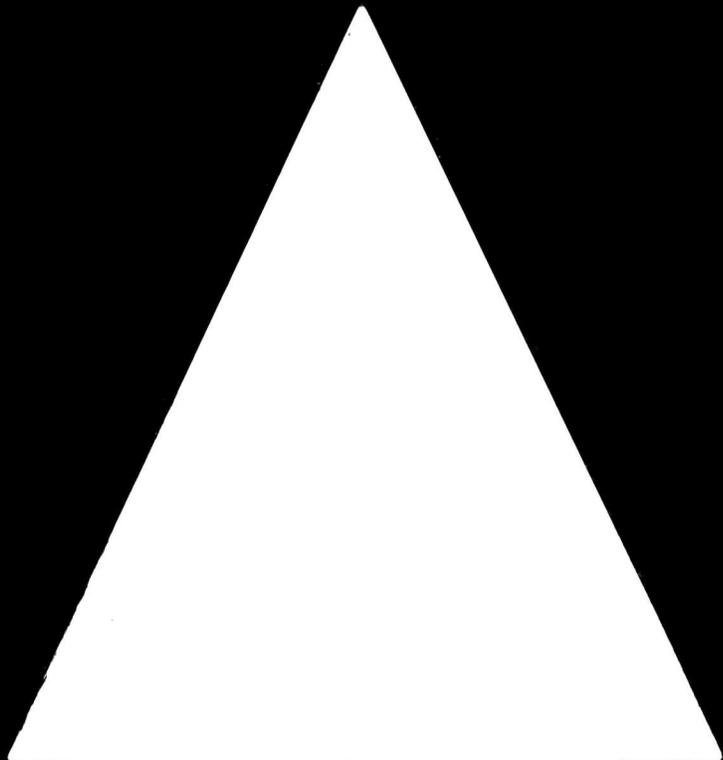
1. What is your name and where do you reside? E. J. Kelley, Atlanta Ga  
Fulton Co
2. How long and since when have you known since June 10th 1864 the applicant?
3. Where does he now reside, and since when has he been a bona fide, continuing resident in this State, and how do you know? Aurville Cobb County
4. When, where and in what Company and Regiment did the 27th Ga Infantry 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? June 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?
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 Sumner's Guards 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?
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 28 day of Oct 1921 }  
William R. Macbitt Ordinary }  
of Tulston County. }

E. J. Kelley

(SEAL)

of ----- County. )  
(SEAL)



*see roll*  
*01 Apr 1912*

*Refus*  
*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.

*W*  
County *Cobb*

Name *Mary Hilley*

Widow of *Refus Hilley*

Company *H 23 - <sup>old</sup> Va*

Approved \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

J. W. LINDSEY,  
Commissioner of Pensions

CHAS. P. 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 London County, in Ga said State of Georgia, and 90 was on the Indigent Pension Roll of the State and paid a pension of \$60 in London 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 no

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.		\$
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 1908 day of June

Sworn to and subscribed before me, this the 15 day of Sept 1911 } Mary Hilley  
J. M. Latham 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 W. H. Davidson and J. W. 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 London County in said State of Ga on 19 day of Oct 1908 and that she has not since remarried. That she became the wife of Rufus Hilley on the 19 day of Dec 1867 and that she and he had resided together as man and wife contiguously since 18 day of Dec 1867 and that the Rufus Hilley was the same man who was on the pension roll of said State from 1905 from Ga County when he died.

Sworn to and subscribed before me, this the 15 day of Sept 1911 } J. W. Bennett  
J. M. Latham 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.

Name Mary Hilley  
 County Cobb  
 Widow of Rufus Hilley  
 Company A 23

Approved \_\_\_\_\_  
 J. W. LINDSEY  
 Commissioner of Pensions

over Rec  
10/19/12  
W. H. Davidson  
Cobb County  
 No. \_\_\_\_\_

11-6-11  
 CHAS. F. DAVIS, STATE PRINTER, ATLANTA

**AFFIDAVITS OF TWO FREEHOLDERS.**

STATE OF GEORGIA,

*Cobb* County.

Personally before me comes *A. W. Henderson* who after being sworn on oath says, that they are freeholders of said County, and that they know *Prof. Wiley* of said County and knew her said husband *Prof. 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: *Two and one half acres more or less for the part they own and found that she has the property & has been 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 *None*

Sworn to and subscribed before me, this the

*15* day of *August* 191*1*

*J. M. Bennett* Ordinary

of *Cobb* County.

*A. W. Henderson*

*not by Wiley - but by Henderson*

**ORDINARY'S CERTIFICATE.**

STATE OF GEORGIA,

*Cobb* County.

Ordinary of said County, do certify, that, I know *Mrs. 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 *J. M. Bennett* witness as to marriage and I also know *A. W. Henderson* 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 *Prof. Wiley* returned property to the amount of *None* for 1908 \$0 for 1909 *10* for 1910 \$0

Sworn under my hand and official seal of *15* day of *Aug* 191*1*.  
(SEAL.) *J. M. Bennett* Ordinary.  
*Cobb* County.

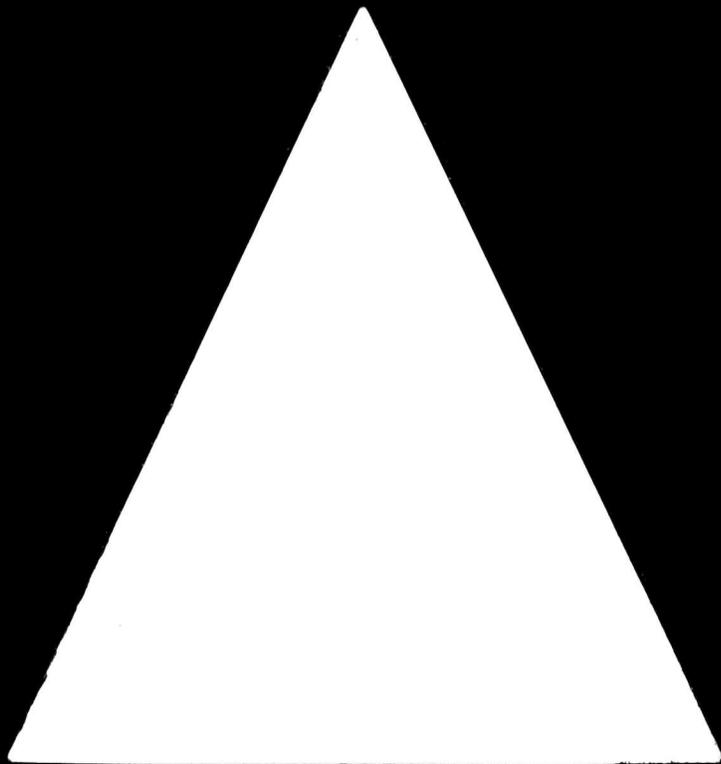
- NOTES 1. Before any questions are answered, the Ordinary shall swear applicant and the witness in the following words "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the truth. So help you God."  
2. Additional affidavits may be attached if blank spaces are insufficient.  
3. 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, Justice of  
the Inferior Court, or Minister of the Gospel,  
You are hereby authorized to join Profess  
Wiley and Mary Hinton in the holy state  
of matrimony according to the Constitution  
and laws of this State and for providing  
this shall be your sufficient license.  
Given under my hand and seal, this  
18<sup>th</sup> day of Dec. 1867  
J. N. Howard Ordinary

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

Georgia, Bartow County  
I, *A. W. Henderson* 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 Profess Wiley and Mary Hinton as  
kept upon 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 2<sup>nd</sup> 1911.  
*A. W. Henderson* Ordinary Bartow Co Ga

*George Washington Ordway Boston Co Ga*



*Robert Galt*  
*Ok 1/11/07*

No. \_\_\_\_\_

# INDIGENT PENSION 190

Name *J. B. Hodgens*  
County *Cook*  
Co. *D. 14th Ga.* 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.

5/11-09

*9/30/07*

*Prin. Dec. 15 1862*

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,  
Com. of Pensions.

## POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY, \_\_\_\_\_

I, \_\_\_\_\_ of \_\_\_\_\_ hereby authorize

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

at \_\_\_\_\_ day of \_\_\_\_\_ 190 \_\_\_\_\_ by \_\_\_\_\_

Witness my hand and seal, this \_\_\_\_\_ day of \_\_\_\_\_ 190 \_\_\_\_\_

Executed in presence of \_\_\_\_\_ [L.S.A.]

*John W. Lindsey*  
*10/1/07*

No. \_\_\_\_\_

# INDIGENT PENSION 190

Name *J. B. Hodgens*  
County *Cobb*  
Co. *D. 14th Ga.* Regt. \_\_\_\_\_  
Approved \_\_\_\_\_ 190

JOHN W. LINDSEY,  
Comptroller of Pensions

WARRANT HANDED TO  
*G. J. S. B.*  
Ordinary will write name of Applicant, Company and Regiment on back as indicated above.

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

*5/11-08*

*Printed Dec. 15, 1862*

Pension Office, 10/1/07.  
Applicant must state the day and month first year of his draft up work in government shops, and prove that to be true by some one who knew.  
J. W. Lindsey,  
Com. of Pensions.

## POWER OF ATTORNEY.

STATE OF GEORGIA,

County, }  
I, \_\_\_\_\_

herby 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 \_\_\_\_\_

[L.S.]



QUESTIONS FOR WITNESS.

STATE OF GEORGIA,

Colt COUNTY, }  
D.M. Centry

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  
Preswain Co. Ga. Centry Georgia
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? Preswain Co. Ga. thirty years
4. When, where and in what company and regiment did he enlist, and how do you know?  
Enlist. in August 1862 at Canton Georgia Company D 14th. by Perry Grant Childress
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 detained to work in Georgia
7. When and where was he captured and surrendered? in Virginia at Appomattox April 1865
8. Were you present when he surrendered? I was not was not at that time
9. Was applicant present? The applicant was at work in the Government shoe store at that time
10. If he was not present, where was he? Was at Appomattox working in the Government shoe store  
 When did he leave his command? About April 6, 1865 For what cause? was detained to work in shoe store  
 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 receiving 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?  
No he had none to convey

14. What is the applicant's occupation and physical condition? Tray about two years he has been unable to work at the shoe trade being totally disabled

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 maker trade & his commission on the Government shoe store

17. What portion of his 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 composes family? What property have they? Children's ages and their earning capacity?  
His wife & himself they have no property. He has one child 3rd being who is now six

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

Sworn to and subscribed before me, this the 17th day of Sept 1907

John B. Hodgins Applicant  
D.M. Centry Witness  
John B. Hodgins Ordinary

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,

Colt COUNTY, }

Personally came before me Dr J.M. Ellis and Dr J.E. 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:

Kidneys 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 the 17th day of Sept 1907  
John B. Hodgins Ordinary  
J.M. Ellis M.D.  
J.E. Lester M.D.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Colt COUNTY, }  
 I, John B. Hodgins Ordinary, in and for said County, hereby certify

that the applicant John B. Hodgins resides in said County, and has been a bona fide resident of this State since the 1st day of January 1907

and that the witnesses, viz: D.M. Centry and G.J. Carmith

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 Colt County shows that applicant returned for taxation in his name in 1901 \_\_\_\_\_ Dollars of property, and in 1902 4.65 Dollars of property; in 1903 10. Dollars of property; in 1904 15. Dollars of property.

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

Witness my hand and seal of office, this 17th day of Sept 1907  
John B. Hodgins Ordinary  
Colt County.

NOTE.

1. Before any questions are answered, the Ordinary shall swear applicant and the witnesses in the following words: "You shall true 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.

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 J B Hodgens  
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 7<sup>th</sup> 1908.

John A. Butler  
Ordinary  
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  
Ordinary

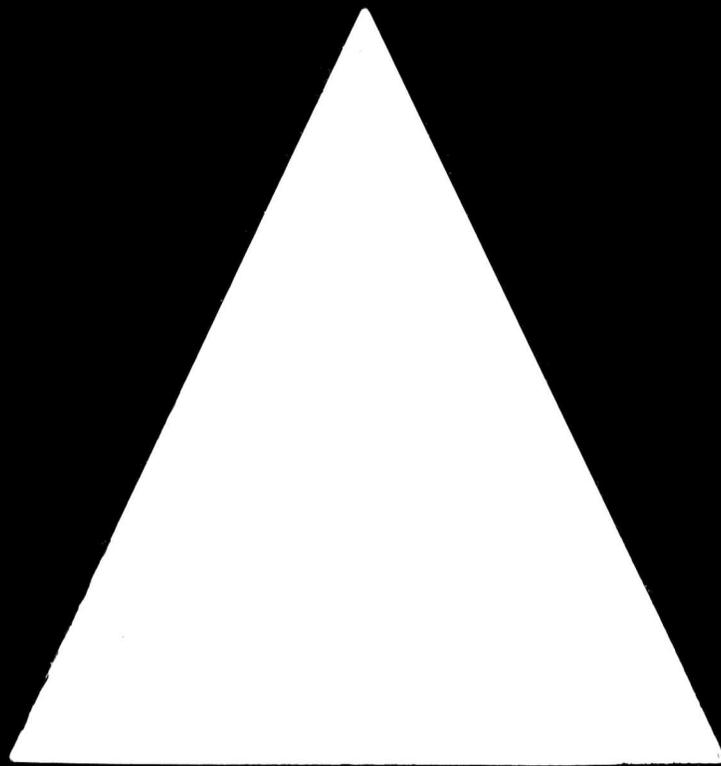
OFFICE OF ORDINARY,  
COBB COUNTY, GA.

JOHN AWBRY,  
JUDGE PROBATE.

MARIETTA, GA.

1908.

State of Georgia,  
Cobb County. Personally Comes  
J B Hodgens and avers his  
application for pension and says  
that on or about the 1<sup>st</sup> 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 1<sup>st</sup> 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 avers that J B Hodgens  
Sworn to and Subscribed  
before me this May 7<sup>th</sup> 1908.  
John A. Butler,  
Ordinary.



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 W. H. Harrison

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 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  
Wm. Gray

DIBSBOTTON.

If allowed, send amount by \_\_\_\_\_ and oblige,  
me at \_\_\_\_\_

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 HANDED TO

J. G. Green

(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 *9<sup>th</sup>*  
day of *May* 1893. *Merrimon Holbrook* [L. S.]

Executed in the presence of us:

*J. M. Stone*  
*Ordry*

DIRECTION.

If allowed, send amount by \_\_\_\_\_ to \_\_\_\_\_  
me at \_\_\_\_\_, and oblige,

Form 1.

**FOR USE OF APPLICANTS WHO HAVE NOT HERETOFORE DRAWN.**

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 *2<sup>nd</sup>* day of

*January* 18 *44* that he enlisted in the military service of the Con-  
federate States (or the State of \_\_\_\_\_) during the war between the  
States, and served as a *Private* in Company *G.*, of *56<sup>th</sup>* 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, in fact, two of the wagon*  
*behind, bruising and damaging his*  
*side, back & breast - Great 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 per-*  
*form the ordinary manual avocations 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.

*J. M. Stone*  
*Merrimon Holbrook*

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.

*Cobb Co.*  
*No. 389*  
*Holbrook, Merrimon*  
**Soldier's Pension.**  
**1893.**  
*Merrimon Holbrook*  
County *Cobb*  
Disability *Br. m.*  
Amount, \$ *50*  
*May 11* 1893.  
W. H. HARRISON,  
Secretary Executive Department.  
WARRANT BLANDED TO  
*J. M. Stone*  
Gen. W. Harrison, State Printer, Atlanta.

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 Colbrook 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 Maximin Colbrook

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 bracket, one of another wagon just behind him, catching him between the two wagons, breaking in a severely bruising & serious on 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 sustained the said wound close neighbor 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

21 day of May 1893, William Allen, Cary Anderson, Thos Colbrook, 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.

Witnesses are asked to make their statements full and explicit.

PHYSICIAN'S AFFIDAVIT.

STATE OF GEORGIA.

County of Cobb

PERSONALLY comes before me J. H. Stone Ordinary of said County, J. T. Greer and Geo. L. Ezzard both known to me as reputable physicians of said County, who being severally sworn, say on oath that they have carefully examined Maximin Colbrook 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. 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 lean nor bowath enough to write

We have treated applicant professionally for years.

Sworn to and subscribed before me this

21 day of May 1893, J. T. Greer, M.D., Geo. L. Ezzard, M.D., 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.

County of Cobb

I, J. H. Stone Ordinary of said County, do certify that I am well acquainted with Maximin Colbrook 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 21 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*  
of *Cobb* County

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 Attor-  
ney 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 *9<sup>th</sup>*  
day of *March* 1894. *M. Hollbrook* [L. S.]

Executed in the presence of us

*J. M. Stone*  
*Chas. G. Green*

DIRECTIONS.

Send money to me as follows, by \_\_\_\_\_ to \_\_\_\_\_  
County, Georgia. P. O.

*Cobb Co*  
*Harrison, Ala*  
\_\_\_\_\_  
(For Those Already Enrolled.)  
*588*  
**Soldier's Pension.**  
**1894.**  
Name *M. Hollbrook*  
County *Cobb*  
Disability *Army wound*  
Amount, \$ *277*  
1894  
W. H. HARRISON,  
Secretary Executive Department.  
WARRANT HANDLED TO  
*D. J. Harrison*  
Gen. W. Harrison, Secretary, Alaska.

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 *6<sup>th</sup>*  
day of *March* 1895. *M. Hollbrook* [L. S.]

Executed in presence of us

*J. M. Stone*  
*Chas. G. Green*

DIRECTIONS.

Send money to me as follows, by \_\_\_\_\_ to \_\_\_\_\_  
County, Georgia. P. O.

*Hollbrook, M.*  
*Cobb Co*  
\_\_\_\_\_  
(For Those Already Enrolled.)  
No. *207*  
**SOLDIER'S PENSION.**  
**1895.**  
Name *M. Hollbrook*  
County *Cobb*  
Disability *Army injury*  
Amount, \$ *276*  
*276*  
1895.  
RICHARD JOHNSON,  
Secretary Executive Department.  
WARRANT HANDLED TO  
*W. H. Harrison*  
Gen. W. Harrison, Secretary, Alaska.  
*W. H. Harrison*

## For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

*Cobb* County, }  
 PERSONALLY appears *W. 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* 18*41*, 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 *C*, of *56th* Regiment of *Volunteers*, *Cummins*'s Brigade; that whilst engaged in such military service at the battle of *Ag.* on the *22nd* day of *Sept*, 18*62*, he was wounded as follows:

*That while on the retreat*  
*my comrade and I were in State of*  
*my comrade was caught between*  
*the wagons and crushed - separating*  
*my hand, side and back, so that*  
*deponent is rendered practically in-*  
*capable to perform the ordinary manual*  
*duties 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

*\$50* dollars, for the year 18*93*

Sworn to and subscribed before me, this, *11* day of *Nov*, 1894. }  
*W. M. Willbrock*

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. 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

day of *Nov*, 1894.



*J. M. Stone*  
 Ordinary *Cobb* County.

## For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

*Cobb* County, }  
 PERSONALLY appears *W. 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*, 18*41*; 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 *C*, of *56th* Regiment of *Volunteers*, *Cummins*'s Brigade; that whilst engaged in such military service at the battle of *Ag.* on the *22nd* day of *Sept*, 18*62*, he was wounded as follows:

*Was mashed up with*  
*a wagon while retreating near Cumbers*  
*gap Ag. - breast, ribs & back*  
*were so bruised and mashed*  
*that deponent is rendered practically*  
*incapable to perform the ordinary manual*  
*duties 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 18*94*

Sworn to and subscribed before me, this, *6* day of *Nov*, 1895. }  
*J. M. Stone*

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

STATE OF GEORGIA,

*Cobb* County, }  
 I, *J. M. Stone*, Ordinary of said County, do certify that I am well acquainted with *W. 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

day of *Nov*, 1895.



*J. M. Stone*  
 Ordinary *Cobb* County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

*Cobb* County.

I, *M. Holbrook* hereby authorize *J. M. Stone*  
of *Maricopa* Ariz.

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<sup>th</sup>*

day of *March* 1896.  
*M. Holbrook* [L. S.]

Executed in presence of  
*G. H. Flaming*

*Holbrook*

*Cobb*  
ACT OF MARCH 18  
Those Already Enrolled,  
*MS* No. *3198*

**SOLDIER'S PENSION.**  
**1896.**

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

1896  
RICHARD JOHNSON,  
Secretary, Executive Department,  
WAR DEPARTMENT,  
WASHINGTON, D. C.  
*6/1/96*  
*W. H. T. C.*

*No date*

*Maricopa*  
*Cass County*  
ACT OF MARCH 18  
(For Those Already Enrolled.)  
No. *3210*

**INVALID**  
**SOLDIER'S PENSION.**  
**1897.**

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

RICHARD JOHNSON,  
Secretary, Executive Department,  
WAR DEPARTMENT,  
WASHINGTON, D. C.  
*J. M. S.*

*No date*

POWER OF ATTORNEY.

STATE OF GEORGIA,

*Cobb* County.

I, *M. Holbrook* hereby authorize *J. M. Stone*  
of *Maricopa* Ariz.

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<sup>th</sup>*

day of *March* 1897.  
*M. Holbrook* [L. S.]

Executed in presence of

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

*Cobb* 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* 18 *44* 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*, *Sumner's* Brigade; that whilst engaged in such military service in the State of *Georgia*, on the day of *Sept* 186 *7*, he was wounded, injured, or diseased as follows:

*By being caught between two wagons, breaking the ribs and injuring the back - Deponent is physically incapacitated 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 *Cobb* county been allowed a pension of *\$50* dollars, for the year 189 *5*.

Sworn to and subscribed before me, this, the

day of *March* 1896.

*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. L. 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

day of *March* 1896.



Ordinary *Cobb* County.

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

*Cobb* 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* 18 *44* 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*, *Sumner's* Brigade; that whilst engaged in such military service in the State of *Georgia*, on the day of *Sept* 186 *7*, he was wounded, injured, or diseased as follows:

*By being washed up between two wagons - so that applicant is physically incapacitated 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 *Cobb* county been allowed an invalid pension of *\$50* Dollars, for the year 189 *6*.

Sworn to and subscribed before me, this, the

day of *March* 1897.

*M. Holbrook* POST OFFICE *Roswell Ga*

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

STATE OF GEORGIA,

*Cobb* County.

I,

*J. L. Stone* Ordinary of said County,

do certify that I am well acquainted with *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.

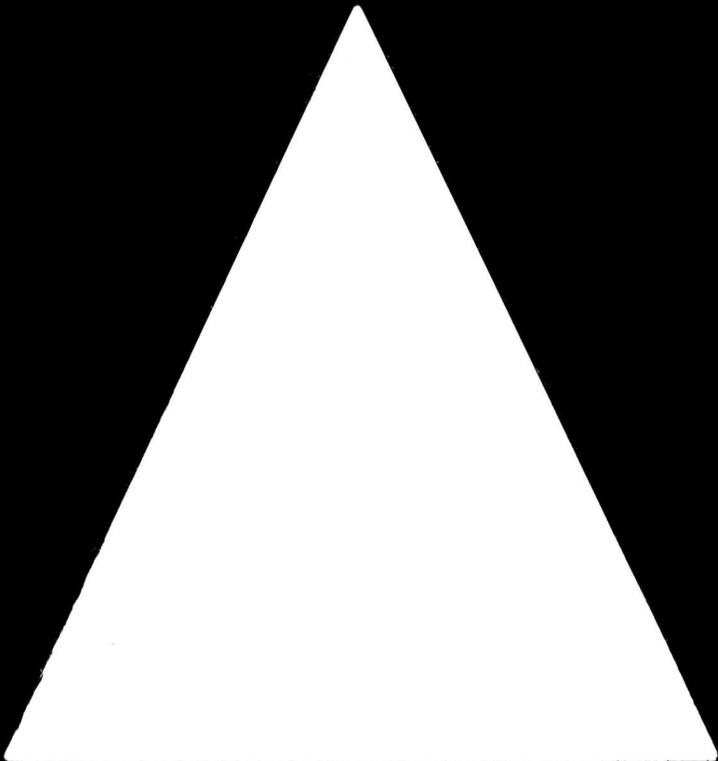
Given under my official signature and seal, this

day of *March* 1897.



Ordinary *Cobb* County.

Ordinary 1000 County.



*Halbrook, Thos. J.*  
*Cobb Co.*

Code Section 1220.  
No. *Fulton*

INVALID  
**Soldier's Pension,**  
**1901-1902**

Name *Thos J Halbrook*  
County *Cobb*  
Co. *42 Ga* Regt.  
Disability *Body wound*  
Amount, \$ *1.7*

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.

*8/13-1902*

Form No. 1.

**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.

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 \_\_\_\_\_ by \_\_\_\_\_  
 at \_\_\_\_\_

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

day of \_\_\_\_\_ 1901.

[L. S.]

Executed in the presence of \_\_\_\_\_

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

STATE OF GEORGIA,

Cobb County, }

PERSONALLY appears Thomas J. Kolbrook 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 1862, 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<sup>th</sup> day of  
April 1864; that whilst engaged in such military service, and in line of duty in  
 the State of Tennessee, on the 16<sup>th</sup> day of December 1864

he was disabled or wounded as follows: in the second days 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 smash him  
across the back an extent as to cause his hands  
to protrude, and which resulted in a permanent inf  
of the same extending 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  
infirmity is growing worse and requires constant  
medical attention

Where was command surrendered? Greensboro, N.C.  
 Was applicant present? Was; present If not, where  
 was he? \_\_\_\_\_ How come there? \_\_\_\_\_

And by whose authority? State fully: Applicant states that he  
Captain & 1<sup>st</sup> Lieut. Soldier in the Battle of  
Bentonville, fought him out & turned him over to the Grand  
 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 the \_\_\_\_\_

day of February 1901

John R. Wilkinson Post Office  
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.

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.

Kolbrook, Thos. J.

Cobb Co.

Code Section 1250.

No. 7

INVALED

Soldier's Pension,

1901.

Name Thos. J. KolbrookCounty Cobband 42<sup>nd</sup> Va. Regt.Disability Back & HandAmount, \$ 57JOHN W. LINDSEY,  
Commissioner of Pensions

WARRANT HANDED TO

Ordinary will retain Name of Applicant, Company  
and Regiment on back as indicated above.Ordinary will retain Name of Applicant, Company  
and Regiment on back as indicated above.1901.  
5/3-1902

Affidavit for Three Witnesses.

STATE OF GEORGIA,

Fulton County.

PERSONALLY appears before me, the undersigned Ordinary in and for said County W L Gubbe  
B. H. Roberts, W. K. Wilson 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 T. C. Halbrook,  
whose application is herewith presented for a pension, that he has resided in this State continuously since the  
day of 1861, that he served in Company C of the

42nd Regiment of Dravall 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.)

Wounded by explosion of shell in our breast  
works at Rockwell Farm on the 16 day of Dec 1864  
wound being in the center of ribcage of  
the back  
(see Roberts & Wilson as here shown applicant  
since about 1861, he is unable for work we were in the  
same company and know he was wounded as above  
stated

Where was applicant's command surrendered? Guardsville NC

Was he with it? Yes Were all of you present? Yes

If not, where was he?

Where were you all?

How do you know the facts you state to be true? We was there and saw it

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 the 26th day of April

1865. Applicant is permanently disabled as stated and has been so to our certain knowledge ever since 1864  
We have no interest in the recovery of a pension by him.

Sworn to and subscribed before me, this 11th day of March 1902, W. L. Gubbe  
John R. Williamson 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, tracing disability to its true cause.  
3.—All blank spaces must be filled when signed.  
4.—Three witnesses are required.

Testified that the above witnesses, W. L. Gubbe, W. K. Wilson & B. H. Roberts  
are entitled to full faith and credit in the above testimony  
This March 8th 1902  
John R. Williamson  
Ordinary

Physicians' Affidavit.

STATE OF GEORGIA,

Cuth County.

PERSONALLY comes before me John A. Grogan Ordinary of said County,  
J. H. Remyant and J. M. Brinkland 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 personal examination, say that the present  
condition of applicant is as follows: He has an enormous hernia (rupture)  
of the right inguinal region which comes down  
into scrotum and such operations must have been caused  
by injury as he states a bomb blew rock on him and  
caused the rupture during the war between the states  
He is also much debilitated from the same and  
his condition is and has been permanent

~~and that such condition is permanent.~~ Said condition arises from the following facts: As is stated  
above a bomb threw a large rock on him and  
crushed him internally producing a rupture  
in the muscular fibers in this region as other  
ruptures will state.

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

Sworn to and subscribed before me, this 11th day of March 1902, J. M. Brinkland M. D.  
John A. Grogan 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,

Cuth County.

I, John A. Grogan Ordinary of said County,  
do certify that I am well acquainted with T. C. Halbrook 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 an individual he represents himself to be, and that he  
resides in this County and has been a bona fide resident since the 26th day of April 1865.

I also certify that the witnesses, to-wit: \_\_\_\_\_  
and \_\_\_\_\_ are persons of respectability, that their statements are worthy of full  
credit and belief, and that the full text of the affidavit was read to and understood by them before they signed the  
same.  
Given under my official signature and seal, this 10 day of March 1902,  
John A. Grogan  
Ordinary Cuth County.

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. }

*J. J. Halbrook* hereby authorize  
*John Aubrey* 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 *21*  
day of *January* 1904.

*J. J. Halbrook* [L. S.]

Executed in presence of \_\_\_\_\_

POWER OF ATTORNEY.

STATE OF GEORGIA,

*Cobb* COUNTY. }

*J. J. Halbrook* hereby authorize  
*John Aubrey* 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 *21*  
day of *January* 1905.

*J. J. Halbrook* [L. S.]

Executed in the presence of \_\_\_\_\_

*John Aubrey*

*Halbrook, J. J.*  
*Cobb Co.*  
CHIEF CLERK, 1506.  
(FOR THOSE ALREADY ENROLLED.)  
*328*  
No. *328*

DISABLED  
SOLDIER'S PENSION  
1904.

Name *J. J. Halbrook*  
County *Cobb*  
Co. *D. 42* Regiment *42* *Halbrook*  
Disability *receiving*  
Amount, \$ *50.00*  
*25* 1904.

JOHN W. LINDSEY,  
Commissioner of Pensions.  
WARRANT HANDED TO  
*Cobb Co.*  
Geo. W. Harrison, State Printer, Atlanta.

*no date*

*Halbrook - Thymes*  
*Cobb Co.*

(FOR THOSE ALREADY ENROLLED.)

No. *521*

DISABLED  
SOLDIER'S PENSION  
1905.

Name *J. J. Halbrook*  
County *Cobb*  
Co. *D* Regiment *42*  
Disability  
Amount, \$ *50*  
1905.

JOHN W. LINDSEY,  
Commissioner of Pensions.

WARRANT HANDED TO  
*Aubrey*

Geo. W. Harrison, State Printer, Atlanta.

*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 *1877*; 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 *114*th Regiment of *Volunteers* *Stovall'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:

*Was mangled by oak branches by a shell exploding adjacent rendering unable to perform further*

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

Sworn to and subscribed before me, this the *7* day of *June*, 1904. *J. J. Walbrooks* Post-office *Frank*

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

STATE OF GEORGIA,

*Cobb* County.

I, *John W. H. H. H.* 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. *John W. H. H.* Ordinary *Cobb* County.



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

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

*Cobb* COUNTY.

Personally appears *J. 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 \_\_\_\_\_) during the war between the States, and served as a *private* in Company *D*, of *114*th Regiment of *Volunteers* *Stovall'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:

*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 *Frank*

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

STATE OF GEORGIA,

*Cobb* COUNTY.

I, *John W. H. H.* 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. *John W. H. H.* 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, J. J. Holbrook, hereby authorize  
John H. H. H. H. 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.]  
Mark

John H. H. H. H.  
 COURSE SECTION 1506  
 FOR THOSE ALREADY ENROLLED.

No. 271

DISABLED  
 SOLDIER'S PENSION  
 1906.

Name J. J. Holbrook  
 County Cobb  
 Co. 42<sup>nd</sup> Regt. Ga. Inf.  
 Disability discharge  
 Amount. \$ 50

1906.

JOHN W. LINDSEY,  
 Commissioner of Pensions.

WARRANT HANDED TO

THE PUBLIC PRINTING AND BOOK-BINDING CO., CHAS. W. HARRISON, MANAGER.

no date

Holbrook, Thomas J.  
Cobb Co.,

COURSE SECTION 1506  
 (FOR THOSE ALREADY ENROLLED)

No. 221

DISABLED  
 SOLDIER'S PENSION  
 1907.

Name J. J. Holbrook  
 County Cobb  
 Co. 42<sup>nd</sup> Regt.  
 Disability Discharge  
 Amount. \$ 50

JAN 21 1907.

JOHN W. LINDSEY,  
 Commissioner of Pensions.

WARRANT HANDED TO

THE PUBLIC PRINTING AND BOOK-BINDING CO., CHAS. W. HARRISON, MANAGER.

no date

POWER OF ATTORNEY.

STATE OF GEORGIA.

Cobb COUNTY. }  
 I, J. J. Holbrook, hereby authorize  
John H. H. H. H. 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

Mark

J. J. Holbrook [L. S.]  
Mark

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,

Cobb County.

Personally appears J. Halbrook 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 I, of 42th 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:

bully wound

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 1906.

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

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

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. Halbrook 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 I, of 42th 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:

Bully wound

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 \_\_\_\_\_ Dollars, for the year 1906.

Sworn to and subscribed before me, this \_\_\_\_\_ day of \_\_\_\_\_ 1907.

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

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

Ordinary \_\_\_\_\_ 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. 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 ...) 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 186... 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, 1906. I have heretofore, under said law, as a resident of Cobb County, been allowed an invalid pension of \$5 Dollars, for the year 1906.

Sworn to and subscribed before me, this the 1st day of July 1906. J. J. Holbrook, John Astley, 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, ... Ordinary of said County do certify that I am well acquainted with ... the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be, and that he resides in this County.

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

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 ...) 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 186... 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, 1907. I have heretofore, under said law, as a resident of Cobb County, been allowed an invalid pension of ... Dollars, for the year 1906.

Sworn to and subscribed before me, this the 15th day of July 1907. J. J. Holbrook, John Astley, 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, ... 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 ... day of ... 1907.

Ordinary ... County.

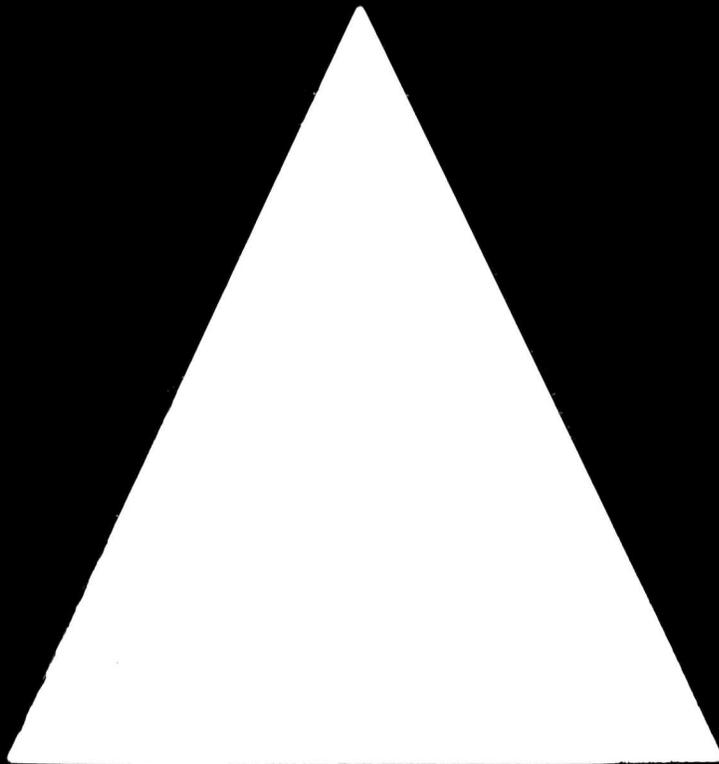
NOTE.—Fill all blanks and of Company and Regiment. NOTE.—All vouchers and affidavits must bear date after January 1st, 1907.

your  
name  
here

Ordinary \_\_\_\_\_ County.

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, 1906.



*Holcomb Elizabeth*  
*Cobb County*

No. 3827

**Widow's Pension,  
1897.**

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

RICHARD JOHNSON,  
*Commissioner of Pensions*

Warrant Issued,  
*4/13* 1897  
AND HANDED TO

*Wm Stone*  
*Ordg*

Geo. W. HARRISON, STATE PRINTER, ATLANTA

*3/29/97*

**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

\_\_\_\_\_

[L. S.]

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 \_\_\_\_\_

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 Holcomb, who being sworn according to law, says under  
oath that she is the widow of Sherrard Holcomb, who was a soldier in  
the service of the Confederate States, and served as a member of Company No  
64<sup>th</sup> 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 \_\_\_\_\_ 1866. That while in the  
Army, he was on the \_\_\_\_\_ day of Fall 1864. (See Note No. 1)

captured during the siege at  
Petersburg, Va. in the fall of 1864.  
and 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, 1860, 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 pen-  
sion provided by Act of the General Assembly of Georgia, approved December 23d, 1890, for the pen-  
sion 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 the  
16<sup>th</sup> day of Mich. 1897. } Elizabeth Holcomb  
M. Stone }  
Ordinary. POST OFFICE Anyrna Ga.

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 shown 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.

Holcomb's Eliz. Stone

No. 3827

Widow's Pension,  
1897.

PAID TO

Mrs. Elizabeth Holcomb

OF

County  
Widow of Sherrard Holcomb

RICHARD JOHNSON,  
Commissioner of Pensions.

Warrant Issued,

4/13

1897

AND HANDED TO

M. Stone

Ordinary.

32997

**Affidavit for Three Witnesses.**

Form No. 2.

STATE OF GEORGIA, } In person came before me, the undersigned Ordinary in  
COUNTY OF Cherokee } and for said County, witness S. 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 Holcomb know a resident of the County of Cobb State of Georgia, is the widow of Thomas W. Holcomb who was a soldier in Company 4 of the 69th Regiment of Georgia Volunteers. That said soldier enlisted in the service of the Confederate States (or the Georgia State Troops) on or about the 1st day of August 1862. That while in said service or by reason of said service in the Army, he died on the 1st day of August 1862, from the following causes: Witness said to witness address is that he was in the woods, was shot in the arm in the State of Georgia, that he was a Soldier in the 69th Regt

Witness W. W. Worley deposes and says that he was present when Thomas Holcomb was murdered in the service of Confederate States Co. 64th Regiment Ga. Vol. in or about 17th of August 1862. And to the best of my knowledge & belief he died in prison Albany 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 1st day of August 1862, 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, the 1st day of August 1897.  
S. W. W. Worley 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 Holcomb 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 witness, to-wit: J. A. 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 March 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, ~~was~~ <sup>is</sup> ~~her~~ <sup>her</sup> ~~husband~~ <sup>husband</sup> ~~being~~  
 Company H of the 64<sup>th</sup> Regiment of W. 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 \_\_\_\_\_ day of \_\_\_\_\_

18\_\_\_\_ 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 Almyred 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  
 intimate acquaintances with Elizabeth Holcombr ever since the war  
 We further swear that she became the wife of said soldier ~~and~~ <sup>before</sup> the war ~~depast~~

\_\_\_\_\_ 18\_\_\_\_, 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

26 day of March 1897.

J. R. Stone  
 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 *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 *20* 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 *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 *1st* day of *July* 1898.

*Elizabeth Holcomb*  
mk

Executed in presence of

*And come Elizabeth*  
*Cobb County*  
For Those Heretofore Paid.

1898.

NO. *3760*

WIDOW'S PENSION,

For year ending February 15th, 1898.

PAID TO  
*Elizabeth Holcomb*  
*Cobb*  
County,  
Widow of *Samuel Holcomb*

RICHARD JOHNSON,  
Commissioner of Pensions

WARRANT ISSUED

*July 8*  
AND HANDED TO  
*J. M. S.*

Geo. W. HARRISON, STATE PRINTER, ATLANTA.

ST

X  
C  
12X

*Holcomb, Elizabeth*  
*Cobb County*  
For Those Heretofore Paid.

1898.

NO. *3266*

WIDOW'S PENSION,

For year ending February 15th, 1898.

PAID TO  
*Elizabeth Holcomb*  
*Cobb*  
County  
Widow of *Samuel Holcomb*

RICHARD JOHNSON,  
Commissioner of Pensions

WARRANT ISSUED

*7/8*  
AND HANDED TO  
*J. M. S.*

Geo. 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 the 18th day of \_\_\_\_\_ 18\_\_ That she is the Widow of

Sherwood Holcomb who was a Soldier in Company \_\_\_\_\_ of the 64<sup>th</sup> 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 \_\_\_\_\_ 186\_\_ 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.*

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 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 July 1898.

Elizabeth E. Holcomb  
Post-Office Anyona Ga.

State of Georgia,  
Cobb County,

M. Stone  
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 \_\_\_\_\_ 18\_\_

Given under my official signature and seal this \_\_\_\_\_ day of July 1898.

Ordinary of Cobb County.

Official Seal.

# 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 \_\_\_\_\_ 18\_\_ That she is the Widow of

Sherwood Holcomb who was a soldier in Company \_\_\_\_\_ of the 64<sup>th</sup> 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 \_\_\_\_\_ 186\_\_ 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.)

*I 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.*

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 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 July 1899.

Elizabeth E. Holcomb  
Post-Office Anyona Ga.

State of Georgia,  
Cobb County,

J. W. Stone  
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 \_\_\_\_\_ 18\_\_

Given under my official signature and seal this \_\_\_\_\_ day of July 1899.

Official Seal.

Ordinary of Cobb County.

J. M. STONE,  
Ordinary & Judge Probate.

OFFICE OF ORDINARY,  
COBB COUNTY, GA.

Marion, 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  
Orey

J. M. STONE,  
Ordinary & Judge Probate.

OFFICE OF ORDINARY,  
COBB COUNTY, GA.

Marion, Ga. Mar 27 1897

Richard Johnson  
Pension Commission  
Atlanta, Ga.

Dear Sir: - I enclose  
to you the Application for Pen-  
sion of Mrs Elizabeth Colemb.  
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.

any other testimony that it is not containing, in and  
of the year 1863 and 1864, that  
within 20 miles and 20 miles only are all signs  
of this kind, and use of trust, with characters  
whose statements are entitled to full  
faith and credit  
witness my hand and Seal this 21st day

A. L. ...  
Clerk of the Court

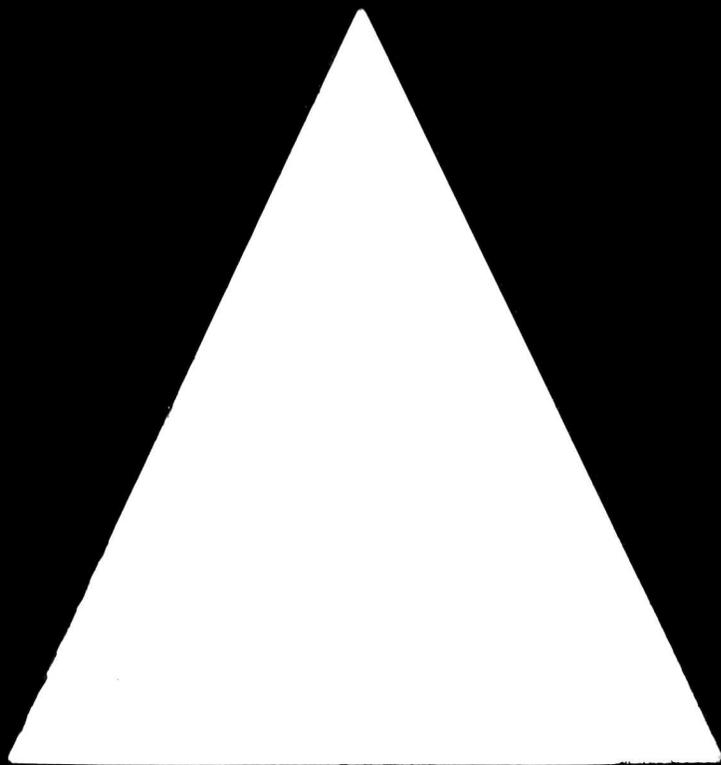
Georgia Cobb County  
The Person appears  
W. R. Lyon a resident of  
said County who on both  
days he is well acquainted  
with Elizabeth Holcomb the  
Applicant for Pension - that  
she is the widow of Sherwood  
Holcomb - that she was the  
wife of Sherwood Holcomb during  
the time he served in the  
Confederate Army and that  
she has not married since  
his death.

That the affiant knew the  
said Sherwood Holcomb during  
his lifetime before the war and  
up to the time he went into  
the Army - that the said  
Sherwood Holcomb went into the  
Army some time in 1863  
- that it was reported that he  
the said Holcomb was taken  
a prisoner and died in prison  
- that the said affiant knew that  
the said Holcomb never returned  
home after the war, nor has he  
ever been heard of since the  
war. The said W. R. Lyon

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 knows  
that the facts as he has  
stated them are correct.

M. R. Lyon

sworn to and  
subscribed before me  
this 27<sup>th</sup> day  
of March 1897.  
J. H. Stone  
Clerk.



Additional Testimony

2 Holland, J. H.  
Cobb Co.

INDIGENT PENSION  
1898.

Name J. H. Holland  
County Cobb

Approved \_\_\_\_\_ 1898.

RICHARD JOHNSON,  
Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

1/19/99  
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 3<sup>rd</sup> page  
of this form -

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

Rich. Johnson  
County Comm. Pensions

STATE OF GEORGIA,  
COBB COUNTY,  
POWER OF ATTORNEY.

I, James H. Holland, hereby authorize  
J. H. Holland at Langford, Georgia  
to receive and receipt for the pension allowed, and request that he remit same to Rich

Witness my hand and seal this 28<sup>th</sup> day of June 1898.

Executed in presence of  
Geo. W. Harrison by J. H. Holland  
(L.S.)

POWER OF ATTORNEY.

STATE OF GEORGIA.

Cobb COUNTY.

I, James H. Holland, hereby authorize  
D. H. DeLoe of Georgia and Mississippi  
to receive and receipt for the pension allowed and request that he remit same to  
at Waynesville by Hail  
Witness my hand and seal this 22 day of July 1898.  
Executed in presence of H. H. Holland (L.S.)

Pension file # 1148  
It must be proven for  
long a time applicant  
has been a resident of  
this state -  
- Witnesses to since must be  
certified as in the forms  
of this form -  
Applicant was sixteen in  
age but he may not over it  
He also says that he is  
incompetent from working  
at his home - the state  
owns the land of labor  
- He is calling Rich Johnson  
Cobb County

Additional Testimony  
H. H. Holland  
Cobb

INDIGENT PENSION

1898.

Name J. H. Holland  
County Cobb

Approved \_\_\_\_\_ 1898

RICHARD JOHNSON,  
Commissioner of Pensions.

WARRANT HANDED TO  
GEORGE W. WARRINGTON, STATE PRINTING, ATLANTA.

111939  
6/25/1898

Questions for Applicant.

STATE OF GEORGIA.

Cobb County.

J. Holland 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. H. Holland  
Waynesville Cobb County
2. How long and since when have you been a resident of this State? Twenty Years
3. When and where were you born? Waynesville Georgia in 1830
4. When and where and in what company and regiment did you enlist or serve? United States  
Army 1861
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 4000 years
7. When, where and under what circumstances were you discharged from service? at Danville Alabama where I was paroled  
1865 April
8. What is your present occupation? Nothing
9. How much can you earn (gross) per annum by your own exertions or labor? about ten dollars
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 ten years, had an attack of rheumatism  
at the time which was paralytic and so  
unable to work
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? Cobb County, nothing
16. How were you supported during the years 1896 and 1897? nothing
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? no

Sworn to and subscribed before me this the  
22 day of July, 1898, by J. H. Holland  
H. H. Holland Applicant.  
Rich Johnson Ordinary  
Cobb County.  
Resumed Jan 18<sup>th</sup> 1899  
Del. Johnson

Every Question MUST be Answered

QUESTIONS FOR WITNESS.

STATE OF Georgia

Cochran COUNTY.

G. C. Woods 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 he is 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 - New Kewashed Long
4. When, where and in what company and regiment did he enlist, and how do you know? The 1st Co. 28th Miss. Inf. in my company - B - 28th Miss. Inf.
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. Inf. in March 1861 & Remained in service until the Surrender being 4 years in service
7. What property, effects or income has the applicant? (Give your means of knowledge.) None - I have 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? Bricklayer 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? on account of 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? Rheumatism - infirmity and age.

16. What interest have you in the recovery of a pension by this applicant? None  
 Sworn to and subscribed before me, this } G. C. Woods Witness.  
 the 12 day of March 1898. }  
M. J. Deane Ordinary. W. H. Reed }  
Chauvin Clerk }  
Ordinary }  
to questions 7 to 15

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,

Cobb COUNTY.

Personally came before me Gilbert Sumner M.D. and M. J. 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 bricklayer and by reason of age and rheumatism severely crippled to a pension - this month he is that he is unable to labor at any

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 day of 12 March 1898. } Gilbert Sumner M.D.  
M. J. Pace M.D. Ordinary.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Cobb COUNTY.

I M. J. Deane 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 12th day of March 1898 and that the witnesses, viz: G. C. Woods and M. J. Pace

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

I further certify that the tax digests of Cobb County show that applicant returned for taxation in his name in 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 12 day of May 1898.

M. J. Deane Ordinary of Cobb County.

NOTE.

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

**POWER OF ATTORNEY.**

STATE OF GEORGIA,

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 \_\_\_\_\_

*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 HANDED TO

*J. H. Holland*  
JOHN W. LINDSEY, Same Printed Name

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

(For Those Already Enrolled.)

No. 642

**INDIGENT**

**SOLDIER'S PENSION.  
1901.**

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

WARRANT ISSUED

*Sept 17* 1901.

JOHN W. LINDSEY,  
Commissioner of Pensions

WARRANT HANDED TO

*J. H. Holland*  
JOHN W. LINDSEY, Same Printed Name

*No data*

**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 \_\_\_\_\_

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears J. N. 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 2<sup>nd</sup> day of May 1880; 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 28<sup>th</sup> 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 considered as a pensioner for the year 1890

Sworn to and subscribed before me, this, 16<sup>th</sup> day of January 1900, J. N. Holland Ordinary.

State of Georgia, Cobb County.

I, J. W. Stone Ordinary of said County, do certify that I am well acquainted with J. N. 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 16<sup>th</sup> day of January 1900, J. W. Stone Ordinary, Cobb County.



Note.—The blank spaces must be filled.  
Note.—An affidavit should not be attested before January 1st, 1900.

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears J. N. 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 2<sup>nd</sup> day of May 1880; 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 28<sup>th</sup> 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 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 17<sup>th</sup> day of January 1901, J. N. Holland Ordinary.

STATE OF GEORGIA, Cobb County.

I, John Astrey Ordinary of said County, do certify that I am well acquainted with J. N. 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 17<sup>th</sup> day of January 1901, John Astrey Ordinary, Cobb County.



Note.—The blank spaces must be filled.  
Note.—An 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 \_\_\_\_\_

*Holland, J. H.  
Cobb County*

3  
COPIES SECTION 154  
(FOR THOSE ALREADY ENROLLED.)

No. *456*

**INDIGENT  
SOLDIER'S PENSION  
1902.**

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

WARRANT ISSUED *1/14* 1902.

JOHN W. LINDSEY,  
Commissioner of Pensions.

WARRANT HANDED TO *only*

John W. Lindsey, 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 July 1850; that he is 72 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 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 16th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1902. I have heretofore as a resident of Cook county been allowed a pension for the year 1901.

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

STATE OF GEORGIA,

Cook County.

I, John Stewart 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 Stewart Ordinary. Cook County.



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

James  
Fuller

Examined of hand  
W. H. Slattery who  
I am with says he has  
known J. H. Hall and for  
many years - that he thinks  
that he has lived in the state  
of Georgia many years of his  
life - but upon call his life  
that he resided many years  
in Fuller County and now  
resides he is informed in  
Cobb County and has lived  
there now a short year - that if  
he ever had a home out-  
side of this state he never  
knew of it - and he  
said and W. H. Slattery  
sworn out of  
me this Dec 12 1898

P. W. Calhoun, A. P.

Fuller Co. Ga.

I am acquainted with above facts and  
they are true

A. P. Stewart  
J. P. Rice

State of Georgia in person  
Cobb County } Appears before  
The undersigned  
a Justice of the Peace in and  
for said County, J. H. Halland  
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 perform  
at any kind of labor and further  
states that - his widand sister has  
been supporting him since 1893  
Summit and Dubas Creek  
before me this Dec 5 1898

Geo. P. Whitfield J.P.

J. H. Halland  
Subst.

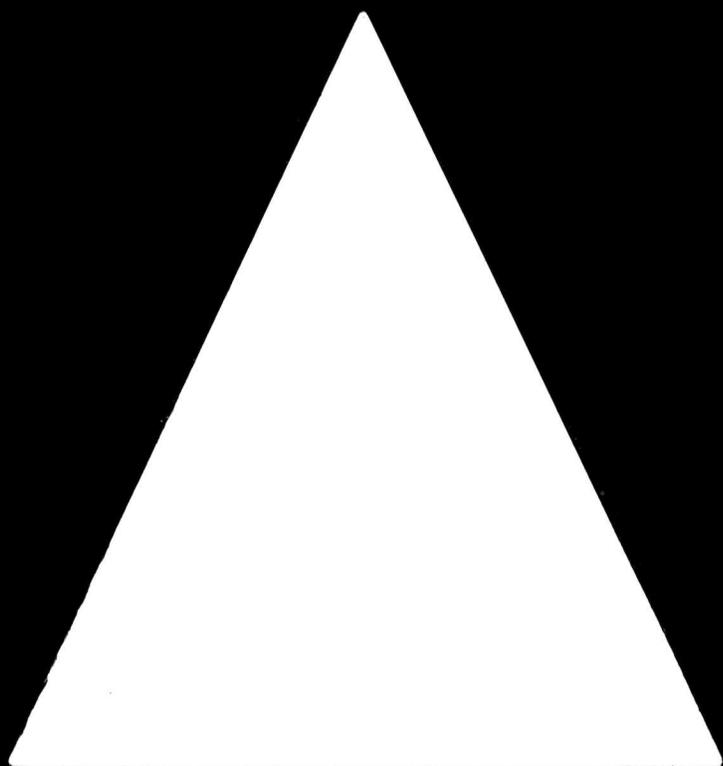
Georgia Cobb County  
Geo. P. Whitfield before  
Whom the above affidavit is  
made is a Justice of Peace in  
said County, duly Commissioned  
as such.

Dec 18/99

J. H. Stone  
Clerk.

10/10/49

221.



Hollenman, C.B.  
Cobb County

No. 1906

**INDIGENT PENSION**  
**1908.**

Name C. B. Hollenman

County Cobb

Co. 7th Ga. Cav + Co. of Phlegm

Approved 1908

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.

10/5/03 - 9/15/05

Pension Office, 7/30/04.

This man had as good a 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

**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 \_\_\_\_\_ 1908.

Witness my hand and seal, this \_\_\_\_\_ day of \_\_\_\_\_ 1908.

[L. S.]

Executed in the 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 \_\_\_\_\_ 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.

Holleman, C. B.  
Cobb County

NA C. B. Holleman

**INDIGENT PENSION**

**1903.** 1906

Name C. B. Holleman

County Cobb

Ca. 7th Ga. Cav. + Cobb Springs  
1st Lt. Proffers Command  
Approach 1905

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, C. B. Holleman 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, deposes and answers as follows:

1. What is your name and where do you reside? (give State, County and post-office)  
C. B. Holleman, Powder Springs, Cobb County, Ga
2. How long and since when have you been a resident of this State?  
45 years since 1858,
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 at Powder Springs, Ga. Forged home about January 1st 1865 could not get back and joined Co. 1st Ga. Heavy Art. in Proffers Command.
5. How long did you remain in such company and regiment?  
I remained in 7th Ga. Cav. about January 1st 1865, and with Proffers 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 be 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?  
Fanner -
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 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 land till about 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 - 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 - Other years I have made 2 years ago - Since then have done nothing at all.
18. What was your employment during 1898, 1899, 1901 and 1902? What pay did you receive in each year?  
None
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 small 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 class?  
None

Sworn to and subscribed before me this the 30 day of Sept 1903. C. B. Holleman Applicant.  
John Lindsey Ordinary,  
of Cobb County.

**QUESTIONS FOR WITNESS.**

STATE OF GEORGIA,

556 COUNTY.

Thos. J. Hardage

of said State and County, having been presented 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 the following questions, depose and answer as follows:

1. What is your name and where do you reside? Thos. J. Hardage, Powder Springs, Cobb County, Ga.
2. Are you acquainted with C. B. Holloman the applicant; if so, how long have you known him? Since at part of 1865.
3. 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.
4. When, where and in what company and regiment did he enlist, and how do you know? Co. 30th Infantry 1st, Buffords Command about January 1865, at Powder Springs, Ga.
5. Were you a member of the same company and regiment? Yes.
6. How long did he perform regular military duty? About 3 months in my Company.
7. When and where was his command surrendered? Kingston, Va. May 9th 1865.
8. Were you present when it surrendered? Yes.
9. Was applicant present? Yes.
10. 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 time - he were together -

11. What property, effects or income has the applicant? (Give your means of knowledge.) nothing that I know of - have lived close neighbor 38 years.
12. What property, effects or income did the applicant possess in 1899, 1907, 1899, 1899, 1900, 1901 and 1902, and what disposition, if any, did he make of same? He owned 20 acs of land until about 2 years ago - he sold it.
13. 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 of his wife.
14. What is the applicant's occupation and physical condition? Has no occupation - totally disabled by paralysis of right side.
15. Is the applicant unable to support himself by labor of any sort, if so, why? Yes, wholly unable, on account of paralysis.
16. How was he supported during the years 1898, 1899, 1900, 1901 and 1902? By farming - two years ago - since then by his son.
17. What portion of this support for these four years was derived from his own labor or income? None the last two years.
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 70 and totally disabled by paralysis.
19. Who composes family? What property have they? Children's age and their earning capacity? himself & wife - his wife has a small home - has no children at home.
20. 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, by Thos. J. Hardage Witness.

**AFFIDAVIT OF PHYSICIANS.**

STATE OF GEORGIA,

Cobb COUNTY.

COUNTY.

Personally came before me

W. M. Kemp, M.D.

W. M. Knight, M.D. and

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:

Paralysis, i.e. 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, Ordinary.

**ORDINARY'S CERTIFICATE.**

STATE OF GEORGIA,

Cobb 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 witness, viz.: Thos. J. Hardage and C. 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 affidavits was read to the applicant and witness before and by me signed.

I further certify that the tax digest of Cobb County show that applicant returned for taxation in his name in 1899 545 Dollars of property, and in 1901 535 Dollars of property, in 1902 245 Dollars of property.

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

Witness my hand and seal of office, this 30th day of Sept. 1903.

John Purdy 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.

# QUESTIONS FOR WITNESS.

STATE OF GEORGIA,

Cobb COUNTY.

E. W. Glover of said State and County, having been presented as a witness in support of the application of E. 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? E. W. Glover  
Wrensboro, Georgia
2. Are you acquainted with E. W. Holloman, the applicant; if so, how long have you known him? Yes since 1863
3. Where does he reside, and how long and since when has he been a resident of this State? Wrensboro, Ga. since 1863 for more than 40 years
4. When, where and in what company and regiment did he enlist, and how do you know? April 1863 Union Springs, 2d S. Va. Cavalry - 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 January
7. When and where was his command surrendered? in Unionville with his arm
8. Were you present when it surrendered? No
9. Was applicant present? Not with 700
10. If he was not present, where was he? Not known  
When did he leave his command? after Jan 1864 For what cause? cutting up  
By what authority he left? was given 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.)  
None known
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? Not known
13. Has he conveyed away any of his property in the last four years, if so, what was it, and to whom?  
None known
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 1896, 1897, 1898, 1899, 1900, 1901 and 1902?  
None known
17. What portion of his support for these four years was derived from his own labor or income?  
None known
18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code? is a blacksmith - paralyzed on right side
19. Who composes family? What property have they? Children's age and their earning capacity?  
None - None known - none with him
20. What interest have you in the recovery of a pension by this applicant? None

Sworn to and subscribed before me, this the  
28th day of Sept, 1903.

John A. Harty Ordinary.

E. W. Holloman Witness.

POWER OF ATTORNEY.

STATE OF GEORGIA.

Cobb COUNTY.

I, C. 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 8<sup>th</sup> day of January 1906.

C. B. Holliman [I. S.]

Executed in the presence of

J. M. Gamm

COMMISSIONER OF PENSIONS  
 FOR THOSE ALREADY ENROLLED.

No. 678

INDIGENT  
 SOLDIER'S PENSION  
 1906.

Name C. B. Holliman  
 County Cobb  
 Co. 8<sup>th</sup> Regt. Cavalry

WARRANT ISSUED  
14<sup>th</sup> 1906.

JOHN W. LINDSEY,  
 Commissioner of Pensions.

WARRANT HANDED TO

Grady

THE FUGITIVE PROVISIONS OF THIS ACT DO NOT APPLY TO THIS WARRANT.

*no date*

Holliman, C. B. Sr  
Cobb Co.,

COMMISSIONER OF PENSIONS  
 (FOR THOSE ALREADY ENROLLED)

No. 609

INDIGENT  
 SOLDIER'S PENSION  
 1907.

Name C. B. Holliman  
 County Cobb  
 Co. 8<sup>th</sup> Regt. Cavalry

WARRANT ISSUED  
14<sup>th</sup> 1907.

JOHN W. LINDSEY,  
 Commissioner of Pensions.

WARRANT HANDED TO

THE FUGITIVE PROVISIONS OF THIS ACT DO NOT APPLY TO THIS WARRANT.

*no date*

POWER OF ATTORNEY.

STATE OF GEORGIA.

Cobb COUNTY.

I, C. 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 14<sup>th</sup> day of Jan 1907.

C. B. Holliman Sr [I. S.]

Executed in presence of

J. M. Gamm

# 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 Command; that his physical condition is as follows:

Disastered, 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 the 8 day of Jan 1906. C. B. Holloman Ordinary.

State of Georgia,

Cobb County.

I, John D. Whitney 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. John D. Whitney 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 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 \_\_\_ County, been allowed a pension for the year 1906.

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

State of Georgia,

Cobb County.

I, John D. Whitney 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. John D. Whitney Ordinary Cobb County.



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

Georgia Cobb County

So to name it may concern.

This is to certify that I know  
of the one mentioned that the  
11th Regt that Mr. C. B. Holloman  
was in and passed laws 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. C. B. Holloman Oct 18 1905  
as to the reason that he was not  
with the 7th 90th Regt, that he  
first joined when he intended  
to serve in the 1st Regt. He stated to me  
that he could under the present  
condition of his mind. That he  
wanted to go to see his family  
which was then in South Va.  
and having <sup>the</sup> horse he got an  
order from the office to prolong his  
furlough so he could go to Boston  
Va. when his furlough there  
would be to get one, and in the  
mean time the Federal army  
had got back between him and

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

A. A. Brown

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

A. A. Martin A. P. T., P.

Georgia  
Dade County

Amended  
Sept. 15th 1905.

I, John Herbert 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 Herbert Ordway,  
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  
sold his house and  
applied the entire proceeds  
of same towards paying  
doctors bill due me  
J. D. Middlebrooks, M. D.

He personally appeared before  
me A. H. Florence a Justice of Peace,  
J. D. Middlebrooks was in his  
presence and he at the above stated  
point in time and date as above  
before me this 15th day of Sept. 1905

A. H. Florence J.P.

...proving  
Closson's bill due me  
of to Middlebrook's. M. S.  
...appeared before  
me A. Florence & Justice of Peace,  
J. O. Middlebrook was acting duly  
... say that at the above State  
... in ...  
before me this 18 day of Oct. 1905  
A. Florence J.P.

Georgia,  
Cobb County } I, John Justice, Justice of  
said County, certify that H. W.  
Florence and J. A. 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. Holleman 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. 20<sup>th</sup>, 1905. John Justice, J.P.

### Ordinary's Certificate.

STATE OF GEORGIA, Coos COUNTY.

I, John Rustey Ordinary in and for said County, hereby certify that the applicant, \_\_\_\_\_ resides in said County,

and has been a bona fide resident of Coos State since the \_\_\_\_\_ day of \_\_\_\_\_ 1905, and that my witnesses, W. Lawrence and J. D. Maddox 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.

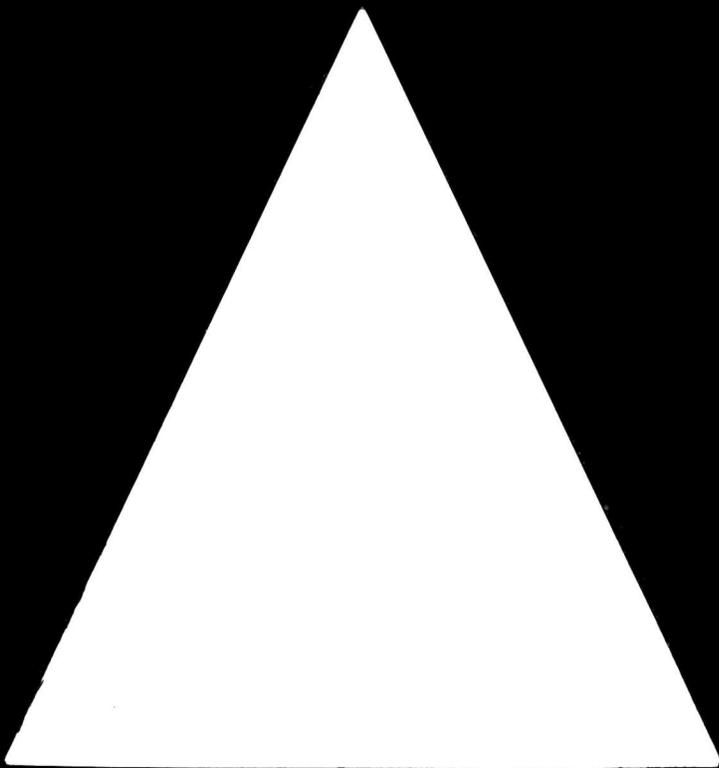
I further certify that the tax digest of \_\_\_\_\_ County shows that applicant returned for taxation in \_\_\_\_\_ own name in 1905 \_\_\_\_\_ dollars worth of property, and in 1904 and 1903 \_\_\_\_\_ dollars worth of property.

Witness my hand and official seal this \_\_\_\_\_ day of \_\_\_\_\_ 1905.

[SEAL]

20th day of Sept. 1905.  
John Rustey Ordinary,  
Coos County.

(over)



Pension office  
7/8-1909

Applicant is in  
the possession  
of a certain amount  
of property of a  
certain value  
which is not  
subject to  
attachment  
and application  
of the  
Court of Equity

Holloman, (Mrs) C. B.  
Cobb County

Disapproved 7/8/09  
ACT 1907, 78, 1907

No.

### WIDOW'S PENSION,

190

to Mrs. Holloman

County of Cobb

Widow of C. B. Holloman

Warrant issued 1909

and handed to 1

J. W. LINDSEY,

Commissioner of Pensions.

140, W. Harrison, State Printer, Atlanta.

4/10-1909

### POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY, }

I,

herby 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

[SEAL]

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 \_\_\_\_\_ 190 \_\_\_\_\_

Executed in presence of \_\_\_\_\_

[SEAL]

**WIDOW'S AFFIDAVIT.**

STATE OF GEORGIA,

Personally came Mrs. C. B. Hollerman

COUNTY OF Cobb \_\_\_\_\_ who says on oath she is the

widow of C. B. Hollerman to whom, in the County of

Cobb 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. 1903, at which time he died, and that she has not since married.

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

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

a pension of \$60.00 per annum on account of being a soldier in Company

74 Regiment, Pa. Volunteers or State Co. 260, 2

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

rhumatism and kidney trouble and am he 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 -

the 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 and for \$250 to pay debt. The balance

is owed to my lawyer and he owes all gone for

support. My husband was paralyzed 7 years & helpless.

Deponent further says that she is now a resident of Cobb 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

J. M. Gamm only Case County

Ordinary of \_\_\_\_\_ County.

Mrs. C. B. Hollerman

Ordinary of \_\_\_\_\_ County.

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

Hollerman, Mrs. C. B.  
Cobb County  
March 18, 1909

No. \_\_\_\_\_

**WIDOW'S PENSION,**

190 \_\_\_\_\_

County of Cobb

Widow of C. B. Hollerman

Warrent issued \_\_\_\_\_ 190 \_\_\_\_\_

\_\_\_\_\_

J. W. LINDSEY,  
Comptroller of Pensions.

186, W. Harrison, State Printer, Atlanta.

4/10-1909

Pension office  
7/8-1909

affidavit is in  
the way of pension  
of a soldier's widow  
cannot get off  
debt against name  
of Hollerman - to  
be settled in equity  
cannot apply  
to W. Lindsey  
Comptroller

### AFFIDAVIT FOR THREE WITNESSES.

STATE OF GEORGIA, } Personally came J. S. Miller,  
COUNTY OF W. T. C. Appling } Wm. S. Mc Miller and  
W. T. C. 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 1863, 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, 1907? a small piece of farm  
land

What has she in her possession, and control now? 60 acres farm land - It is deeded  
to money lender, and nothing will be left when the same is  
paid  
How was she supported in 1900 and 1907? Her husband's pension has been main  
support for several years. Her married son has also helped her  
25-27. Her husband was paraplegic and bedridden for 7 years  
before his death, and very thing had gone, and she is left  
without a support J. S. Miller

I have no personal interest in the pension asked for  
J. S. Miller  
J. S. Appling  
Sworn to and subscribed before me, this 20 day of May 1907

J. M. Gamm  
Ordinary Cobb County, Georgia.

### PHYSICIANS' AFFIDAVIT.

STATE OF GEORGIA, } Personally came before me  
COUNTY OF Cobb } J. D. Middlebrooks M.D.  
and J. H. 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.

H. L. Allen M.D.  
J. D. Middlebrooks M.D.  
Sworn to and subscribed before me, this 20 day of May 1907  
J. M. Gamm  
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 with her life 18, and has not  
lived out of the State since that date. I also certify that the witnesses, to-wit: J. S. Miller  
and J. S. 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 the 20  
day of June 1907.  
J. M. Gamm  
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.

Pension Office, 12/14/10.

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.

J. F. Lindsey, Com. of Pensions.

WIDOW'S AFFIDAVIT.

STATE OF GEORGIA.

Cobb County.

Personally before me comes Mrs E. B. Holloman of said County, who, after being duly sworn, on oath says, that she is the widow of E. B. Holloman to whom in the County of Cobb State of GA she was married on the 2 day of December 1884 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 E. B. Holloman 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)

<u>20</u> Acres land	\$	<u>1000.00</u>
Horses and Mules	\$	
Hogs, Cows, etc	\$	
Total Cash value of all property	\$	<u>        </u>

That she is now a bonafide resident citizen of said County of Cobb and she has so continuously resided since Jan 60 year          day of          19        

Sworn          and subscribed before me, this the 7 day of Sept 1910. J. M. Lawrence Ordinary. Cobb County.

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

STATE OF GEORGIA.

Cobb County.

Personally before me come J. C. Florence & W. Calaway 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 E. B. Holloman who made the foregoing affidavit, is the lawful widow of E. 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 E. B. Holloman was the          same man who was on the pension roll of said State from Cobb County          when he died.

Sworn          and subscribed before me, this the 7 day of Sept 1910. J. M. Lawrence Ordinary. J. C. Florence W. Calaway of Cobb County.

Widow's Application

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

Name Mrs E. B. Holloman  
County Cobb  
Widow of E. B. Holloman

Approved

J. W. LINDSEY  
Commissioner of Pensions

DATE OF SWORN STATE PRINTING ALBANY

6/24/11  
9/20-1911

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. B. Hallman & Calman* 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*7* 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

*Sept* day of *Sept* 1910  
*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. 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

That I also know *D. J. Miller* witness as to marriage and I also know *E. B. Hallman & Calman* 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 \$ *0.25* for 1909 \$ *3.25* for 1910 \$ *2.75*

Sworn under my hand and official seal of office this *10* day of *Oct* 1910  
(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 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 *Mrs. E. B. Miller* that they were married December 2nd 1860 that they live 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 & sealed  
*D. J. Miller*  
*John D. Forester*  
this 9<sup>th</sup> day of *Sept* 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? \_\_\_\_\_ Were they divorced? \_\_\_\_\_
  9. When, where and in what Company and Regiment did \_\_\_\_\_ enlist? \_\_\_\_\_
  10. Were you a member of the same Company? \_\_\_\_\_
  11. How long within your personal knowledge did he perform actual military service with his Company and Regiment? \_\_\_\_\_
  12. When and where did his Command surrender, and was discharged? \_\_\_\_\_
  13. 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 \_\_\_\_\_ County.

**AFFIDAVIT OF TWO FREEHOLDERS.**

STATE OF GEORGIA,

*Cobb*

County,

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

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

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 *7.5* \$ *800.00*  
*This land lies in the South West Corner of Cobb County, the nearest town being 4 1/2 miles West of their land in gray spots, and some of it is sufficient land to grow corn and this being put land on place but little of it is cultivated and our lot of it is covered with oak & hickory*  
 Total Value of all property and effects \_\_\_\_\_ \$ *800.00*

Sworn and subscribed before me this the \_\_\_\_\_ day of *May* 19\_\_\_\_ 19\_\_\_\_  
*J. M. Law* Ordinary. *Ed Stansell*  
 of *Cobb* County.

**ORDINARY'S CERTIFICATE.**

STATE OF GEORGIA,

*Cobb*

County,

I, *J. M. Law* 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 & Ed 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 all 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 *19th* day of *May* 19\_\_\_\_  
 (SEAL) *J. M. Law* Ordinary. *Cobb* County.  
 (SEAL)

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

.....Ordinary.  
of.....County.

..... 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.

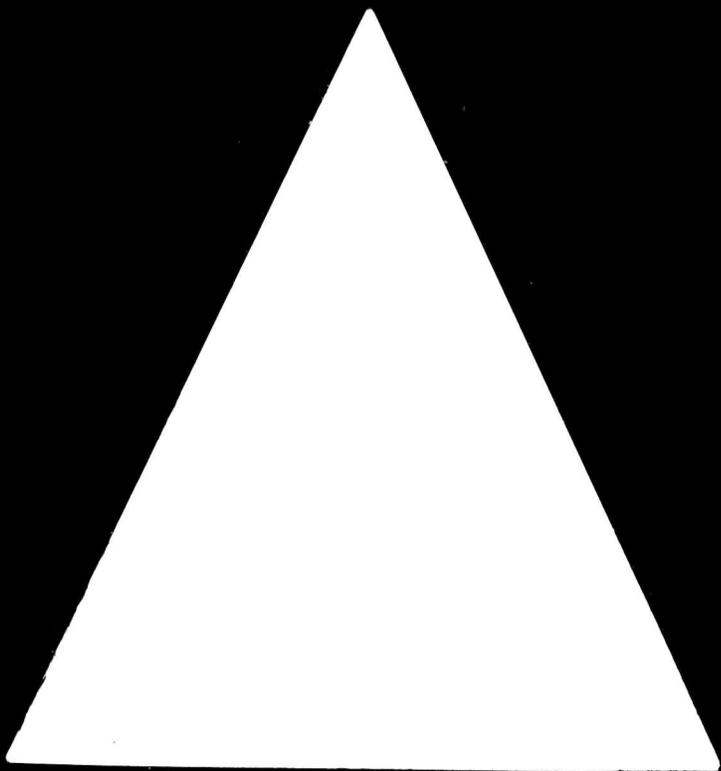
DR. J. D. MIDDLEBROOKS,  
POWDER SPRING, GA.

Mar. 8, 1909,

Hon. J. W. Lindsey,  
Com. Pensions.

Dear Sir:-

I have known the applicant  
Mrs. C. B. Holloman for 25 yrs.  
She is nearly in dependant  
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 W A Hallifield of said County, who, after being duly sworn, on oath says, that she is the widow of W A Coleman 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 Subject Pension Roll of the State and paid a pension of \$70.00 in Cobb County for 1914 per annum, on account of being a soldier in Company \_\_\_\_\_ Regiment \_\_\_\_\_ (Volunteers of State Militia.)

At the death of W A Coleman he was in the use and possession of the following property one small house & lot on Roswell of the cash value of \$200.00 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 \_\_\_\_\_ day of 1866 19\_\_\_\_

Sworn to and subscribed before me, this the \_\_\_\_\_ 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 W A Hallifield who made the foregoing affidavit, is the lawful widow of W A Coleman who died in 1916 County in said State of \_\_\_\_\_ on \_\_\_\_\_ day of Dec 1916 and that she has not since remarried. That she became the wife of W A Coleman on \_\_\_\_\_ day of Mar 1916 and that she and he had resided together as man and wife continuously since \_\_\_\_\_ day of \_\_\_\_\_ 18\_\_\_\_ and that W A Coleman 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 \_\_\_\_\_ day of Oct 1917 E J Coleman Ordinary, of Cobb County.

*Handwritten notes:*  
 Received from \_\_\_\_\_  
 1916-1917  
 The pension roll  
 Clerk of the Court  
 County of Cobb  
 Received from \_\_\_\_\_  
 March 18 1917  
 Mrs W A Hallifield  
 Clerk of the Court  
 County of Cobb  
 Received from \_\_\_\_\_  
 March 18 1917  
 Mrs W A Hallifield  
 Clerk of the Court  
 County of Cobb

*Handwritten notes:*  
 Received from \_\_\_\_\_  
 1916-1917  
 No. \_\_\_\_\_  
 Clerk of the Court  
 County of Cobb

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.

Mrs W A Hallifield

Widow of.

W A Hallifield

Compared.

Approved.

J. W. LINDSEY

Commissioner of Prisons

CLARK F. BRID, BRIDGE STREET, ATLANTA

**AFFIDAVITS OF TWO FREEHOLDERS.**

STATE OF GEORGIA,

Cobb County.

Personally before me comes E. G. Coleman who after being sworn on oath says, that they are freeholders of said County, and that they know Mrs. H. A. Ballfield of said County and knew her said husband H. A. Ballfield at his death on the day of Dec 1916 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 1917 | E. G. Coleman  
J. M. Lane Ordinary,  
of Cobb County.

**ORDINARY'S CERTIFICATE.**

STATE OF GEORGIA,

Cobb County.

I, J. M. Lane Ordinary of said County, do certify, that, I know Mrs. H. A. 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 25 years to My Grandfather

That I also know E. G. Coleman witness as to marriage and I also know J. M. Lane 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 no returned property to the amount of no for 1908 \$400 for 1909 \$400 for 1910 \$400

Sworn under my hand and official seal of office this 3 day of Oct 1917.  
(SEAL) J. M. Lane Ordinary,  
Cobb County.

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

MARRIAGE LICENSE

AND

Issued 191  
and recorded on page  
Book of Marriage Licenses.  
Ordinary

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

MARRIAGE LICENSE

OF

AND

191

Issued  
and recorded on page

Book of Marriage Licenses.

Ordinary

THIS MUST BE COPIED FROM THE ORIGINAL

of the value of \$400.00

Sworn to and subscribed before me, this the

3 day of Oct 1917

J.M. Gamm Ordinary

of Cobb County.

6. J. Gamm  
J. Gamm

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Cobb County.

I, J.M. Gamm Ordinary of said County, do certify, that, I know Mrs. H.A. Phillips 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 28 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.

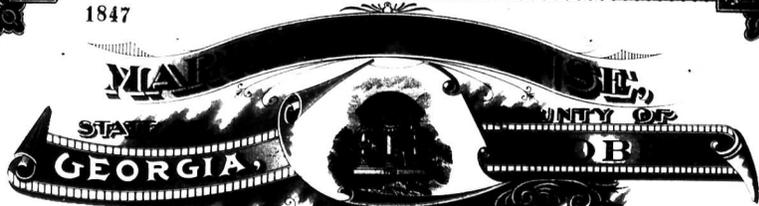
That the tax Books of \_\_\_\_\_ County shows that \_\_\_\_\_ returned property to the amount of \_\_\_\_\_ for 1908 \$400.00 for 1909 \$400.00 for 1910 \$400.00

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

(SEAL.) J.M. Gamm Ordinary of 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



GEORGIA

COUNTY OF

COB

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

You are hereby authorized to join  
 Harrison Phillips and Harriet Dalton  
 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.

Given under my hand and seal this 19<sup>th</sup> day of  
 May 1871

E. J. Shepard (S.S.)  
 Ordinary

STATE OF GEORGIA

CERTIFICATE

COBB COUNTY

I Certify that Harrison Phillips and Harriet Dalton  
 were joined in Matrimony by me this 20<sup>th</sup> day of May 1871 Nineteen Hundred  
 and

Recorded by me on 20<sup>th</sup> May 1871  
 E. J. Shepard Ordinary

J. W. Alexander

ORDINARY'S CERTIFICATE

STATE OF GEORGIA

Cobb COUNTY }

I, J. M. 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 15 day of Oct 1919

That I also know E. Calaman 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) J. M. 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 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.

SW. B. ROBERTS  
 Hallyfield, M. A.  
 J. M. Gunn  
 No. Cobb

**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 18<sup>th</sup> Co. Infantry  
 Approved \_\_\_\_\_

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

10-30-1919

1921

1921

**MARRIAGE LICENSE**

STATE OF GEORGIA  
COUNTY OF COBB

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

*Harmon Hallifield*  
and *Marine Redburn*

*You are hereby authorized to join in the Marriage of the above-named persons 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.*

*Witness my hand and seal this 13th day of March 1921*

STATE OF GEORGIA

CERTIFICATE  
COBB COUNTY

*I certify that Harmon Hallifield and Marine Redburn were lawfully married in conformity with the Laws of this State on the 13th day of March 1921*

*Witness my hand and seal this 13th day of March 1921*

*J. J. Alexander, J. P.*

## 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 *M. 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* 1926 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 1917, per annum, on account of being a soldier in Company *E 18th* 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 50 years* day of \_\_\_\_\_ 19\_\_

Sworn to and subscribed before me, this the

*13* day of *October* 19*21*

*J. M. Gamie*  
Ordinary  
of *Cobb* County

Ordinary

*Mrs M. A. Hallifield*  
widow

(SEAL)

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 *M. A. Hallifield* who died in *Cobb* County in said State of *Ga.* on \_\_\_\_\_ day of *Dec* 19*26* and that she has not since remarried. That she became the wife of *M. 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* 19*21*

*J. M. Gamie*  
Ordinary  
of *Cobb* County

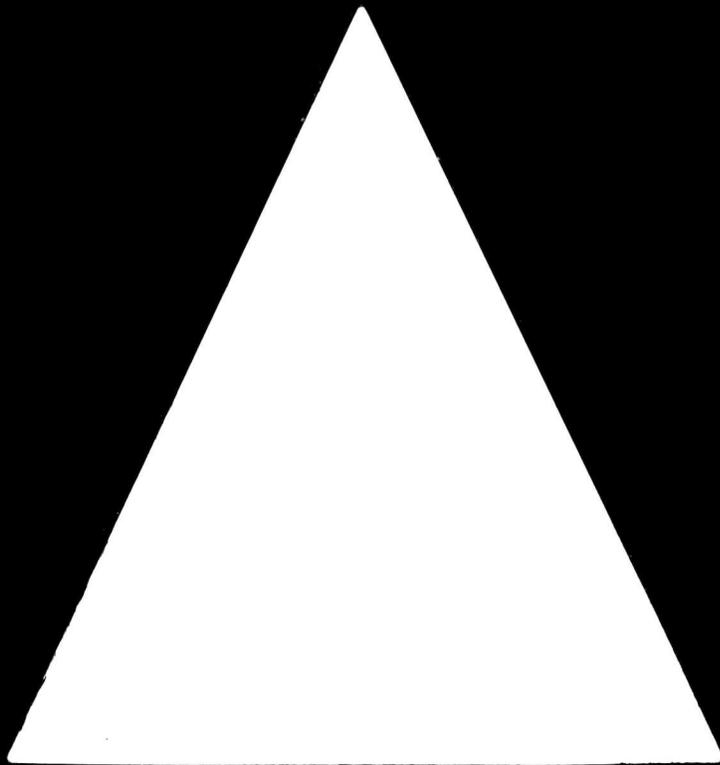
Ordinary

*E. J. Coleman*  
witness

(SEAL)

(or ..... County )

(SEAL)



*Col. County*  
*W. H. Halliford*  
No. \_\_\_\_\_

# INDIGENT PENSION.

1905  
*906*

Name *W. H. Halliford*

County *DeKalb*

Co. *E - 1174* Regt.

Approved \_\_\_\_\_ 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, Ga.

*9/30/05*

## STATE OF GEORGIA, COUNTY } POWER OF ATTORNEY.

\_\_\_\_\_ of \_\_\_\_\_ hereby authentic

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

at \_\_\_\_\_ by \_\_\_\_\_

Witness my hand and seal, this \_\_\_\_\_ day of \_\_\_\_\_ 1905.

[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 \_\_\_\_\_ 190\_\_\_\_\_

[L. 8.]

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 1264, 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? *W. H. Hollifield, Cobb County, Roswell 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? *in the fall of 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 28<sup>th</sup> Was Surrendered in S.C. and Paroled at Aquia 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 closed and was paroled and because of the U.S. Orders*
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, which able to work*
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"? *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? *infirmary of the liver, I have bin afflicted for 20 years and not bin able to work the last 10 years or ten 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 of*
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 who works in the cotton mill*
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 have 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, 12, 11 & old grand grandest son have no home stand 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*

Every Question MUST Be Answered.

Subscribed and sworn to before me this the \_\_\_\_\_ day of \_\_\_\_\_ 190\_\_\_\_\_.  
*W. H. Hollifield*  
 Applicant.  
 \_\_\_\_\_  
 Ordinary,  
 of \_\_\_\_\_ County.

Indigent Pension

**INDIGENT PENSION.**

1906. 9 06

Name, *W. H. Hollifield*

County, *Cobb*

Co. *B - 11th* Regt. *190*

Approved, \_\_\_\_\_

JOHN W. LINDSEY,  
 Commissioner of Pensions.

ARRANT 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

**QUESTIONS FOR WITNESS.**

STATE OF GEORGIA,

*Spauldine* COUNTY.

*John C. Berquand*, of said State and County, having been presented as a witness in support of the application of *John H. Hallifield* 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 C. Berquand, Camp Hill, Ga.*
  2. Are you acquainted with *John 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 been 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 Co. 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 taken sick with Measles, and was left in the hands of the British, which I quit three weeks. No. 10 was surrendered.*
  8. Were you present when it surrendered? *Dont know.*
  9. Was applicant present? *Dont know.*
  10. If he was not present, where was he? *He was with the Company when I was taken sick.*
- 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 resigned 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 1896, 1897, 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 *22<sup>nd</sup>* day of *July*, 190*5*.  
*J. C. Berquand* Ordinary.

*J. C. Ferguson* Witness.

**AFFIDAVIT OF PHYSICIANS.**

STATE OF GEORGIA,

*Cobb* County.  
 Personally appeared before me *W. B. Thomson* and *J. H. Mur*, both known to me as reputable physicians

of said County, who, being severally sworn, say on oath that they have examined carefully *John 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. B. Hallifield is suffering from Chronic Phthisis and Chronic Catarrhs of the heart often has palpitation of the heart that disabled him from doing any kind of work. This is also quite infirm from age.*

and that we have no interest in said pension being allowed.  
 Sworn to and subscribed before me, this the *18<sup>th</sup>* day of *November*, 190*5*.  
*J. H. Mur* Ordinary.

**ORDINARY'S CERTIFICATE.**

STATE OF GEORGIA,

*Cobb* County.  
 I, *John H. Mur* Ordinary, in and for said County, hereby certify that the applicant *John H. Hallifield* resides in said County, and has been a bona fide resident of this State since the *21<sup>st</sup>* day of *January*, 189*4* and that the witnesses, viz.: *W. B. Thomson*

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 shows that applicant returned for taxation in his name in *1902* *10* Dollars of property, and in *1903* *10* Dollars of property; in *1904* *10* Dollars of property.  
 In my opinion the foregoing claim is *made in good faith.*  
 Witness my hand and seal of office, this *22<sup>nd</sup>* day of *July*, 190*5*.  
*John 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 four day of January 1907. W. H. Hollifield [L. S.]

Executed in presence of A. E. Sherman

Hollifield, W. H.  
Cobb  
FORM NO. 134  
CLASS SECTION 134  
(FOR THOSE ALREADY ENROLLED.)  
No. 621  
INDIGENT  
SOLDIER'S PENSION  
1906.  
Name W. H. Hollifield  
County Cobb  
Co. E Regiment 11  
WARRANT ISSUED  
1/2 1906.  
JOHN W. LINDSEY,  
Commissioner of Pensions.  
WARRANT HANDED TO  
Hembre  
FOR APPLICANTS HERETOFORE ATTOWED PENSIONS

no date

Hollifield, W. H.  
Cobb  
FORM NO. 134  
CLASS SECTION 134  
(FOR THOSE ALREADY ENROLLED.)  
No. 644  
INDIGENT  
SOLDIER'S PENSION  
1907.  
Name W. H. Hollifield  
County Cobb  
Co. E Regiment 11  
WARRANT ISSUED  
1/2 1907.  
JOHN W. LINDSEY,  
Commissioner of Pensions.  
WARRANT HANDED TO  
Hembre  
FOR APPLICANTS HERETOFORE ATTOWED PENSIONS

no date



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  
sect 1254 code and after being duly sworn  
has answers to make to the questions  
set forth in said application deposes  
and answers as follows

1<sup>st</sup> question  
he answers

J W Thompson Cobb County Ga

2<sup>nd</sup> question  
he answers

yes have known him 34 years

3<sup>rd</sup> question

Reswell Cobb County Ga was since I know  
him

11 question  
he answers

has no property & 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

18 question  
he answers

he has not

14 question

he seems to be Surfin from Live  
complaint or indeposition

15 question

he is not by reason of age and disability

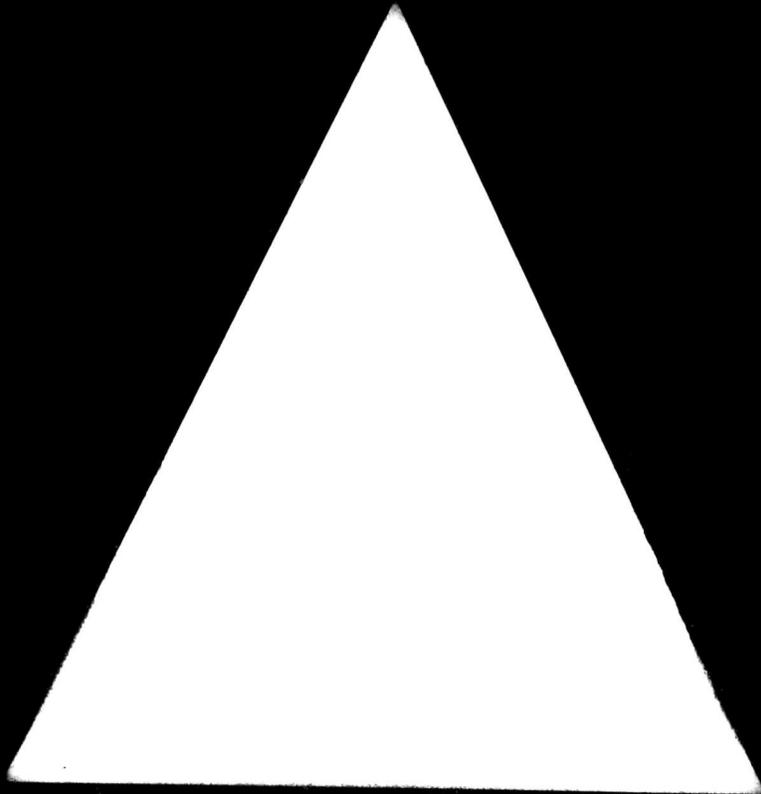
16 question

by his children who work in  
the cotton mills over

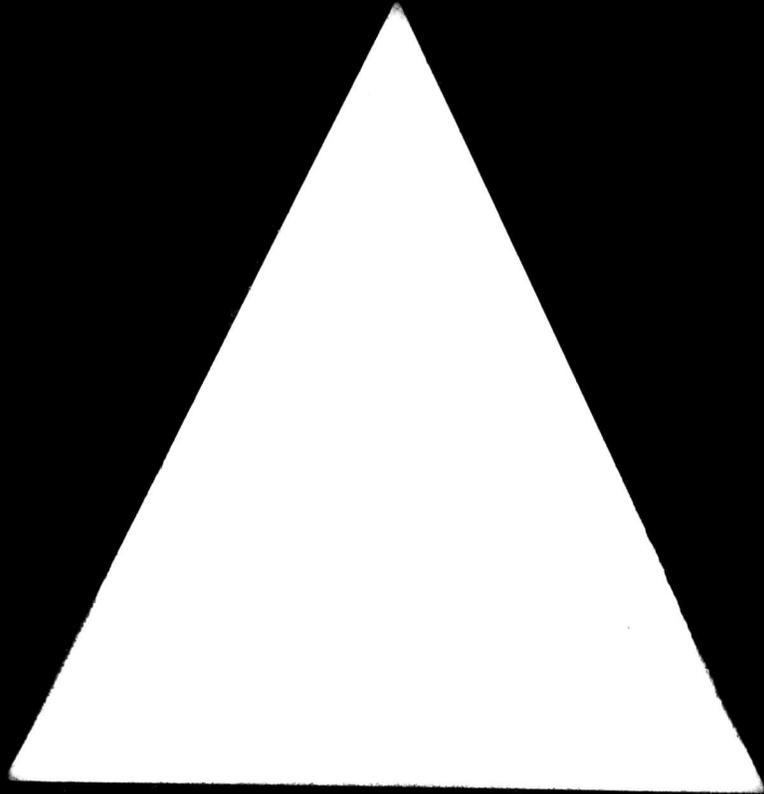
17<sup>th</sup> Question I do not know but I should think  
 he Answers very Little as I know that a man  
 in his fix can not do much  
 18<sup>th</sup> Question he is feeble and has no means of  
 he Answers Support  
 19<sup>th</sup> Question Wife and three children they have no property  
 he Answers 3 children underage they earn sixty cts  
 per day  
 20<sup>th</sup> Question now what ever  
 he Answers

Sworn to and Subscribed }  
 before me this 29<sup>th</sup> day of Sept. 1214 }  
 John Hurley }  
 Deafay }

**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
GCP-93

Number
2886139-2886139-93

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

*[Signature]*  
Operator

15 X V

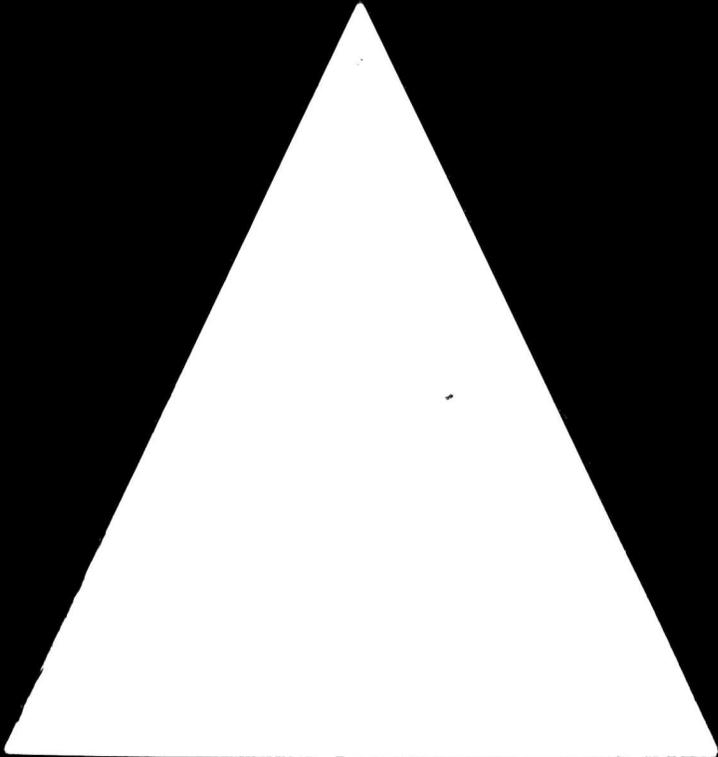
1107

**MANN FILM LABORATORIES**

DATE

--

County of \_\_\_\_\_ County.  
NOTE—All blanks must be filled.  
Vouchers and Affidavits must bear date after January 2nd, 1906.



*Lunter, J. A.*  
*Cobb Co*

C.K. No. \_\_\_\_\_

**INDIGENT PENSION,**

**1900.**  
*1901*

Name *J. A. Lunter*  
*Co Z. 56 - Ga*  
County *Cobb*

Approved \_\_\_\_\_ 1900.

JOHN W. LINDSEY,  
*Commissioner of Pensions.*

WARRANT HANDED TO \_\_\_\_\_

Geo. W. Harrison, State Printer, Atlanta.

*7/12-1901*

STATE OF GEORGIA,

Power of Attorney.

County. }

I, \_\_\_\_\_ hereby authorize

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

at \_\_\_\_\_ day of \_\_\_\_\_ 1900.

Witness my hand and seal, this \_\_\_\_\_ day of \_\_\_\_\_ 1900. [L. 6.]

Executed in presence of \_\_\_\_\_

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 \_\_\_\_\_ 1900.

Executed in presence of

*Recd. by J. A. Cobb Co.*  
C.K. No. \_\_\_\_\_

INDIGENT PENSION,

1900.  
1907

Name of Applicant  
*John W. Lindsey*  
County  
*Cobb*

Approved \_\_\_\_\_ 1900.

JOHN W. LINDSEY,  
Commissioner of Pensions.

WARRANT HANDLED TO

Geo. W. Harrison, State Printer, Atlanta.

1907-1907

Questions for Applicant.

STATE OF GEORGIA,

*Cobb* County.

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

1. What is your name and where do you reside? (give State, County and post office)  
*J. A. Lindsey, Russell Cobb Co. Ga. Post Office, Russell Ga.*
2. How long and since when have you been a resident of this State? *Since 1858*  
*Forty Three years*
3. When and where were you born? *In Savannah, S. C. Dec 19<sup>th</sup> 1831*
4. When and where and in what company and regiment did you enlist or serve? *At Russell Cobb Co. Ga. in Co. F 24<sup>th</sup> Inf. Regiment on 18<sup>th</sup> May 1862*
5. How long did you remain in such company and regiment? *Over two years until I was captured in 1864 just after the battle of Petersburg at or near Fort Fisher in*
6. When and where was your company and regiment surrendered and discharged? *My command was surrendered & discharged at Greensboro N. C. at December 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 by the enemy & taken to a hospital May 14<sup>th</sup> 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*
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"? *Second, infirmity 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? *Some years ago I lost a severe injury destroying 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 inability*
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, 1897, 1898 and 1899? *and what disposition, if any, by sale or gift, have you made of same? *During those years I owned some land and that year returned in all the hundred acres but for several years past I have had no land since then and the property I had my debt leaving me with no land**
15. In what County did you reside during those years, and what property did you then return for taxation? *See Cobb Co. & returned property as stated above*
16. How were you supported during the years 1899 and 1900? *When my health was bad almost starved as well as at factory for Russell Co. Ga. & Co.*
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 wife & I were supported by my wife's earnings & I was supported by my own labor or income*
18. What was your employment during 1899 and 1900? What pay did you receive in each year? *Nothing in 1899 about 1900 I was a support for my wife & children in 1899*
19. Have you a family? If so, who composes such family? Give their means of support? Have they a homestead? *Yes I have but my wife & my wife has a house & lot in the town of Russell. We have no means of support other than my wife takes a few boards & what we can get from garden*
20. Are you receiving any pension? If so, what amount and for what disability? *Have received no pension & have put off until now I feel compelled to apply*
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*

Every question must be answered

Sworn to and subscribed before me this *10<sup>th</sup>* day of *Sept* 1900. *J. A. Lindsey* Applicant.  
*John Lindsey* Ordinary,  
of *Cobb* County.

QUESTIONS FOR WITNESS.

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 S. A. Gunter 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 Cobb Co Ga
2. Are you acquainted with S. A. Gunter, the applicant; if so, how long have you known him? I have known him for more than forty years
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? at Roswell Ga in Co F 56 4th Regt on 10th May 1862. Enlisted with him
5. Were you a member of the same company and regiment? Yes
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 Guntersville Va
8. Were you present when it surrendered? I was not having been captured at a battle of the 18th of June 1864
9. Was applicant present? he was not, having been captured by the enemy
10. If he was not present, where was he? In confinement at Camp Douglas Ill  
When did he leave his command? in 1864 For what cause? he was captured at the battle of the 18th of June 1864  
By what authority he left? the order of Gen Cooper How do you know all of this? I was with him at the battle of Guntersville Va and saw him taken to Camp Douglas Ill
11. What property, effects or income has the applicant? (Give your means of knowledge) he has approx 4000  
more than forty or fifty dollars worth of income from the farm he owns in Roswell Ga
12. 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 from receipt
13. 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. He not to whom
14. What is the applicant's occupation and physical condition? He is now unable to do anything some years ago lost his right hand & disabled to a great extent. He now is very feeble in very bad health. He is unable to work
15. Is the applicant unable to support himself by labor of any sort, if so, why? He is unable very feeble & in miserable health & with right arm disabled as stated above. He is certainly unable to support himself
16. How was he supported during the years 1869 and 1870? in 1869 he was able to support himself for the Roswell M.S. Co to make about his right arm since then he has been unable to support himself
17. What portion of his support for these two years was derived from his own labor or income? About enough in 1869 to support himself since then unable to work
18. 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 above stated above only know that now he has neither property or income is very feeble in his condition such that he cannot support himself
19. What interest have you in the recovery of a pension by this applicant? None

Sworn to and subscribed before me, this 15th day of Sept 1904 at Roswell Ga.  
J. W. Thompson Applicant.  
John A. Hartley Ordinary.

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,

Cobb COUNTY.

Personally came before me, J. G. Greer M.D. and G. P. 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. Gunter applicant for pension under Section 1254, Code, and after

such personal examination say that his precise physical condition is as follows:  
of a limited 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 Ga.  
John A. Hartley Ordinary.  
J. G. Greer M.D.  
G. P. Lyon, M.D.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Cobb COUNTY.

I, John A. Hartley Ordinary in and for said County, hereby certify that the applicant, S. A. Gunter resides in said County, and has been a bona fide resident of this State since the 10th day of July 1894, and that the witnesses, viz: J. W. Thompson, G. P. Lyon M.D. & J. G. Greer M.D. are of trustworthy character, and that their statements are entitled to full faith and credit.

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

I further certify that the tax digests of Cobb County show that applicant returned for taxation in his name in 1897 \$555- Dollars of property, and in 1900 \$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.  
John A. Hartley Ordinary,  
of Cobb County.

NOTE.

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

**POWER OF ATTORNEY.**

STATE OF GEORGIA,

Cobb County.

I, J. A. Guntter hereby authorize F. N. Rumble of Roswell to receive and receipt for the pension allowed and request that he remit same to J. A. Guntter at Roswell by hand

Witness my hand and seal, this 7 day of January 1902.  
J. A. Guntter [L. S.]

Executed in presence of  
W. M. St. John

Guntter, J. A.  
Cobb County

CODE SECTION 154.  
(FOR THOSE ALREADY ENROLLED.)

No. 468

**INDIGENT  
SOLDIER'S PENSION  
1902.**

Name J. A. Guntter  
County Cobb  
Co. 56 Regiment 56  
Co. 4th

WARRANT ISSUED  
4/4 1902.

JOHN W. LINDSEY,  
Commissioner of Pensions.

WARRANT HANDED TO  
Guntter

JOHN W. LINDSEY, BIRMINGHAM, ALABAMA.

no data

**QUESTIONS FOR WITNESS.**

STATE OF GEORGIA,  
Fulton COUNTY.

A. A. Manning of said State and County, having been presented as a witness in support of the application of John 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? Atlanta Ga
2. Are you acquainted with J. A. Guntter, 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 Jonesboro 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. & 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 A. A. Manning  
the 12 day of Sept 1902. }  
John R. Wilkinson Ordinary. Witness.

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

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cobb County.)

Personally appears J. A. Hunter 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 \_\_\_\_\_ 1888; that he is 66 years old and by occupation a Small Matchman that he enlisted in the military service of the Confederate States (or of the State of \_\_\_\_\_) during the war between the States, and served for the term of 3 Years in Company H, of 56th Regiment of Geo. Vols;

that his physical condition is as follows: Owing Indignity & Poverty Dependant 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. J. A. Hunter Ordinary.

STATE OF GEORGIA,

Cobb County.)

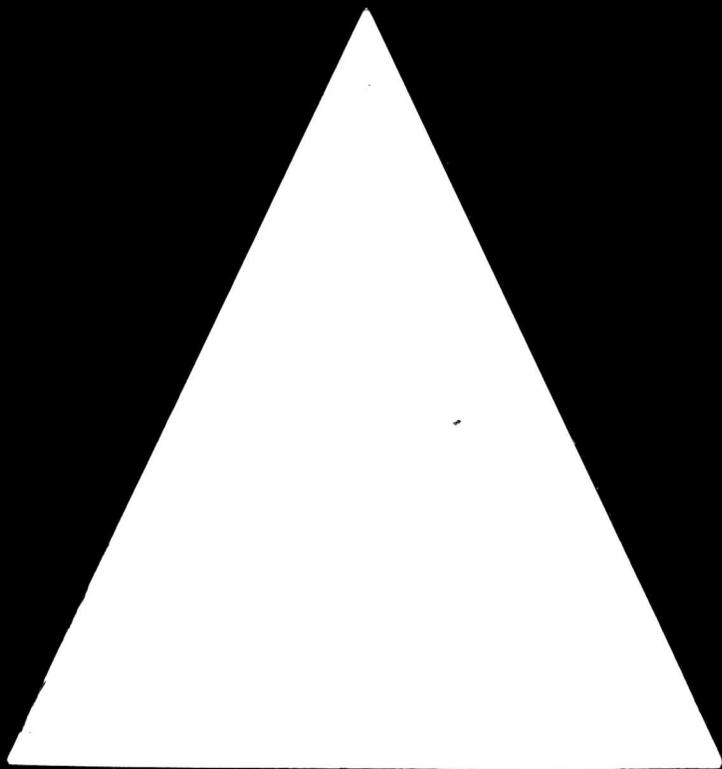
I, J. D. W. Anthony Ordinary of said County, do certify that I am well acquainted with J. A. Hunter the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides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

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



J. D. W. Anthony Ordinary \_\_\_\_\_ County.

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



*Hadaway, J. F. Lindsey*  
*Oct 21 1901*

Code Section 1280.

No. \_\_\_\_\_

**INVALID  
SOLDIER'S PENSION,  
190**

Name *J. F. Hadaway*  
County *Co. H*  
Co. *H Col 1st Div 1st Regt*  
Disability *100%*  
Amount, \$ *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.

*8/21/01*

**POWER OF ATTORNEY.**

STATE OF GEORGIA,  
County, }

I, \_\_\_\_\_ hereby authorize \_\_\_\_\_  
to receive said 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 \_\_\_\_\_

T. S. J.

**POWER OF ATTORNEY.**

Form No. 8.

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 \_\_\_\_\_ 190 \_\_\_\_\_ [L. S.]

Executed in the presence of \_\_\_\_\_

**INVALID  
SOLDIER'S PENSION,  
190**

Name J. F. Hadaway  
County Colbert  
Rank 1st Sgt. Regt.  
Regiment 1st Regt. Col.  
Company 1st

190  
JOHN W. LINDSEY  
Commissioner of Pensions

WARRANT HANDED TO

Ordinary will make proper of Applicant, Company and Regiment and make no mistake about it.

*sp/ps*

Form No. 1.

**FOR USE OF APPLICANTS WHO HAVE NOT HERETOFORE DRAWN.**

STATE OF GEORGIA,

Colbert County, }

PERSONALLY appears J. F. Hadaway of said Colbert County, State of Georgia, who being duly sworn, says on oath that he was born on the 10<sup>th</sup> month day of August 1844, that he has been the citizen and resident of Georgia, and has been continuously since the birth 10<sup>th</sup> day of August 1844, that he enlisted in the military service of the Confederate States (or the State of Georgia) on the 15<sup>th</sup> day of December 1863, during the war between the States, and served in Company H. Capt. [unclear] of 19<sup>th</sup> Regiment of Colt's Volunteers and Colt's Brigade, and was honorably discharged on the 1<sup>st</sup> day of May 1865; that whilst engaged in such military service, and in line of duty in the State of Florida, on the 20<sup>th</sup> day of February 1864

he was disabled or wounded as follows: Was wounded in the left groin by a minnie ball, said minnie ball passing thro' his hip and said ball came out at the small of my backbone & has been disabled from manual labor ever since. I got a very high work and have suffered from my wound every day since the surrender. I am badly ruptured - from the wound, my rupturer was caused by my wound. I was wounded on the left side of Florida in the battle fought on the 20<sup>th</sup> day of February 1864 - I am 163 years old and not able to work. The wound I received from a yankee gun caused all of my hip supping with my rupture and hip & back. I can't get up when down hardly without help.

Where was command surrendered? my co. was at Greenbush North Carolina  
Was applicant present? I was there & was in Prison If not, where was he? Prison in camp Martin How come there? I was taken Prisoner by the Yankees  
And by whose authority? State fully: After I was wounded sent to Prison at and in Camp Martin in the State of Indiana & remained in Prison till the surrender

Deponent desires to participate in the benefits of Section 1950 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, 190...

Sworn to and subscribed before me, this 3<sup>rd</sup> day of November 1907  
J. F. Hadaway  
Post Office \_\_\_\_\_

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 correct history of disease, tracing it directly to the service.  
Note - Do not trouble to mention wounds which do not disable.  
Note - The Ordinary will see that all blank spaces are filled when the affidavits are signed.

The Instructions as Set Out in the Notes must be Observed.

**AFFIDAVIT FOR THREE WITNESSES.**

Form No. 3.

STATE OF GEORGIA,

Cobb County.

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

R. P. Hadaway, A. W. Henshaw and J. A. 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 10<sup>th</sup> day of August 1844, that he served in Company H of the

11<sup>th</sup> Regiment of Central Colts 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.)

He was wounded by a Minnie ball in the battle of Ocean Springs in the State of Florida on the 20<sup>th</sup> of February 1864. We were 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 ruptured and he cant do any work at all he cant get up when down with out help some way all caused by the wound he recived from the hand of a musket at the battle of Ocean Springs in the State of Florida on the 20<sup>th</sup> day of February 1864 we thought he was killed dead

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

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

If not, where was he? Was in Prison at Camp Madison 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 15<sup>th</sup> 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 29<sup>th</sup> day of Dec 1907  
R. P. Hadaway  
A. W. Henshaw  
J. A. 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. 4.

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 a small  
of his back war hip and 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 caused  
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 only 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 30<sup>th</sup> day of December 1907  
John Astrey  
Ordinary

Dr. H. Osborne  
W. M. Kemp

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.

Cobb County.

I, John Astrey 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 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 25<sup>th</sup> years to my knowledge

I also certify that the witnesses, to-wit: R. P. Hadaway, J. A. Adair, & R. P. 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 and understood by them before they signed the same.

Given under my official signature and seal, this 30<sup>th</sup> day of December 1907  
John Astrey  
Ordinary \_\_\_\_\_ County.

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

HADAWAY, J. F.  
THIRD QUARTER 1928

County  
**1928**

**Application for Pension Due Deceased Soldier**  
(UNDER ACT 1881)

(To be paid to his Widow or Dependent Children)

BY  
Mrs. Mary A. Hadaway  
Widow of J. F. Hadaway  
Date of Marriage December 18, 1919  
Date of Death July 17, 1928

Approved and ordered paid.  
J. M. Gann  
25 July 1928  
N. E. HARRER,  
Commissioner of Pensions.

Ordinary will not above in full and send this bond to Pension Department for approval. If not returned it will not be payable for permanent filing in the Pension Department.

GEORGIA, Cobb County.  
I hereby authorize and constitute J. M. Gann of said County, my lawful attorney to collect, and receive for me in my name, for the Pension due me for 1928 through my deceased husband, J. F. Hadaway who was on the Pension Roll and paid from Cobb County for 1928.

Witness my hand this 29 day of August 1928.  
Received check for 50.00 Dollars, being payment of Pension due me for 1928.  
Attest: J. M. Gann  
Mrs. Mary A. Hadaway  
Exp. 28, 1928.

**CERTIFICATE OF ORDINARY**

STATE OF GEORGIA, Cobb County.  
I, J. M. Gann 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 1928, 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. 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 2 of July 1928.  
(Seal of Ordinary)  
J. M. Gann Ordinary  
Cobb County

**CERTIFICATE OF ORDINARY**

STATE OF GEORGIA, Cobb County.  
I, J. M. Gann 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 1928, 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. 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 20 of February 1928.  
(Seal of Ordinary)  
J. M. Gann Ordinary  
Cobb County

Hadaway, J. F.  
THIRD QUARTER 1928  
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 July 17, 1928

Approved and ordered paid.  
J. M. Gann  
25 July 1928  
JOHN W. CLARK,  
Commissioner of Pensions.

Ordinary will not above in full and send this bond to Pension Department for approval. If not returned it will not be payable for permanent filing in the Pension Department.

Received of J. M. Gann, Ordinary of said County, Fifty Dollars, being Pension due my deceased husband, J. F. Hadaway, for the first three quarters of 1928.  
Date of April 1928.  
Mrs. Mary A. Hadaway  
Exp. 28, 1928.

# 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 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 } (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 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 2 day of July, 1928

J. M. Gamm, Ordinary } J. F. Hadaway

Cobb County } (L. S.)

(Seal of Ordinary)

### INSTRUCTIONS:

- 1st. This form is for widows of Service and Disabled Soldier pensioners, who died after November 1st. If pensioner died since Jan. 1st, 1917, having dependent children, their guardian may use this form in their behalf.
- 2nd. Proof of marriage must be made.
- 3rd. Do not use the same language of marriage certificate in common with throughout the State, suitable only for tracing from the proper office.
- 4th. The Ordinary should examine the blank after it is filed in, and see that everything is fully and correctly completed, and the seal affixed, and that both of applicant when sworn in, signed in.
- 5th. Pay out no money on this application until approved in the Pension Department and returned to you as your certificate to make the payment.
- 6th. Return this application with your final settlement to the Pension Department.
- 7th. The widow or second widow her proper power-of-attorney receipt for this pension by signing name, as widow, opposite the name of husband on the address pay line.
- 8th. Only the one person is covered by this application. Take another application, on the white blank, to admit widow to roll in her own right. Remember 1st is the last filing 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 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 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 (L. S.)

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 Hadaway the

above applicant; and knows that the said J. F. Hadaway

and Mary Hadaway 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 } (L. S.)

(Seal of Ordinary)

### INSTRUCTIONS:

- 1st. Proof of marriage must be made.
- 2nd. Do not use the same language of marriage certificate in common with throughout the State, suitable only for tracing from the proper office.
- 3rd. The Ordinary should examine the blank after it is filed in, and see that everything is fully and correctly completed, and the seal affixed, and that both of applicant when sworn in, signed in.
- 4th. The widow or second widow her proper power-of-attorney receipt for this pension by signing name, as widow, opposite the name of husband on the address pay line.
- 5th. Only the one person is covered by this application. Take another application, on the white blank, to admit widow to roll in her own right.

**CERTIFICATE OF ORDINARY**

STATE OF GEORGIA, Cobb County.  
 I, J. M. Gunn, Ordinary of said County, do certify that I personally know Mrs. Mary Adalaway the applicant, and that she is the lawful widow of J. F. Adalaway, 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. Adalaway, 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. Gunn Ordinary  
Cobb County

**CERTIFICATE OF ORDINARY**

STATE OF GEORGIA, Cobb County.  
 I, J. M. Gunn, Ordinary of said County, do certify that I personally know Mrs. Mary Adalaway the applicant, and that she is the lawful widow of J. F. Adalaway, 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. Adalaway, 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. Gunn Ordinary  
Cobb County

HADAWAY, J. F.  
 FOURTH QUARTER 1928

Cobb, County  
 1928  
 Application for Pension Due  
 Deceased Soldier  
 (UNDER ACT 1881)  
 (To be paid to his Widow)

BY  
Mrs. Mary Adalaway  
 Widow of J. F. Adalaway  
 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 then return it with your pay-slip for permanent filing in the Pension Department.

HADAWAY, J. F.

SECOND QUARTER 1928

Cobb, County  
 1928  
 Application for Pension Due  
 Deceased Soldier  
 (UNDER ACT 1881)  
 (To be paid to his Widow)

Mrs. Mary Adalaway  
 Widow of J. F. Adalaway  
 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 then return it with your pay-slip for permanent filing in the Pension Department.

Georgia, Cobb County, deceased of J. M. Gunn, Ordinary, Cobb County, Ga., check for fifty Dollars being reason due me as the widow of J. F. Hadaway, deceased December 19, 1928.  
Mrs. Mary Adalaway

## 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 9.75 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 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. Farnum, Ordinary | Mrs. Mary A. Hadaway  
Cobb County | 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 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. Farnum, Ordinary | J. F. Hadaway  
Cobb County | Cobb County  
(Seal of Ordinary)

#### INSTRUCTIONS.

- 1st. Proof of marriage must be made.
- 2nd. Do not use the excessively 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 should examine the blank after it is filled in, and see that everything is fully and correctly completed, and the seals affixed, and that both of applicants, when added, 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 holding her former government-allowance residence for this pension by stated name, as widow, opposite the name of husband on the application 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. F. Hadaway and that said Pensioner was on the Pension Roll of Cobb County and was paid a Pension of 9.75 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 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. Farnum, Ordinary | Mrs. Mary A. Hadaway  
Cobb County | 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 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. Farnum, Ordinary | J. F. Hadaway  
Cobb County | Cobb County  
(Seal of Ordinary)

#### INSTRUCTIONS.

- 1st. Proof of marriage must be made.
- 2nd. Do not use the excessively 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 should examine the blank after it is filled in, and see that everything is fully and correctly completed, and the seals affixed, and that both of applicants, when added, 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 holding her former government-allowance residence for this pension by stated name, as widow, opposite the name of husband on the application 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. Jones, 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. Jones, 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 survivor having her proper government certificate for this pension by signing name, as widow, repeats the name of deceased on the order pay roll.
- 7th. Only the one pension is covered by this application. This another application, on the white blank, to adult widow to roll 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, 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 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. Jones, 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 9 day of May, 1928  
J. M. Jones, 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 survivor having her proper government certificate for this pension by signing name, as widow, repeats the name of deceased on the order pay roll.
- 7th. Only the one pension is covered by this application. This another application, on the white blank, to adult widow to roll in her own right.

**This Certifies that** J.F. Hadaway

and Miss Mary Prather

**WERE UNITED IN THE HOLY BONDS OF MATRIMONY**

By J.G. McCutcheon, J.P.

On the 18, day of December, in the year of our Lord 1928

as appears of record in my office in Marriage Record, book G.

page 629. This 9, day of May, 1928.

J.M. Gann  
Ordinary.

GEORGIA, COBB COUNTY.

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 C, 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. 100

Signed Paulding County  
H. E. Croker Ordinary of  
said County  
do hereby certify that the  
contents of the application  
for Dissolution of F. S. Sweeney  
to wit: ~~W. W. Sweeney~~ &  
J. S. Adair, as citizens  
of this County and as persons  
of respectability and their state-  
ments as 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.

Gives 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. S. Sweeney

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.

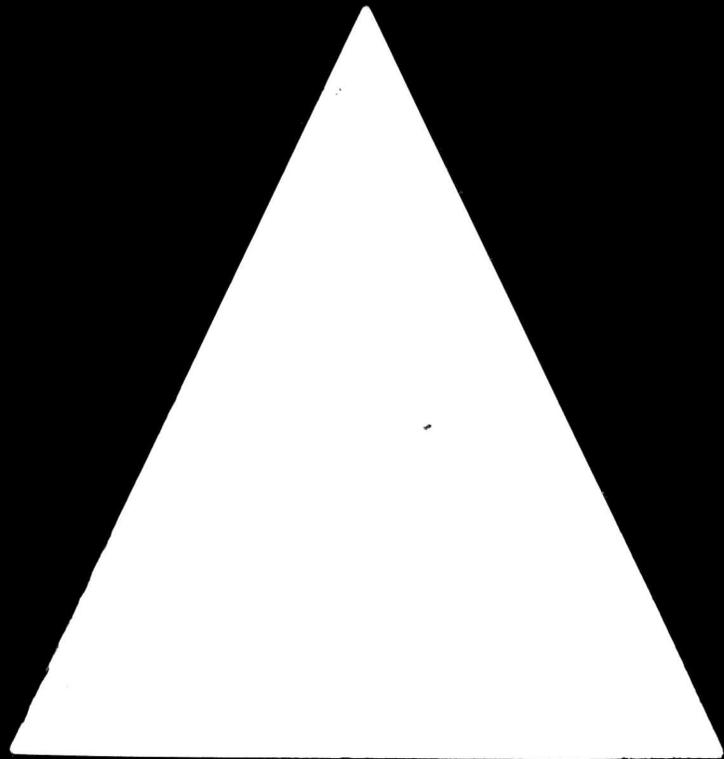
Given under my hand and seal this \_\_\_\_\_ day of  
December, 1919. \_\_\_\_\_ (15)  
Ordinary

STATE OF GEORGIA **CERTIFICATE** COUNTY OF COBB

I certify that F. S. Sweeney and Miss Mary Brather,  
were joined in Matrimony by me this 16 day of December  
and \_\_\_\_\_ Nineteen \_\_\_\_\_

Recorded January 17, 1919 1919  
J. L. Gann, \_\_\_\_\_ Ordinary

J. G. McCutcheon, J. P.



Atlanta, Sept. 1, 1864.  
222 State Hospital.

John F. Hodaway enlisted as a  
private in Co. H, 15th Regi-  
ment Georgia Infantry, Nov. 1862  
... Captured near Marietta, Ga.  
June 21, 1864; Released Camp  
Morton, Ind. May 22, 1865.

*Sillian Henderson*

*Rec'd At  
Hodaway's Change for  
Cobb County*  
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. Mary A. Hodaway  
Widow of J. F. Hodaway  
Date of Marriage Dec. 18, 1891  
Date of Husband's Death Feb. 17, 1937  
Company 74  
Regiment 19<sup>th</sup> Id. 40<sup>th</sup>  
DEC 27 1891  
Approved A. M. Holman 193  
Director.

AUG 13 1937

### Ordinary's Certificate

STATE OF GEORGIA.

Cobb COUNTY.

I, Jas. J. Denton

Ordinary of said County, do certify

that I know Mrs. Mary A. Hodaway

the applicant for pension; that

she is the person the 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)

*Jas. J. Denton*  
Ordinary,  
Cobb County.

#### INSTRUCTIONS:

1. Before any questions are answered the Ordinary shall read applicant and the witness in the following words: "The 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." Attached if blank space are insufficient.
2. Only widows who married prior to January 1st, 1920 are entitled to pension.
3. Only widows who married before the Ordinary of the County in which the applicant or witness resides and must be certified by such Ordinary.
4. Affidavits verified copy of marriage license if obtainable. If not, prove marriage, by your personal, or by general reputation.
5. Don't use the bulky form of Marriage Certificate in vogue throughout the State. A short, simple form is better to handle.
6. Do not take an application from any widow who is already receiving a pension.

Atlanta, Sept. 1, 1937.  
403 State Hospital.

John F. Hedaway enlisted as a Private in Co. H 14th Regt. 1865  
1st Georgia Infantry, New York, 1865  
went Georgia, Infantry, New York, Co.  
went Georgia near Marietta, Ga.  
June 21, 1864. Released, Camp  
Morton, Ind. May 22, 1865.

*Lillian Hedaway*

*Rec'd at St. Mary's Hospital  
Hedaway Mary A.  
Cobb Co. Ga.*

### 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. Hedaway  
 Widow of J. F. Hedaway  
 Date of Marriage Dec. 18, 1879  
 Date of Husband's Death Feb. 17, 1928  
 Company H  
 Regiment 14th  
 Approved J. J. Daniell  
 Director

Aug 13 1937

### Ordinary's Certificate

STATE OF GEORGIA,

Cobb COUNTY.

I, Jas. J. Daniell Ordinary of said County, do certify that I know Mrs. Mary A. Hedaway 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) Jas. J. Daniell Ordinary.  
 of Cobb County.

#### INSTRUCTIONS.

- 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 whole truth. So help you God."
- Additional affidavits may be attached if blank spaces are insufficient.
- Only widows who married prior to January 1st, 1920, are entitled.
- All affidavits must be made before the Ordinary of the County in which the applicant or witness resides and must be certified by such Ordinary.
- Attach certified copy of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.
- Fill out the back of the application carefully.
- Don't use the bulky form of Marriage Certificate in vogue throughout the State. A short, simple form is easier to handle.
- Do not take an application from any widow who is already receiving a pension.

## APPLICATION FOR PENSION BY A WIDOW OF A CONFEDERATE SOLDIER

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

### QUESTIONS FOR APPLICANT TO ANSWER:

STATE OF GEORGIA  
Cobb COUNTY.

Personally appears before me, Mrs. Mary A. Hedaway, 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 1.

- What is your name, and where do you reside? (Give Post Office and County).....  
Mrs. Mary A. Hedaway, P.O. 1, Kennesaw, Cobb Co., Ga.
- 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 29, 1879 Age: 58
- (1) When, (2) where and (3) to whom were you married?  
Dec. 18, 1919 (1) Cobb Co. (2) J. F. Hedaway
- Have you married since the death of first and soldier husband?  
No
- When and where did you first husband die?  
Feb. 17, 1928, Red Rock, Ga., Cobb Co., Ga.
- Were you residing together when he died?  
Yes
- If not, how long had you resided apart?  
No
- Are you now a widow?  
Yes
- Have you or your husband heretofore been paid a pension by the State?  
Yes
- If so, when and for what cause, were you or your husband placed on the roll?  
My husband was on roll of Confed. soldier regiment of Cobb Co. O drew bal of 1928

#### 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.  
.....
- 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

9th day of Aug, 1937.  
Jas. J. Daniell Ordinary  
of Cobb County.  
(SEAL OF ORDINARY)

Mrs. Mary A. Hedaway  
Applicant.

An Affidavit

(Read carefully before making this affidavit.)

State of Georgia,

County of \_\_\_\_\_

Before me, the Ordinary of said County, comes Mrs. \_\_\_\_\_ who, after being duly sworn, deposes and says:

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

Sworn to and subscribed before me, this the \_\_\_\_\_

\_\_\_\_\_ day of \_\_\_\_\_, 1937

\_\_\_\_\_ Ordinary,

\_\_\_\_\_ County.

Questions for Witness as to Marriage and Service of Husband.

STATE OF GEORGIA

\_\_\_\_\_ COUNTY.

\_\_\_\_\_ 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, 136 Acworth, Cobb Co. Ga.*
2. How long and since when have you known \_\_\_\_\_? *Mrs. Mary A. Hadaway, 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, Georgia.*
4. When and to whom was she married? *1919, B. J. Hadaway. How do you know? They lived together.*
5. How long and since when did you know \_\_\_\_\_ her husband? *Since Jan. 1, 1920, when approved into community, this date.*
6. When and where did \_\_\_\_\_ the husband of applicant, die? *Feb. 17, 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? \_\_\_\_\_

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,

\_\_\_\_\_ County.

(SEAL OF ORDINARY)

*B. J. Ford*  
\_\_\_\_\_ (Witness)

*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,

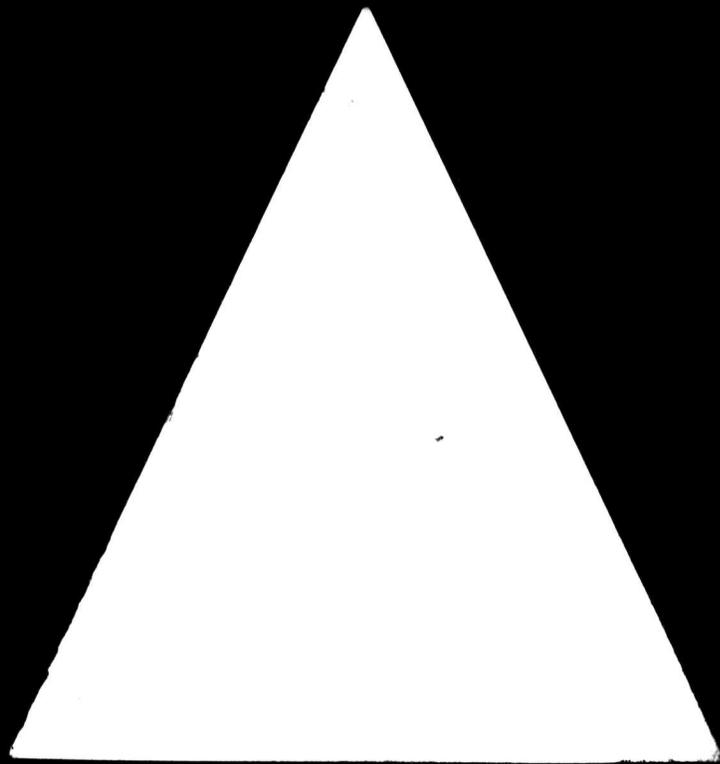
has filed in this office an application for the Georgia pension allowed to widows of Confederate veterans; and it appearing that the late husband of this applicant performed actual military service as a Confederate soldier and was honorably separated from such service; and that applicant was married 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, 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



Cash app for \$500 - 1899  
8/17 1899  
Richard Johnson  
Comdr Pension  
H. P.  
Cobb Co.

Code Section 1250.

**INVALID  
Soldier's Pension,  
1899.**

Name R. J. Hadaway  
County Cobb  
Disability Disease  
Amount, \$ 50

1899.

RICHARD JOHNSON,  
Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

3/22 99

STATE OF GEORGIA }  
Power of Attorney.  
County: }

Form No. 6.

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.

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.

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 14<sup>th</sup> day of September 1867, that he enlisted in the military service of the Confederate States (or the State of \_\_\_\_\_) on the 10<sup>th</sup> day of March 1862,

during the war between the States, and served in Company H of 19<sup>th</sup> th Regiment of Georgia Volunteers A. S. Ledwith Brigade, and was honorably discharged on the 10<sup>th</sup> day of May 1867, 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 "Okefenokee" in the State of Florida in the month of December 1864, he was struck by a Union bomb passing through his Captain's box and striking his left hip joint, resulting in a deep wound across the rail road track producing necrosis or rupture in his left side from which he is and has been practically and essentially unable to perform manual labor. He is not permanently incapable of performing manual labor, but he is a sufferer by limitation and from his physical disability arising from said rupture, he can not follow or bear 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 further rupture by chronic diarrhea contracted in the State of Virginia in the summer of 1863, while in line of duty around Petersburg.*

The instructions as set out in the notes must be observed.

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 \_\_\_\_\_ day of \_\_\_\_\_ 1899.

John M. Stone Ordinary.

R. P. Hadaway  
Story P.O. Post Office.

Notes—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.

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

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

*Call app for \$50.00 1899  
\$17.159  
Richard P. Hadaway  
Cobb County  
Stableman  
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. Hartman, 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. N. Corwith* and *S. P. Dempsey*

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 *10<sup>th</sup>* of the

Regiment of *A. H. Colquhoun* 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, 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 Chancellorsville in the State of Virginia in the month of May 1864, he was struck by a Minié ball passing through his chest for a distance of three inches on the left side, knocking him across the railroad track producing a rupture of the left side rendering him practically and essentially incapable of performing manual labor. We have lived near the applicant ever since, the wife and I know that this condition has been continuing and is permanent. We found with applicant in Virginia and know that he contracted Chronic Gonorrhea in Campaign around Petersburg causing fistula from which he was confined at the hospital for several months. We know that he still suffers from fistula which contributes to his disability. He is utterly incapable of performing manual labor required and necessary in the execution of any business.*

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 *10<sup>th</sup>* day of *April* 1864.

Applicant is permanently disabled as stated and has been so to our certain knowledge ever since 1864. We have no interest in the recovery of a pension by him.

Sworn to and subscribed before me, this *16<sup>th</sup>* day of *March* 1899, *J. N. Corwith* Ordinary, *B. G. Dempsey*, *T. R. Rutherford*

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. 2

STATE OF GEORGIA,

*Cobb* County.

PERSONALLY comes before me, *J. C. O'Keefe* 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

*Nicholas P. Nadaway* and after such personal examination, say that the present condition of applicant is as follows: *That since R. P. Nadaway suffers from hernia in left side produced from from gunshot injury or fall during the late war which renders him practically and essentially incapable of performing manual labor that this incapacity is greatly aggravated by a fibula of long standing*

and that such condition is permanent. Said condition arises from the facts stated above and are permanent. The disability necessarily 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 *16<sup>th</sup>* day of *March* 1899, *J. C. O'Keefe* Ordinary, *A. E. Johnson*

NOTE 1.—Give 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.  
NOTE 2.—The Physicians will be careful to fill every blank space in oath.

STATE OF GEORGIA,

Form No. 4

*Cobb* County.

I, *J. C. O'Keefe* Ordinary of said County, do certify that I am well acquainted with *R. P. Nadaway* 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 *10<sup>th</sup>* day of *April* 1864.

I also certify that the witnesses, *J. N. Corwith* and *B. G. Dempsey* are persons of respectability, that their statements are worthy of full credit and belief and that the full text of the affidavit was read to and understood by them before they signed the same.

Given under my official signature and seal this *16<sup>th</sup>* day of *March* 1899, *J. C. O'Keefe* Ordinary, *Cobb* County.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.

I, R. P. Hadaway hereby authorize J. W. 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 9<sup>th</sup>  
day of March 1900.

R. P. Hadaway [L. S.]

Executed in presence of

W. J. Hauby

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.

I, R. P. Hadaway hereby authorize John Crosby  
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 13<sup>th</sup>  
day of January 1901.

R. P. Hadaway [L. S.]

Executed in presence of

James M. Harris

R. P. Hadaway, R.P.  
Cobb Co  
COBB SECTION 1002

(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 data

COBB SECTION 1002  
(For Those Already Enrolled.)

No. 151

DISABLED

SOLDIER'S PENSION.

1901.

Name R. P. Hadaway  
County Cobb  
Disability Disease cont  
Amount, \$ 50.00  
Jan 13 1901.

JOHN W. LINDSEY,  
Commissioner of Pensions.

WARRANT HANDED TO

Crosby

Geo. W. Harrison, State Printer, Atlanta.

No data

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 *N*, of *19*th Regiment of *Sa.* Volunteers, *Colquitt*'s Brigade; that whilst engaged in such military service in the State of *Ga.*, 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 *1900*.

Sworn to and subscribed before me, this, *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. Staur* 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 *Sa* 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 plagued from which disease he contracted he is unable to physically enable 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 *5th* 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 *5th* day of *January* 1901.



Ordinary *Cobb* County.

POWER OF ATTORNEY

**POWER OF ATTORNEY.**

STATE OF GEORGIA,

*Cover*  
County. }  
*R. P. Hadaway*

I, *John A. Hartung* hereby authorize \_\_\_\_\_  
of \_\_\_\_\_ 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 July, 1902.

*R. P. Hadaway* [L. S.]

Executed in presence of  
*J. M. Gamm*

*Hadaway, R. P.  
Cobb Co. Ga.*

( FOR THOSE ALREADY ENROLLED. )

NO. 331

**DISABLED  
SOLDIER'S PENSION  
1902.**

Name *R. P. Hadaway*  
County *Cobb*  
Co. 4 Regiment 19  
Disability \_\_\_\_\_  
Amount, \$ 80. 1/6 1902

JOHN W. LINDSEY,  
Commissioner of Pensions.

WARRANT HANDED TO  
*Ordy*  
Gen. W. Harrison, State Printer, Atlanta.

*- no data*

*Hadaway, R. P.  
Cobb County*

( FOR THOSE ALREADY ENROLLED. )

NO. 367

**DISABLED  
SOLDIER'S PENSION  
1903.**

Name *R. P. Hadaway*  
County \_\_\_\_\_  
Co. # Regiment 19  
Disability \_\_\_\_\_  
Amount, \$ 50. 1/23 1903

JOHN W. LINDSEY,  
Commissioner of Pensions.

WARRANT HANDED TO  
*Ordy*  
Gen. W. Harrison, State Printer, Atlanta.

*Mc*

**POWER OF ATTORNEY.**

STATE OF GEORGIA,

*R. P. Hadaway* County. }  
*R. P. Hadaway*

I, *John A. Hartung* hereby authorize \_\_\_\_\_  
of \_\_\_\_\_ of \_\_\_\_\_

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

at London  
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. Gamm*

# 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, *Colquhoun'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 in a fatal ailment. He was also captured from which disease he recovered he is unable to perform the 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 \_\_\_\_\_ County, been allowed an invalid pension of \_\_\_\_\_ Dollars, for the year 1901.

Sworn to and subscribed before me, this the *10th* day of *Jan* 1902. } Post-office *Cobb*

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. Wooten* 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. Wooten*  
 Ordinary \_\_\_\_\_ 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 *12*th Regiment of *GA* Volunteers, *Colquhoun'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 in a fatal ailment. He was also captured from which disease he recovered he is unable to perform the 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 \_\_\_\_\_ County, been allowed an invalid pension of \_\_\_\_\_ Dollars, for the year 1902.

Sworn to and subscribed before me, this the *10th* day of *Jan* 1903. } Post-office *Cobb*

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. Wooten* 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. Wooten*  
 Ordinary \_\_\_\_\_ 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,

*Colt* COUNTY. }

I, *R. P. Hadaway* hereby authorize

*John Hartley* 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 *5th*

day of *May* 1904.

*R. P. Hadaway* [L. S.]

Executed in presence of

**POWER OF ATTORNEY.**

STATE OF GEORGIA,

*Colt* COUNTY. }

I, *R. P. Hadaway* hereby authorize

*John Anthony* 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 \_\_\_\_\_ 1905.

*R. P. Hadaway* [L. S.]

Executed in the presence of

*J. M. Gamm*

*Hadaway R. P.*  
*Colt Co.*

FORM SECTION 1280.  
(FOR THOSE ALREADY ENROLLED.)

No. *336*

**DISABLED  
SOLDIER'S PENSION  
1904.**

Name *R. P. Hadaway*  
County *Colt*  
Co. *H. 19th* Regiment *Colt Co.*  
Disability *75% Total Disability*  
Amount, \$ *57 00*  
JAN 25 7 1904.

JOHN W. LINDSEY,  
Commissioner of Pensions.

WARRANT HANDED TO  
*Crady*  
Geo. W. Harrison, State Printer, ALBANY.

*no date*

*Hadaway R. P.*  
*Colt Co.*

(FOR THOSE ALREADY ENROLLED.)

No. *370*

**DISABLED  
SOLDIER'S PENSION  
1905.**

Name *R. P. Hadaway*  
County *Colt*  
Co. *H* Regiment *19*  
Disability \_\_\_\_\_  
Amount, \$ *50*  
JAN 23 1905.

JOHN W. LINDSEY,  
Commissioner of Pensions.

WARRANT HANDED TO  
*Crady*  
Geo. W. Harrison, State Printer, ALBANY.

*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 *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 *19*th Regiment of *GA* Volunteers *Colquhoun'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 evolutions 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 *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 Antrim* 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 *5th* day of *Jan* 1904.

*John Antrim*  
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 *19*th Regiment of *GA* Volunteers *Colquhoun'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*

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* Dollars, for the year 1904.

Sworn to and subscribed before me, this *3* day of *Jan* 1905. *R. P. Hadaway*  
*John Antrim* 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 Antrim* 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 *3* day of *Jan* 1905.

*John Antrim*  
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 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.

R. P. Hadaway [L. S.]

Executed in the presence of

McMan

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb COUNTY.

I, R. P. Hadaway 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 8  
day of Jan 1907.

R. P. Hadaway [L. S.]

Executed in presence of

McMan

Hadaway, R. P.  
Cobb Co., Ga.

Cons. Section 1260  
(FOR THOSE ALREADY ENROLLED.)

No. 270

**DISABLED  
SOLDIER'S PENSION  
1906.**

Name R. P. Hadaway  
County Cobb  
Co. 3rd Regt.  
Disability Discom  
Amount, \$ 17.00 1906.

JOHN W. LINDSEY,  
Commissioner of Pensions.

WARRANT HANDED TO

The Pensioners' Receipt is valid only when countersigned by the Commissioner of Pensions.

no state

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. 3rd Regt.  
Disability 00  
Amount, \$ 00 1907.

JOHN W. LINDSEY,  
Commissioner of Pensions.

WARRANT HANDED TO

The Pensioners' Receipt is valid only when countersigned by the Commissioner of Pensions.

no state

# 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 \_\_\_\_\_) during the war between the States, and served as a \_\_\_\_\_ in Company H, of 19th 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:

Diarrhea

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 00 Dollars, for the year 1905.

Sworn to and subscribed before me, this the 17 day of July, 1906.

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 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 17 day of January, 1906.

John A. Wray  
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 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 \_\_\_\_\_) during the war between the States, and served as a \_\_\_\_\_ in Company H, of 19th 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:

Diarrhea

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 00 Dollars, for the year 1906.

Sworn to and subscribed before me, this the 8 day of July, 1907.

R. P. Hadaway  
John A. Wray 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 8 day of July, 1907.

John A. Wray  
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 11-16-1913  
 Must submit some witness who knows of the better habits 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, Secy of Pension.

APPLICATION FOR SOLDIER'S PENSION UNDER ACT 1910.

Questions for Applicants to Answer.

STATE OF GEORGIA.

*R. P. McKinney* 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:

1. In what County and where do you reside? *(Give County and Post-office)*  
*R. P. McKinney, Grand Spring, O. B. McKinney*

2. How long and since when have you been a continuous resident citizen of this State?  
*All my life 23 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. In what and where, and in what Company and Regiment did you enlist? (Give the arm and class of Service)  
*Infantry Co. 1st Regt. O. B. McKinney*

5. How long did you remain in the actual Military Service with said Company and Regiment? (Give date of discharge)  
*April 9, 1865 2 years 1 month*

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? *Yes*  
 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?  
*Was surrendered*

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?

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.)  
*1 horse value 150.00  
 1 cow 25.00  
 1 head of furniture 25.00*

10. What property of any kind have you or your wife disposed of and for what purpose since 4 Nov. 1908, 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 itemised list.)  
*Nothing but keep here for cash*

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

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

14. Have you ever applied for the Georgia Pension and had it refused and for what cause it was not allowed?  
*No*

I swear to and submit the foregoing as true the

24th day of *April* 1913 *R. P. McKinney*

*R. P. McKinney* County

*R. P. McKinney*  
 Confederate  
 Soldier's Application  
 UNDER ACT 1910.

County *Colt*  
 Name *R. P. McKinney*  
 Company *H*  
 Regiment *19 - 8a*

Approved \_\_\_\_\_  
 J. W. LINDSEY,  
 Commissioner of Pensions.

10/29/1912  
 11/5-1913  
 CHAS. F. STELL, STATE PRINTER, ALBANY

QUESTIONS FOR WITNESSES TO BE ANSWERED

STATE OF GEORGIA,

Colt County.

J. F. Hedgemony of said State and County is hereby presented as a witness in support of the application of P. P. Williams for the pardon 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. F. Hedgemony  
Kennesaw Ga

2. How long and since when have you known P. P. Williams the applicant?  
All my life 67 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?  
Henry Springs Colt County  
over 20 years

4. When, where and in what Company and Regiment did P. P. Williams enlist during war from 1861 to 1865? (Give date and place)

5. How did you obtain your information of this Service?  
I joined the 3rd  
Regiment April 1863 he was then a volunteer and was in the  
69th Regt

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?  
No

9. If not, where were you and how came you there?  
I was in prison after I  
was wounded I was captured

10. Was the applicant personally present with his Command at surrender?  
He was not

11. If not where was he and how came him there?  
I am informed he was  
in the Army

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 the 24 day of Sept 1911  
J. M. Evans Ordainy  
of Colt County

Ordinary of said County, certify that I know the applicant J. F. Hedgemony for Prisoner in the person he represents himself to be and resides in said County. That I also know J. F. Hedgemony the witness swearing to the facts and John W. Williams who are freeholders that they are all 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. That the Free Holders of Colt County show that P. P. Williams and wife were for the year 1908 1905 for 1909 1905 for 1910 1911

Sworn to and subscribed before me, this 24 day of Sept 1911  
J. M. Evans Ordainy  
of Colt County

ORDINARY'S CERTIFICATE

STATE OF GEORGIA,

Colt County.

J. M. Evans Ordinary of said County, certify that I know the applicant J. F. Hedgemony for Prisoner in the person he represents himself to be and resides in said County. That I also know J. F. Hedgemony the witness swearing to the facts and John W. Williams who are freeholders that they are all 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. That the Free Holders of Colt County show that P. P. Williams and wife were for the year 1908 1905 for 1909 1905 for 1910 1911

Sworn to and subscribed before me, this 24 day of Sept 1911  
J. M. Evans Ordainy  
of Colt County

NOTES: Answer all questions and answered the Ordinary shall make application and all references in the following words to the Ordinary shall be made. You will find the same in the following sections of the Code and the evidence you furnish will be the same as that of the Ordinary. The Ordinary shall make application and all references in the following words to the Ordinary shall be made. You will find the same in the following sections of the Code and the evidence you furnish will be the same as that of the Ordinary. The Ordinary shall make application and all references in the following words to the Ordinary shall be made. You will find the same in the following sections of the Code and the evidence you furnish will be the same as that of the Ordinary.

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. Williams* 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?  
*J. D. Carruth, Acworth, Cobb County*
2. How long and since when have you known *R. P. Williams* 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. Williams* enlist during war from 1861 to 1865? (Give date and place)  
*March 1862, Thomas Co. Va. 7th 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? *never 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 *8* day of *September* 191*3*  
*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 Co* County  
Old or New Class? *Act of 1910*  
Died *March 31* 1928  
Amount, \$ *100.00*

Approved and ordered paid. *OK.*

*John W. Clark* 1928  
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. *3/21* 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

*Coat* 175.00  
*Shit* 75.00  
*Furniture & Service* 150.00  
*Funeral Expenses* 50.00  
*3/21/28*

Georgia, Cobb County:

Personally appeared before the undersigned 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.

*[Signature]*

Notary Public, Cobb County, Georgia.

*With next papers  
forwarded, X.*

# 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. Halaway of said County, who, after being sworn, on oath says that he knew R. P. Halaway 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 Five 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 \$ 185.00 per sworn statement fully and completely itemized, hereto attached.

Sworn to and subscribed before me this 23 day of March 1928.  
J. M. Barr Ordinary. J. T. Halaway  
Cobb County.

## AFFIDAVIT OF ORDINARY

GEORGIA, Cobb County.  
 I, J. M. Barr Ordinary of said County, do certify that I personally know J. T. Halaway, 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. Halaway 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. Barr 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. Inquire those claiming accounts for expenses of last illness, and expenses of funeral, to make out their account on fully itemized form, giving each item and the value of it, and each date.
- 3rd. Unsettled 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, 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 Richard P. Halaway, who died without owning sufficient property to pay this bill."
- 5th. The Ordinary must see to it that each bill is properly legitimate in every respect and properly sworn to, and all attached neatly to this blank, after this blank has been properly completed as indicated.
- 6th. The completed voucher, this bill, and the bill for services, 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.
- 7th. The Ordinary may 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. Pensioner's children, or children of his, must not charge the State for doing only what the law and common humanity demand of them.
- 10th. Return this application, and attached bills, with your final settlement to the Pension Office.
- 11th. Ordinary should see that the back of this blank, when folded, is filled up.
- 11a. Funeral expenses of deceased "new" pensioner, 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., ..... 19...  
 M. Richard Halaway Estate

In Account 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 Phone 45 and 30

3/21/28			
Contract	-----	\$125.00	
Grav	-----	25.00	
Keeps & Service	-----	15.00	
Vault arches	-----	5.00	
			\$180.00

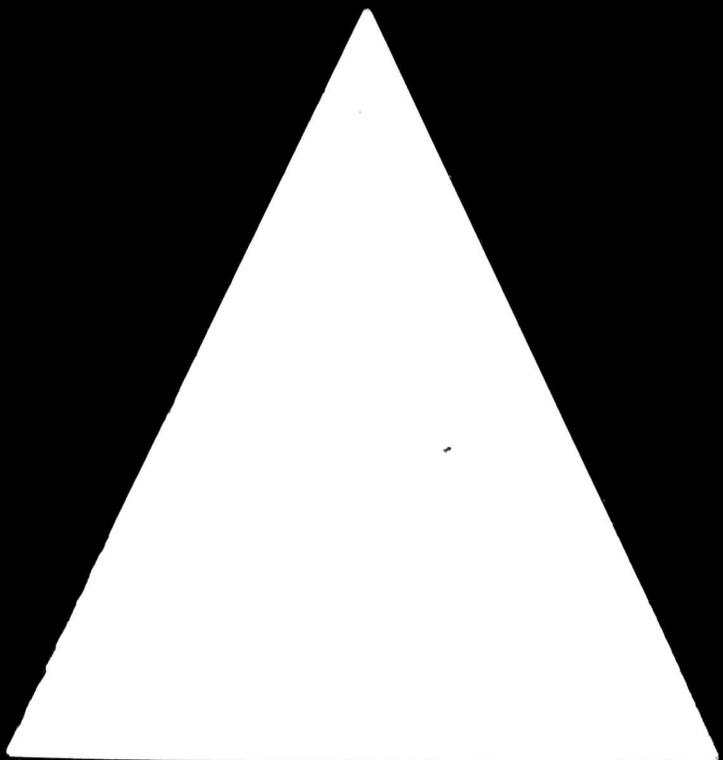
Georgia, Cobb County

The above and foregoing account is rendered for services in the funeral expenses of Mr. Richard P. Halaway, who died without owning sufficient property to pay this bill.

J. F. Collins' Sons  
 Funeral Directors.  
 For E. L. Collins

Sworn to and subscribed before me, this 23 day of March 1928.  
J. M. Barr  
 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 verify the Pension Office, stating the circumstances in very great detail. Pensioner's children, or children-in-law, must not charge the State for doing only what the law and common humanity demand of them.  
111. Return this application, and attached bills, with your final settlement to the Pension Office.  
112. Ordinary should see that the back of this book, when folded, is filled up.  
113. Renewal 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 a resident of Georgia again. State and prove fully.

J. W. Lindsey, Commissioner of Pensions

*Review of file  
11/11-1914  
Applicant was  
born at a home place  
near Georgia on  
Nov 1905  
Not admitted  
to this Bureau  
W. Lindsey  
Comm of Pen*

*John D. ...  
11/11-1914*

**+ Confederate  
Soldier's Application**

UNDER ACT 1910.

County *North*  
Name *John D. ...*  
Company *1st*  
Regiment *68th Inf*  
Approved \_\_\_\_\_

J. W. LINDSEY,  
Commissioner of Pensions

CHAR. F. BYRD, State Printer, Atlanta.

*11/21/1914  
11/11-1914*





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 make 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? Mableton 10060 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 Charlotte 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 post commander

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 Upper Valley Virginia

8. Were you personally present at the Surrender? no

9. If not, where were you and how came you there? My company was consolidated with the regiment of which was 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 no record

12. When did he leave his Command? can't say of personal knowledge Where was his Command when he left it? don't know of personal knowledge don't know for what cause did he leave?

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 Regiment

13. In what way was he prevented from returning to his Command? don't know 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? don't know and when released John Hagan was captured as he stated but was released by Federal troops and got back on the range

Sworn to and subscribed before me, this the 3 day of Oct 1910 by James M. Goldsmith

John R. Williams Ordinary,  
of Fulton County.

AFFIDAVIT OF TWO FREEHOLDERS.

STATE OF GEORGIA,

Cobb County.

Personally before me, come Rob Hill & 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 1800 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 29 day of Oct 1910 by Rob Hill & J. S. May of Cobb County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Cobb County.

J. H. Gamm 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 Rob 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 \$ 0.00 for 1909 \$ 0.00 for 1910 \$ 0.00 for 1911 \$ 0.00 for 1912 \$ 0.00 for 1913 \$ 0.00

Sworn under my hand and official seal of office this 29 day of Oct 1910

J. H. 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 give answers made 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 such cases are presented.  
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.

I certify that John Hagan with a wife, John Hagan & wife, statement are worthy of free service & being John Hagan's wife

Ordinary's Certificate

STATE OF GEORGIA

\_\_\_\_\_ COUNTY }

I, J. M. Gussner Ordinary of said County, certify that I know the applicant, J. S. Hagan 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 22<sup>nd</sup> day of April 1921

J. M. Gussner 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.

*Handwritten notes and stamps:*  
 Hagan to J. S. Cobb  
 OK for 1921  
 No. \_\_\_\_\_  
 Confederate Soldier's Application  
 by Act of 1862  
 J. S. Hagan  
 60 to  
 9/26-1921  
 [Circular Stamp: CONFEDERATE SOLDIER'S APPLICATION]

Application for Soldier's Pension Under Act 1910

As amended by Act 1919  
 and amended by Act 1920 Page 23  
 Questions For Applicants to Answer

STATE OF GEORGIA

\_\_\_\_\_ COUNTY }

J. S. Hagan 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. S. Hagan Austell Cobb County Ga
2. How long and since when have you been a continuous resident citizen of this State? Since 1st July 1914 to the Present time
3. Did you enlist in the Army of the Confederate States or in the organized militia of this State from 1861 to 1865? May 1862 to 9th April 1865
4. When and where, and in what Company and Regiment did you enlist? (Give the arm and class of Service) May 1862 at Dallas Ga 60th Co. 1st Regt. Heavy Arty
5. How long did you remain in the actual military service with said Company and Regiment? (Give date of discharge) April 9th 1865 served nearly 3 years
6. When and where was your Company and Regiment surrendered or discharged from the Service? at Appomattox Appomattox Va
7. Were you actually present with your command when it was surrendered or discharged? Yes
8. If you were not actually present, state specifically and clearly where you were Present
9. Where was your command when you left it? Appomattox
10. When did you leave the command? April 9th 1865
11. For what cause did you leave? The Army Surrendered
12. By whose authority did you leave? Gen. Lee
13. For how long was your leave granted? In what way? Final Discharged
14. Why did you not return to your command after leave expired? Was Discharged
15. In what way were you prevented? Discharged
16. What effort did you make to return? None
17. Were you captured during the war? No
18. If so, when, and where? In what prison were you held and when were you released? \_\_\_\_\_
19. Are you drawing a pension of any amount from this State or the United States? No
20. Have you ever applied for the Georgia Pension and had it refused? and for what cause it was not allowed? Because I did not a Captain of the 60th at the time the other 1000000 men had

Sworn to and subscribed before me, this the 28 day of April 1921 J. S. Hagan  
J. M. Gussner Ordinary  
 of Cobb County }

(SEAL)

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. Nagan 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. 7214 E. Morgan ave.
2. How long and since when have you known J. S. Nagan the applicant?  
Since May 1862. He was a member Co. K 60th 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. Nagan enlist during war from 1862 to 1865? (Give date and place. May 1862, Dallas, Ga. Co. K 60th Reg.)
5. How did you obtain your information of this Service? I was first Lieutenant of Co. K 60th 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? No.
9. If not, where were you and how came you there? I was in command of Co. K 60th Reg. In March 1865 Co. K 60th Reg. was consolidated with Co. B 60th Reg. and I returned to Georgia.
10. Was the applicant personally present with his command at surrender? No.
11. If not where was he and how came him there?
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 7th day of April 1921 } James M. Goldsmith  
John H. Appomattox 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 14<sup>th</sup> August, 1924.

W. L. Gamm  
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 9<sup>th</sup>, 1915.

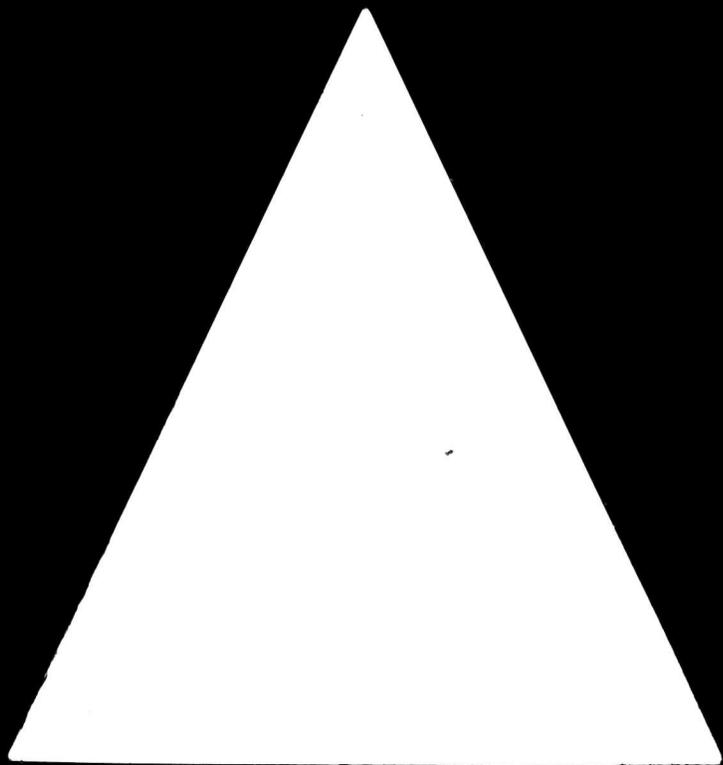
W. L. Gamm  
Ordinary Cobb County

Georgia Cobb County;

Personally appeared before me Lena 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 9<sup>th</sup>, 1915.

W. L. Gamm  
Ordinary Cobb County Ga.



*Washington*  
*D.C.*  
*11/15/11*  
NO. ....

**Confederate**  
**Soldier's Application.**  
 **UNDER ACT 1910.**

Country *USA*  
Name *P. W. Hamilton*  
Company *Co*  
Regiment *41st*  
Approved \_\_\_\_\_

*11/15-1911*  
*11/15/11*  
CHECK BY NTRD, State Prison, Atlanta  
*all from this and find*  
*Hamilton*  
**ENTERED ROSTER OFFICE**



QUESTIONS FOR WITNESS AS TO SERVICE.

STATE OF ~~Georgia~~ Oklahoma County.

A. B. Hairston

of said State and County is hereby presented as a witness in support of the application of P. M. Hairston 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? A. B. Hairston, I reside

217 1/2 First Corner, a town in above State, Geo

2. How long and since when have you known P. M. Hairston the applicant?

Since my life, about thirty five 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? At Wauwata, Wash Co. Ia - has been a resident

of Ia since his birth in 1844 - I am his brother -

4. When, where and in what Company and Regiment did P. M. Hairston enlist during war from 1861 to 1865? (Give date and place) He enlisted in Co. B, 41st Ia Regt, in June, 1862

5. How do you obtain your information of this Service? I enlisted at same time in same Co. & Regt.

6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (give date) Three years and three months.

7. When and where was his Command surrendered or discharged (give date and place)

At Annapolis, D. C. 7th Ia Cavalry, April 26th 1865

8. Were you personally present at the Surrender? I was present, surrendered

with Co. B, 41st Ia Regt, and was present at the Surrender at Annapolis, Md.

9. If not, where were you and how came you there?

10. Was the applicant personally present with his Command at surrender? He was present and made his way back to Ia - as above mentioned

11. If not where was he and how came him there?

12. When did he leave his Command? At Annapolis, Md. 26th 1865.

Where was his Command when he left it? At Annapolis, Md. in front of the Fort.

By whose authority did he leave? By the authority of the Commanding Officer, and how long was he granted leave? In camp.

How do you know what you have stated to be true? If of your own knowledge (Tell clearly and specifically) Because I was a Member of Capt. Rose's Company, and saw his capture & know why he could not get back to Ia, and I know where he was.

13. In what way was he prevented from returning to his Command? He was captured at the Surrender and was with him as above stated, after he failed to get to Ia.

14. What effort did he make to return to his Command and how do you know? I know the difficulties he had to encounter, and know that he came to Ia, and that he only got home in 1865.

15. Was applicant captured as a prisoner of war? He was.

In what prison was he held? \_\_\_\_\_ and when released \_\_\_\_\_

Sworn to and subscribed before me, this the \_\_\_\_\_ day of \_\_\_\_\_ 1911

A. B. Hairston  
Ordinary  
of Mayes County.

AFFIDAVIT OF TWO FREEHOLDERS.

STATE OF GEORGIA, Chatham County.

Personally before me W. J. Brown who on oath says that they are freeholders residing in said County and we know P. M. Hairston

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)

One acre of land in the town of Wauwata, Wash Co. Ia, which is now in the possession and control of P. M. Hairston, his wife Anna, and two large logs

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). One horse Red, One cow Red.

2. When and to whom was it sold or given to? One horse Red, One cow Red.

3. What was the price paid or stated to be paid? None

4. What relation is the party to applicant? None

5. What disposition was made of the proceeds of the sale? Used in support

6. Was the disposition of this property made in good faith and full value? Yes

Sworn to and subscribed before me, this the \_\_\_\_\_ day of \_\_\_\_\_ 1911.

W. J. Brown Ordinary of Chatham County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA, Oklahoma County.

I, W. J. Brown Ordinary of said County, certify that I know

the applicant P. M. Hairston is the person he represents himself to be and resides in

said County. That I also know A. B. Hairston the witness swearing to the

service and both are all residents of said County and were duly sworn by me before signing the foregoing affidavit and

are all truthful and trustworthy and their statements are entitled to full faith and credit. That the

Tax Return of \_\_\_\_\_ shows that \_\_\_\_\_ and wife

value of real estate in 1908 \_\_\_\_\_ for 1909 \_\_\_\_\_ for 1910 \_\_\_\_\_

Sworn under my hand and official seal of office this \_\_\_\_\_ day of \_\_\_\_\_ 1911.

W. J. Brown of Chatham 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

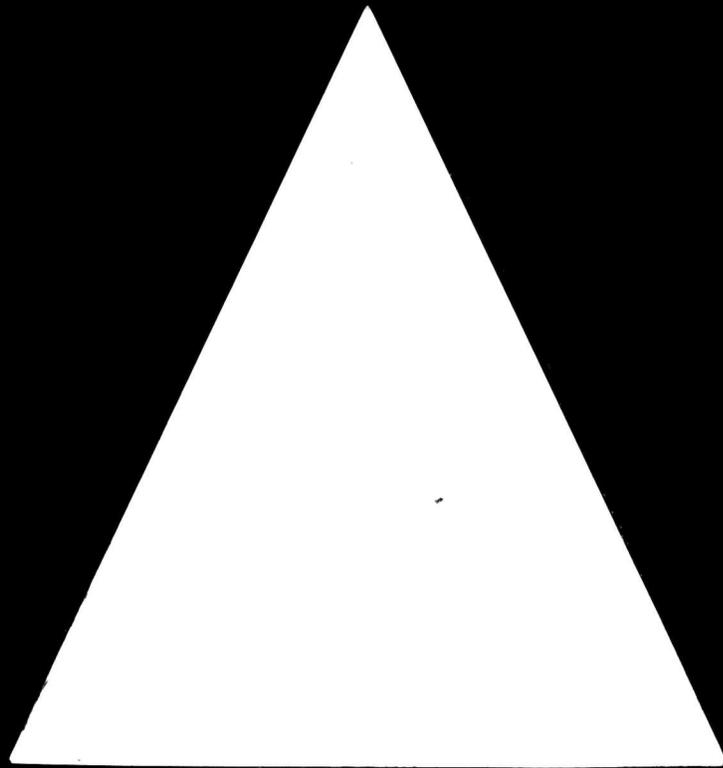
2. Additional affidavits may be introduced if blank spaces are insufficient.

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 freeholders unnecessary.

Vertical handwritten notes on the right margin, including "I am present" and "I was present" written vertically.

Handwritten notes at the bottom right: "Ordinary at Prayer Court will qualify to that affidavit."



# POWER OF ATTORNEY.

STATE OF GEORGIA.

*Cobb* (county) *Francis T. Hales*

Know all Men by these Presents, That I

of *Cobb* County, in said State, do hereby appoint

*Charles G. Johnson* 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

*11* day of *July* 189*1*

*Francis T. Hales* [L. S.]

Executed in the presence of us:

*John H. ...*  
DIRECTORS.

If allowed, send amount by  
me at

and oblige.



*Cobb* County  
1891.

No. *2966*

## Widows' Pension

PAID TO

*Mrs. Frances T. Hales*

OF

*Cobb*

COUNTY.

\$*100.00*.

### Warrant Issued

1891

AND HANDED TO

# POWER OF ATTORNEY.

Form No. 5.

STATE OF GEORGIA.

*1891* County.

Know all Men by these Presents, That I,

*Francis E. Hales*  
of *Go. Co.*

County, in said State, do hereby appoint

of *Atlanta* 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 *11th* day of *July* 189*1*.

Executed in the presence of us:

*Francis E. Hales* [L.S.]

*W. H. H. H. H.*  
*W. H. H. H. H.*  
DIRECTIONS.

If allowed, send amount by me at \_\_\_\_\_ and oblige,



# Affidavit to be Made by the Widow.

Form No. 1.

STATE OF GEORGIA.

County of *DeKalb* } In person came before me, the undersigned Ordinary  
and for the County of *DeKalb*

Mrs. *Francis E. Hales*, who being sworn according to law, says under oath that she is the widow of *Thomas M. Hales*, who was a soldier in the service of the Confederate States, and served as a member of Company *H*, of the *40th* Regiment of *Georgia* Volunteers; that he enlisted in said service on or about the *16th* day of *August* 186*2*, and was in the *Western* Army up to *Oct* 186*2*. That while in the Army, he was on the day of *Oct* 186*2*. (See Note No. 1)

*left sick in Kentucky in a deplorable condition and that he has not been heard from since when he entered the service. He was in no way connected with had any serious sickness since our marriage had never been under the treatment of a 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* 186*2*, and that she has resided in Georgia continuously since the *30th* day of *November* 186*3*; 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 *11th* day of *July* 189*1*.  
*Francis E. Hales*  
*W. H. H. H.* 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.

Widow's Pension  
PAID TO  
*Francis E. Hales*  
OF  
*Go. Co.*  
COUNTY.  
\$1000.00.  
Warrant Issued  
AND HANDED TO  
1891

*W. H. H. H.*  
*W. H. H. H.*  
DIRECTIONS.

Affidavit for Three Witnesses.

Form No. 2.

STATE OF GEORGIA,

County of Dick  
James S. Garner  
 and E. W. Clements

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,  
 reliable and reputable citizens), who severally say under oath, that, from their own personal knowledge,  
 Mrs. Francis E. Heale, of the County of Cobb  
 State of Georgia, is the widow of Thomas M. Heale, who was a soldier in  
 Company B of the 40<sup>th</sup> Regiment of Georgia Volunteers.

That said soldier enlisted in the service of the Confederate States (or the Georgia State Troops) on or  
 about the 16<sup>th</sup> 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  
Link with Disobed and was left at a Place beyond Bank-  
ford Ky. & a man by the name of Hugh S. 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 Deposition further  
swears that said Thomas M. Heale has never been  
heard of since the war

We further swear that Mrs. Francis 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  
25<sup>th</sup> day of April 1891.  
Paul Brewer  
 Ordinary.

E. W. Clements  
J. S. Garner  
J. D. Cox

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

Form No. 3.

STATE OF GEORGIA,  
 County of Cobb

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

State of Georgia, hereby certify that I am acquainted with Mrs. Francis 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. ~~It is~~

~~certified 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  
2<sup>nd</sup> day of June 1891.



J. M. Stone  
 Ordinary.

Form No. 4.

NOTES.

- The pension is only payable to certain classes of widows.
- Those whose husbands were killed in service.
- Those whose husbands died in the army of wounds or disease contracted in the service.
- Those whose husbands went to the army and have never been heard from since the war.
- Those whose husbands were wounded in the army and have since died from the direct effects of the wounds.
- Those whose husbands contracted disease in the service, and who after the war, died of the disease caused by the service. The disease directly causing the death.
- No widow is entitled unless she was the wife of the soldier during the war, and has never remarried.
- The law does not provide for any one living out of the State of Georgia, or who did not live in the State at the date of the Act.
- The facts to establish a claim must be substantiated by the testimony of three witnesses who personally know of the enlistment of the husband and his death and the immediate cause of the death.
- Widows who have married since the service of their husbands in the army are not entitled.
- There is no need of employing a lawyer or other agent to attend to these claims. The Department will furnish full and specific instructions, and give ample opportunity to every claimant.
- If witnesses live in another County from that wherein applicant resides, they must go before the Ordinary and testify. The attestation of a Justice of the Peace or Notary will not answer.
- Fill out Power of Attorney authorizing some one who can call at Treasurer's office in Atlanta and receive the money, to receipt for same.
- Fill out the "directions" below Power of Attorney, so that your Agent will know where and how to send the money.
- By order of the Governor.

W. H. HARRISON,  
 Sec. Ex. Department.

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

Form No. 9.

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.  
Annas 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  
Mrs. M. Hales 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.

J. M. Stone  
 Ordinary.

POWER OF ATTORNEY.

Form No. 8.

STATE OF GEORGIA, County of Cobb  
 KNOW ALL MEN BY THESE PRESENTS, That I, Francis E. Hales  
 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  
 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  
31st day of January 1893  
Francis E. Hales [L.S.]

Executed in the presence of:  
J. M. Stone  
J. M. Stone  
J. M. Stone

DIRECTIONS.

Send amount by \_\_\_\_\_ to \_\_\_\_\_  
 me at \_\_\_\_\_, and oblige \_\_\_\_\_

FOR THOSE HERETOFORE PAID TO  
1893.  
210. 1/101  
**WIDOWS' PENSION,**  
 for year ending February 15th, 1893.  
 —PAID TO—  
Mrs. Francis E. Hales  
 —OF—  
Cobb COUNTY.  
 Warrant Issued  
9/10 1893  
 AND HANDLED TO  
M. Hales  
 (Seal of Election, State Printer, Atlanta)

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

Form No. 9.

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.  
Annas 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 Mrs. M. Hales 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 July 1894.

J. M. Stone  
 Ordinary.

POWER OF ATTORNEY.

Form No. 8.

STATE OF GEORGIA, County of Cobb  
 KNOW ALL MEN BY THESE PRESENTS, That I, Mrs. Francis E. Hales  
 of Cobb County, in said State, do hereby appoint  
Manetta G. 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 entit-  
 led 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 July 1894.

Executed in the presence of:  
J. M. Stone  
J. M. Stone  
J. M. Stone

DIRECTIONS.

Send amount by \_\_\_\_\_ to \_\_\_\_\_  
 me at \_\_\_\_\_, and oblige \_\_\_\_\_

FOR THOSE HERETOFORE PAID.  
**1894.**  
No. 789  
**WIDOWS' PENSION,**  
 for year ending February 15th, 1894.  
 —PAID TO—  
Mrs. Francis E. Hales  
 —OF—  
Cobb COUNTY.  
 Warrant Issued  
7/12 1894.  
 AND HANDLED TO  
Manetta G. Hales  
 (Seal of Election, 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 ofThos. M. Hoales

who was a Soldier in Company

A of the40<sup>th</sup>

Regiment of

Georgia

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

August1862 and served in the Army up toOctober1862

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 Diarrhœa and fever and was left there - it was reported that he died the last of October 1862. The niece Thomas Hoales 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, 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, 1892, and now apply for the allowance provided by law for the year ending February 15th, 1893

Sworn to and subscribed before me, this

31<sup>st</sup> day of July 1893.J. M. Stone Ordinary.

Francis E. Hoales  
Post-office 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 Novr1833 That she is the Widow ofThos. M. Hoales

who was a Soldier in Company

A of the40<sup>th</sup>

Regiment of

Georgia

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

August1862 and served in the Army up toOctober1862

That he lost his

life on the

day of

October1862 (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 Diarrhœa 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 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, 1893, and now apply for the allowance provided by law for the year ending February 15th, 1894.

Sworn to and subscribed before me, this

31<sup>st</sup> day of July 1894.J. M. Stone Ordinary.

Francis E. Hoales  
Post-office Marietta Ga

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

Form No. 3.

STATE OF GEORGIA, County of Cobb  
 I, J. M. Stone Ordinary in and for said County of  
 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 7<sup>th</sup> day of July 1895.  
J. M. Stone Ordinary.

Form No. 3.

POWER OF ATTORNEY.

STATE OF GEORGIA, Cobb County.  
 KNOW ALL MEN BY THESE PRESENTS, That Frances E. Hales

County in said State, do hereby appoint  
Marietta 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:  
W. H. Fleming

DIRECTIONS.

Send amount by \_\_\_\_\_ to \_\_\_\_\_  
 me at \_\_\_\_\_, and oblige \_\_\_\_\_

Hales, Frances E.  
Wife

FOR THOSE HERETOFORE PAID.  
**1895.**

No. 452

**WIDOW'S PENSION,**  
 for year ending February 15th, 1895.

PAID TO—  
Frances E. Hales

widow of Thos. M. Hales County, Cobb

WARRANT ISSUED  
24<sup>th</sup> July  
 AND HANDED TO  
W. H. Fleming  
 1895.

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

Form No. 3.

STATE OF GEORGIA, County of Cobb  
 I, J. M. Stone Ordinary in and for said County of  
 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 4<sup>th</sup> day of July 1896.  
J. M. Stone Ordinary.

Form No. 3.

POWER OF ATTORNEY.

STATE OF GEORGIA, Cobb County.  
 I, Frances E. Hales hereby authorize J. M. Stone  
 of Marietta Ga. to receive and receipt for the pension and hereon and request  
 that he remit same to me by check

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this  
 day of July 1896. Francis E. Hales [L. S.]

Executed in the presence of  
W. H. Fleming

Hales, Frances E.  
Wife

FOR THOSE HERETOFORE PAID.  
**1896.**

No. 3530

**WIDOW'S PENSION,**  
 for year ending February 15th, 1896.

PAID TO—  
Frances E. Hales

widow of Thos. M. Hales County, Cobb

WARRANT ISSUED  
21<sup>st</sup>  
 AND HANDED TO  
W. H. Fleming  
 1896.

# For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA,  
County of *Cobb*

Personally Comes Mrs.

*Frances E Hale*

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* 18 *33* That she is the Widow of *Thos. M. Hales* who was a Soldier in Company *A* of the *40* Regiment of *Ya.*

Volunteers, that he enlisted in said Regiment on or about the month of *August* 186 *2* and served in the Army up to *October* 186 *2* That he lost his life on the day of *October* 186 *2* (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 18 *50* 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 *7* day of *July* 1895. *J. M. Smith* Ordinary.

*Frances E. Hales*  
Post-office *Marietta Ga.*

# For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,  
County of *Cobb*

Personally Comes Mrs.

*Frances E Hale*

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 *Nov. 33* That she is the Widow of *Thos. M. Hales* who was a Soldier in Company *A* of the *40* Regiment of *Ya.*

Volunteers, that he enlisted in said regiment on or about the month of *August* 186 *2* and served in the Army up to *October* 186 *2* That he lost his life on the day of *October* 186 *2* (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 18 *50* 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 *4* day of *July* 1896. *J. M. Smith* Ordinary.

*Frances E Hales*  
Post-office *Marietta Ga.*

7<sup>th</sup> day of July 1895.  
J. M. Smith Ordinary.

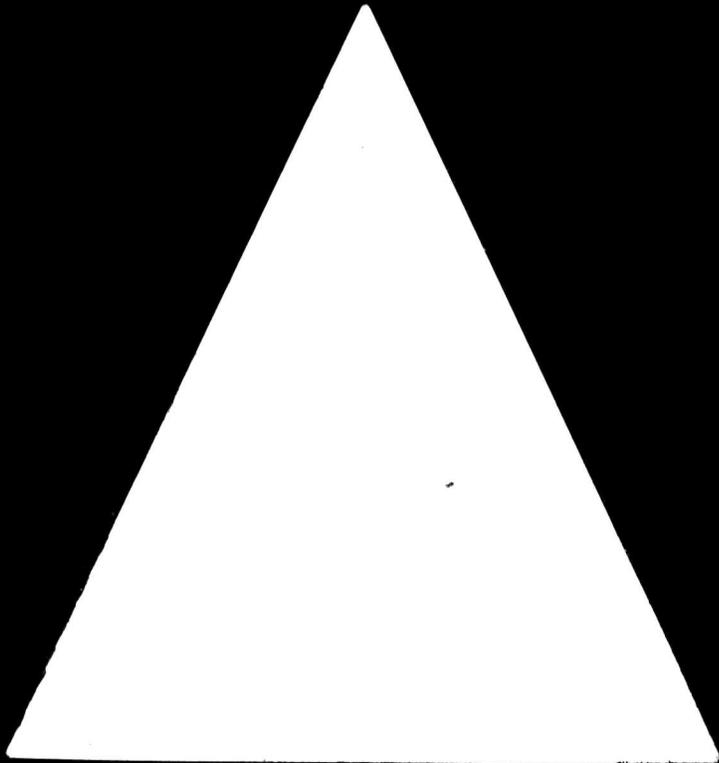
Thomas C. X. Hales  
Post-office Manetta Ga.

J. M. Smith Ordinary.

Post-office Manetta Ga.

State of Georgia  
Peach County

I J. M. Smith Ordinary in and for said  
County hereby certify that the witnesses to the  
application of Frances C. Hales, widow of Thomas M.  
Hales, for Pension to wit. James S. Barrow James S. Lee  
and E. W. Clements, are known to me to be faithful  
upright citizens and that their testimony as such witnesses  
is entitle to full faith and credit and that said  
witness were this day duly sworn by me as such  
Governor under my hand and seal this  
27<sup>th</sup> day of April 1895 J. M. Smith  
Ordinary



*on Roll*  
*of*  
*02/11/14*

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 Colt

Name Cynthia Hall

Widow of John Hall

Company B. 38<sup>th</sup> Co. 1st Regt.

Approved \_\_\_\_\_

J. W. LINDSEY,  
Commissioner of Pensions

CHAR. P. BYRD, State Printer, Atlanta.

*11/1912*

**WIDOW'S AFFIDAVIT.**

STATE OF GEORGIA,

Cobb County.

Personally before me comes 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 Nov 24 1912 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 Georgia said State of Georgia, and he was on the Georgia Pension Roll of the State and paid a pension of \$60.00 in Cobb County for 19/20 per annum, on account of being a soldier in Company B 38 Ga Regiment Infantry (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	3 1/2	\$
Horses and Mules	2	\$
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 fifty years of 19

Sworn to and subscribed before me, this the 25 day of Nov 1913 } Cynthia E. Hall  
J. M. Lawrence 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 \_\_\_\_\_ 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 \_\_\_\_\_ who made the foregoing affidavit, is the lawful widow of \_\_\_\_\_ who died in \_\_\_\_\_ County in said State at \_\_\_\_\_ day of \_\_\_\_\_ 19 \_\_\_\_\_ and that she has not since remarried. That she became the wife of \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_ 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 \_\_\_\_\_ 1913 }  
\_\_\_\_\_  
Ordinary,  
of \_\_\_\_\_ 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 38 Ga Inf  
Approved \_\_\_\_\_

J. W. LINDSEY,  
Commissioner of Pensions.

CHAS. F. STED, State Printer, Atlanta.  
11/1913

See file for 11/1913

**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 as 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..... 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..... County shows that..... returned property to the amount of..... for 1908 \$..... for 1909 \$..... for 1910 \$.....

Sworn under my hand and official seal of office..... day of..... 191.....

(SEAL.)

..... Ordinary.

..... County.

- NOTES 1. Before any questions are answered, the Ordinary shall swear applicant and the witness in the following words "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the truth. So help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. All affidavits must be made before the Ordinary.
4. Only widows who married prior to first January 1870, are entitled.
5. Attach certified copies of marriage 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 Chambersville Va. But what did you hear does seem to be there and way away from command. The Company Roll does not contain 25th Co. Applicant's name.

*This should  
not be  
37th Co  
of  
Applicant*

*Witness  
Applicant*

*Cobb*  
11-4-1910  
*John Head*



Confederate

Soldier's Application.

UNDER ACT 1910.

Country *Cobb*  
Name *John Head*  
Company *B & G*  
Regiment *38th*  
Approved \_\_\_\_\_

CHAR. F. BYRD, RECORDED  
*John Head*  
*11-4-1910*

Pension office 10/20/1910.

Applicant and his witnesses are both mistaken the date of surrender and were not under at Chancellorsville Va. and were not with them to be there and why away from command. The Company Roll lists contain this man- Applicant's name.

*Witnesses  
Robert  
M. ...  
S. ...*

**Soldier's Application**

**Confederate**

UNDER ACT 1910

County *Polk*  
Name *John Ross*  
Company *B*  
Regiment *38th E*  
Approved \_\_\_\_\_  
I. W. LITTLE  
Commissioner

*State  
3/12/11*

**APPLICATION FOR SOLDIER'S PENSION UNDER ACT 1910.**

Questions for Applicants to Answer.

STATE OF GEORGIA

County

I, *John Ross*, of said State and County, hereby apply for a pension provided by Act of 1910 to Confederate Soldiers, and submit the sworn statement with the testimony to make out the same, and after being duly sworn true answers to make to the questions propounded hereinafter follows, to wit:

1. What is your name and where do you reside? *John Ross, Marshall Co. Ga.*

2. 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? *No*

4. When and where and in what Company and Regiment did you enlist? (Give the arm and class of Service) *B Co. 38th E. B. B. 35th E. Infantry*

5. How long did you remain in the actual Military Service of the Company and Regiment? (Give date of discharge) *Twenty four days 12/12/65*

6. When and where was your Company and Regiment discharged or discharged from the Service? *April 1866 at Camp ...*

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 *South*

9. Where was your Command when you left it? *When Surrendered in May 1865*

a. When did you leave the Command? \_\_\_\_\_

c. For what cause did you leave? \_\_\_\_\_

d. By whose authority did you leave? \_\_\_\_\_

e. For how long was your leave granted? In what way? \_\_\_\_\_

f. Why did you not return to your Command after leave expired? \_\_\_\_\_

g. In what way were you prevented? \_\_\_\_\_

h. What effort did you make to return? \_\_\_\_\_

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

j. If so, when, and where? In what prison were you held and when were you released? \_\_\_\_\_

10. 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) *Had 1 Cow and 1 Horse in 1908*

11. 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*

12. What property 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 Homestead list) *Nothing*

13. What annual or monthly income or earnings of yourself and wife and the source derived hereof? *Nothing*

14. Are you receiving a pension of any amount from this State or the United States? *No*

15. 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 \_\_\_\_\_ 1912

*John Ross*  
County

*John Ross*  
*Witness*  
*Witness*  
*Witness*

QUESTIONS FOR WITNESSES

STATE OF GEORGIA.

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 make the following questions and answers as follows:

1. What is your name and where do you reside?
  2. How long and since when have you known \_\_\_\_\_ the applicant?
  3. Where does he now reside, and since when has he been a bona fide, continuing resident in this State and how do you know?
  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 services 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? \_\_\_\_\_ 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 the \_\_\_\_\_ day of \_\_\_\_\_ 1911  
 \_\_\_\_\_ Ordinary  
 of \_\_\_\_\_ County.

AFFIDAVIT OF TWO FREEHOLDERS.

STATE OF GEORGIA.

County

Personally before me come \_\_\_\_\_ who on oath say 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 sole 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 3 Nov.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA.

County

Ordinary of said County, certify that I know \_\_\_\_\_ the person he represents himself to be and resides in \_\_\_\_\_ the witness swearing to the above facts are free holders, that they are all residents of said County and were duly sworn by me before me as the former Ordinary and they are all bona fide and continuing residents of said County and their statements are verified by all oath and credit. That the Tax Roll for \_\_\_\_\_ shows that \_\_\_\_\_ and wife value for tax is in 1908 \$ \_\_\_\_\_ for 1909 \$ \_\_\_\_\_ for 1910 \$ \_\_\_\_\_ Sworn and subscribed before me, this \_\_\_\_\_ day of \_\_\_\_\_ 1911  
 \_\_\_\_\_ Ordinary  
 of \_\_\_\_\_ County.

- NOTES: 1. Before any questions are answered the Ordinary shall read applicant and all witnesses in the following words: "You do solemnly swear that you will give answers make to each question asked you and the evidence you see and hear, and that you will not be sworn to do." 2. Witnesses' statements may be made in blank spaces on application. 3. All answers must be made before the Ordinary and certified by him. 4. If applicant has no property or is a pauper, his property and amount of tax and wife, if married, Tax holder's name.

*George Cobb County*  
 I certify that the above named \_\_\_\_\_ a  
 citizen of \_\_\_\_\_ County is of good repute  
 and his statements worthy of consideration  
 This July 22<sup>nd</sup> 1911  
 \_\_\_\_\_  
 only

QUESTIONS FOR WITNESS AS TO SERVICE

STATE OF GEORGIA

Paulding County

W.B. Berrington Personal and State and County forms presented as a witness in support of the application of John Hall for the pension 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. Berrington  
in Paulding County  
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 bonafide, continuing resident in this State and how do you know?  
He lives in the City of Savannah, Ga. since 1860  
I have never personally seen him since that time

4. When, where and in what Company and Regiment did John Hall enter during war from 1861 to 1865? (Give date and place).  
28 Feb in Co. in 1862 in Georgia

5. How did you obtain your information of this Service?  
a number of same Co. 9 Reg.

6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (give date)  
at the time of his surrender

7. When and where was his Command surrounded and captured? (give date and place)  
1865 at the Battle of Chancellorsville 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 8th day of Aug 1910

W.C. Carroll Ordinary

Paulding County

W.B. Berrington Ordinary

Paulding County

W.B. Berrington Ordinary

STATE OF GEORGIA

County

Personally before me comes W.B. Berrington 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 4 Nov.

1907 (State if fully by name)

- When sold or given, was it sold or given for?
- 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 8th day of Aug 1910

Ordinary

of Paulding County

ORDINARY'S CERTIFICATE

STATE OF GEORGIA

Paulding County

I, W.C. Carroll 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. Berrington the witness swearing to the service and W.C. Carroll who are free holders, that they are all residents of said County and were duly sworn to 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 + and wife value for tax is in 1908 \$ + for 1909 \$ + for 1910 \$ +

Sworn under my hand and official seal of office this 8th day of Aug 1910

W.C. Carroll 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 introduced if their genuineness is manifest.  
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

*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. \_\_\_\_\_ Volts \_\_\_\_\_

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, *Cobb* 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 191\_\_\_\_ and at the time of his death on the *27* day of *November* 191\_\_\_\_ there was due to him and unpaid his Pension of *Sixty* Dollars from the State of Georgia, and I know *J. 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

*Hall, John*  
*Cobb County*

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. *B* Regt. *38<sup>th</sup>* Volts \_\_\_\_\_

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: \_\_\_\_\_

is the lawful widow of ..... who 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.

*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

Min. *Elizabeth Hall*  
Widow of *John Hall*  
of *Cobb* County,  
Co. \_\_\_\_\_ Regt. \_\_\_\_\_ 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: \_\_\_\_\_

is the lawful widow of ..... who 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.

*Hall, John*  
*Cobb County*

No. \_\_\_\_\_  
1913

**Application for Pension Due  
Deceased Soldier**

UNDER ACT 1891

To be paid the Widow or Dependent Children

BY

Min. *Lavinia Hall*  
Widow of *John Hall*  
of *Cobb* County,  
Co. *B* Regt. *38<sup>th</sup>* 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: \_\_\_\_\_

### 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. *Gynda 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 an *Infantry* 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 *27* 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 *16* day of *July*, 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. *Cobb*

#### AFFIDAVIT OF WITNESS.

GEORGIA, *Ware* 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. *Gynda Hall* the above applicant, that he knows that the said *John H. Hall* and *Gynda Hall* were in due form of law married in the county of *Cobb* in the State of *Georgia* on the *16* day of *July*, 1864, and that they resided together *their marriage at Corns Ga but he met her on the day of his death as husband and wife from date of marriage to the day of his death on the 24th day of November, 1912* and I now know that she is his dependent widow.

Sworn to and subscribed before me this *17th* day of *January*, 1913.  
*W. G. Baker* Ordinary. *Joseph H. Hall*  
*Ware* County. *meant*

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 an *Infantry* 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 *13* 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 *16* day of *July*, 1864, in *Ware* 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. *Cobb*

#### AFFIDAVIT OF WITNESS.

GEORGIA, *Cobb* County.

Personally before me comes *I. 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 *16* day of *July*, 1864, and that they resided together *as husband and wife from the date of marriage to the day of his death on the 13th 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. *I. J. Gann*  
*Cobb* County. *Cobb*

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. R. 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 Ia. 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. R. Herring*  
*Witness*

*Sworn to and Subscribed  
before me this Feby 16 1911  
J. M. Gann  
Ordinary*

Georgia, Cobb County.

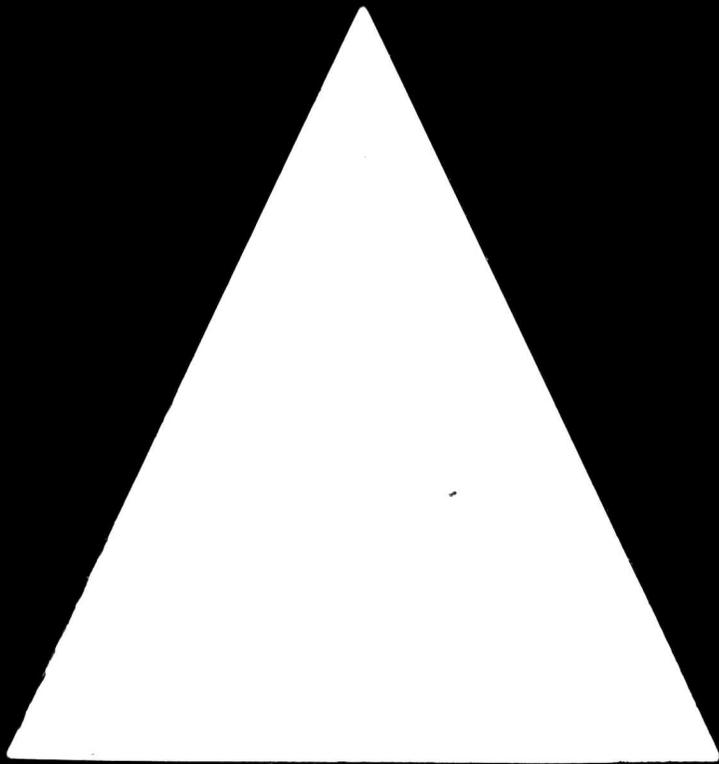
Personally come before me, John Hall, who being duly sworn says that he was a member of Company "B", 38th Georgia Regiment, and that he made an application for pension as provided by law, and in said application he stated that he surrendered on April 9th, 1865, which was correct, but stated that he surrendered at Chancellorsville, when in fact, he surrendered at Appamattox Court House Virginia, and applicant makes this m 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*  
*Witness*

*J. M. Gann*



POWER OF ATTORNEY.

STATE OF GEORGIA.

of the county of Cobb I, Sarah J. Hall hereby authorize Wm. H. Hall to receive and accept for the pension allowed and request that he remit same to Heane at Heane

by Heane

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

day of Feb 1898

[L.S.]

Executed in the presence of

A. A. Scripps, Ch. R. Briggs, J. J.

Pension Office 4/12 1898  
Proof 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  
Court of Pension

Pension Office 2/2 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  
Court 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. HARRISON, STATE PRINTER, ATLANTA

3/20/98  
4/6/98, 2/2 98



**Affidavit for Three Witnesses.**

Form No. 2.

Form No. 2.

STATE OF GEORGIA, ) In person came before me, the undersigned Ordinary in and  
COUNTY OF Cobb ) for said County, witnesses W. L. Gibson

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. Sarah J. 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 Sept 1861. That while in said service on any reason of said service in the Army, he lost his life as follows: While in battle Sharps bully Mr. he was shot in the head, was furloughed some time and was never able to get back to army and I have not 3 years ago and was still dead from wound when the wound was a

Q. W. Martin says that Martin Hall was a member of Co. B. 35th Regt. the 10th - that the Martin was a member of the same Company & Regt. - that the said Hall was wounded as alleged, and that the enemy moved 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 - Our opportunity for knowing the facts stated in reference to death of applicant's husband was Martin says he was a neighbor to him part of the time after the war - and was acquainted with him after the war and his death

We further swear that Mrs. Martin was the wife of said soldier during the service, and that she has not intermarried 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'y 1891

W. L. Gibson Ordinary  
W. H. Martin  
J. H. Moore

NOTE 1 - Witnesses must 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.

J. M. Rice being presented to witnesses called off the team of Mrs. Rice and says they were at the time of the death of the said soldier and were with him at the time he was wounded and that he was never able to get back to the army and was still dead from the wound when the wound was a fatal one.

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

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

State of Georgia, hereby certify that I am acquainted with Mrs. 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. Turner and J. W. Martin, 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 10 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. Er. Department.

POWER OF ATTORNEY.

State of Georgia.

Cobb County, }  
I, Mrs Sarah J. Hall hereby authorize Jul. Stone  
of Marietta 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 5th

day of January 1899.

Sarah J. Hall [L. S.]  
mark

Executed in presence of

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County, }  
I, Sarah J. Hall hereby authorize  
Jul. Stone of Marietta 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 12th

day of July 1900.

Sarah J. Hall [L. S.]  
mark

Executed in presence of

S. J. Hauby

Hall Sarah J.  
Cobb County  
For Those Heretofore Paid.

1899.

NO. 2157

WIDOW'S PENSION,

For year ending February 16th, 1899.

PAID TO  
Mrs Sarah J. Hall  
Cobb County  
Widow of Martin Hall

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT ISSUED

1/30 1899.

AND HANDY TO  
J. S.

U. S. W. HARRISON, STATE PRINTER, ATLANTA.

Get forth with us  
to 1899.

Hall Sarah J.  
Cobb County  
To Those Heretofore Paid.

1900.

NO. 1289

WIDOW'S PENSION,

For year ending February 16th, 1900.

PAID TO  
Mrs Sarah J. Hall  
Cobb County,  
Widow of Martin Hall

JNO. W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

Feb 16 1900.

AND HANDY TO  
J. S.

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 ofB<sup>3</sup> Martin Hall  
38<sup>2</sup> who was a soldier in Company  
of the 38<sup>2</sup> Regiment of Pa.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 11<sup>th</sup> 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 17<sup>th</sup> day of September  
1862 he was wounded in the  
head from which wound he  
died on the 11<sup>th</sup> 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 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

1899.

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 1<sup>st</sup> day of July 1850Given under my official signature and seal this 1<sup>st</sup> 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  
B of the 38<sup>2</sup> 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 11<sup>th</sup> day of September 1862 (State here

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

Fight in the battle of Sharpsburg  
Md. on 17<sup>th</sup> day of September 1862  
he was wounded in the head  
from which wound he died on  
the 11<sup>th</sup> day of September 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 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

1899.

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 1<sup>st</sup> day of July 1850Given under my official signature and seal, this 1<sup>st</sup> 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.]  
*Wife*

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.]  
*Wife*

Executed in presence of

*J. K. ...*

*Hall, Sarah J.*  
*Cobb*

To Those Heretofore Paid.

1901.

No. *183*

WIDOW'S PENSION,

For year ending February 15th, 1901.

paid TO  
*Mrs. Sarah J. Hall*  
of  
*Cobb*

County, \_\_\_\_\_

Widow of  
JOHN W. LINDSEY,  
Commissioner of Pensions.

WARRANT ISSUED

*Jan. 16* 1901,

AND HANDED TO

*John Aubrey*

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

*Hall, Sarah J.*  
*Cobb County*

To Those Heretofore Paid.

1902.

No. *231*

WIDOW'S PENSION,

For year ending Dec. 31, 1902.

PAID TO

*Mrs. Sarah J. Hall*

County, *Cobb*

Widow of \_\_\_\_\_  
Regiment \_\_\_\_\_

JOHN W. LINDSEY,  
Commissioner of Pensions.

WARRANT ISSUED

1902

AND HANDED TO

*John Aubrey*

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

## For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of Cobb

Personally Comes Mrs.

Sarah J Hallwho, 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 1850. That she is the Widow ofMartin Hall

who was a soldier in Company

B of the 38<sup>th</sup>Regiment of GeorgiaVolunteers, that he enlisted in said regiment on or about the month of October1861 and served in the Army up to Sept 1862. That he lost hislife on the 11 day of Sept 1862. (State hereparticulars of the husband's death, when, where and from what cause) That in thebattle of Shoppburg Md. on the 17<sup>th</sup> dayof Sept 1862 he was wounded in the headfrom which wound he died on the11 day of September 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 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<sup>th</sup> day of Jan 1901. John Awtry Ordinary. Post Office MassState of Georgia, Cobb County, I, John Awtry Ordinary of said County, certify that I am well acquaintedwith 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 11<sup>th</sup> day of Jan 1862.Given under my official signature and seal, this the 14<sup>th</sup> 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 Hallwho, 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 1850. That she is the Widow ofMartin Hall

who was a soldier in Company

B of the 38<sup>th</sup>Regiment of GeorgiaVolunteers, that he enlisted in said regiment on or about the month of October1861, and served in the Army up to September 1862. That he lost hislife on the 11<sup>th</sup> day of September 1862. (State here

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

That in the battle of Shoppburg Md. on the 17<sup>th</sup> day of September 1862he was wounded in the head, fromwhich wound he died on the 11<sup>th</sup> dayof September 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, 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. John Awtry Ordinary. Post Office MassState of Georgia, Cobb County, I, John Awtry Ordinary of said County, certify that I am wellacquainted 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 11<sup>th</sup>day of Jan 1862.Given under my official signature and seal, this the 9 day of Jan 1902.Ordinary of Cobb County.

Official Seal

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, Sarah J. Hall, hereby authorize John Hurley of [blank] to receive and receipt for the pension paid hereon, and request that he remit same to [blank] at [blank].

In Witness Whereof, I have hereunto set my hand and seal, this 13th day of January 1903.

S. J. Hall [Signature] [L. S.]

Executed in presence of [blank]

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb COUNTY.

I, Sarah J. Hall, hereby authorize John Hurley of [blank] to receive and receipt for the pension paid hereon, and request that he remit same to [blank] at [blank].

In Witness Whereof, I have hereunto set my hand and seal, this 16 day of Jan 1904.

S. J. Hall [Signature] [L. S.]

Executed in presence of [blank]

[Signature]

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. 38th Regiment, Va. Inf.

JOHN W. LINDSEY,

Comptroller General of Pensions.

WARRANT ISSUED

1/13 1903

AND HANDED TO

S. J. Hall

Hall Sarah J. Cobb County

TO THOSE HERETOFORE PAID.

1904.

No. 308

WIDOW'S PENSION

FOR YEAR ENDING DECEMBER 31, 1904.

PAID TO Mrs. Sarah J. Hall of Cobb County, Widow of Martin Hall, Co. B. 38th Regiment, Va. Inf.

JOHN W. LINDSEY,

Comptroller General of Pensions.

WARRANT ISSUED

1/16 1904

AND HANDED TO

S. J. Hall

Geo. W. Harrison, State Printer, Atlanta.

## 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

1857

That she is the Widow of

Martin Hall

who was a soldier in Company

Bof the 38<sup>th</sup>Regiment of GeorgiaVolunteersthat he enlisted in said regiment on or about the month of October1861, and served in the Army up to September 1862. That he lost hislife 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 Sharpsburg, Md. on Oct 7<sup>th</sup> 1862 he was wounded in the head from which wound he died Sep 18<sup>th</sup> 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 13<sup>th</sup> day of July 1903. John D. Hurley Ordinary. Leonard Post Office.

State of Georgia, Cobb County. I, John D. Hurley 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 the 13<sup>th</sup> 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,

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

1857

That she is the Widow of

Martin Hall

who was a soldier in Company

Bof the 38<sup>th</sup>Regiment of GeorgiaVolunteers, that he enlisted in said regiment on or about the month of October1861, and served in the Army up to September 1862. That he lost hislife 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 Sharpsburg, Md. on Oct 7<sup>th</sup> 1862 he was wounded in the head from which wound he died Sep 18<sup>th</sup> 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 13<sup>th</sup> day of July 1904. John D. Hurley Ordinary. Leonard Post Office.

State of Georgia, Cobb County. I, John D. Hurley 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 the 13<sup>th</sup> day of July 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,

Bald County,

I, Sarah J. Hall, hereby authorize  
John Purkuff of Manitow, 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 7<sup>th</sup>  
day of January 1905.

Sarah J. Hall [L. S.]  
Quick  
Executed in presence of

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cherokee County,

I, Frank J. Hall, hereby authorize  
John D. May 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 5<sup>th</sup>  
day of January 1906,

Frank J. Hall [L. S.]  
John D. May  
Executed in presence of

Hall Sarah J.  
Quick

To Those Heretofore Paid.

1905.

No. 152

WIDOW'S PENSION,

For year ending Dec. 31, 1905.

PAID TO  
Mrs Sarah J. Hall  
OF  
Cobb

County,

Widow of Martin Hall  
Co. B 38<sup>th</sup> Regiment Inf U.S.

JOHN W. LINDSEY,  
Commissioner of Pensions.

WARRANT ISSUED

AND HANDED TO 153 1905.

CRG

The Pension Office, Washington, D. C.

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 38<sup>th</sup> Regiment

JOHN W. LINDSEY,  
Commissioner of Pensions.

WARRANT ISSUED

AND HANDED TO 112 1906.

CRG

The Pension Office, Washington, D. C.

## 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 ofMartin Hall

who was a soldier in Company

B

of the

35

Regiment of

Volunteers, that he enlisted in said regiment on or about the month of October1867, and served in the Army up to 1880 That he lost hislife on the Sept day of 1880 (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 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 1859I 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 7<sup>th</sup> day of Jan 1905.

Ordinary.

Post-Office.

Sarah J. Hall  
Much

State of Georgia,

County of Cobb }I, John Purdie

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 theday of January 1859Given under my official signature and seal, this the 7<sup>th</sup> day of Jan 1905.

Official Seal.

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

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

B

of the

38

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.)

Wid. Wounded 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, 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 Jan 1906.

Ordinary.

Post Office.

Sarah J. Hall  
Much

State of Georgia,

County of Cobb }I, John Purdie

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 the 15 day of Jan 1906.

Official Seal.

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 Hartney*

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 11th day of

*January* 1907.

*Sarah J. Hall* [L.S.]  
*John Hartney*

Executed in presence of

*J. Williams*

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, and received a gunshot wound on his head, producing a depressed fracture of right parietal bone, and as a result Epilepsy, for which I performed an operation, believing the same might be cured, but he declined the operation, and in a year or two died as a result of the wound.

Sworn to and  
Subscribed before  
me this 11th day  
of Jan 1898  
J.M. Stone  
Cobb

*Hall, Sarah J.*  
*Cobb County*  
To those Heretofore

**1907.**

**WIDOW'S PENSION**

For Year ending Dec. 31, 1907.

PAID TO

*Anderson J. Hall*

OF

*Cobb* County,

Widow of *Marshall Hall*

Co. Regiment

JOHN W. LINDSEY,  
Commissioner of Pensions.

WARRANT ISSUED

11/11 1907,

AND HANDLED TO

*John W. Hartney, State Printer, Atlanta.*

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 \_\_\_\_\_

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.)

died in 1880 from wound in  
head

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 11 day of January, 1907.

Ordinary.

Post Office \_\_\_\_\_

State of Georgia,

County of Cobb

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 the 11 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.

State of Georgia In Person came before  
John Hestrey } the undersigned  
Ordinary in and for said County  
of Cobb }  
was Sworn 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  
Jan 31 1898  
D. C. Berry ordinary of  
Cobb County

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



CHEROKEE COUNTY.

Canton, Ga., July 26 1898

I do hereby certify, in and to the said  
County, Georgia, that J. H. Camp is a witness  
of full faith and credit, whose name and  
address is contained in the following  
list:

Witness as above and official seal  
July 26<sup>th</sup> 1898

I do hereby certify  
the above to be true.

George  
Cobb County Personally came before  
me of the Stone ordinary of said County  
J. H. Camp 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.

Done to and by J. H. Camp  
Subscribed before me  
July 29<sup>th</sup> 1898  
J. H. Stone  
Ord.

I certify that J. H. Camp  
is a resident of Cobb Co.  
and as a witness of worthy  
of full faith and credit.

J. H. Stone

Ord.

OFFICE OF  
F. P. HUDSON,  
ORDINARY OF FAULDING COUNTY.

Dallas, Ga. Jan 28<sup>th</sup> 1898

In person appeared Wyles  
Harris 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-  
s that they lived together as man  
and wife.

Sworn to and subscribed Wyles <sup>Harris</sup>  
before me Jan 28<sup>th</sup> 1898

F. P. Hudson ordy.

and I certify that Wyles Harris 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 28<sup>th</sup> 1898  
F. P. Hudson ordy Paulding Co

Georgia }  
Cobb County }  
Personally  
came before John C.  
Stone ordinary in and  
for said county B. M.  
Slattery who said 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 a gun shot  
in the head which  
he received in the  
confederate army which  
caused him to receive  
this day that he had

Georgia }  
Cobb County } Personally  
came before John C.  
Stone ordinary in and  
for said county B. M.  
Slattery who said 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 a gun shot  
in the head which  
he received in the  
confederate army which  
caused him to receive  
this day that he had

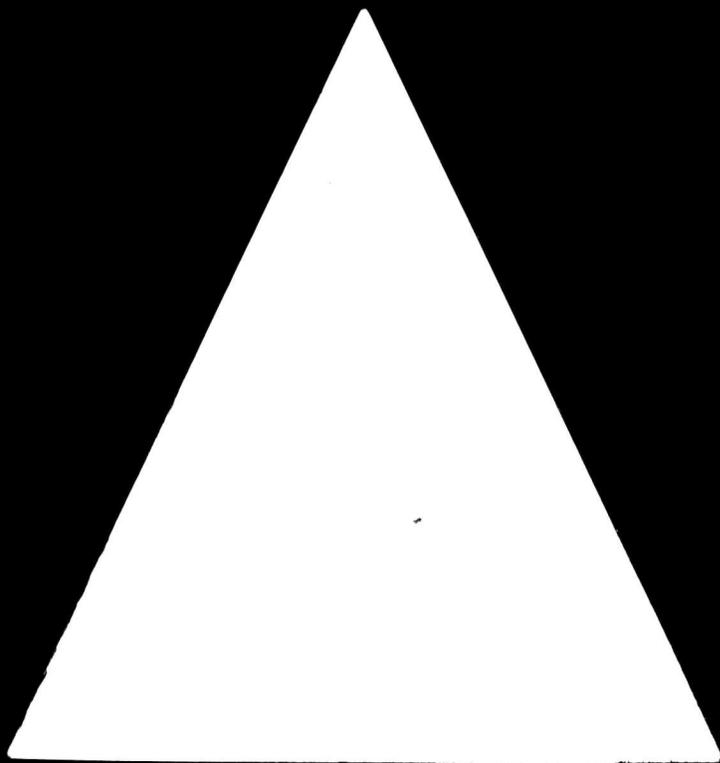
... to be made to study  
... of his cause  
... and  
...  
...  
...

Wm. Chadwick

Admitted and Subscribed  
before me this 19<sup>th</sup> Feb.  
1898. J. M. Stone  
Jury

B. M. G. Stanley

Admitted and Subscribed  
before me this 2<sup>nd</sup> / 98  
J. M. Stone  
Jury



POWER OF ATTORNEY.

STATE OF GEORGIA,

County, }

\_\_\_\_\_ hereby authorizes

I, \_\_\_\_\_ of \_\_\_\_\_

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

at \_\_\_\_\_

day of \_\_\_\_\_

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 *A.E. Hamby*

County *Cobb*

Approved *3/9* 1898

WARRANT HANDED TO

*R C. J. J. J.*

Geo. W. Harrison, State Printer, Atlanta.

*4/2-1898*

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 \_\_\_\_\_ by \_\_\_\_\_

Witness my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_ 1897.

Executed in presence of \_\_\_\_\_

*B Hamby, A.E. Cobb*  
No. 2974

INDIGENT PENSION  
1898.

Name *A. E. Hamby*  
County *Cobb*

Approved *3/9* 1898

WARRANT HANDED TO  
*R. C. Irvine*

Geo. W. HARRISON, STATE PRINTER, ATLANTA.

*4/22/1898*

Questions for Applicant.

STATE OF GEORGIA.

*Cobb* 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 20th 1829*
4. When and where and in what company and regiment did you enlist or serve? *Jan 1862 at Atlanta Ga. Company C 21st Ga. Regiment Texas 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? *Payrolled Spotsylvania 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 "infirmity and poverty" or third "blindness and poverty"? *Infirmity 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 ever since I got that 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 labor 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 \$7500 about half my own labor*
18. What was your employment during 1896 and 1897? What pay did you receive in each year? *Mechanic - about \$3500*
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* 1898 at *Austell* Applicant. *A. E. Hamby*  
*J. S. Stone* Ordinary *Austell*  
of *Cobb* County.

**QUESTIONS FOR WITNESS.**

STATE OF GEORGIA,

County.

*Daughlar* 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. F. Harris in Daughlar Co. Ga. Retira Springs Post 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? *Daytonville both Co. Ga. Do my certain 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' 7th 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 Appomattox Court at the residence of General Robert A. Lee.*

8. What property, effects or income has the applicant? (Give your means of knowledge.) *He has no property nor income any 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 earn support for himself.*

12. How was he supported during the years 1895 and 1896? *By his neighbors and friends.*

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 10th, 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. Harris* Witness.

*H. K. Spear* Ordinary.  
*Georgia*  
*Daughlar County*  
*This was presented to me on the 10th day of April 1898 and I find that the applicant is a Confederate soldier and that he is now a brick mason and that he is unable to support himself by his own labor and that he is entitled to a pension under the Act of December 10th 1894.*

**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, said condition is ~~not~~ 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 *J. M. 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. M. 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 proscribed, 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 both 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

from me

by him

Witness my hand and seal this 16 day of Jan 1899.

Executed in presence of J. M. Stone & A. G. Hamby (L. S.)

Hamby A. G.  
1 copy also for  
(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  
John W. Hartman, State Printer, Atlanta.

no data

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. Stone  
John W. Hartman, State Printer, Atlanta.

no data

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.

I, A. G. Hamby, hereby authorize

J. M. Stone of Marionetta Ga

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

from me

by him

Witness my hand and seal, this 10 day of Jan 1900.

Executed in presence of

A. G. Hamby

A. G. Hamby [L. S.]  
no data

# 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 10<sup>th</sup> day of July 1875; 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 21<sup>st</sup> Regiment of the Regt.; that his physical condition is as follows:

On account of age and 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 16<sup>th</sup> day of Janry. 1898.  
J. M. Stone Ordinary. A. E. Hamby Austell 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 16<sup>th</sup> day of Janry. 1898.  
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 20<sup>th</sup> 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 21<sup>st</sup> 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 15<sup>th</sup> day of January 1900. } A. E. Hamby  
J. M. Stone Ordinary. Austell 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 15<sup>th</sup> 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.

1876 County }

I, A. C. Hamby hereby authorize John Lindsey of Merrell

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

You at Merrell

by Friend

Witness my hand and seal, this 16<sup>th</sup> day of January 1901.  
A. C. Hamby [L. S.]

Executed in presence of  
W. M. Hamby

For Those Already Enrolled.

INDIGENT

SOLDIER'S PENSION.

1901.

Name A. C. Hamby  
County 1876

WARRANT ISSUED  
Jan 15 1901

JOHN W. LINDSEY,  
Commissioner of Pensions

WARRANT HANDED TO  
Hamby

STATE OF GEORGIA.

No sale

Hamby, A. C.  
Cobb County

( FOR THOSE ALREADY ENROLLED. )

No. 509.

INDIGENT

SOLDIER'S PENSION

1902.

Name A. C. Hamby  
County Cobb  
Co. 6 Regiment 21st

WARRANT ISSUED  
Jan 16 1902

JOHN W. LINDSEY,  
Commissioner of Pensions.

WARRANT HANDED TO  
Hamby

Geo. W. HARTON, State Printer, ALBANY.

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

at \_\_\_\_\_

by \_\_\_\_\_

Witness my hand and seal, this 9<sup>th</sup> day of January 1902.  
A. C. Hamby [L. S.]

Executed in presence of

Hamby

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears A. E. Nobby 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 20<sup>th</sup> day of Feb 1879, 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 21<sup>st</sup> Regiment of Co. Regulars 81<sup>st</sup> 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 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 10<sup>th</sup> day of January 1901, by A. E. Nobby Ordinary.

STATE OF GEORGIA,

Cobb County.

I, John Aubrey Ordinary of said County, do certify that I am well acquainted with A. E. Nobby the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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<sup>th</sup> day of January 1901.

John Aubrey Ordinary Cobb County.



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

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cobb County.

Personally appears A. E. Nobby 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 20<sup>th</sup> day of Feb 1879; 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 21<sup>st</sup> Regiment of Co. Regulars 81<sup>st</sup> Regt; 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 10<sup>th</sup> day of January 1902, by A. E. Nobby Ordinary.

STATE OF GEORGIA,

Cobb County.

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



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

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, \_\_\_\_\_ hereby authorize \_\_\_\_\_

of \_\_\_\_\_

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

at \_\_\_\_\_

by \_\_\_\_\_

Witness my hand and seal, this \_\_\_\_\_ day of \_\_\_\_\_ 1903.

*E. A. Handy* [L. S.]  
*Mark*

Tested in presence of

*J. M. Lane*

*Handy, A. E.*  
*Chas. Handy*

COUS. SECT. 106, 124.  
(FOR THOSE ALREADY ENROLLED.)

No. 477

INDIGENT  
SOLDIER'S PENSION  
1903.

Name *A. E. Handy*  
County *Chas*  
Co. *E* Regiment *21* ST

WARRANT ISSUED  
*1/23* 1903.

JOHN W. LINDSEY,  
Commissioner of Pensions.

WARRANT HANDED TO  
*Handy*

Gen. RETURN AND PRINTER, ATLANTA.

*7/3 1903*

# 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 1828, 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 Co. Regt.; that his physical condition is as follows: on acct of age infirmity of joints 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 \_\_\_\_\_ 1903. }  
John A. Winters Ordinary.

STATE OF GEORGIA,

Cobb County.

I, John A. Winters 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.

John A. Winters Ordinary. Cobb County.



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



**POWER OF ATTORNEY**

Form No. 5.

STATE OF GEORGIA,

County, \_\_\_\_\_

I, \_\_\_\_\_ hereby authorize \_\_\_\_\_

to receive and receipt for the pension allowed and \_\_\_\_\_ by \_\_\_\_\_

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this \_\_\_\_\_ day of \_\_\_\_\_ 190\_\_\_\_\_

Executed in the presence of \_\_\_\_\_

[L. S.]

*Hambly, W. J.*  
*C. C. C.*

Code Section 1229.

*P.R. Jan 1910*

**INVALID  
SOLDIER'S PENSION,  
1909**

Name *W. J. Hambly*

County *C. C. C.*

Co. \_\_\_\_\_ Regt. \_\_\_\_\_

Disability \_\_\_\_\_

Amount, \$ *100*

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

STATE OF GEORGIA

**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 \_\_\_\_\_ 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 appeared \_\_\_\_\_ 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, Arterio-sclerosis, and other ailments 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 about \_\_\_\_\_

\_\_\_\_\_

Where was command surrendered? Appomattox C. V. Va  
Was applicant present? Yes  
How come there? \_\_\_\_\_  
And by whose authority? State fully \_\_\_\_\_

Deponent desires to participate in the benefits of Section 1550 of the Code, and the Act amendatory thereof, and makes application for the pension to which he is entitled for the year thereafter, ending October 31st, 190\_\_\_\_  
Sworn and subscribed before me, this \_\_\_\_\_ day of \_\_\_\_\_ 190\_\_\_\_  
B. F. Hamby  
Post Office \_\_\_\_\_  
Ordinary.

Notes—State fully in minute of wound or character of disease which causes the disability, and specify 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 use the first blank space set aside when the affidavits are signed.

The Instructions as Set Out in the Notes Must be Observed.

**INVALID SOLDIER'S PENSION, 1909**

Name B. F. Hamby  
County W.  
Rank \_\_\_\_\_  
Regt. \_\_\_\_\_  
Company \_\_\_\_\_  
Date \_\_\_\_\_  
Age \_\_\_\_\_  
Disability \_\_\_\_\_  
Remarks \_\_\_\_\_  
JOHN W. LINDSEY  
WARRANT HANDED TO \_\_\_\_\_

Hamby, B. F.  
W. Co. 1st Regt.  
10th Inf.  
1864  
1910

# AFFIDAVIT FOR THREE WITNESSES

STATE OF GEORGIA,

Colt County.

PERSONALLY appears before me, the undersigned Ordinary in and for said County Colt,  
Wm. J. A. Hancock B. J. Hays and B. J. Hays  
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. Hays  
whose application is herewith presented for a pension, that he has resided in this State continuously since the  
prior to 1860.

*18th day of*

18\_\_\_\_, that he served in Company M of the

1st Regiment of Old Guard 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 a severe disease  
and inflammation in the winter of 1863 which has increased  
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 26th 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

1909

B. J. Hays  
B. J. Hays  
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 do so.  
1.—Witnesses are asked to make their statements full and explicit, treating disability to its true cause.  
2.—All blank spaces must be filled when dictated.  
3.—Three witnesses are required.

# PHYSICIANS' AFFIDAVIT

STATE OF GEORGIA,

Colt County.

PERSONALLY comes before me J. M. Gann Ordinary of said County,  
W. H. Kemp and B. J. Hays  
me as reputable physicians of said County, who, being severally sworn, say on oath, that they have carefully  
examined B. J. Hays and after such personal examination, say that the present  
condition of applicant is as follows:

*Applicant has been shot  
wounded in right hand. Distal right  
hand chronic arthritis passing water for  
4 to 6 times during the night. Also has  
paralytic adjuvant.*

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

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

B. J. Hays 1909  
B. J. Hays  
Ordinary.

J. M. Gann  
W. H. Kemp

NOTE:—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 applicants.  
NOTE 2.—The physicians will be careful to fill every blank space in oath.

STATE OF GEORGIA,

Colt County.

I, J. M. Gann Ordinary of said County,

do certify that I am well acquainted with B. J. Hays the  
applicant in the foregoing affidavit, and as well informed that the statements made by him in his said affidavit are  
true, and as to disability, 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 26th 1865 to my knowledge.

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

Given under my official signature and seal, this

1909

J. M. Gann  
Ordinary. Colt 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.

B. J. Standy 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).  
B. J. Standy, Milledgeville, Colt County, Ga.
2. How long and since when have you been a continuous resident citizen of this State?  
Abt. 1840 age 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 1862, Milledgeville, Co. 1st Philadelpha Legion, Ga.
5. How long did you remain in the actual Military Service with said Company and Regiment? (Give date of discharge)  
March 9, 1865
6. When and where was your Company and Regiment surrendered or discharged from the Service? (Give date of discharge)  
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?  
Government
- d. By whose authority did you leave?  
War
- e. For how long was your leave granted? In what way?  
War
- f. Why did you not return to your Command after leave expired?  
War
- g. In what way were you prevented?  
War
- h. What effort did you make to return?  
War
- i. Were you captured during the war?  
War
- j. If so, when, and where? In what prison were you held and when were you released?  
War
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 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?  
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 its cash value? (Make itemized list).  
41 acres 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 150
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 on the roll for Civil War pension and make this application to go on same roll

Sworn to and subscribed before me, this 7 day of Oct 1916 at B. J. Standy  
J. M. Cannon Ordinary  
of Colt County.

Ad. 001 Capt. G. M. ...  
 Philby's ...  
 ...  
 ...

...  
 ...  
 ...

**Confederate**  
**Soldier's Application.**  
UNDER ACT 1910.

County Colt  
Name B. J. Standy  
Company 1st  
Regiment Philadelpha Legion  
Approved [Signature]  
Commissioner of Pensions  
J. W. LINDSEY  
1916-1917

CHAS. F. HIRSH, State Printer, Atlanta.

**QUESTIONS FOR WITNESS AS TO SERVICE.**

STATE OF GEORGIA,  
Cobb 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 Marietta 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?  
Marietta 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).  
May 1862 Marietta 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 all that you have stated to be true? If of your own knowledge (Tell clearly and specifically).  
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 1 day of July 1916 } B. A. Osborn  
J. M. Gunn Ordinary,  
of Cobb County.

**AFFIDAVIT OF TWO FREEHOLDERS.**

STATE OF GEORGIA,  
Cobb County.

Personally before me comes P. A. Hill & W. J. Gray 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 acre of land value 1000  
one acre of land 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 30 day of Oct 1916 } P. A. Hill  
W. J. Gray Ordinary,  
of Cobb County.

**ORDINARY'S CERTIFICATE.**

STATE OF GEORGIA,  
Cobb County.

I, J. M. Gunn 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 P. A. Hill & W. J. Gray who are freeholders, that they are all residents of said County and were duly sworn by me before signing the foregoing affidavit and that 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. Gunn 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 *July* 191*6*

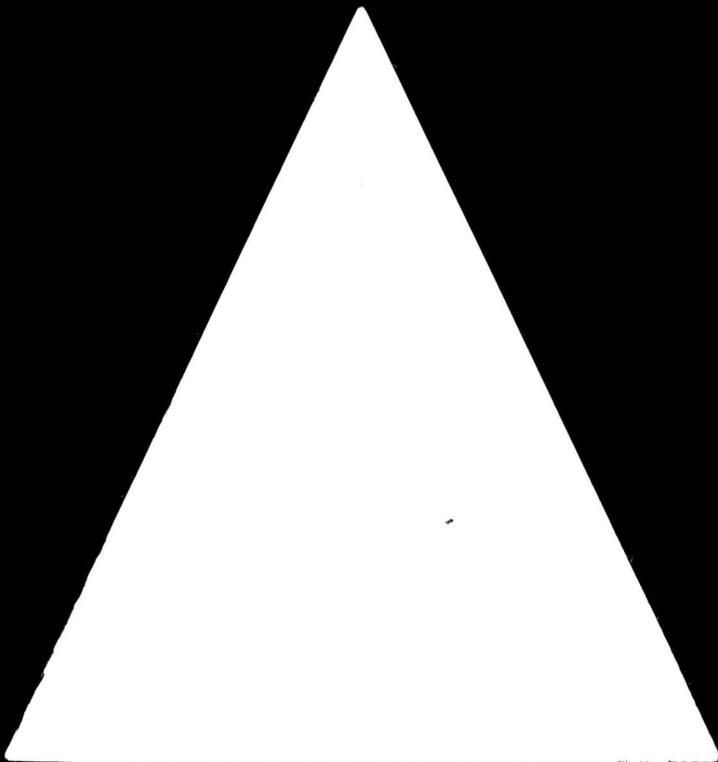
*J.M. Lane*

Ordinary,

of

*Ch*

County.



Presented Aug 23rd 1864  
Presented to the  
Co & Wm Ballou, Ga.

Residence Cavely, Ga.  
Blairsville, Ga.  
13, 1864  
(N.R.)

Wm. Hamby  
P. Hamby

Widows application  
Under old class (Rank)

Law:

W  
County of Cobb, HAMBY  
Mrs. Mary A. Hamby  
Widow of J. K. Hamby  
Company J  
Regiment 7th G.

See item 10, 11, 12  
Blairsville

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. Henry A. Hamby who being sworn according to law, says under oath that she is the widow of L. 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 186 . That while

in the Army, he was on the 7 day of 1862 (see note I) that on the 7 day of 1862 he was struck with a musket ball at the point of the left shoulder and never coming his feet at where the bullet penetrated, for a long period without feeling any pain. The bullet was finally taken out, below the right breast by Dr. McClinton and the wound never healing, continually running down his side, his legs, and making it necessary to keep him in the hospital to catch the corruption. He suffered continually all his life, and was the cause of his death. He was continually treated by Drs. 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 since his death, that she became his wife on the 21 day of Sept 1864 and that she has resided in Georgia continuously since the 21 day of Sept 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 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 21 day of Oct 1916

J. M. Gann  
Ordinary.

Henry A. Hamby  
Post Office 7

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. W. 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. Margaret Hamby of the County of Cobb State of Georgia is the widow of L. 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 Fort Ringwood, Ga. A musket ball entering the shoulder and passing into the body, where it remained for a long period, and was not taken out until he was removed to the hospital, where it was taken out, on account of which wound he was never able to return to his former health, and the effects of said wound his health was broken and the possibility of being cured was a continual matter to the time of his death in 1896

Our opportunity for knowing these facts stated in reference to death of applicant's husband were with him in James Co. Regiment 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 Mrs. Margaret 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

J. M. Gann  
Ordinary.

A. W. Deaton  
Witness

Georgia Cobb County.

Personally appeared before  
The undersigned, Ordinary of said County, W. L.  
Dawell, on oath says that he knows J. K. Hamby,  
all during his life, that he knows that said J. K. Hamby  
was a Member of Co. I. of the 7<sup>th</sup> 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. Dawell, Secy.

Sum to and Subscribed  
before me this October 28/16

J. M. Garne  
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  
knows her husband J. K. Hamby, and he knows  
that J. K. Hamby enlisted and served in Co. I  
7<sup>th</sup> Reg. 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.

Sum to and Subscribed  
before me this Nov 1<sup>st</sup> 1916

J. M. Garne  
Ordinary Cobb County Ga.

James M. Moore M.D.

travels and pure masses of corruption  
resulting in his whole system becoming possessed  
from what he did James W Moore M.D.  
Surrendered and subscribers  
before me this 1<sup>st</sup> of 1916  
J. M. Gann  
Ordinary Cobb County Ga.

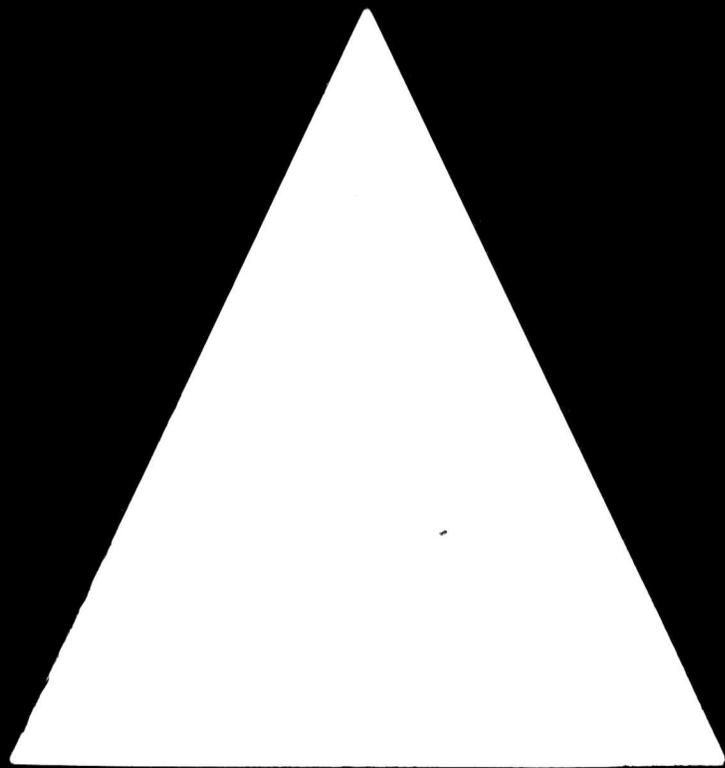
OFFICE OF  
J. M. GANN  
Judge of Probate Court  
COBB COUNTY  
MARIETTA, GA.

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*  
 Know all Men by these Presents, That I, *Susan A. Hamby*  
 (county) *Cobb*

of *S. J. Hamby*  
 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  
 1<sup>st</sup> day of *May* 1891

Executed in the presence of us:

*William G. Young*  
*J. M. Stone*  
*J. M. Stone*

DIRECTOR.

If allowed, send amount by

me at

and oblige.

to

[L.S.]



*Hamby Susan A.*  
*Cobb County*  
 1891.

No. 2596

Widows' Pension

— PAID TO —

*Mrs. Susan A. Hamby*

— OF —

*Cobb*

COUNTY.

\$100.00.

Warrant Issued

1891

AND HANDED TO

*9/14/60*



Affidavit for Three Witnesses.

Form No. 2.

STATE OF GEORGIA,

In person came before me, the undersigned Ordinary and for said County, witnesses W. L. Roberts, Capt. Co. E. 56. Ia. Vol. and W. Blackstock 2. Lt. Co. 56 (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. H. Hamby of the County of Cobb State of Georgia, is the widow of M. J. Hamby, who was a soldier in Company E 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 14 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 Cronic Dysentery at Vicksburg, Mississippi and was sent home about the 20th of June 1863. On account of said disease 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.

W. L. Roberts, Capt. Co. E. 56. Ia. Vol.  
W. Blackstock 2. Lt. Co. 56

Some of L. Robinson says that all he knows is that the said M. J. Hamby was regularly enlisted in said Company & Regiment.

H. B. Moore, J. L. Daniell & P. J. Hamby.  
We ~~promiser~~ swear that Mrs. S. H. 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 16 day of April 1891.  
Q. L. Seabird Ordinary.

Subscribed by J. L. Robinson J. L. Robinson  
Wm. Blackstock W. L. Roberts  
W. L. Hamby H. B. Moore  
W. L. Daniell J. L. Daniell  
W. L. Hamby P. J. Hamby  
Sworn to by H. B. Moore, J. L. Daniell & P. J. Hamby  
before me, this May 17 1891. J. M. Stone Ordinary Cobb Co.

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. 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, 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 15 day of May 1891.



J. M. Stone Ordinary.

Form No. 4.

NOTES.

- The pension is only payable to certain classes of widows.
- Those whose husbands were killed in service.
- Those whose husbands died in the army of wounds or disease contracted in the service.
- Those whose husbands went to the army and have never been heard from since the war.
- Those whose husbands were wounded in the army and have since died from the direct effects of the wounds.
- Those whose husbands contracted disease in the service, and who after the war, died of the disease caused by the service. The disease directly causing the death.
- No widow is entitled unless she was the wife of the soldier during the war, and has never remarried.
- The law does not provide for any one living out of the State of Georgia, or who did not live in the State at the date of the Act.
- The facts to establish a claim must be substantiated by the testimony of three witnesses who personally know of the enlistment of the husband and his death and the immediate cause of the death.
- Widows who have married since the service of their husbands in the army are not entitled.
- There is no need of employing a lawyer or other agent to attend to these claims. The Department will furnish full and specific instructions, and give ample opportunity to every claimant.
- If witnesses live in another County from that wherein applicant resides, they must go before the Ordinary and testify. The attestation of a Justice of the Peace or Notary will not answer.
- Fill out Power of Attorney authorizing some one who can call at Treasurer's office in Atlanta and receive the money, to receipt for same.
- Fill out the "directions" below Power of Attorney, so that your Agent will know where and how to send the money.
- By order of the Governor.

W. H. HARRISON,  
Sec. Ex. Department.

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

Form No. 2.

STATE OF GEORGIA, County of Cobb  
 I, J. M. Stone Ordinary in and for said County of  
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  
8<sup>th</sup> day of July, 1892.

J. M. Stone Ordinary

POWER OF ATTORNEY.

Form No. 2.

STATE OF GEORGIA, Cobb County.  
 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, 1892  
Susan A. Hamby [L. S.]

Executed in the presence of us:

J. S. Hamby  
W. M. Hamby

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.  
Marietta 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 12<sup>th</sup> day of July, 1894.

J. M. Stone Ordinary

POWER OF ATTORNEY.

Form No. 2.

STATE OF GEORGIA, Cobb County.  
 KNOW ALL MEN BY THESE PRESENTS, That I,  
Mrs. S. A. Hamby of Cobb  
 County in said State, do hereby appoint  
Marietta my true and lawful attorney in fact, for  
 me, and in my name, to receive and receipt for whatever amount of money I may be 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:

S. A. Hamby  
G. M. Hamby

DIRECTIONS.

Send amount by \_\_\_\_\_ to \_\_\_\_\_  
 me at \_\_\_\_\_, and oblige \_\_\_\_\_

Widow's Pension,  
 for year ending February 15th, 1893.  
 PAID TO  
Mrs. S. A. Hamby  
William J. St  
Cobb County.  
 Warrant Issued  
9/10 1893  
 AND PAID TO  
M. Stone  
 \$ 11.00

Widow's Pension,  
 for year ending February 15th, 1894.  
 PAID TO  
Mrs. S. A. Hamby  
Cobb County.  
 WARRANT ISSUED  
7/13 1894  
J. M. Stone  
 AND PAID TO  
J. M. Stone  
 \$ 11.00

## For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of *Cobb*

Personally comes Mrs.

*Susanna 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* 18*33* That she is the Widow of*W. J. Hamby*

who was a Soldier in Company

"E." of the *56<sup>th</sup>* Regiment of *Georgia* Volunteers, that he enlisted in said Regiment on or about the month of *April*186*3* and served in the Army up to *July* 186*3* That he lost hislife on the *8<sup>th</sup>* day of *October* 186*3* (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 8<sup>th</sup> 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

*8<sup>th</sup>* day of *July* 1893.*J. M. Stone* Ordinary.

*Susanna Hamby*  
Post-office *Smyma 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* 18*33* That she is the Widow of*W. J. Hamby*

who was a Soldier in Company

"E." of the *56<sup>th</sup>* Regiment of *Georgia* Volunteers, that he enlisted in said Regiment on or about the month of *April*186*3* and served in the Army up to *July* 186*3* That he lost hislife on the *8<sup>th</sup>* day of *October* 186*3* (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 8<sup>th</sup> 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

*15<sup>th</sup>* day of *July* 1894.*J. M. Stone* Ordinary.

*S. A. Hamby*  
Post-office *Smyma Ga*

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

Form No. 2.

STATE OF GEORGIA, County of Cobb  
I, J. M. Stone Ordinary in and for said County of  
Cobb State of Georgia, hereby certify that I am acquainted with Mrs.  
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, 1894.

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office,  
this, the 23<sup>rd</sup> day of Jan 1895.  
J. M. Stone Ordinary.

POWER OF ATTORNEY.

Form No. 2.

STATE OF GEORGIA, Cobb County.  
KNOW ALL MEN BY THESE PRESENTS, That I, Susan A. Hamby  
County in said State, do hereby appoint J. M. Stone  
of Marietta 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 23<sup>rd</sup>  
day of Jan 1895 Susan A. Hamby (l. s.)  
Executed in the presence of:  
T. D. ...

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.  
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 28<sup>th</sup> day of Jan 1895.  
J. M. Stone Ordinary.

POWER OF ATTORNEY.

Form No. 2.

STATE OF GEORGIA, Cobb County  
I, Mrs. S. A. Hamby 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 check.

In Witness Whereof, I have hereunto set my hand and seal, this  
day of Jan 1895.  
Susan A. Hamby (l. s.)  
Executed in the presence of:  
J. M. Stone

FOR THOSE HERETOFORE PAID.  
1895.  
No. 453  
WIDOW'S PENSION,  
for year ending February 15th, 1895.  
PAID TO  
Susan A. Hamby  
OF  
Cobb County.  
WARRANT ISSUED  
24 Jan 1895.  
AND HANDED TO  
[Signature]

FOR THOSE HERETOFORE PAID.  
1896.  
No. 3531  
WIDOW'S PENSION,  
for year ending February 15th, 1896.  
PAID TO  
Susan A. Hamby  
OF  
Cobb County.  
WARRANT ISSUED  
24 Jan 1896.  
AND HANDED TO  
[Signature]

# For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA, *Personally Comes Mrs.*  
County of *Cobb* *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* 18*33* 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* 186*3* and served in the Army up to *July* 186*3* That he lost his life on the *8th* day of *Oct.* 186*3* (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. Attacked 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 *7th* day of *Jan* 1895. *Susan A. Namby* X  
J. M. Stone Ordinary. Post-office *Empire Ga*

# For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, *Personally Comes Mrs.*  
County of *Cobb* *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* 18*33* 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* 186*3* and served in the Army up to *July* 186*3* That he lost his life on the *8th* day of *Oct.* 186*3* (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* 1896. *J. M. Stone* X  
J. M. Stone Ordinary. Post-office *Empire Ga*

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

STATE OF GEORGIA, County of

*Cobb*

I,

*J. M. Stone*  
*J. M. Stone*  
*Susan A. Hamby*

Ordinary in and for said County of

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

the applicant for a pension in this case, and

know from my own knowledge (or from positive proof presented to me by reputable witnesses) that she resides in this County, and that she resided in the State of Georgia on December 23, 1890, and has not lived out of the State since that date. That she is the 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

day

*4<sup>th</sup>*

*July*  
*J. M. Stone*

1897.

Ordinary.

( )  
( )  
( )

POWER OF ATTORNEY.

STATE OF GEORGIA,

*Cobb* County

I, *Susan A. Hamby* hereby authorize

*J. M. Stone*

of *Menettie Ha* to receive and receipt for the pension and hereon request that he remit same to

*me by check*

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

day of

*July*

1897.

*Susan A. Hamby* (L.S.)

Executed the above in presence of

*G. M. Williams*  
*K. "*

NOT HANDED TO  
*S. A. S.*

WARRANT ISSUED

*J. M. Stone*

1897.

RICHARD JOHNSON,  
Commissioner of Penitentiaries.

widow of

*W. J. Hamby*  
OF  
*Cobb* County

WIDOW'S PENSION,

for year ending February 15th, 1897.

No. 3653

1897.

FOR THOSE HERETOFORE PAID.

*Hamby Susan A.*  
*Cobb County*

## 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

W. J. Hemby

who was Soldier in Company

of the

57 Regiment of

Yazoo

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

186 4 and served in the Army up to

July Oct.

186 3 That he lost his

life on the

8<sup>th</sup> day of

18 63 (State here

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

That while in the  
Army at Vicksburg Miss.  
he contracted Dysentery  
Dysentery from which he  
died on the 8<sup>th</sup> 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

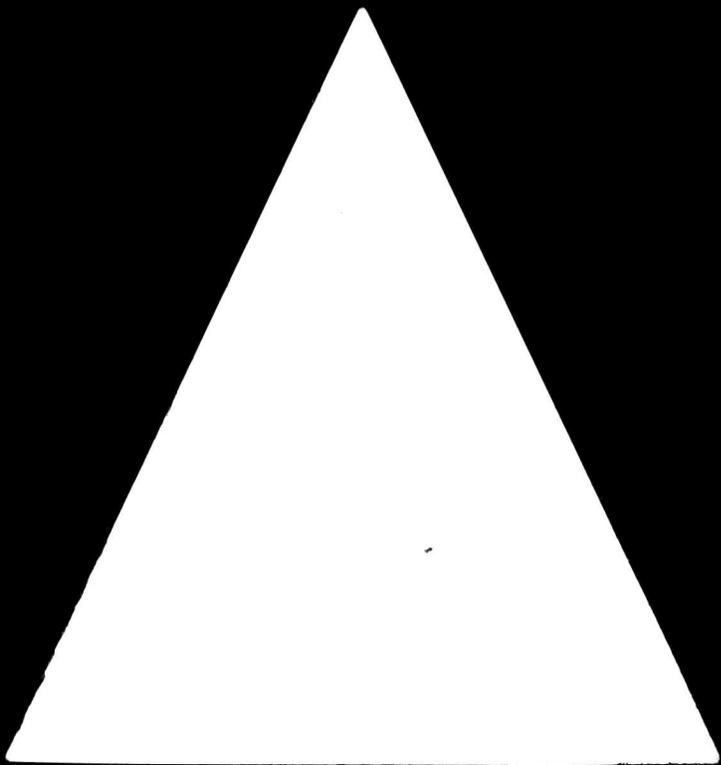
the pension provided by law for the year ending February 15th, 1897.

Sworn to and subscribed before me, this

4<sup>th</sup> day of July 1897.

Ordinary.

Susan A. Hemby  
Post office Anyona Ga.



*John C. ...*  
No. *876*

**INVALID  
Soldier's Pension**

1899

Name *H. C. James*  
County *Cobb*  
Disability *Bleed*

Amount, \$

RICHARD JOHNSON

Commissioner of Pensions

WARRANT HANDED TO

*11/29 - 11/29 - 11/29 - 1902*  
*11/29 - 11/29*

*Order of 11/29 - 1902*  
*This testimony fails - to amount to proof in favor of applicant of the right to any pension or money awarded on account of his disability. He does not justify the grant of pension.*  
*Richard Johnson*  
*Comm. of Pensions*

STATE OF GEORGIA

Power of Attorney.

County

I, \_\_\_\_\_ hereby authorize

of \_\_\_\_\_ to receive and receipt for the pension allowed and

request that he remit same to \_\_\_\_\_

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. 5.

STATE OF GEORGIA,

County, }

I,

hereby authorize

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this day of 1899.

Executed in the presence of

[L. S.]

Left James Roswell Knight company, Roswell's Cotton-Gin Factory.

Form No. 1.

For Use of Applicants Who have Not Heretofore Drawn.

STATE OF GEORGIA,

County, }

PERSONALLY appears, Roswell S. Knight

of said County of Chat

County, State of Georgia, who being duly sworn says on oath that he was born on the 16th day of

June 1826, that he is a bona fide citizen and resident of Georgia, and has been continuously since the day of November 1849, that he enlisted in

the military service of the Confederate States (or the State of Georgia) in the working department

of the State of Georgia, during the war between the States and

Left Roswell Knight company under special order from the Confederate Government to repair Chambers March through the

to Carroll's Department in February, 1865, that while engaged in such military service, and in line of duty in the

State of Georgia, during the war between the States and

he was disabled or wounded as follows: That he is afflicted with chronic

Neurasthenia contracted wholly in line of duty during the

Chickamauga Campaign through Georgia in 1864. His

disability was contracted from exposure in the marches

of lower Georgia during that campaign and has

remained in Volusia, Fla. upon claim until

and almost totally blind besides being practically

and essentially unable to perform manual labor

and disease afflicting him in his hands and especially

affecting the nerves of the eyes rendering him almost

blind.

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

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 3rd day of May 1899, J. M. Stone Ordinary.

W. D. James Monetta Ga. 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.

W. H. C. Moore Pension Office 7/21/1907 This testimony is given to confirm the return of applicant to the Pension Office. No any disease or injury sustained or incurred while in the Company's service by James Roswell Knight, formerly of Roswell's Cotton-Gin Factory, Ga.

INVALID SOLDIER'S PENSION 1899. 902 Name, R. S. Knight Disability, Blind Amount, \$ 500 RICHARD JOHNSON Notary Public WARRANT FORWARDED TO COLLEGEVILLE, MISSISSIPPI

**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, Naulet K. Haines

whose application is herewith presented for a pension, that he has resided in this State continuously since the 18th of April, that he served in Company of the 38th Regiment of Cavalry of the Confederate Army

and from his personal knowledge, he while in the service of said Confederate Army, was injured by the service in the following: (give full statement, and talk in your own language when you can, and for the injury, hospital, or other care, and to what extent applicant is disabled from work on the farm, the city, or in any other occupation.)

Witness Haines was detailed as Blacksmith and was called into military service during the summer of 1862 and assigned to Capt. Clement's Company of the 38th Regiment of Cavalry, Confederate Army. He was in the marching Department of the Confederate Army, as was ordered, with him as a member of Capt. Russell's Company of the 38th Regiment of Cavalry, Confederate Army, and that during said Company he contracted Rheumatism from exposure in the summer of 1862 in the State of Georgia, and that he is essentially unable to perform manual labor on account of said disease, and that he is almost totally blind on account of said Rheumatism affecting his eyes, and sight.

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 the war of 1862

1865. Applicant is permanently disabled as stated and has been so to our certain knowledge ever since 1866. 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. M. Stone  
Ordinary.

J. E. O. Daniel

- 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, 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. Sempron M.D., both known to me as reputable physicians of said County, who being severally sworn, say on oath, that they have carefully examined Mr. Naulet K. Haines 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 seems now seventy three years of age. He is totally unable to follow his occupation, even if he had 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 optic Nerve long medullated.

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

Sworn to and subscribed before me, this 15th day of March 1899.

J. M. Stone  
Ordinary.

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

STATE OF GEORGIA,

Cobb County.

I, J. M. Stone Ordinary of said County,

do certify that I am well acquainted with Mr. Naulet K. Haines 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 April 1862.

I also certify that the witnesses, to-wit J. E. O. Daniel and Naulet K. Haines and Mr. Naulet K. Haines 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. M. Stone  
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, V. C. Haines hereby authorize John Ardrey 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<sup>th</sup>

day of January 1903. V. C. Haines s. ]

Executed in presence of  
John Ardrey

James N. C.

(FOR THOSE ALREADY ENROLLED.)

No. 274

DISABLED

SOLDIER'S PENSION

1903.

Name V. C. Haines  
County Cobb

Co. \_\_\_\_\_ Regiment \_\_\_\_\_

Disability \_\_\_\_\_

Amount, \$ \_\_\_\_\_

1903.

JOHN W. LINDSEY,  
Commissioner of Pensions.

WARRANT HANDED TO John Ardrey

Geo. W. Barstow, State Printer, Atlanta.

W. do. to

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 V. 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 believes that this diseased condition was brought on from exposure and hardships during that Campaign. Dependent further says that said Haines is validly blind.  
  
Signed to and subscribed } Lemuel Black  
before me this 29<sup>th</sup> day }  
of April 1899 }  
J. M. Stone }  
Ordinary. }

Capt James Russell's Troop Company  
Russell's Battr. 3rd Cavalry

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cobb County

Personally appears W. C. Hames 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 <sup>granted for one</sup> allowed an invalid pension of 50 Dollars, for the year 1902.

Sworn to and subscribed before me, this 7th day of March 1903. Post-office W. C. Hames

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

J. M. Stone 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. C. Hames, who

being duly sworn says that he is well acquainted with W. C. Hames and served in Major Clumbe's battalion with said Hames during the campaign of 1864. Said battalion being composed of employees of the Confederate army in various departments and called out here to repel Sherman in his march through Georgia and South Carolina. W. C. Hames contracted Rheumatism during said Campaign and is afflicted with it and that said Hames is almost blind.

Sworn to and subscribed }  
before me this 20th day of May 1899. }  
J. M. Stone }  
Ordinary }  
W. B. Carnes

W. B. Carnes is a resident of Cobb County, aged as a witness is worthy of full faith & credit. J. M. Stone Ord. May 20 1899

Additional Testimony

Georgia  
Cobb County

Personally came before  
us John H. Simpson and C. J.  
Stacy, both known to me as  
reputable Cheyres of said County, who being  
lawfully 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 Sherman's invasion of  
Georgia in 1864. That by reason  
said disease affecting the optic  
Nerve said Hauns is blind and  
has been rendered <sup>practically</sup> ~~substantially~~  
and <sup>practically</sup> ~~practically~~ <sup>incapable</sup> ~~unable~~ to perform  
the ordinary <sup>usual</sup> ~~ordinary~~ <sup>occupations</sup> ~~occupations~~ 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 permanent.

C. J. Stacy  
John H. Simpson M.D.

Subscribed & sworn to before me this 4th day of  
July 1891  
John H. Stacy, Clerk

STATE OF GEORGIA,

Form No. 4.

*Cobb* County,

I, *J. M. Stone*, Ordinary of said County, 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* & *Samuel Black* & *W. B. Carns* 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. M. Stone*  
Cobb

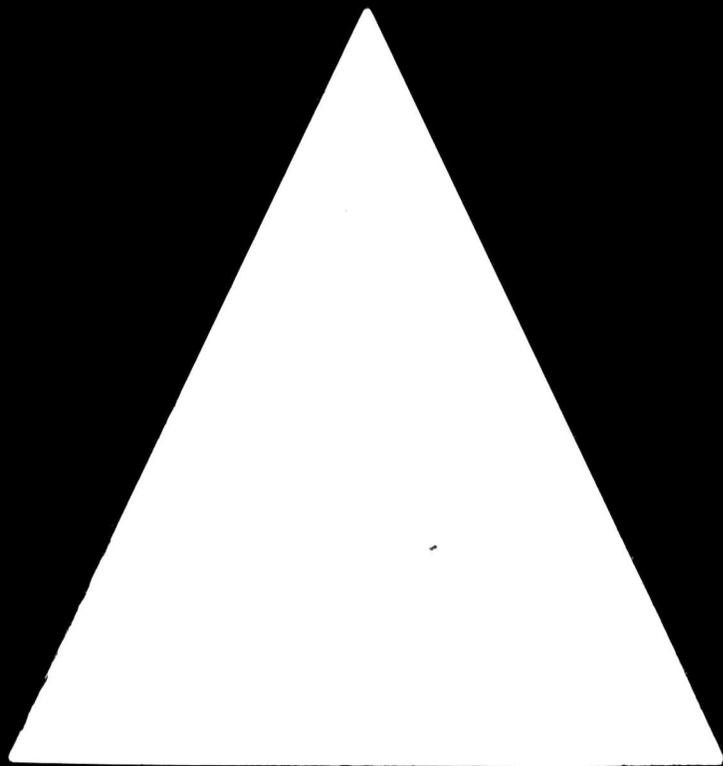
Ordinary  
County.

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

*No date*

We certify that *H. C. Hamer* has been under the treatment of one or others of the undersigned some since the civil war, and has had Rheumatism dating from that time. He is now almost totally blind, can scarcely see to walk. Has complained of pain in eyes, during all their times of Rheumatic attacks.

*Geo. H. Simpson M.D.*  
*C. J. Selge M.D.*



*Norman Benjamin Q*

**POWER OF ATTORNEY.**

STATE OF GEORGIA,

*Colt* COUNTY.

*Joseph Stewart*  
*John P. H. H. H.*

herely authorizes

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

day of *Jan* 1904

Executed in presence of

*James M. Evans*

*Henry Evans*

[L.S.]

*Colt County*

TO THOSE HERETOFORE PAID.

**1904.**

No. *220*

**INDIGENT  
WIDOW'S PENSION**

FOR YEAR ENDING DECEMBER 31, 1904.

PAID TO

*Montgomery Benedict*

County,

Widow of *John M. Benedict*

Co. *64* Regiment.

JOHN W. LINDSEY,  
*Commissioner of Pensions.*

WARRANT ISSUED

JAN 25 1904.

AND HANDED TO

*Ordg*

Geo. W. Harrison, State Printer, Atlanta.

*Thomas Gammon &*

**POWER OF ATTORNEY.**

STATE OF GEORGIA,

*Cobb* COUNTY.

I, *Nancy Gammon* hereby authorize  
*John Anthony* of \_\_\_\_\_  
to receive and receipt for the pension paid hereon, and request that he remit same to \_\_\_\_\_ at \_\_\_\_\_

In Witness Whereof, I have hereunto set my hand and seal, this \_\_\_\_\_  
day of \_\_\_\_\_ 1904.

*Nancy Gammon* [L. S.]

Executed in presence of  
*Thomas Gammon*

**POWER OF ATTORNEY.**

STATE OF GEORGIA,

*Cobb* COUNTY.

I, *Nancy Gammon* hereby authorize  
*John Anthony* of \_\_\_\_\_  
to receive and receipt for the pension paid hereon, and request that he remit same to \_\_\_\_\_ at \_\_\_\_\_

In Witness Whereof, I have hereunto set my hand and seal, this \_\_\_\_\_  
day of *January* 1905.

*Nancy Gammon* [L. S.]

Executed in presence of  
*Thomas Gammon*

*Nancy Gammon  
Cobb County*

TO THOSE HERETOFORE PAID.  
**1904.**

No. *237*  
**INDIGENT  
WIDOW'S PENSION**  
FOR YEAR ENDING DECEMBER 31, 1904.

PAID TO  
*Nancy Gammon*  
or  
*John H. Gammon*  
County,  
C. C. *64* Regiment.

JOHN W. LINDSEY,  
Commissioner of Pensions.  
WARRANT ISSUED  
JAN 25 4 1904.  
AND HANDED TO  
*John Anthony*  
Gen. W. Harrison, 1247 1/2 Street, Atlanta.

*Nancy Gammon  
Cobb County*

To Those Heretofore Paid.  
**1905.**

No. *239*  
**INDIGENT  
WIDOW'S PENSION,**  
For year ending Dec. 31, 1905.

PAID TO  
*Nancy Gammon*  
or  
*Cobb*  
County,  
Widow of \_\_\_\_\_  
Co. \_\_\_\_\_ Regiment.

JOHN W. LINDSEY,  
Commissioner of Pensions.  
WARRANT ISSUED  
JAN 23 1 1905.  
AND HANDED TO  
*John Anthony*  
The Farmers' Printing and Publishing Co., Atlanta.  
Gen. W. Harrison, 1247 1/2 Street, Atlanta.

## FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

County of \_\_\_\_\_

PERSONALLY COMES MRS.

*Nancy Hames*

who, being sworn, says on oath that she is a bona fide resident of said County of *Wbh* State of Georgia, and that she has RESIDED in said State

continuously ever since *the year common*. That she is the Widow of *Thos W Hames* 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* 186*0*, and served in the Army up to *April* 186*1*. That he died on the \_\_\_\_\_ day of \_\_\_\_\_ 18*75*,

*Deceased 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 18*56*

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 \_\_\_\_\_ day of *Jan* 1904. *Nancy Hames* Post Office \_\_\_\_\_  
*John Anthony* Ordinary

State of Georgia, *Wbh* County, I, *John Anthony* Ordinary of said County, certify that I am well acquainted with Mrs. *Nancy Hames* 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 *Jan* 1904.

Official Seal

*John Anthony*  
Ordinary of *Wbh* 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 \_\_\_\_\_

PERSONALLY COMES MRS.

*Nancy Hames*

who, being sworn says on oath, that she is a bona fide resident of said County of *Wbh* State of Georgia, and that she has RESIDED in said State

continuously ever since *1847*. That she is the Widow of *Thos W Hames* 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 \_\_\_\_\_ 186\_\_\_\_\_, and served in the Army up to \_\_\_\_\_ 186\_\_\_\_\_. 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 18*56*

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, this \_\_\_\_\_ day of *Jan* 1905. *Nancy Hames* Post Office \_\_\_\_\_  
*John Anthony* Ordinary

State of Georgia, *Wbh* County, I, *John Anthony* Ordinary of said County, certify that I am well acquainted with Mrs. *Nancy Hames* 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 *Jan* 1905.

Official Seal

*John Anthony*  
Ordinary of *Wbh* 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 Swiby* 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 *8*

day of *Jan* 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 Swiby* 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* 1907.

*Nancy James* [L. S.]

Executed in presence of

*J. M. Gann*

*Nancy James*  
*Cobb*

To Those Heretofore Paid

1906.

No. *308*

INDIGENT

WIDOW'S PENSION,

For year ending Dec. 31, 1906.

PAID TO *Nancy James*

of *Cobb*

County,

Widow of *John W. Lindsey*

Co. *64* *89* Regiment.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

*132* 1906.

AND HANDED TO

*Swiby*

The Pensioner mentioned and mentioned in this warrant, Ga.

*Nancy James*  
*Cobb County*  
To Those Heretofore Paid

1907.

No. *308*

INDIGENT

WIDOW'S PENSION,

For year ending Dec. 31, 1907.

PAID TO *Nancy James*

of *Cobb*

County,

Widow of *John W. Lindsey*

Co. *64* *89* Regiment.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

*132* 1907.

AND HANDED TO

The Pensioner mentioned and mentioned in this warrant, Atlanta, Ga.

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

Form No. 1

STATE OF GEORGIA,

PERSONALLY COMES MRS.

County of Cobb } Nancy James

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 Thos N James That she is the Widow of

who was a soldier in Company

8 of the 64 24 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 18 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 July 1906.

Nancy James

Post Office   

State of Georgia,

Cobb County, I, John H. Heston 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 1

day of July 1894

Given under my official signature and seal, this 30 day of July 1906.

Official Seal

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,

PERSONALLY COMES MRS.

County of Cobb } Nancy James

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 Thos N James That she is the Widow of

who was a soldier in Company

   of the    Regiment of

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

18  , and served in the Army up to 18   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 7 day of July 1907.

Nancy James

Post Office   

State of Georgia,

Cobb County, I, John H. Heston 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 July 1907.

Official Seal

Ordinary of Cobb County.

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

1000

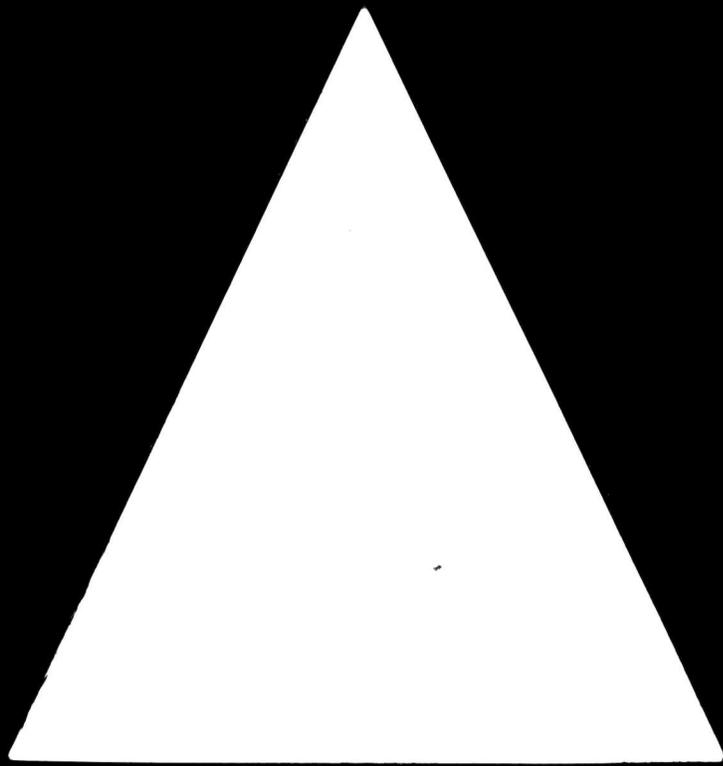
Ordinary of Wash County.

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.



*Hamilton, Charley*  
*Col Co*

O.K. No. 211

**WIDOW'S  
Indigent Pension.  
1901.**

Name Thontye Hamilton  
County Col Co  
Widow of Milton B Hamilton  
Col Co 24 - Ga

Approved \_\_\_\_\_ 1901.

JOHN W. LINDSEY,  
*Commissioner of Penitents.*

WARRANT HANDED TO \_\_\_\_\_

\_\_\_\_\_ 1901.

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

*5/7 1901*

**POWER OF ATTORNEY.**

STATE OF GEORGIA,  
Col Co County,

I, Charley Hamilton, hereby authorize \_\_\_\_\_ R. D. Brum

of Col Co 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.

*Joseph M. Shaw*  
County \_\_\_\_\_

[Seal]

*Charley Hamilton*

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.

I, Charley 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

Geo M. Sam Ordinary.

Charley S. Hamilton  
County

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:

1. What is your name and where do you reside? (Give State, County and Post Office.) Mrs Charity S. Hamilton Lawson Cobb
  2. How long and since when have you been a resident of this State? All my life
  3. When and where were you born? July One year 1870 7th day of June
  4. When and where was your husband born—state his full name, and when were you and he married? 1850 January 2nd S. C. Mullen 18 Hamilton
  5. 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
  6. How long did your husband serve in said Company and Regiment? Nearly 4 years
  7. When and where did your husband's Company and Regiment surrender and under what circumstances? 1864 April. He was in prison at Point Lookout
  8. Was your husband present at the time and place when his Company and Regiment surrendered? No. He was in prison at Point Lookout Md.
  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 in prison at Point Lookout & was captured by our own troops
  10. When and where did your husband die? 1870 at the place in Cobb Co. on March 11th
  11. Which of the following grounds do you base your application for Pension, viz: First—Age and Poverty; Second—Infirmity and Poverty, or Third—Blindness and Poverty? 1st & 2nd grounds
  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? Not suffering, my husband died of Rheumatism in feet & fingers all doubt from the effects of Rheumatism
  13. What has been your occupation since your husband's death? No occupation my children have been helping me
  14. How much can you earn gross, by your own exertion or labor? Nothing at all
  15. What property, real, personal, or income do you have or possess, and its gross value? No property of any kind. No income no gross value
  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? No property my husband left me property. He owned land in Wales
  17. In what counties did you reside in 1899 and 1900, and what property did you return for taxation? Cobb no property
  18. How have you been supported since death of husband, and especially for 1899 and 1900? By my children all the time since 1875
  19. How much did your support cost for each of those years, and how much did you contribute by your own labor or income? Cost little I support about 75% of my own
  20. What was your employment during 1899 and 1900—how much did you receive for each year? Not employed, making at all was not able to work
  21. 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
  22. Have you ever made an application for pension before? Yes. Was refused
  23. How many applications have you made for a Pension, and under what class? One application under widows as of her husband's remains injured in the war
- Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 1901
- John W. Lindsey Ordinary.  
Cobb County.

Hamilton, Charley S.

Cobb Co

W.H. No.

WIDOW'S Indigent Pension. 1901.

Name Charley S. Hamilton  
County Cobb  
Widow of Mullen S. Hamilton  
Cobb, 24 - 70

Approved \_\_\_\_\_  
JOHN W. LINDSEY,  
Commissioner of Pensions.  
WARRANT HANDED TO \_\_\_\_\_

1901.  
579 1901

# Questions for Witnesses.

STATE OF GEORGIA,

Colo Co County.

W W Hamilton of said State and County, having been presented as a witness in support of the Application of Mrs. Charley S Hamilton for a Pension under the Act of 1900, and after having been duly sworn true answers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside?  
Colo Co County Ga
  2. Are you acquainted with the applicant, Mrs. Charley S Hamilton  
all my life
  3. Where does she reside and how long and since when has she been a resident of this State?  
at home
  4. When and where was she born?  
7 days of June 1840. Whites, Ga
  5. Were you ever acquainted with her husband?
  6. Where did he reside in 1861?  
Whites, Ga
  7. When and to whom was he married?  
Charlotte Hamilton
  8. When and where was he born?  
Whites, Ga July 15 1837
  9. How long have you known him?  
all my life
  10. When and where did M B 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 cant give dates
  11. Were you a member of the same Company and Regiment?  
No
  12. How long did he perform regular military duty?  
about 3 1/2 or 4 years
  13. When and where was this Company and Regiment surrendered and discharged from service?  
saw him go off to war saw him when returning
  14. Were you with the command when it surrendered?  
No
  15. Was M B Hamilton the husband of applicant present?  
I dont know
  16. If not present, where was he?  
I dont know
  17. When and where did he leave his Command?  
In 1865. I dont know why
- For what cause? the war had ceased  
By whose authority he left? I dont know  
How do you know all this? (State fully and clearly.) By what I saw my self by reputation
18. When and where did M B Hamilton die?  
In Colo Co County Ga in 1890 March 11th
  19. Where did he reside at his death and how long had he been a resident of Georgia at his death?  
In Colo Co Ga about 45 or more years
  20. Do you of your own knowledge know that applicant is the lawful widow of M B Hamilton?  
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?  
none - I know this because I know all about her worldly circumstances
  23. What property, effects or income did applicant possess in 1899 and 1900 and what disposition did she make of it?  
No. No disposition
  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 suffers a great deal from rheumatism in her fingers and all broken and in bad shape. She can not work at all. Her feet are very much swollen

26. Is applicant able to earn a support on her own, if not why?  
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 starved and put only down 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 Justice Ordinary,  
Colo Co County.
- W W Hamilton Witness.

# Affidavits of Physicians.

STATE OF GEORGIA,  
Colo Co 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. Charley 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 stretched 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 Justice Ordinary,  
Colo Co County.

A E Johnson MD  
Gilbert Bennett MD

# ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,  
Colo Co County.

I, John Justice Ordinary in and for said county, hereby certify that the applicant, Mrs. Charley S. Hamilton resides in said county, and has been a bona fide resident of this State since the 1st day of July 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 Colo Co 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 Justice Ordinary,  
Colo Co County.

NOTE—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 insumcient.  
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 Dutton* of \_\_\_\_\_  
 to receive and receipt for the pension paid hereon, and request that he remit same to  
*me* at *Monetta*  
 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  
*William*

*Hamilton, Charity S.*  
*Wm. Lindsey*  
 To Those Hereofore Paid  
**1902.**

No. *148*

**INDIGENT  
 WIDOW'S PENSION,**  
 For year ending Dec. 31, 1902.

PAID TO  
*Mrs. Charity S. Hamilton,*  
*Cobb*

Widow of \_\_\_\_\_ County,  
 Co. \_\_\_\_\_ Regiment  
 JOHN W. LINDSEY,  
Commissioner of Pensions.  
**WARRANT ISSUED**  
 AND HANDED TO *148* 1902  
*only*

*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* or  
 Widow of *Mrs. B. Hamilton* County,  
 Co. *24 Ga.* Regiment  
 JOHN W. LINDSEY,  
Commissioner of Pensions.

**WARRANT ISSUED**  
**JAN 25** 1904,  
 AND HANDED TO *190*  
*only*

Geo. W. Hamilton, State Printer, Atlanta.

**POWER OF ATTORNEY.**

STATE OF GEORGIA.

*Cobb* County.

I, *Charity S. Hamilton*, hereby authorize  
*John Dutton* 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 *5th*  
 day of *January* 1904.

*Charity S. Hamilton* [L. S.]

Executed in presence of \_\_\_\_\_

## FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA.

PERSONALLY COMES Mrs.

*Charley S. Hamilton*

*C 88*  
 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 *1840*. That she is the Widow of *W. B. Hamilton* who was a soldier in Company *C* of the *24<sup>th</sup>* Regiment of *Ca. Vol.*

Volunteers, that he enlisted in said regiment on or about the month of *April* 186*3* and served in the Army up to *March* 1865. That he died on the *11<sup>th</sup>* day of *March* 1865.

*Owing to age, infirmity and poverty, Dependent 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 *1866*.

I have been allowed an Indigent pension as a resident of *C 88* County, under Act 1900, for the year 1902, and now apply for the pension provided by law for the year ending December 31, 1904.

Sworn to and subscribed before me, this *13<sup>th</sup>* day of *Jan* 1902, at *Cobb* County, Georgia, *John Astley* Ordinary. Post Office *Charley S. Hamilton*

State of Georgia,

*C 88* County, I, *John Astley* Ordinary of said County, certify that I am well acquainted with Mrs. *Charley 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 *13<sup>th</sup>* day of *Jan* 1902.

Official Seal

*John Astley*  
 Ordinary of *Cobb* 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.

*Charity S. Hamilton*

County of *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 *All her life*. That she is the Widow of *W. B. Hamilton* who was a soldier in Company *C* of the *24<sup>th</sup>* Regiment of *Ca.*

Volunteers, that he enlisted in said regiment on or about the month of *April* 186*3* and served in the Army up to *March* 1865. That he died on the *11<sup>th</sup>* day of *March* 1865.

*Owing to age, infirmity 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 *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 *5<sup>th</sup>* day of *Jan* 1904, at *Cobb* County, Georgia, *John Astley* Ordinary. Post Office *Charity S. Hamilton*

State of Georgia,

*Cobb* County, I, *John Astley* 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 *Many years*

Given under my official signature and seal, this the *5<sup>th</sup>* day of *Jan* 1904.

Official Seal

*John 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.

I, Charity S. Hamilton, hereby authorize  
John H. Wain 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. Wain

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 B. Hamilton

Co. B, 2<sup>nd</sup> Regt. Ga. Inf.

JOHN W. LINDSEY,

Commissioner of Prisons.

**WARRANT ISSUED**

12 1902

AND HANDED TO

Wain

U.S. WASHINGTON, STATE PRINTING OFFICE, 1902.

# For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of Cobb }PERSONALLY COMES Mrs. C. 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 1848.

That she is the Widow of Milton W. Hamilton, who was a soldier in Company B of the 2<sup>nd</sup> Ga Regiment of La

Volunteers, that he enlisted in said regiment on or about the month of April 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 1852.

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 14 day of Jan 1902 } x Charity S. Hamilton  
John A. Atney, Ordinary. Post-Office \_\_\_\_\_

State of Georgia, } I, John A. Atney  
Cobb County. } 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 1902

Official Seal

John A. Atney  
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,

COUNTY,

I, Charity S. Hamilton, hereby authorize John Shetty of Marble 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.

Charity S. Hamilton  
mark

Executed in presence of

Hamilton, Charity S.  
Clark County

To Those Hereafter Paid.

**1905.**

No. 238

**INDIGENT  
WIDOW'S PENSION,**

For year ending Dec. 31, 1905.

Paid to Mrs. Charity S. Hamilton  
OF

Clark County,  
Widow of William Hamilton  
Co. C, 24th Inf. Regiment.

JOHN W. LINDSEY,  
Commissioner of Pensions.

WARRANT ISSUED  
Jan 9 1905.

AND HANDED TO

C

# FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

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 That she is the Widow of

Milton Hamilton  
of the 24

who was a soldier in Company

Regiment of Co

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

180 and served in the Army up to 180 That he died on

the day of Infinitely age & poverty 18

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.

Charity Hamilton  
mark

Post Office

State of Georgia,

County of Cobb

I, John Austerly

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

Seen under my official signature and seal, this the 7 day of Jan 1905.

Official Seal.

John Austerly  
County.

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,

County, }  
*Cobb*

I, *Charity S. Hamilton*, hereby authorize  
*John W. 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* 1906.

*Charity S. Hamilton*

Executed in presence of  
*J.M. Gamm*

95

POWER OF ATTORNEY.

STATE OF GEORGIA,

County, }  
*Cobb*

I, *Charity S. Hamilton*, hereby authorize  
*John W. 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. Gamm*

*Hamilton, Charity S.*  
*Cobb Co.*

To Those Heretofore Paid

1906.

No. *310*

INDIGENT

WIDOW'S PENSION,

For year ending Dec. 31, 1906.

PAID TO  
*Ms. Charity S. Hamilton*  
of  
*Cobb*

County,

Widow of  
*C. C. 24* *Co.* Regiment.

JOHN W. LINDSEY,  
Commissioner of Pensions.

WARRANT ISSUED

*11 2* 1906.

AND HANDED TO

*G. W.*

THE PENNSYLVANIA LIFE ASSURANCE CO., ATLANTA, GA.

*Hamilton, Charity S.*  
*Cobb County*

To Those Heretofore Paid.

1907.

No. *309*

INDIGENT

WIDOW'S PENSION,

For year ending Dec. 31, 1907.

PAID TO  
*Ms. Charity S. Hamilton*  
of  
*Cobb*

County,

Widow of *William Hamilton*  
*C. C. 24* *Co.* Regiment.

JOHN W. LINDSEY,  
Commissioner of Pensions.

WARRANT ISSUED

AND HANDED TO

1907.

THE PENNSYLVANIA LIFE ASSURANCE CO., ATLANTA, GA.

## FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

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

24 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 July 1906.John W. Wooten, Ordinary.

Post Office

Chickasaw, S. Hamilton

State of Georgia,

Cobb County.I, John W. 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 1day of July 1894Given under my official signature and seal, this the 20 day of July 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.

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 Walter Hamilton That she is the Widow ofWalter Hamilton

who was a soldier in Company

B

of the

24 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.

\_\_\_, Ordinary.

Post Office

Charity S. Hamilton

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.



# 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 Cherokee County, in this State, on the 10<sup>th</sup> 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 she has no widow or dependent children surviving, and being the widow of William S. Hamilton & Mrs. M. B. Hamilton 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 April, 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 J. H. Hamilton, who is a resident citizen of Cobb 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, land grant, 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 1, 1905, and not been out of State longer than twelve months, and died without owing property or any debt, and was not a soldier, if she is living, has prior claim on these expenses, and must make application on yellow blank.
- 2nd. Keeping these disbursements 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 such date.
- 3rd. Having account so made, to present same to the Pension Office, having the circumstances in very great detail, and sworn to do.
- 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.)  
"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 owing sufficient property to pay this bill."
- 5th. The Ordinary must see to it that each bill is properly legitimized in every respect, and properly sworn to, and all attached thereto to this blank, after this blank has been completed as indicated.
- 6th. The completed voucher, this blank and the bills, 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.
- 7th. The Ordinary may pay out of his own pocket for the pensioner and her dependents the money himself and takes receipts therefor.
- 8th. Account no bills for services until the Pension Office, stating the circumstances in very great detail.
- 9th. Pensioners and children-in-law must not charge the State for doing only what the law and common humanity demand of them.
- 10th. Return this application, and attached bills and vouchers, to the Pension Office.
- 11th. Ordinary should see that the back of this blank, which is attached to the Pension Office.
- 12th. Former applications for pension were made on forms of 1905 and 1911; pensioners 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.

George 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 & examined as follows  
I have known Mrs. Christy S. Hamilton  
all my life - she was born June 7, 1840  
in White County Ga. was living in  
Georgia all her life & was married  
to M. B. Hamilton Nov 15, 1857 - and  
that she is now his widow  
I have known M. B. Hamilton since  
he was 18 yrs old - he was 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 on April 1, 1901 } J. H. Payne  
W. Lane }  
Ordinary }

George Middle County  
J. W. Lane Ordinary in & for said County  
having been present J. H. Payne is of true and  
Cherokee & correct of all delay  
I have under my hand & seal of office J. W. Lane  
April 1, 1901

attached hereto to this blank, after this blank has been properly completed as indicated.  
 14. The completed voucher, this blank and the bills, 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.  
 15. The Ordinary, except parrots and Ordinaries, see the Pensioners and must advance the money himself and takes receipts.  
 16. Accept no bills for burning until you write the Pension Office, stating the circumstances in very great detail.  
 17. Pensioners' children, or children-in-law, must not charge the State for doing only what the law and common humanity demand of them.  
 18. Return this application, and attached bills, with your final settlement to the Pension Office.  
 19a. Ordinary should see that the heads of this blank, when broken, is filled out.  
 19b. Funeral expenses of deceased "new" pensioners covering all or part of both the 1900 and 1901 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

CANTON, GA., 4-19 1923

Mr Geo Sims -  
acct. of Charity Hamilton  
 -In Account With-

J. T. PETTIT, M. D.

<del>Apr</del>	6	2	C	4 00
"	7	2	"	4 00
"	8	3	"	6 00
"	9	2	"	6 00
"	10	4	"	2 00

Dr H. J. Coker  
 \* Call

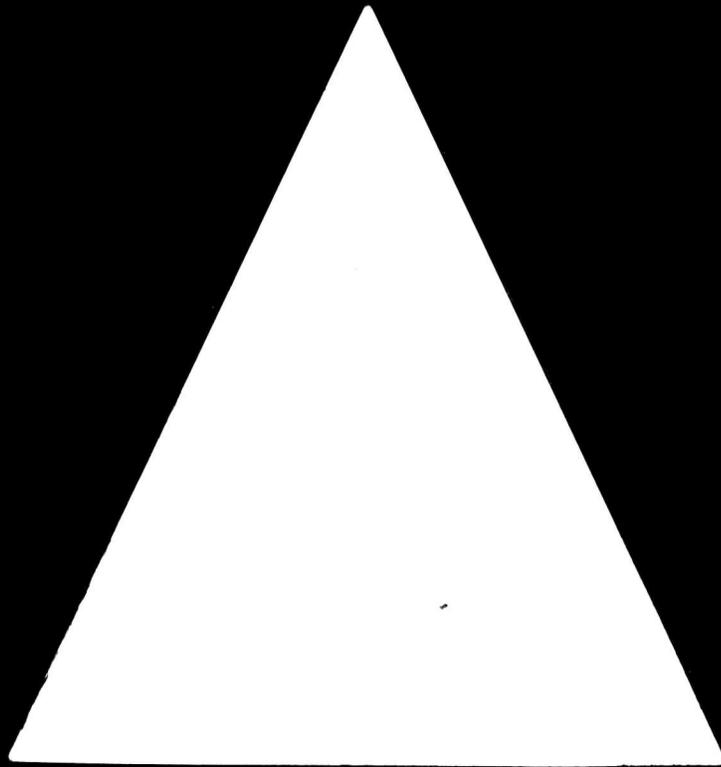
4 00  
26 00

*Review & Payment  
 5-13-23 - in full  
 J. T. Pettit*

John J. Pettit

*11/10/23*

*Approved  
 \$26.00*





# 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\_\_\_\_\_

Executed in the presence of us: \_\_\_\_\_

[L. S.]

**DIRECTIONS.**

If allowed, send amount by \_\_\_\_\_ to \_\_\_\_\_ me at \_\_\_\_\_, and oblige,



# Affidavit to be Made by the Widow.

Form No. 1.

STATE OF GEORGIA.

In person came before me, the undersigned Ordinary

County of Coosh

in and for the County of Coosh

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 Ga Volunteers; that he enlisted in said service on or about the 25 day of March 1862, and was in the Coosh 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 unable to walk before he left. He died in Tupelo Mississippi and in no way did I know this from the letter of Judge Lister's hands attached and from Mr Tom 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 Mich 1869 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.  
J. H. Stone  
Ordinary.

Mrs. M. J. Hamilton

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.

Warrant Issued

\$100.00.

AND HANDED TO

1891

PAID TO  
Mrs. M. J. Hamilton  
of Coosh  
COUNTY.

Widow's Pension

Hamilton M. J.  
Coosh County  
1891.

**Affidavit for Three Witnesses.**

Form No. 3.

STATE OF GEORGIA,

In person came before me, the undersigned Ordinary in and for said County, witnesses Geo. H. Lester William Brimley B. W. Griggs & J. Ward and 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 sgt. who was a soldier in Company B of the 41 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 the 10th of May 1862, he lingered until this disease fell on 7 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.

Subscribed before me, this, the 1st day of April 1891, William Brimley Daniel Withrow B. W. Griggs J. Ward P. M. Hairston Ordinary. *Subscribed before me this 1st day of April 1891 to B. W. Griggs & J. Ward and P. M. Hairston*

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

Form No. 3.

STATE OF GEORGIA, I, John W. Blum Ordinary County of Cobb 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.

John W. Blum Ordinary. *as to all witnesses except Wm. Brimley*

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.

Form No. 2.

STATE OF GEORGIA, Georgia County, Cobb  
 KNOW ALL MEN BY THESE PRESENTS, That I, M. J. Hamilton of Cobb County 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 affidavit; hereby authorizing my said Attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

In WITNESS WHEREOF, I have hereunto set my hand and seal, this 5th day of July, 1893.  
M. J. Hamilton

Executed in the presence of us:  
G. M. Fleming  
H. H. Hamilton

DIRECTIONS.

Send amount by \_\_\_\_\_ to \_\_\_\_\_ and oblige me at \_\_\_\_\_

Hamilton, M. J.  
 of Cobb County  
 FOR THOSE HERETOFORE PAID  
 1893.  
20.963  
**Widow's Pension,**  
 for year ending February 15th, 1893.  
 PAID TO—  
M. J. Hamilton  
 of Cobb COUNTY.  
 Warrant Issued  
110  
 AND HANDED TO  
J. M. Stone  
 1893

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

Form No. 2.

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

Form No. 2.

STATE OF GEORGIA, Cobb County, Cobb  
 KNOW ALL MEN BY THESE PRESENTS, That I, M. J. Hamilton of Cobb County County in said State, do hereby appoint Monetta H. Hamilton 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 3rd day of July, 1894.  
M. J. Hamilton [L. S.]

Executed in the presence of us:  
G. M. Fleming

DIRECTIONS.

Send amount by \_\_\_\_\_ to \_\_\_\_\_ and oblige me at \_\_\_\_\_

Hamilton, M. J.  
 of Cobb County  
 FOR THOSE HERETOFORE PAID  
 1894.  
20.963  
**Widow's Pension,**  
 for year ending February 15th, 1894.  
 PAID TO—  
M. J. Hamilton  
 of Cobb COUNTY.  
 Warrant Issued  
110  
 AND HANDED BY  
J. M. Stone  
 1894

Form No. 1.  
**For Widows' Heretofore Allowed Pensions.**

STATE OF GEORGIA, } Personally comes Mrs.  
 County of Cobb } 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 41<sup>st</sup> 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<sup>nd</sup> 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 Paducah 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 22<sup>nd</sup> 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 8<sup>th</sup> day of July 1893; } M. J. Hamilton  
J. M. Stone Ordinary. } Post-office Marionetta Ga.

Form No. 1.  
**For Widows' Heretofore Allowed Pensions.**

STATE OF GEORGIA, } Personally comes Mrs.  
 County of Cobb } 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 "B." of the 41<sup>st</sup> 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<sup>nd</sup> 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 Jubelo Miss. and died there on the 22<sup>nd</sup> 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 3<sup>rd</sup> day of July 1894. } M. J. Hamilton  
J. M. Stone Ordinary. } Post-office Marionetta Ga.

Certificate of Ordinary of the County of Applicant's Residence. Form No. 4

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.  
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 25 day of July 1895.  
J. M. Stone Ordinary.

POWER OF ATTORNEY. Form No. 5

STATE OF GEORGIA, Cobb County  
KNOW ALL MEN BY THESE PRESENTS, That I, Mrs. M. J. Hamilton  
of Cobb County in said State, do hereby appoint  
of Martha G. 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 24  
day of July 1895. M. J. Hamilton [L. S.]

Executed in the presence of us:  
G. M. Fleming

DIRECTIONS.

Send amount by \_\_\_\_\_ to \_\_\_\_\_  
me at \_\_\_\_\_, and oblige \_\_\_\_\_

FOR THOSE HERETOFORE PAID.  
**1895.**  
No. 1154  
HAMILTON, M. J.  
Cobb  
WIDOW'S PENSION,  
for year ending February 15th, 1895.  
PAID TO  
M. J. Hamilton  
OF Cobb County,  
widow of Henry N. Hamilton  
WARRANT ISSUED  
24 July  
AND HAND TO  
M. J.  
1895.

Certificate of Ordinary of the County of Applicant's Residence. Form No. 4

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.  
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 25 day of July 1895.  
J. M. Stone Ordinary.

POWER OF ATTORNEY. Form No. 5

STATE OF GEORGIA, Cobb County  
I, Mrs. M. J. Hamilton hereby authorize J. M. Stone  
of Martha G. 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 1895. M. J. Hamilton [L. S.]

Executed in the presence of  
G. M. Fleming

FOR THOSE HERETOFORE PAID.  
**1896.**  
No. 3532  
HAMILTON, M. J.  
Cobb  
WIDOW'S PENSION,  
for year ending February 15th, 1896.  
PAID TO  
M. J. Hamilton  
OF Cobb County,  
widow of Henry N. Hamilton  
WARRANT ISSUED  
24 July  
AND HAND TO  
M. J.  
1896.

Form 1.  
**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 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 1862 and served in the Army up to June 1862 That he lost his life on the 22<sup>nd</sup> 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 Tupelo Miss. he was attacked with Camp fever and died with said disease at said place on the 22<sup>nd</sup> 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  
21<sup>st</sup> day of June 1895.  
J. W. [Signature] Ordinary.

M. J. Hamilton  
 Post-office Marionetta Ga.

Form 1.  
**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 B. of the 41 Regiment of Ga. 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 19<sup>th</sup> 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. she was attacked with fever from which disease he died on the 19<sup>th</sup> 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  
21<sup>st</sup> day of June 1896.  
J. W. [Signature] Ordinary.

M. J. Hamilton  
 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. 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 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 heretofore set my hand and affixed the seal of my office, this 3rd day of July 1897.

J. M. Stone  
Ordinary.

Form No. 3

POWER OF ATTORNEY.

STATE OF GEORGIA, County of Cobb

I, M. J. Hamilton hereby authorize J. M. Stone of Alpharetta Ga to receive and receipt for the pension paid hereon and request that he remit same me by Am 3rd

In Witness Whereof, I have heretofore set my hand and seal, this 3rd day of July 1897.

Executed in the presence of M. J. Hamilton  
M. J. Hamilton

WARRANT ISSUED  
AND HANDED TO  
J. M. Stone  
1897.

RICHARD JOHNSON,  
Commissioner of Pensions.

Widow of Henry H. Hamilton  
M. J. Hamilton  
County of Cobb

WIDOW'S PENSION,  
for year ending February 15th, 1897.

No. 3657  
**1897.**

FOR THOSE HERETOFORE PAID  
Hamilton M. J. Stone  
Cobb County

POWER OF ATTORNEY.

State of Georgia, County of Cobb

I, M. J. Hamilton hereby authorize J. M. Stone of Alpharetta Ga to receive and receipt for the pension paid hereon and request that he remit same me by Am 27th

In Witness Whereof, I have heretofore set my hand and seal, this 27th day of July 1898.

Executed in the presence of M. J. Hamilton [L. S.]

Hamilton M. J. Stone  
Cobb County  
For Those Heretofore Paid.  
**1898.**  
NO. 3708  
**WIDOW'S PENSION,**  
For year ending February 15th, 1898.

M. J. Hamilton  
County of Cobb  
Widow of Henry H. Hamilton

RICHARD JOHNSON,  
Commissioner of Pensions.

WARRANT ISSUED  
July 8  
AND HANDED TO  
J. M. Stone  
1898.

Geo. W. 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

Ya. Mich

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

1862 and served in the Army up to

June

1862 That he lost his

life on the

22<sup>nd</sup>

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 Tupelo Miss. on the 22<sup>nd</sup> 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

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

3<sup>rd</sup>

day of

July

1867

Ordinary.

Post office

M. J. Hamilton  
Monetta 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

1845 That she is the Widow of

Henry H. Hamilton who was a Soldier in Company

of the

41<sup>st</sup>

Regiment of

Ya. Mich

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

1862 and served in the Army up to

June

1862 That he lost his

life on the

22<sup>nd</sup>

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 Tupelo Miss. he contracted Camp fever from which disease he died on the 22<sup>nd</sup> 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, 1867, and now apply for the pension provided by law for the year ending February 15th, 1868.

Sworn to and subscribed before me, this

27<sup>th</sup>

day of

July

1868.

Post-Office

M. J. Hamilton  
Monetta Ga

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

23<sup>rd</sup> day of

1845

Given under my official signature and seal this the

3<sup>rd</sup> day of

July

1868.

Official Seal.

Ordinary of Cobb County.

POWER OF ATTORNEY.

State of Georgia,

*Bobb* County, }  
I, *Mrs. W. 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 *30th*  
day of *January* 1890.

*M. J. Hamilton* [L. S.]

Executed in presence of

*Hamilton, W. J. (inc.)*  
*Cobb County*  
For Those Herebefore Paid.  
*W. J. Hamilton*  
**1899.**  
NO. *3764*

WIDOW'S PENSION,

For year ending February 15th, 1899.

PAID TO  
*Mrs. W. J. Hamilton*  
of  
*Cobb*  
County  
Widow of *W. J. Hamilton*

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT ISSUED

1899.

*2/8*  
AND HANDED TO  
*J. M. S.*

U. S. W. HARRISON, STATE PRINTER, ATLANTA.

POWER OF ATTORNEY.

STATE OF GEORGIA,

*Bobb* County, }  
I, *M. 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 *30th*  
day of *Feb'y* 1900.

*M. J. Hamilton* [L. S.]

Executed in presence of

*T. J. Haubty*

*Hamilton, M. J. (inc.)*  
*Cobb County*  
TO Those Herebefore Paid.

1900.

NO. *1998*

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

1900,

*Feb 16*  
AND HANDED TO  
*J. M. S.*

U. S. W. HARRISON, STATE PRINTER, ATLANTA.

FOR WIDOWS HERETOFORE ALLOWED PENSIONS.

## For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of Cobb

Personally Comes Mrs.

W. J. Hamiltonwho, 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 Statecontinuously ever since March 1845 That she is the Widow ofW. J. Hamilton who was a soldier in CompanyB. of the 41<sup>st</sup> Regiment of Georgia  
March  
Volunteers, that he enlisted in said regiment on or about the month of1862 and served in the Army up to June 1862 That he lost hislife on the 22<sup>nd</sup> day of June 1862 (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 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 Feb 1899.J. M. Stone Ordinary.W. J. Hamilton  
Post Office Marietta, Ga.

State of Georgia,

Cobb County,I, J. W. Stone  
Ordinary of said County, certify that I am well acquaintedwith 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 March 1845Given under my official signature and seal this the 1<sup>st</sup> day of Feb 1899.{ Official  
Seal }Ordinary of Cobb County.

## For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of Cobb

Personally Comes Mrs.

W. J. Hamiltonwho, 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 Statecontinuously ever since March 1845 That she is the Widow ofW. J. Hamilton who was a soldier in CompanyB. of the 41<sup>st</sup> Regiment 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 22<sup>nd</sup> 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 22<sup>nd</sup> 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 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

day of Feb 1900.J. M. Stone Ordinary.W. J. Hamilton  
Post Office Marietta, Ga.

State of Georgia,

Cobb County,I, J. W. Stone  
Ordinary of said County, certify that I am well acquaintedwith 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 March 1845Given under my official signature and seal, this the 8<sup>th</sup> day of Feb 1900.{ Official  
Seal }Ordinary of Cobb County.

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 \_\_\_\_\_ 1901.

M. J. Hamilton [L. S.]

Executed in presence of

Law M. Gamm

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.

I, M. J. Hamilton hereby authorize  
John Aubrey 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 1902.

M. J. Hamilton [L. S.]

Executed in presence of

J. M. Gamm

Hamilton, M. J. Mrs.  
Cobb 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 M. J. Hamilton.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

Jan. 18 1901,

AND HANDED TO

John Aubrey

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

Hamilton, Mrs. M. J.  
Cobb County

To Those Heretofore Paid.

1902.

No. 232

WIDOW'S PENSION,

For year ending Dec. 31, 1902.

PAID TO  
Mrs. M. J. Hamilton

of Cobb  
County,

Widow of \_\_\_\_\_  
Co. \_\_\_\_\_ Regiment

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

Jan. 18 1902,

AND HANDED TO

John Aubrey

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

For Those Heretofore Allowed Pensions

For Those Heretofore Allowed Pensions

# For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of Cobb

Personally Comes Mrs.

Mrs. 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 41<sup>st</sup> 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 22<sup>nd</sup> 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 22<sup>nd</sup>

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.

John Awtry Ordinary. Post Office Manetta Ga

State of Georgia, Cobb County.

John Awtry Ordinary of said County, certify that I am well acquainted

with Mrs. Mrs. 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 16 day of 1861

Given under my official signature and seal, this the 14 day of January 1901.

Official Seal.

John Awtry Ordinary of Cobb County.

# For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of Cobb

PERSONALLY COMES MRS.

Mrs. 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

H. H. Hamilton who was a soldier in Company

B of the 41<sup>st</sup> 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<sup>nd</sup> 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 22<sup>nd</sup>

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 9<sup>th</sup> day of Jan 1902.

John Awtry Ordinary. Post-Office Manetta Ga

State of Georgia, Cobb County.

John Awtry Ordinary of said County, certify that I am well acquainted with Mrs. Mrs. 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 1861

Given under my official signature and seal, this the 9<sup>th</sup> day of January 1902.

Official Seal.

John Awtry Ordinary of Cobb County.

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

POWER OF ATTORNEY

STATE OF GEORGIA,

Colt COUNTY }

I, 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. M. J. Hamilton [L. S.] Executed in presence of \_\_\_\_\_

POWER OF ATTORNEY

STATE OF GEORGIA,

Colt 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. M. J. Hamilton [L. S.] Executed in presence of \_\_\_\_\_

Hamilton, M. J. (my)  
Colt County

To Those Heretofore Paid

1903.

No. 278

WIDOW'S PENSION,

For year ending Dec 31, 1903.

Mrs. M. J. Hamilton  
Widow of Colt County,  
N. H. Hamilton  
Co. B. H. Regiment 4th Ia. Cav.

JOHN W. LINDSEY,  
Commissioner of Pensions.

WARRANT ISSUED

1903.

AND HANDED TO

Colt

Hamilton, M. J. (my)  
Colt County  
see bottom of list

TO THOSE HERETOFORE PAID.

1904.

No. 261

WIDOW'S PENSION

FOR YEAR ENDING DECEMBER 31, 1904.

Mrs. M. J. Hamilton  
Widow of Colt County,  
N. H. Hamilton  
Co. B. H. Regiment 4th Ia. Cav.

JOHN W. LINDSEY,  
Commissioner of Pensions.

WARRANT ISSUED

1904.

AND HANDED TO

Colt

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

A. H. Hamilton

who was a soldier in Company

Bof the 41Regiment of GeorgiaMarch

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

1862, and served in the Army up to June1862. That he lost hislife on the 22day of June1862 (State here

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

Died in Tupelo 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 Cheatey Ordinary.

Post-Office Marilla

State of Georgia,

Cobb County.I, John Cheatey

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.

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

B. H. Hamilton

who was a soldier in Company

Bof the 41<sup>st</sup>Regiment of GaMarch

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

1862, and served in the Army up to June1862. That he lost hislife on the 22day of June1862 (State here

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

Died in Tupelo 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<sup>rd</sup> day of July 1904.

John Cheatey Ordinary.

Post-Office Marilla

State of Georgia,

Cobb County.I, John Cheatey

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 Many Years

Given under my official signature and seal, this 23<sup>rd</sup> day of July 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,

Colt County.

Mr. J. Hamilton, hereby authorize  
J. Lee Hartley 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 1st  
day of January 1906.

Miss M. J. Hamilton  
Executed in presence of  
J. McLean

Hamilton, M. J. (Mrs.)  
Colt County

To Those Hereafter Paid.

**1905.**

No. 201

**WIDOW'S PENSION,**

For year ending Dec. 31, 1905.

PAY TO Miss J. Lee Hartley  
OF Colt County,

Widow of \_\_\_\_\_  
Co. \_\_\_\_\_ Regiment

JOHN W. LINDSEY,  
Commissioner of Pensions.

WARRANT ISSUED  
193 1906

AND HANDED TO  
only

The Pensioners' Pension and Payment Co., Atlanta, Ga., is authorized to receive and pay such pensions.

FOR WIDOWS HERETOFORE ALLOWED PENSIONS

## For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA

County of Cobb

PERSONALLY COMES MR.

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 1841. That she is the Widow of H. 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 \_\_\_\_\_ day of \_\_\_\_\_, 18\_\_\_\_. (State here

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

died in Camp Mass 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 the \_\_\_\_\_ day of \_\_\_\_\_, 1905.

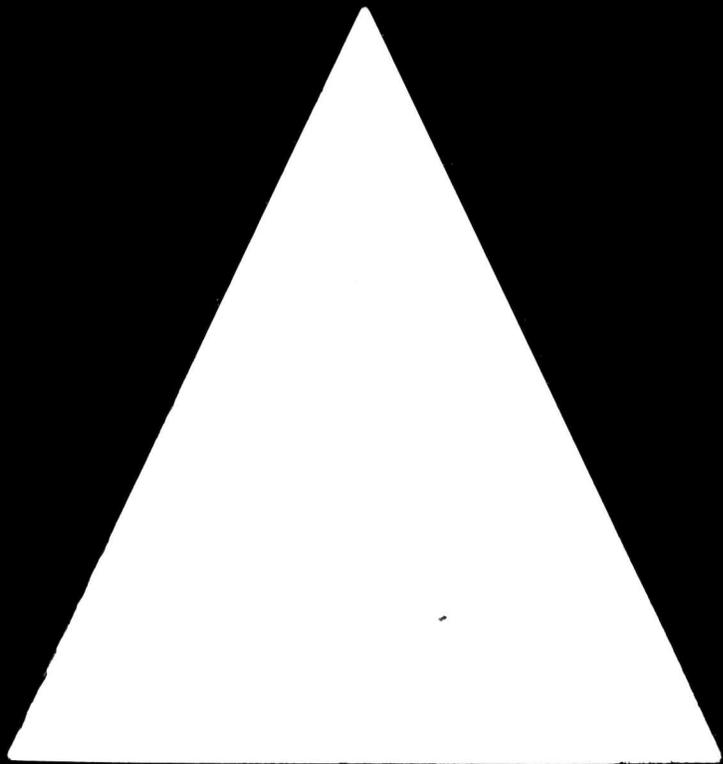
Official  
Seal

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 orders for this book must be placed before January 1st, 1903.

Yonkers and Albany must bear date after January 1st, 1903.



POWER OF ATTORNEY.

STATE OF GEORGIA,

*Cobb* County,

I,

*J. H. Haney* hereby authorize  
*Wm. Stearns* *Minister* &c

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

at

Witness my hand and seal this

*17<sup>th</sup>* day of

*April* 1895.

Executed in presence of

*Wm Stearns* }  
*J. H. Haney*

*Prison or over*

*Approved by*  
*Rich Johnson*

No. 376

INDIGENT PENSION  
of *Phillips Legion*  
1895.

Name *J. Haney*  
County *Cobb*  
Ground *Infirmary & Poverty*

*Aug 11 1896*  
RICHARD JOHNSON,  
Secretary, Excise Department

*E. J. [Signature]*  
J. H. Haney

POWER OF ATTORNEY.

STATE OF GEORGIA,

*Cobb* County,

I, *J. H. Haney* hereby authorize *Me* *John Stone* of *Marietta Ga*

to receive and receipt for the pension allowed and request that he remit same to me at *17<sup>th</sup>* day of *April* 1895.

Witness my hand and seal this *17<sup>th</sup>* day of *April* 1895.  
 Executed in presence of *J. 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, Cobb Co., Ga*
2. Where did you reside on January 1st, 1894, and how long have you been a resident of this State?  
*Same place - all my life*
3. When and where were you born?  
*In 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?  
*Comd. 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?  
*Farming 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?  
*4 years since by years old - can't make work more than a year - have been blind more than a year - have been*
16. 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"?  
*infirmity and poverty*
17. If upon the first ground, state how long you have been in such condition that you could not earn your support? If upon the second, give a full and complete history of the infirmity and its extent? If upon the third state whether you are totally blind and when and where you lost your sight?  
*I am 76 years old - can't work out due to my old age, disease, infirmity and poverty*
18. What property, effects or income do you possess?  
*None*
19. What property, effects or income did you possess in 1893 and in 1894 and what disposition, if any, did you make of same?  
*None*
20. In what County did you reside during those years and what property did you then return for taxation?  
*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*  
 No. 376 of *Hearnes*

INDIGENT PENSION  
 of *Phillips Legion*  
 1895.

Name *J. Haney*  
 County *Cobb*

Ground *Infirmity & Poverty*  
 Date *May 1896*

RICHARD JOHNSON,  
 Secretary Executive Department.  
 WAREHOUSES  
*W. H. Harrison, State Printer, Atlanta.*

25. Are you receiving a pension under any law of this State, if so what amount and for what disability?

*no*

Sworn to and subscribed before me this the

17 day of *April* 1895.

*J. H. Stone* Ordinary  
of *Cobb* County.

*J. H. Stone* 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 *J. H. Stone* 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 *J. H. Stone*, 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? *March, 1862 - In Ala. Co. - Co. L. 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 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*
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 not 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 by his own*
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  
as to nos. 1, 2, 3, 4, 5, 6, 7, 8, 15

*P. J. Power* as to nos. 9, 10, 11, 12

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* *him* *Henry* 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 *J. H. Stone* 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 hereon prescribed, and that the full text of the affidavits was read to the applicant and witnesses before same were signed.

I further certify that the tax digests of *Cobb* County show that applicant returned for taxation in his name in 1893, *Nothing* dollars of property, and in 1894, *Nothing* dollars of property.

Witness my hand and seal of office, this 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,

Chick County.

I, H. Nancy hereby authorize J. M. Stone  
of W. M. Stone, 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 9<sup>th</sup>  
day of July, 1897.

X H. Nancy X [L. S.]

Executed in presence of

J. J. Daniel

Nancy, Friend  
Chick County  
ACT OF 13 DEC. 1884  
(For Those Already Enrolled.)

No. 958

INDIGENT  
Soldier's Pension.  
**1897.**

Name H. Nancy  
County Chick

1/16 1897.

RICHARD JOHNSON,  
Commissioner of Pensions.

WARRANT HANDED TO  
J. M. Stone  
COMMISSIONER STATE PENSIONS, GEORGIA.

No data

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,  
Cobb County.

Personally appears Wm. H. Hony 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 \_\_\_\_\_) during the war between the States, and served for the term of 3 Years in Company \_\_\_\_\_ of \_\_\_\_\_ Ill. Regt. of Ya. Vols.; 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 \_\_\_\_\_ 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 189\_\_\_\_\_

Sworn to and subscribed before me, this, the \_\_\_\_\_ day of May, 1897. W. H. Hony Ordinary.

STATE OF GEORGIA,  
Cobb County.

I, Wm. Stone Ordinary of said County, do certify that I am well acquainted with W. H. Hony the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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, 1897.

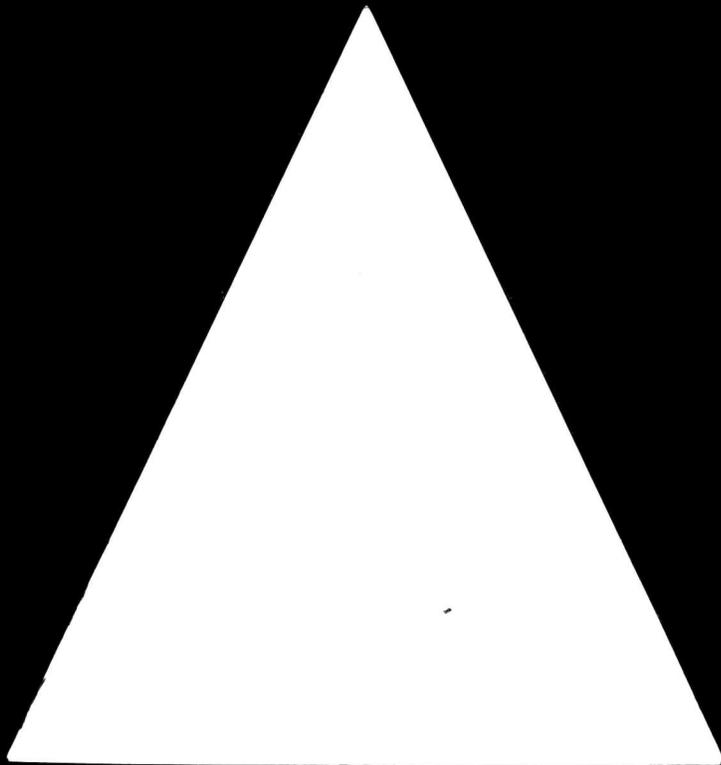


Wm. Stone Ordinary Cobb County.

Note—The blank spaces must be filled.

Nota—The blank spaces must be filled.

Ordinary John County.



# POWER OF ATTORNEY.

STATE OF GEORGIA.

*W. M. Cobb* (County)

Know all Men by these Presents, That I,

*M. E. Haney*

*J. J. Jolly*

County, in said State, do hereby appoint

of *W. M. Cobb Co* <sup>my</sup> 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

*4* day of *April*, 1891.

*M. E. Haney* [L.S.]

Executed in the presence of us:

*J. D. Power*  
*J. H. How* Clerks

DIRECTIONS.

If allowed, send amount by \_\_\_\_\_ to \_\_\_\_\_ and oblige, \_\_\_\_\_ me at \_\_\_\_\_



*Haney M. E.*  
*Cobb County*  
*1891.*  
*43*

No. *9178*

## Widows' Pension

PAID TO

*M. E. Haney*

*Cobb*

COUNTY.

**\$100.00.**

Warrant Issued

1891

AND HANDED TO

# POWER OF ATTORNEY.

Form No. 5.

STATE OF GEORGIA.

*Co. 600th* }  
County.

Know all Men by these Presents, That I,

*M. E. Haney*

County, in said State, do hereby appoint *J. J. Jolly* of *Co. 600th* 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 *4<sup>th</sup>* day of *April*, 186*3*.

*M. E. Haney*  
Mort

[L. S.]

Executed in the presence of us:

*J. D. Power*  
*W. H. Stone*  
Ordms

DIRECTIONS.

If allowed, send amount by

me at

and oblige,



# Affidavit to be Made by the Widow.

Form No. 1.

STATE OF GEORGIA.

County of *Co. 600th*

In person came before me, the undersigned Ordinary

in and for the County of *Co. 600th*

Mrs. *M. E. Haney*, who being sworn according to law, says under oath that she is the widow of *Nevada A. Haney*, who was a soldier in

the service of the Confederate States, and served as a member of Company *Co. 600th*, of the

*3<sup>rd</sup>* Regiment of *Co. 600th* Volunteers; that he enlisted in said service on or about the *6<sup>th</sup>* day of *March*, 186*3*, and was in the *Confederate* Army up to *19<sup>th</sup>* June 186*3*. That while in the Army, he was on the *10<sup>th</sup>* day of *April*, 186*3*, (See Note No. 1)

*later with the measles and by exposure*  
*relapsed and died on 19<sup>th</sup> of June,*  
*1863 he died in Dallas Ga on his*  
*way home on a furlow - He was given*  
*permission to head the army from*  
*days on account of his sickness,*  
*and died before reaching home.*  
*He contracted the disease in the Confederate*  
*service and died from the same*

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 *7<sup>th</sup>* day of *Nov* 185*9*, 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 *3<sup>rd</sup>* day of *April*, 1891.

*M. E. Haney*  
Mort

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

*13*  
*Haney M. E.*  
*Co. 600th*  
*1891.*  
*20. 9/28*

PAID TO —  
**Widow's Pension**  
OF  
*Mrs. M. E. Haney*  
*Co. 600th*  
COUNTY.  
**\$100.00.**

Warrant Issued  
AND HANDED TO  
1891

Affidavit for Three Witnesses.

Form No. 2.

STATE OF GEORGIA,

County of Wood

Brand, William Harvey

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. Harvey, of the County of Worth, State of Georgia, is the widow of Newton A. Harvey, who was a soldier in Company 12 of the 3rd Regiment of Ga 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, he lost his life as follows: He was in the

Confederate Service in Va and lost the  
marker. 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. Harvey 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 Harvey Amaro that Newton A. Harvey 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. Am saw him buried.

We further swear that Mrs. M. E. Harvey was the wife of said soldier during the service, and that she has not intermarried since his death, and that she resides in Newton A County of the State of Georgia.

Sworn to and subscribed before me, this, the 10th day of April 1891.

J. M. Stone  
Ordinary.

William R. Harvey  
Jessie Jolly  
W. M. Brand

Form No. 3.

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

STATE OF GEORGIA,

County of Worth

I, John M. Stone Ordinary

in and for said County of Worth

State of Georgia, hereby certify that I am acquainted with Mrs. M. E. Harvey 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 3rd 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 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.

J. M. Stom Ordinary.

POWER OF ATTORNEY.

Form No. 2.

STATE OF GEORGIA, Cobb County.  
KNOW ALL MEN BY THESE PRESENTS, That I, Martha E. Haney  
of Cobb County, in said State, do hereby appoint  
of 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 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 January 1893 Martha E. Haney [L.S.]

Executed in the presence of us:

J. M. Stom  
H. T. Graham

DIRECTIONS.

Send amount by \_\_\_\_\_ to \_\_\_\_\_  
me at \_\_\_\_\_ and oblige \_\_\_\_\_

Warrant Issued  
AND HANDLED TO  
J. M. Stom  
1893

WIDOWS' PENSION,  
for year ending February 15th, 1893.  
PAID TO—  
Martha E. Haney  
OF  
Cobb COUNTY.

210. 964  
FOR THESE HERETOFORE PAID  
1893.  
Haney, Martha E.  
Cobb County

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 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 A. 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.

J. M. Stom Ordinary.

POWER OF ATTORNEY.

Form No. 2.

STATE OF GEORGIA, Cobb County.  
KNOW ALL MEN BY THESE PRESENTS, That I, M. E. Haney  
of Cobb County, in said State, do hereby appoint  
of 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 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 January 1894 M. E. Haney [L.S.]

Executed in the presence of us:

G. M. Fleming

DIRECTIONS.

Send amount by \_\_\_\_\_ to \_\_\_\_\_  
me at \_\_\_\_\_ and oblige \_\_\_\_\_

WIDOWS' PENSION,  
for year ending February 15th, 1894.  
PAID TO—  
M. E. Haney  
OF  
Cobb COUNTY.  
WARRANT ISSUED  
AND HANDLED TO  
J. M. Stom  
1894.

Haney, M. E. (Mrs)  
Cobb County  
FOR THESE HERETOFORE PAID  
1894.

## For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of Cobb

Personally comes Mrs.

Martha E. Hoaney

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 19<sup>th</sup>

1837 That she is the Widow of

Andrew N. Hoaney who was a Soldier in Company

of the

3<sup>rd</sup>

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

June

1867 That he lost his

life on the

19<sup>th</sup>

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 19<sup>th</sup> 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

31<sup>st</sup> day of Jan'y, 1893.

J. M. Stone, Ordinary.

Martha E. Hoaney  
Monetta Ga.

Post-office

## For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of Cobb

Personally comes Mrs.

M. E. Hoaney

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. Hoaney who was a Soldier in Company

of the

3<sup>rd</sup>

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

June

1867 That he lost his

life on the

19<sup>th</sup>

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  
State's home on furlough, and died at  
Dalton Ga. June 19<sup>th</sup> 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 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, 1893, and now apply for the  
allowance provided by law for the year ending February 15th, 1894.

Sworn to and subscribed before me, this

31<sup>st</sup> day of Jan'y, 1894.

J. M. Stone, Ordinary.

M. E. Hoaney  
Monetta Ga.

Post-office

G. G. Stone

MILITARY PENSION

Comptroller

1894

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

Form No. 2

I, J. M. Stone Ordinary in and for said County of Cobb State of Georgia, hereby certify that I am acquainted with 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, 1860, 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 29<sup>th</sup> day of July, 1895.

J. M. Stone Ordinary.

POWER OF ATTORNEY.

Form No. 4

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 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 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 29<sup>th</sup> day of July, 1895.

Executed in the presence of us: Martha E. Haney [L. S.]  
W. M. Fleming

DIRECTIONS.

Send amount by \_\_\_\_\_ to \_\_\_\_\_ and oblige me at \_\_\_\_\_

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

Form No. 2

I, J. M. Stone Ordinary in and for said County of Cobb State of Georgia, hereby certify that I am acquainted with Mrs. 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, 1860, 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 1<sup>st</sup> day of July, 1896.

J. M. Stone Ordinary.

POWER OF ATTORNEY.

Form No. 4

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 hereof and request that he remit same to me by check

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 1<sup>st</sup> day of July, 1896.

Executed in the presence of Mrs. Martha E. Haney  
W. M. Fleming

Haney, Martha E.  
Cobb County

FOR THOSE HERETOFORE PAID.

1895.

No. 1175

WIDOW'S PENSION.

for year ending February 15th, 1895.

PAID TO Martha E. Haney

widow of A. N. Haney

Cobb County.

WARRANT ISSUED 24 July

AND HANDED TO MS

1895.

Geo. W. Edgerton, State Printer.

Haney, Martha E.  
Cobb County

FOR THOSE HERETOFORE PAID.

1896.

No. 3533

WIDOW'S PENSION.

for year ending February 15th, 1896.

PAID TO M. E. Haney

widow of A. N. Haney

Cobb County.

WARRANT ISSUED 24 July

AND HANDED TO MS

1896.

Geo. W. Edgerton, State Printer.

# For Widows' Heretofore Allowed Pensions.

Form 1.

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 of

A. N. Haney who was a Soldier in Company

of the 3<sup>rd</sup> Regiment of Gu. Vol.

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 19<sup>th</sup> 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 Va. in June 1862 he contracted Malaria, started home and died of said disease on the 19<sup>th</sup> 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 1838 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

29<sup>th</sup> day of July 1895.

Martha E. Haney  
 Post-office Oakley Mills  
Ga.

# For Widows Heretofore Allowed Pensions.

Form 1.

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 of

A. N. Haney who was a Soldier in Company

of the 3<sup>rd</sup> Regiment of Gu. Vol.

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 19<sup>th</sup> day of June 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 started home and died with said disease on the 19<sup>th</sup> 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 1838 that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension as a resident of Cobb County for the year ending February 15th, 1896, and now apply for the pension provided by law for the year ending February 15th, 1896.

Sworn to and subscribed before me, this

19<sup>th</sup> day of July 1896.

Mrs Martha E. Haney  
 Post-office Oakley Mills

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.  
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  
 moved out of the State since that date. That she is the widow of O. N. Haney  
 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  
 6<sup>th</sup> day of July, 1897.  
J. M. Stone Ordinary

POWER OF ATTORNEY.

STATE OF GEORGIA, County of Cobb  
Mrs. M. E. Haney hereby authorizes J. M. Stone  
Minnetta Haney to receive and accept for the pension and arrear and request  
 the he remit same to me by him  
 In Witness Whereof, I have heretofore set my hand and seal, this  
 6<sup>th</sup> day of July, 1897.  
Mrs. M. E. Haney  
 Executed in the presence of  
G. M. Manning

WARRANT ISSUED  
 AND HANDRED TO  
J. M. Stone  
 1897

WIDOW'S PENSION,  
 For year ending February 15th, 1897.  
 No. 3658  
1897.  
Haney Martha E.  
Cobb County  
 FOR THOSE HERETOFORE PAID

PAID TO  
Mrs. M. E. Haney  
 OF  
Cobb County,  
 Widow of O. N. Haney  
 RICHARD JOHNSON,  
 Commissioner of Pensions.

POWER OF ATTORNEY.

State of Georgia, County of Cobb  
 I, Martha E. Haney hereby authorize J. M. Stone  
Minnetta Haney to receive and accept for the pension and arrear and request  
 that he remit same to me by him  
 In Witness Whereof, I have heretofore set my hand and seal, this  
 day of July, 1898.  
Martha E. Haney [L. S.]

Executed in the presence of  
Haney Martha E.  
Cobb County  
 For Those Heretofore Paid  
1898.  
 NO. 3409  
 WIDOW'S PENSION,  
 For year ending February 15th, 1898.  
 PAID TO  
Mrs. Martha E. Haney  
 OF  
Cobb County,  
 Widow of O. N. Haney  
 RICHARD JOHNSON,  
 Commissioner of Pensions.

WARRANT ISSUED  
 AND HANDRED TO  
J. M. Stone  
 1898  
 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

3<sup>rd</sup>

Regiment of

4<sup>th</sup> 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

19<sup>th</sup>

day of June

1862 (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 19<sup>th</sup> June 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 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.

Mrs M E Honey  
Post office Oakley Mills

Ordinary

Post office

# 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

3<sup>rd</sup>

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

19<sup>th</sup>

day of June

1862 (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 19<sup>th</sup> day of June 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, 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, 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.

Martha E. Honey  
Post Office Oakley Mills Ga

State of Georgia,

County, I

Ordinary of said County, certify that I am well acquainted

with Mrs. Martha E. Honey 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 April 1837

Given under my official signature and seal this the

29 day of July 1898.

Ordinary of Cobb County.



POWER OF ATTORNEY.

State of Georgia.

Cobb County.

Mrs. M. E. Haney hereby authorize J. M. Stow  
of Marietta Ga.

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

me by himself

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.

I, Martha C. Haney hereby authorize J. M. Stow  
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

J. J. Hanby

Haney, Martha E.  
Cobb County  
For Those Herebefore Paid.

1899.

NO. 3265

WIDOW'S PENSION,

For year ending February 16th, 1900.

PAID TO  
Mrs. M. E. Haney  
Cobb County  
Widow of J. H. Haney

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT ISSUED

1899

AND PAID

PAID TO THOSE HEREFORE PAID.

Haney, Martha E.  
Cobb County  
TO THOSE HEREFORE PAID.

1900.

NO. 1791

WIDOW'S PENSION,

For year ending February 16th, 1900.

PAID TO  
Mrs. Martha C. Haney  
or  
Cobb County  
Widow of M. H. Haney

JNO. W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

1900,

AND PAID TO

Stow

PAID TO THOSE HEREFORE PAID.

## For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of Cobb

Personally Comes Mrs.

Martha E. Haueywho, 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 April 1837 That she is the Widow ofA. N. Hauey who was a soldier in Company G. of the 3<sup>rd</sup> Regiment 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 his life on the 19<sup>th</sup> 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 Virginia he contracted measles in Spring of 1862 - he started home on furlough and died with said disease at Dalton Ga. June 19<sup>th</sup> 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 1858I 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

5<sup>th</sup> day of July 1899.

Ordinary.

Post-Office

M. E. Hauey  
Oakley Mills

State of Georgia,

County of CobbI, J. W. Stone

Ordinary of said County, certify that I am well acquainted

with Mrs. Martha E. Hauey 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 shehas continuously resided in this State since the 19<sup>th</sup> day of April 1837Given under my official signature and seal this the 5<sup>th</sup> day of July, 1899.

Official Seal.

Ordinary of

Cobb

County.

## For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of Cobb

Personally Comes Mrs.

Martha E. Haueywho, 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 April 1837 That she is the Widow ofA. N. Hauey who was a soldier in Company G. of the 3<sup>rd</sup> Regiment 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 his life on the 19<sup>th</sup> 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 19<sup>th</sup> 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 1858I 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

5<sup>th</sup> day of July, 1900.

Ordinary

Martha E. Hauey  
Oakley Mills P. O.

State of Georgia,

County of CobbI, J. W. Stone

Ordinary of said County, certify that I am well acquainted

with Mrs. Martha E. Hauey 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 shehas continuously resided in this State since the 19<sup>th</sup> day of April 1837Given under my official signature and seal, this the 5<sup>th</sup> day of July, 1900.

Official Seal.

Ordinary of

Cobb

County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

*Cobb* County. I, *Martha E. Haney* hereby authorize *John A. Wooley* 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.

Executed in presence of *Martha E. Haney* S. J. M. Gann

POWER OF ATTORNEY.

STATE OF GEORGIA,

*Cobb* County. I, *Martha E. Haney* hereby authorize *John A. Wooley* 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.

Executed in presence of *Martha E. Haney* S. J. M. Gann

*Haney, Martha E. Cobb Co*

To Those Heretofore Paid.

1901.

No. *180-*

WIDOW'S PENSION,

For year ending February 15th, 1901.

*Paid to Mrs. Martha E. Haney*

*Cobb* County. Widow of *J. W. Haney*

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

*Jan. 15* 1901, AND HANDED TO *John A. Wooley*

One W. Harrison, 211 1/2 Street, 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 Mrs. Martha E. Haney*

*Cobb* County. Widow of \_\_\_\_\_

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

AND HANDED TO *John A. Wooley* 1902

One W. Harrison, 211 1/2 Street, 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

A. N. Haney who was a soldier in Company 3rd 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 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 Jan 1901. Martha C Haney Ordinary. Post Office Wash Mills

State of Georgia,

County of Cobb

John Anthony 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 18

Given under my official signature and seal, this the 5 day of Jan 1901.

Official Seal

John Anthony Ordinary of 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

A. N. Haney who was a soldier in Company 3rd 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 Malaria in Spring of 1862 he started home on furlough and died with said disease at Dallas 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 Jan 1902. Martha C Haney Ordinary. Post Office Wash Mills

State of Georgia,

County of Cobb

John Anthony 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 18

Given under my official signature and seal, this the 2nd day of Jan 1902.

Official Seal

John Anthony Ordinary of 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,

*Cobb* COUNTY.

*John Lindsey* 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 *21<sup>st</sup>*

day of *January* 1903.

*Martha E. Haney* [L. S.]  
*John Lindsey*

Executed in presence of

*Haney Martha E.*  
*Cobb County*

To Those Heretofore Paid

**1903.**

No. *209*

**WIDOW'S PENSION,**

For year ending Dec 31, 1903.

PAID TO

*Martha E. Haney*

OF

County,

*John W. Lindsey*  
Widow of *John W. Lindsey*  
Co. & 3<sup>rd</sup> Regt. 1<sup>st</sup> Div. 1<sup>st</sup> Inf.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

1903.

AND HANDED TO

*John Lindsey*

1903.

FOR WIDOWS HERETOFORE ALLOWED PENSIONS.

**POWER OF ATTORNEY.**

STATE OF GEORGIA,

*Cobb* COUNTY.

*John Lindsey* 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 *12*

day of *January* 1904.

*Martha E. Haney* [L. S.]  
*John Lindsey*

Executed in presence of

*John Lindsey*

*Haney Martha E.*  
*Cobb County*

TO THOSE HERETOFORE PAID.

**1904.**

No. *209*

**WIDOW'S PENSION**

FOR

YEAR ENDING DECEMBER 31, 1904.

PAID TO

*Martha E. Haney*

OF

County,

Widow of

*John W. Lindsey*

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

1904.

AND HANDED TO

*John Lindsey*

1904.

## For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, } PERSONALLY COMES Mrs.  
 County of Cobb } 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 of A. S. Haney who was a soldier in Company B 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 19 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 was killed in a battle in Virginia in 1862. He started home on a horse and died with a wound received 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 1903.  
 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 18 day of 18.

Given under my official signature and seal, this 12 day of Jan 1903.

{ 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, } PERSONALLY COMES MRS.  
 County of Cobb } 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 of A. S. Haney who was a soldier in Company B 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 19 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.  
 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 18 day of 18.

Given under my official signature and seal, this 12 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 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 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 Herebefore 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  
12.3.1905.

AND HANDED TO  
Only

This is a form of authority and is not valid unless countersigned by the Commissioner of Pensions.

FOR WIDOWS HERETOFORE ALLOWED PENSIONS

POWER OF ATTORNEY.

STATE OF GEORGIA,

Colh COUNTY.

I, Martha E. Hancy, hereby authorize

John Anthony of \_\_\_\_\_  
to receive and receipt for the pension paid hereon, and request that he remit same to \_\_\_\_\_ at \_\_\_\_\_

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

day of Jan 1905.

Martha E. Hancy [L. S.]  
mark

Executed in presence of

J. M. Gamm

Hancy, Martha E.  
Colh Co.

To Those Herebefore Paid.

**1906.**

No. 193

**WIDOW'S PENSION**

For year ending Dec. 31, 1906.

PAID TO  
Mrs. Martha E. Hancy  
OF  
Colh County,  
Widow of Levitt A. Hancy  
Co. 6.3 Regiment Ca.

JOHN W. LINDSEY,  
Commissioner of Pensions.

WARRANT ISSUED  
12.2.1906.

AND HANDED TO  
Only

This is a form of authority and is not valid unless countersigned by the Commissioner of Pensions.

FOR WIDOWS HERETOFORE ALLOWED PENSIONS

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb COUNTY, }

I, M. E. Haney hereby authorize

John Swain

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.]  
mark

Executed in presence of \_\_\_\_\_

Haney M. E. (Miss)  
Cobb County  
To those Herebefore Bld.

**1907.**

No. 157

**WIDOW'S PENSION**

For Year ending Dec. 31, 1907.

PAID TO  
Mrs. M. E. Haney  
Wife

County,  
Cobb  
Widow of M. E. Haney  
Co. B. 3 Regiment 54th

JOHN W. LINDSEY,  
Commissioner of Pensions.

WARRANT ISSUED

AND HANDED TO 157 1907,

Geo. W. Harrison, State Printer, Atlanta.

PAID PENSIONS

## For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

PERSONALLY COMES Mrs.

County of CobbM. 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 January 27 1894. That she is the Widow of Hewitt 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 1863, and served in the Army up to July 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. Smith Ordinary.

M. E. Haney  
March  
Post Office.

State of Georgia,

Cobb

County.

Ordinary of said County, certify that I am well

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 10 day of July 1907.

Official  
Seal

John A. Smith  
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 receive for \_\_\_\_\_ my assignable Pension due for \_\_\_\_\_ for 190 \_\_\_\_\_ now deceased, who was on the \_\_\_\_\_ Pension Roll from said County at the death of \_\_\_\_\_

Witness my hand and seal, this \_\_\_\_\_ day of \_\_\_\_\_ 190 \_\_\_\_\_

I also PUBLISH BY \_\_\_\_\_

Notary Public for the State of Georgia. My Commission Expires \_\_\_\_\_

Georgia

HANEY, M. E. (Mrs.)  
Cobb Co

Application for Pension Due Deceased Pensioner Under Act 1904

For John Lindsey Ordinary  
of Cobb County,  
Of Co \_\_\_\_\_ Regiment,

Approved and Ordered Paid \_\_\_\_\_ 190 \_\_\_\_\_

J. W. LINDSEY,  
Commissioner of Pensions.

Georgia

Abstract from \_\_\_\_\_

Application for Pension Due to a Deceased Pensioner,

UNDER THE ACT OF AUGUST 15, 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 Annuity Pension Roll of Cobb County at the time of his death, which occurred in Cobb County, in this State, on the 27<sup>th</sup> day of June, 1902, 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 & 1/2 Dollars, as per sworn statement, itemized, hereto attached.

Sworn and subscribed before me, this 7<sup>th</sup> day of July, 1902.  
John Anthony Ordinary,  
Cobb County. B. B. McLeod

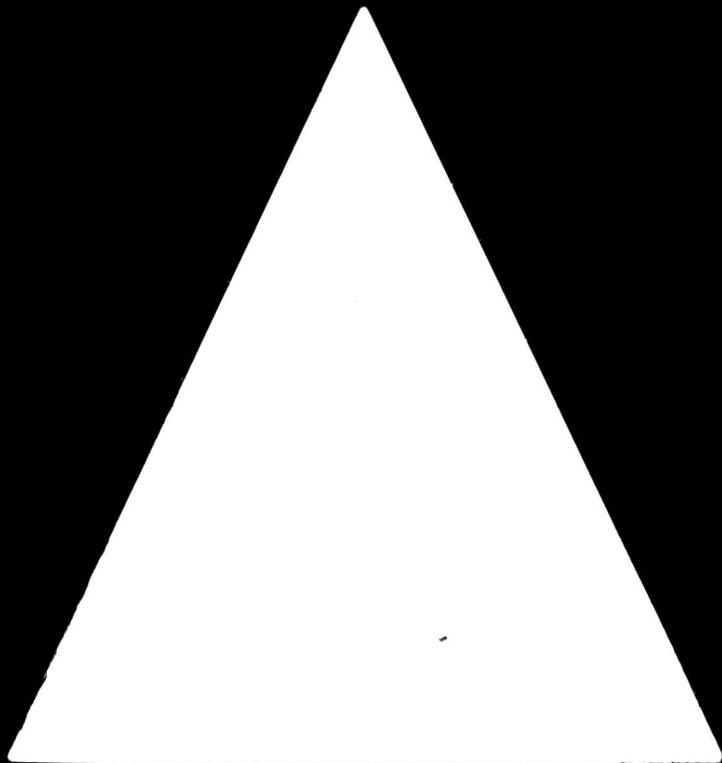
Georgia, Cobb County.

I, John Anthony, 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 Annuity Pension Roll of Cobb County, and was paid a Pension of Twenty Dollars in said County for 1902 and I now believe him to be dead.

Given under my hand and official seal, this 7 day of July, 1902.  
John Anthony Ordinary,  
Cobb County.

161091



*Hand Mary*  
*Chick County*

No. \_\_\_\_\_

**WIDOW'S  
Indigent Pension.**

**1901.**

Name *Mary Nancy*

County *Chick*

Widow of *Ben. F. Nancy*  
*C. S. 22 Ga*

Approved \_\_\_\_\_ 1901.

JOHN W. LINDSEY,  
Commissioner of Revenue.

WARRANT HANDED TO \_\_\_\_\_

1901.

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

*10/6-1902*

*Hand Mary*  
*Chick County*  
*1902*  
*Mary Nancy*  
*Chick*  
*Ben. F. Nancy*  
*C. S. 22 Ga*  
*John W. Lindsey*  
*Commissioner of Revenue*  
*10/6-1902*

**POWER OF ATTORNEY.**

STATE OF GEORGIA,

County, }  
hereby authorize \_\_\_\_\_

of \_\_\_\_\_ County, to receive and receipt for the pension allowed and that he  
shall be made to me at \_\_\_\_\_ day of \_\_\_\_\_ 190 \_\_\_\_\_  
by his check or registered mail.

Witness my hand this \_\_\_\_\_ day of \_\_\_\_\_ 190 \_\_\_\_\_

Executed in presence of \_\_\_\_\_

Ordinary,  
County, \_\_\_\_\_



Notary Public  
State of Georgia

*Mary Nancy*

L. S.

POWER OF ATTORNEY.

STATE OF GEORGIA.

County. }

hereby authorize

of 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

L. S.

SEAL

*Mary Nancy*  
*Old County*

No.

**WIDOW'S  
Indigent Pension.**

1901.

Name *Mary Nancy*  
County *Colt*  
Widow of *Gen. W. Nancy*  
*Colt 22 Va*

1901

Approved

JOHN W. LINDSEY

County Clerk

WARRANT HANDED TO

1901

Gen. W. Lindsey, State Printing, Atlanta, Ga.

1905-1902

Questions for Applicant.

STATE OF GEORGIA,

County.

*Colt*  
*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 proofs, and after being duly sworn true answers to make to the following questions, to-wit: and answers as follows:

1. What is your name and where do you reside? *(Give State, County and Post Office.)*  
*Mary Nancy, Marietta, Colt County, Ga.*
2. How long and since when have you been a resident of this State?  
*Since August 18 1867.*
3. When and where were you born?  
*Smithfield, 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 in 1822 - Big Rock, Wayne, Tennessee. He was married in Dawson Co., Ga. 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 Dawson Co., Ga. Co. 22d Va. Inf. in September 1861, and was mustered in at Big Shanty, Ga.*
6. How long did your husband serve in said Company and Regiment? *Nearly 7 years, until the end of the war.*
7. When and where did your husband's Company and Regiment surrender and was discharged?  
*In Va. at Appomattox.*
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 near he was.*
10. When and where did your husband die?  
*At Chattanooga Tenn. August 27th 1872.*
11. Which of the following grounds do you base your application for Pension, viz: First—Age and Poverty; Second—Infirmity and Poverty, or Third—Blindness and Poverty?  
*1st & 2nd.*

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 on sewing and bottoming chairs as long as was able.*
14. How much can you earn gross, by your own exertion or labor? *About \$200.*
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 - have disposed of nothing.*
17. In what counties did you reside in 1899 and 1900, and what property did you retain for taxation?  
*I lived in Wilkes Co., Ga. returned no property, had no tax.*
18. How have you been supported since death of husband, and especially for 1899 and 1900?  
*By my own labor. 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 contribute 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, but one deceased son.*

22. Have you ever made an application for pension before?  
*No.*

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* 190*2*.

*John Lindsey* Ordinary,  
*Colt* County.

*Mary Nancy*

# Questions for Witnesses.

STATE OF GEORGIA,

Cause No. County.

J. J. Statten 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 as follows:

1. What is your name and where do you reside? J. J. Statten in Cause No. \_\_\_\_\_ County.
2. Are you acquainted with the applicant, Mrs. Mary Haney? I am not.
3. Where does she reside, and how long and since when has she been a resident of this State? I don't know.
4. When and where was she born? I don't know.
5. Were you ever acquainted with her husband? I was acquainted with him at \_\_\_\_\_
6. Where did he reside in 1861? I don't know.
7. When and to whom was he married? I don't know.
8. When and where was he born? I don't know.
9. How long have you known him? As far as I remember them in the \_\_\_\_\_
10. When and where did \_\_\_\_\_ enlist in the war between the States, and in what Company and Regiment did he enlist and how do you know this? Sept. 18 61 at \_\_\_\_\_ Co. 3d Regiment Ga. Col.
11. Were you a member of the same Company and Regiment? I was \_\_\_\_\_
12. How long did he 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 Va.
14. Were you with the command when it surrendered? I was.
15. Was \_\_\_\_\_ the husband of applicant present? I don't remember.
16. If not present, where was he? I don't know.
17. When and where did he leave his Command? I don't know.
18. For what crime? I don't know.
19. By whom authority he left? I don't know.
20. How do you know all this? (State fully and clearly.) I was personally present \_\_\_\_\_
21. When and where did \_\_\_\_\_ die? See F. Haney's affidavit.
22. Where did he reside at his death and how long had he been a resident of Georgia at his death? I don't know.
23. Do you of your own knowledge know that applicant is the lawful widow of \_\_\_\_\_? I don't know.
24. Has she remained unmarried since her husband's death, and is now his widow? I don't know.
25. What property, effects or income has the applicant if any, and how do you know this of your own knowledge? I don't know.
26. What property, effects or income did applicant possess in 1899 and 1900 and what disposition did she make of it? I don't know.
27. 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.
28. What is applicant's physical condition and her chances and ability to earn a support? Not being acquainted with applicant I don't know.

28. 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, Dawson County, J. J. Statten Witnesses.

# Affidavits of Physicians.

STATE OF GEORGIA,

Bob County. 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 so 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 15th August 1902. John Anthony Ordinary, Bob County. John H. Simpson M.D. Chas. H. Hill M.D.

# ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Bob County. John Anthony 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 the State since 18th day of January 1874, and that the witnesses, Mr. \_\_\_\_\_ are of trustworthy character, and that their statements are entitled to full faith and credit. I do hereby 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 \_\_\_\_\_ dollars worth of property, and in 1902 \_\_\_\_\_ dollars worth of property. Witness my hand and official seal, this 19th day of October 1902. John Anthony Ordinary, Bob County.

SEAL. John Anthony Ordinary, Bob 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 provided.  
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 30th April, 1860, not entitled.  
5. Witnesses and two Physicians are necessary to make out claims.



# Questions for Witnesses.

STATE OF GEORGIA,

Cobb County.

*Cobb*  
*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, deposes 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. Where does she reside, and how long and since when has she been a resident of this State? *On the N side of Marietta Ga. and in this State all her life*
4. When and where was she born? *Benning County, Ga. 1824*
5. Were you ever acquainted with her husband? *Yes.*
6. Where did he reside in 1861? *Sauwhee County, Ga.*
7. When and to whom was he married?
8. When and where was he born?
9. How long have you known him?
10. When and where did \_\_\_\_\_ enlist in the war between the States, and in what Company and Regiment did he enlist and how do you know this?

11. Were you a member of the same Company and Regiment?
12. How long did he perform regular military duty?
13. When and where was his Company and Regiment surrendered and discharged from service?
14. Were you with the command when it surrendered?
15. Was \_\_\_\_\_ the husband of applicant present?
16. If not present, where was he?
17. When and where did he leave his Command? For what cause? By whose authority he left? How do you know all this? (State fully and clearly)

18. When and where did *Benjamin F. Nancy* die? *Chattanooga Tenn. in 1872.*
19. Where did he reside at his death and how long had he been a resident of Georgia at his death? *Chattanooga, Tenn. N side Ga. until short time before his death.*
20. Do you of your own knowledge know that applicant is the lawful widow of *Ben. F. Nancy*? *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? *Bedding and wearing apparel and two trunks - She is very poor and I am personally acquainted with her affairs.*
23. What property, effects or income did applicant possess in 1860 and 1900 and what disposition did she make of it? *Nothing but what she has now.*
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 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 she can.*

26. Is applicant able to earn a support at labor of any sort, if not why? *As on account of age and infirmity.*
  27. How was she supported for *1860-1900*? *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 getting old and also 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, *Cobb* County. *See Blake* Witnesses.

# Affidavits of Physicians.

STATE OF GEORGIA,

Cobb 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,

Cobb 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 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, 1860, not entitled.  
5. Witnesses and two Physicians are necessary to make out claims.

POWER OF ATTORNEY.

STATE OF GEORGIA,

*Cobb* COUNTY. }

I, *Mary Nancy Whitely* hereby authorize *John Whitely* 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<sup>th</sup>* day of *January* 1904.

*Mary Nancy Whitely* [L. S.]

Executed in presence of \_\_\_\_\_

POWER OF ATTORNEY.

STATE OF GEORGIA,

*Cobb* COUNTY. }

*Mary Nancy* hereby authorize *John Whitely* 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 *Jan* 1905.

*Mary Nancy Whitely* [L. S.]  
Executed in presence of *John Whitely*

*Mary Nancy Whitely*  
*Cobb County*

TO THOSE HERETOFORE PAID.  
**1904.**

**INDIGENT  
WIDOW'S PENSION**  
FOR YEAR ENDING DECEMBER 31, 1904.

PAID TO  
*Mrs Mary Nancy*  
*Cobb* County,  
Widow of *B. F. Nancy*  
*Co. D. 22nd Ga.* Regiment.

JOHN W. LINDSEY,  
Commissioner of Pensions.  
WARRANT ISSUED  
**JAN 23** 1904.  
AND HANDLED TO  
*Andy*  
JOHN W. HARRISON, State Printer, ALABAMA.

*Mary Nancy*  
*Cobb County*

To Those Heretofore Paid.  
**1905.**

No. *242*  
**INDIGENT  
WIDOW'S PENSION,**  
For year ending Dec. 31, 1905.

PAID TO  
*Mrs Mary Nancy*  
*Cobb* County,  
Widow of \_\_\_\_\_  
Regiment.

JOHN W. LINDSEY,  
Commissioner of Pensions.  
WARRANT ISSUED  
**JAN 23** 1905.  
AND HANDLED TO  
*Andy*

The Atlantic Printing and Publishing Co., Atlanta, Ga. is authorized Manufacturer of this Receipt.

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 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. Haney

who was a soldier in Company

C of the 22nd

Regiment of Co.

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

1865 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.

John Duster

Ordinary

Mary Haney  
Post Office

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 several years

Given under my official signature and seal, this the 17th day of January 1904.

John Duster

Ordinary of Cobb County

Official Seal

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 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 Many years. That she is the Widow of

B. F. Haney

who was a soldier in Company

D of the 2nd

Regiment of Co.

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

1865, and served in the Army up to 1865. That he died on the age day of infirmitiy and poverty 1892.

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 July 1905.

John Duster

Ordinary

Mary Haney  
Post Office

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 the 17th day of July 1905.

John Duster

Ordinary of Cobb County.

Official Seal

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 H. H. H. of Marietta 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 June 1906.

Executed in presence of Mary X Nancy [L. S.]

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb COUNTY.

I, Mary Nancy hereby authorize John H. H. H. 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 June 1907.

Executed in presence of Mary X Nancy [L. S.]

Honey, Mary Cobb

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. Nancy

Co. B, 22 Ga. Regiment.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

12 2 1906.

AND HANDED TO

209

THE FAMILIAR PRINTING AND PUBLISHING CO., ATLANTA, GA.

Honey, Mary Cobb

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. Nancy

Co. B, 22 Ga. Regiment.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

12 2 1907.

AND HANDED TO

207

THE FAMILIAR PRINTING AND PUBLISHING CO., ATLANTA, GA.

THE FAMILIAR PRINTING AND PUBLISHING CO. ATTORNEYS AT LAW

## 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

an

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 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 Rose

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.

Mary X Haney

Post Office.

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 theday of Jan 1894Given under my official signature and seal, this the 30 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.

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 theday of Jan 18\_\_\_Given under my official signature and seal, this the 4 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.

Office of .....  
JOHN AWTREY,  
ORDINARY, COBB COUNTY.

Marionetta, Ga. 1901

Georgia, Cobb County.  
Personally known A. J.  
Loggwick, 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 Nancy, the applicant,  
that he was present at her marriage,  
that she was married in 1859 in  
Dawson County, Ga. to Benjamin H. Nancy,  
that she was his wife during said  
Nancy's service in the Confederate army,  
and is now his widow.  
Known to and A. J. Loggwick  
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

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 Harie and  
Mary Blake in the Holy bonds of Matrimony according  
to the laws of this State and this shall be your Vicars  
This 9th day of November 1909

John W. Hughes Ordinary

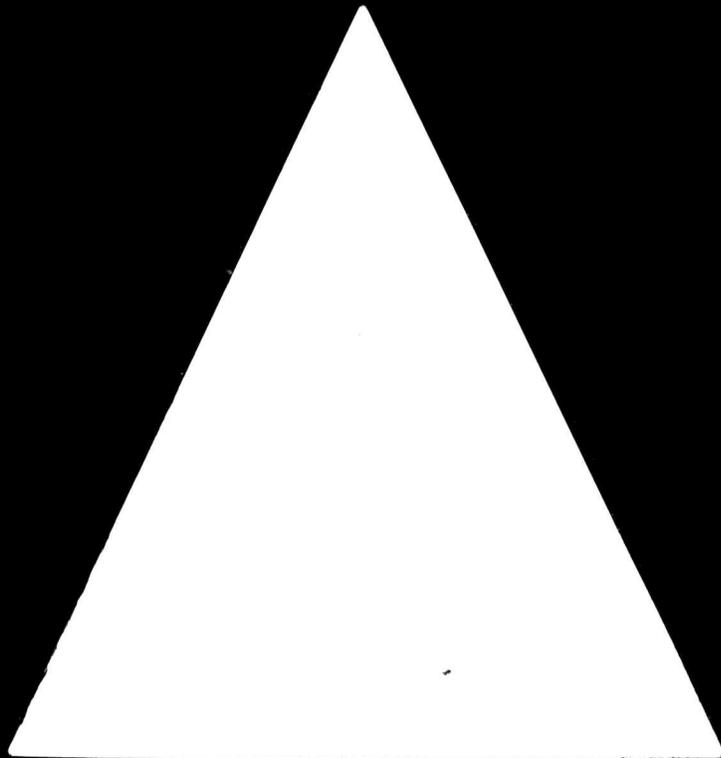
Georgia

Dawson County } I hereby certify that Benjamin  
Harie and Mary Blake were duly joined in  
Matrimony this day by me November 9th 1909  
Wm. W. Odum J. P.

Dawsonville Ga

I Balsam Harben Ordinary here by 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 Harben Ordinary  
of Dawson County Ga



Ordinary's Certificate

STATE OF GEORGIA

COUNTY

*DeKalb*  
DeKalb

Ordinary of said County, certify that I know

1. *W. P. Haney* for person in 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 before my hand and official seal of office this *20* day of *Oct* 191*9*

*W. P. Haney*  
Ordinary  
DeKalb County

(SEAL)

NOTES: 1. Before any questions are answered the Ordinary shall require applicant and witnesses in the following words: "You give shall be the whole truth, so help you God." 2. Questions asked you and the evidence given by you and the witnesses shall be taken down in writing by 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.

County *Cobb*

Name *W. P. Haney*

Company *6*

Regiment *1st Ga State Troops*

Approved *(Quental)*

J. W. LINDSEY,  
Commissioner of Pensions.

Byrd Printing Co. State Printers, Atlanta.

10-30-1919

*Quental*  
*4/12/1930*  
*disapproved*  
*for the reason*  
*the company*  
*was not*  
*organized*  
*under the*  
*laws of the*  
*U.S.*  
*1st Ga State Troops*  
*4-18-64*  
*W. P. Haney*  
*Ordinary*

*Haney, W. P. Cobb Co.*  
*4/12/20*  
*4/12/20*  
No. *7147*  
*disapproved 4/12/20*  
Confederate

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 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.

Handy W. R. - Cobb Co. No. 4667-1520

Soldier's Application Confederate

Under Act 1910-As Amended by Act of 1919.

County Cobb Name W. R. Haney Company Co. Regiment 1st Va. State Troop

Approved (Sealed)

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

10-30-1919

Handwritten notes: Received 4/12-1920, description of service, and signatures.

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, Marietta Cobb Co Ga
2. How long and since when have you been a contiguous 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) Jan'y 1862, Marietta Co. 6, 1st Va. State Troop Infantry
5. How long did you remain in the actual military service with said Company and Regiment? (Give date of discharge) Mid. to early June or July 1864, I joined Cavalry, made from April 1865 - New Orleans, Louisiana, Missouri
6. When and where was your Company and Regiment surrendered or discharged from the Service? April 1865 - New Orleans, Louisiana, Missouri
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 on Feb. or March of 1864
a. Where was your command when you left it? New Orleans
b. When did you leave the command? Nov. or Dec. 1864
c. For what cause did you leave? Capture
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)

Vertical handwritten notes on the right margin: 'I am drawing a pension of \$12.00 per month from the State of Georgia...'

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. HANEY 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  
Unsettled Cobb Co. Ga.

2. How long and since when have you known W. R. HANEY the applicant?  
at Suisun in 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? Morelly Cobb Co. Ga. ever since I know him

4. When, where and in what Company and Regiment did W. R. HANEY enlist during war from 1861 to 1865? (Give date and place.) In First Co. E. 1st Ga. State Troops, Ga.

5. How did you obtain your information of this Service? I was a member of same  
7th Regiment in Dept. of Cavalry

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).  
New Market, Va.

8. Were you personally present at the surrender? Yes

9. If not, where were you and how came you there? It 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? ..... 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 being with this man

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? Nov or Dec 1864 near Richmond

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 } G. S. Gordon

J. M. Lawson Ordinary }  
Cobb County. }

(SEAL)

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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. HANEY 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? .....

2. How long and since when have you known W. R. HANEY 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. HANEY enlist during war from 1861 to 1865? (Give date and place.) Jan. 1863, Marietta, Ga., Co. "E", 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

7. When and where was his command surrendered or discharged (give date and place).  
Co. "E" 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? .....

12. When did he leave his command? Was transferred to Cav. in June 1864 at Kennesaw ..... Where was his command when he left it? ..... For what cause did he leave? .....

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

all that you have stated to be true? If of your own knowledge, tell clearly and specifically I was a member of Co. "E" and saw him constantly in service until he was transferred

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. Never captured while a member of Co. "E" 1st Ga. If so, when and where? Don't know and when released .....

Sworn to and subscribed before me, this the

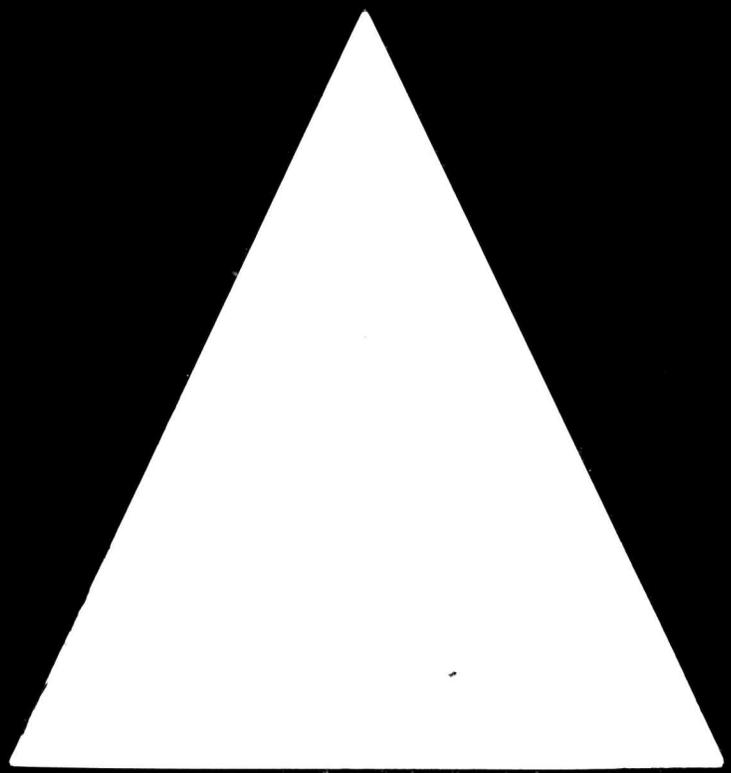
7 day of October 1919 } J. S. Lowe

W. R. Haney Ordinary }  
Fulton County. }

(SEAL)

of Heath Ordinary }  
County. }  
(SEAL)

of Tulsa Ordinary }  
County. }  
(SEAL)





... was appointed 1st Sergeant, Co. B, 7th Regt. of Infantry May 4, 1864. ... promoted Captain July 27, 1864. ... Surrendered, Appomattox, Va., Apr. 9, 1865.

*William Henderson*

*Recd. J. J. Hardage*  
*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  
E. Thomas Sullivan  
Director

AUG 13 1947

Ordinary's Certificate

STATE OF GEORGIA.

..... Cobb ..... COUNTY.

I, Mrs. J. J. Hardage 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 27th day of Dec, 1937.  
(SEAL OF ORDINARY) E. Thomas Sullivan Ordinary.  
of Cobb County.

INSTRUCTIONS:

1. Before any questions are answered the Ordinary shall send applicant and the witness in the following words: "You do solemnly swear that you will give answers make to each of the questions asked you and the evidence you shall give will be true and correct to the best of your knowledge and belief?"
2. Additional affidavits may be attached if blank spaces are insufficient.
3. All affidavits must be sworn to prior to January 1st, 1920, are entitled.
4. 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 certified by such Ordinary.
5. 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 certified by such 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.  
 HARRIS, 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*

*Record of J. J. Hardage*  
*Cobb County, Ga.*

**Widow's Application**

Under Act of 1910—As Amended by Act of 1919, and Constitutional Amendments of 1920 and 1937.

County Cobb  
 Name Mrs. L. E. Hardage  
 Widow of J. J. Hardage  
 Date of Marriage Oct. 20, 1886  
 Date of Husband's Death May 25, 1924  
 Company R. S.  
 Regiment 1st Regt.  
 Approved Dec 27, 1937  
 Director R. Thomas E. Eddle

400 AUG 10 1937

**Ordinary's Certificate**

STATE OF GEORGIA,  
 Cobb COUNTY.

I, Geo. J. Daniell, Ordinary of said County, do certify that I know Mrs. L. E. 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. L. E. 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) Geo. J. Daniell, 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, 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 by each Ordinary.
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 the application carefully.
7. Don't use the bulky form of Marriage Certificates in vogue throughout 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,  
Marionetta COUNTY. Cobb

Personally appears before me Mrs. L. E. Hardage 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. L. E. Hardage  
Marionetta, Cobb Co
2. How long and since when have you been, continuously, a bona fide resident citizen of the State of Georgia? Justly and was in Cobb Co. since 1886  
 Give date, or year, of your birth. Feb. 9, 1852 Age 85 yrs on 9/1/37
3. (1) When, (2) where and (3) to whom were you married? Capt. J. J. Hardage  
Callonher, Ga. 1886
- a. Have you married since the death of first and soldier husband? No
- b. When and where did your first husband die? May 25, 1924 Marionetta Ga
- c. Were you residing together when he died? Yes
- d. If not, how long had you resided apart? None
- e. Are you now a widow? Yes
- f. 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? Soldier 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.

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?
6. What was his physical condition when he left his Command?
7. What effort did he make to return to his Command?
8. In what way was he prevented from going back to his Command?
9. Was he captured by the enemy at any time?
10. 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.  
Geo. J. Daniell, Ordinary.  
 of Cobb County.  
 (SEAL OF ORDINARY)

Mrs. L. E. Hardage  
 Applicant.

### An Affidavit

(Read carefully before making this affidavit.)

State of Georgia,

County of \_\_\_\_\_

Before me, the Ordinary of said County, comes Mrs. \_\_\_\_\_ who, after being duly sworn, deposes and says:

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

Sworn to and subscribed before me, this the \_\_\_\_\_

day of \_\_\_\_\_, 1937

Ordinary,

County.

### Questions for Witness as to Marriage and Service of Husband.

STATE OF GEORGIA,

County.

<sup>Cobb</sup>  
Mrs. <sup>Cobb</sup> 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 applicant  
One forty years. Mrs. T. J. Hardage before she 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? How do you know?  
Capt. T. J. Hardage. His name.
  5. How long and since when did you know \_\_\_\_\_ her husband?  
All my life. Capt. T. J. Hardage
  6. When and where did the husband of applicant, die?  
May 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

County.

(SEAL OF ORDINARY)

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, 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.

  
Director, Confederate Division  
State Department of Public  
Welfare

STATE OF GEORGIA

This Certifies that *J. J. Hardage*  
and *Miss Elizabeth K. Hamilton*

**WERE UNITED IN THE HOLY BONDS OF MATRIMONY**

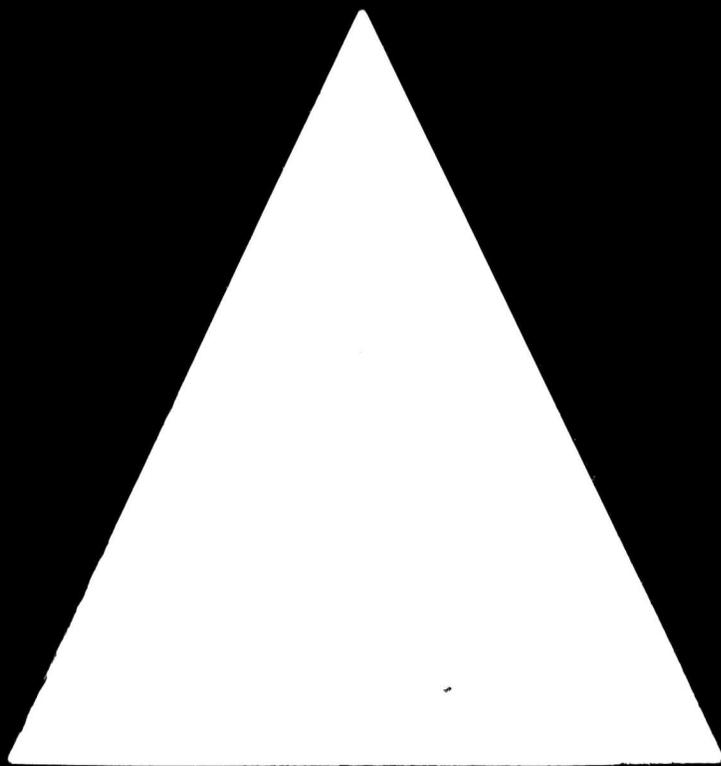
By *A. W. Gaston, M. G.*

On the *20* day of *October*, in the year of our Lord ~~1937~~ *1880*

as appears of record in my office in Marriage Record, book *B*

page *116*. This *7<sup>th</sup>* day of *Aug* 1937

*J. C. Crooker*  
Ordinary



POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY, }

I, \_\_\_\_\_ of \_\_\_\_\_ hereby authorize

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

at \_\_\_\_\_ day of \_\_\_\_\_ 190\_\_\_\_\_ by \_\_\_\_\_

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

Executed in presence of \_\_\_\_\_

*27 Dec 1904*  
*to \_\_\_\_\_*  
*at \_\_\_\_\_*  
*at \_\_\_\_\_*

*Hardage, Thomas Jr*  
*Cobb Co.*  
No. \_\_\_\_\_  
*in 1905*

INDIGENT PENSION.  
190\_\_\_\_\_

Name *T. J. Hardage*  
County *Cobb*  
Co. *D 7 Ga* 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 \_\_\_\_\_

Executed in presence of \_\_\_\_\_

[L. 8.]

*See Serial No. 114, 115, 116, 117, 118, 119, 120, 121, 122, 123, 124, 125, 126, 127, 128, 129, 130, 131, 132, 133, 134, 135, 136, 137, 138, 139, 140, 141, 142, 143, 144, 145, 146, 147, 148, 149, 150, 151, 152, 153, 154, 155, 156, 157, 158, 159, 160, 161, 162, 163, 164, 165, 166, 167, 168, 169, 170, 171, 172, 173, 174, 175, 176, 177, 178, 179, 180, 181, 182, 183, 184, 185, 186, 187, 188, 189, 190, 191, 192, 193, 194, 195, 196, 197, 198, 199, 200, 201, 202, 203, 204, 205, 206, 207, 208, 209, 210, 211, 212, 213, 214, 215, 216, 217, 218, 219, 220, 221, 222, 223, 224, 225, 226, 227, 228, 229, 230, 231, 232, 233, 234, 235, 236, 237, 238, 239, 240, 241, 242, 243, 244, 245, 246, 247, 248, 249, 250, 251, 252, 253, 254, 255, 256, 257, 258, 259, 260, 261, 262, 263, 264, 265, 266, 267, 268, 269, 270, 271, 272, 273, 274, 275, 276, 277, 278, 279, 280, 281, 282, 283, 284, 285, 286, 287, 288, 289, 290, 291, 292, 293, 294, 295, 296, 297, 298, 299, 300, 301, 302, 303, 304, 305, 306, 307, 308, 309, 310, 311, 312, 313, 314, 315, 316, 317, 318, 319, 320, 321, 322, 323, 324, 325, 326, 327, 328, 329, 330, 331, 332, 333, 334, 335, 336, 337, 338, 339, 340, 341, 342, 343, 344, 345, 346, 347, 348, 349, 350, 351, 352, 353, 354, 355, 356, 357, 358, 359, 360, 361, 362, 363, 364, 365, 366, 367, 368, 369, 370, 371, 372, 373, 374, 375, 376, 377, 378, 379, 380, 381, 382, 383, 384, 385, 386, 387, 388, 389, 390, 391, 392, 393, 394, 395, 396, 397, 398, 399, 400, 401, 402, 403, 404, 405, 406, 407, 408, 409, 410, 411, 412, 413, 414, 415, 416, 417, 418, 419, 420, 421, 422, 423, 424, 425, 426, 427, 428, 429, 430, 431, 432, 433, 434, 435, 436, 437, 438, 439, 440, 441, 442, 443, 444, 445, 446, 447, 448, 449, 450, 451, 452, 453, 454, 455, 456, 457, 458, 459, 460, 461, 462, 463, 464, 465, 466, 467, 468, 469, 470, 471, 472, 473, 474, 475, 476, 477, 478, 479, 480, 481, 482, 483, 484, 485, 486, 487, 488, 489, 490, 491, 492, 493, 494, 495, 496, 497, 498, 499, 500, 501, 502, 503, 504, 505, 506, 507, 508, 509, 510, 511, 512, 513, 514, 515, 516, 517, 518, 519, 520, 521, 522, 523, 524, 525, 526, 527, 528, 529, 530, 531, 532, 533, 534, 535, 536, 537, 538, 539, 540, 541, 542, 543, 544, 545, 546, 547, 548, 549, 550, 551, 552, 553, 554, 555, 556, 557, 558, 559, 560, 561, 562, 563, 564, 565, 566, 567, 568, 569, 570, 571, 572, 573, 574, 575, 576, 577, 578, 579, 580, 581, 582, 583, 584, 585, 586, 587, 588, 589, 590, 591, 592, 593, 594, 595, 596, 597, 598, 599, 600, 601, 602, 603, 604, 605, 606, 607, 608, 609, 610, 611, 612, 613, 614, 615, 616, 617, 618, 619, 620, 621, 622, 623, 624, 625, 626, 627, 628, 629, 630, 631, 632, 633, 634, 635, 636, 637, 638, 639, 640, 641, 642, 643, 644, 645, 646, 647, 648, 649, 650, 651, 652, 653, 654, 655, 656, 657, 658, 659, 660, 661, 662, 663, 664, 665, 666, 667, 668, 669, 670, 671, 672, 673, 674, 675, 676, 677, 678, 679, 680, 681, 682, 683, 684, 685, 686, 687, 688, 689, 690, 691, 692, 693, 694, 695, 696, 697, 698, 699, 700, 701, 702, 703, 704, 705, 706, 707, 708, 709, 710, 711, 712, 713, 714, 715, 716, 717, 718, 719, 720, 721, 722, 723, 724, 725, 726, 727, 728, 729, 730, 731, 732, 733, 734, 735, 736, 737, 738, 739, 740, 741, 742, 743, 744, 745, 746, 747, 748, 749, 750, 751, 752, 753, 754, 755, 756, 757, 758, 759, 760, 761, 762, 763, 764, 765, 766, 767, 768, 769, 770, 771, 772, 773, 774, 775, 776, 777, 778, 779, 780, 781, 782, 783, 784, 785, 786, 787, 788, 789, 790, 791, 792, 793, 794, 795, 796, 797, 798, 799, 800, 801, 802, 803, 804, 805, 806, 807, 808, 809, 810, 811, 812, 813, 814, 815, 816, 817, 818, 819, 820, 821, 822, 823, 824, 825, 826, 827, 828, 829, 830, 831, 832, 833, 834, 835, 836, 837, 838, 839, 840, 841, 842, 843, 844, 845, 846, 847, 848, 849, 850, 851, 852, 853, 854, 855, 856, 857, 858, 859, 860, 861, 862, 863, 864, 865, 866, 867, 868, 869, 870, 871, 872, 873, 874, 875, 876, 877, 878, 879, 880, 881, 882, 883, 884, 885, 886, 887, 888, 889, 890, 891, 892, 893, 894, 895, 896, 897, 898, 899, 900, 901, 902, 903, 904, 905, 906, 907, 908, 909, 910, 911, 912, 913, 914, 915, 916, 917, 918, 919, 920, 921, 922, 923, 924, 925, 926, 927, 928, 929, 930, 931, 932, 933, 934, 935, 936, 937, 938, 939, 940, 941, 942, 943, 944, 945, 946, 947, 948, 949, 950, 951, 952, 953, 954, 955, 956, 957, 958, 959, 960, 961, 962, 963, 964, 965, 966, 967, 968, 969, 970, 971, 972, 973, 974, 975, 976, 977, 978, 979, 980, 981, 982, 983, 984, 985, 986, 987, 988, 989, 990, 991, 992, 993, 994, 995, 996, 997, 998, 999, 1000.*

*Hardage, through  
Copy Co.*

No. 100

**INDIGENT PENSION.**

**100**

Name J. J. Hardage  
County DeKalb

Age 73 Sex M  
Approved 1906

JOHN W. LINDSEY  
Commissioner of Pensions

WARRANT HANDLED TO

Authority will be valid until the expiration of the term of office of the Commissioner of Pensions.

QUESTIONS FOR APPLICANT.

STATE OF GEORGIA,

\_\_\_\_\_ COUNTY.

I, J. J. Hardage of said State and County, desiring to avail himself of the Pension Act (Section 1204, Code), hereby submits his proofs, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? (Give State, County and Postoffice.)  
J. J. Hardage, 61 Newman Cobb, Ga
2. How long and since when have you been a resident of this State?  
Since I Resided in Ga since I was 8 years
3. When and where were you born?  
Dec 10th 1832, Ga near Marietta
4. When and where and in what company and regiment did you enlist or serve?  
Dec 1847, 1st Regt of Atlanta Ga Infantry Co. 7th Regt of Regiments of Infantry
5. How long did you remain in such company and regiment?  
Washington War up to April 9th 1865
6. When and where was your company and regiment surrendered and discharged?  
At Appomattox, Va
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?  
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?  
Teaching, Machine & Post Office
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?  
Yes I had Colic for 2 1/2 years of course lost it & again, and again, I had to order gradually & gradually to wear all the time
13. What property, real and personal, or income, do you possess, and its gross value?  
None
14. 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, but in 1874 I bought some land in Ga & sold it to the State & the State bought it. My house & lot had to be given up to pay a debt
15. In what County did you reside during those years, and what property did you then return for taxation?  
Cobb County, Ga 75 to 100 dollars
16. How were you supported during the years 1901, 1902, 1903, 1904 and 1905?  
By family & 4 1/2 to 6 dollars
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?  
\$20.00 per year & the balance by the State
18. What was your employment during 1901, 1902, 1903, 1904 and 1905? What pay did you receive in each year?  
4 1/2 to 6 dollars per month
19. Have you a family? If so, who composes such family? Give their means of support. Have they a home-stead, or other property? Their ages and how employed?  
Yes - Wife, 74 years, 34 years, 2 children, 12 years
20. Are you receiving any pension? If so, what amount and for what disability?  
None
21. Have you ever made an application for pension before?  
No
22. How many applications have you ever made and under what date?  
None

Every Question MUST Be Answered.

Sworn to and subscribed before me, this the 24th day of October, 1906  
John Lindsey Ordinary.  
of DeKalb County.

J. J. Hardage Applicant.

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,

County.

*Coosa*  
*S. H. James*

of said State and County, having been presented

as a witness in support of the application of *J. J. Nardage* for pension under section 1254, Code, and after being duly sworn true answers to make to the following questions, deposes and swears as follows:

1. What is your name and where do you reside? *S. H. James, Marietta Coosa County, Ga.*
  2. Are you acquainted with *J. J. Nardage*, 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, Coosa County, Ga. Lived here all his life.*
  4. When, where and in what company and regiment did he enlist, and how do you know? *He enlisted on Oct. 27<sup>th</sup> 1861, Co. K, 1st Va. Regt. May 11<sup>th</sup> 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 9<sup>th</sup> 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 surrender* For what cause? *close of war.*
- By what authority he left? \_\_\_\_\_ How do you know all of this?

11. What property, effects or income has the applicant? (Give your means of knowledge.) *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? *He is unable on acct. of physical disability.*
16. How was he supported during the years 1901, 1902, 1903, 1904 and 1905? *By his monthly income from a 4<sup>th</sup> 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 -*

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

Sworn to and subscribed before me, this the *24<sup>th</sup> day of Oct 1906*

*John Hurley* Ordinary. *S. H. James* Witness.

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,

County.

*Coosa*

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. Nardage* 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, indigestion 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

*24<sup>th</sup> day of Oct 1906*

Ordinary.

*J. M. Ellis M.D.*

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

County.

*Coosa*

I, *John Hurley* Ordinary, in and for said County, hereby certify

that the applicant *J. J. Nardage* resides in said County, and has been a bona fide resident of this State since the *11<sup>th</sup>* day of *January* 186*4* and that the witness, viz: *S. H. 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 *Coosa* County shows that applicant returned for taxation in his name in 1901 \_\_\_\_\_ Dollars of property, and in 1902 \_\_\_\_\_ Dollars of property;

in 1903 *100* Dollars of property; in 1904 *85* Dollars of property; in 1905 *155* Dollars of property.

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

Witness my hand and seal of office, this *30<sup>th</sup> day of October* 190*6*

*John Hurley* Ordinary.  
of *Coosa* 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 furnished.
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 as to Service

STATE OF GEORGIA,  
Cobb COUNTY.

*J. J. Hutton* 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 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. J. Hutton, Newnan Ga*
2. How long and since when have you known *J. J. Hutton* the applicant? *and 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* & times 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 July 1865*
12. When did he leave his command? *July 9th on furlough*. Where was his command when he left it? *in*. For what cause did he leave? *thurlough*. By whose authority did he leave? *—* 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? *—*
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? *—* and when released? *—*. In what prison was he held? *—*

Sworn to and subscribed before me, this the *25* day of *April* 19*19*.  
*J. M. Gamm* 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  
Co. March Oct. 1886  
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 Phelps 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. L. 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 Phelps 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 Galhoun 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 Pough 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 Galhoun 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.

Sworn to and subscribed before me  
this January 9, 1922.

Thos. H. Jeffries  
Ordinary.

Marietta Georgia

January 25<sup>th</sup> 1921

Personally appeared before  
me J. Hardage, who on  
oath says that in Feb'y  
or 1<sup>st</sup> of March 1865,  
while at home on a  
furlough he formed a  
Company and joined  
the 18th Georgia Infantry  
at Camp near Calhoun, Ga.,  
where he was made Captain  
of Company F, Johnson's  
Regiment. He also says he was captured  
at Kingston Va.  
Thos. J. Hardage  
I am to file 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 <sup>Regt.</sup> 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.

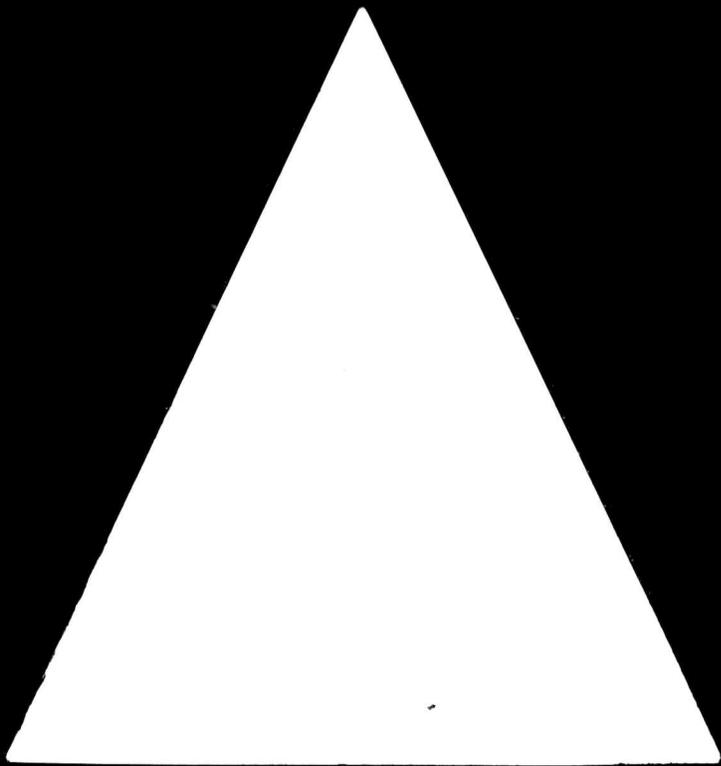
IF NOT PRESENT AT SURRENDER, WHERE WERE YOU? I was with Woffard  
in North Georgia as stated above.

DIED, WHEN AND WHERE?

BURIED:

WITNESSES: D. T. Miller - member of company firmed 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.

*7<sup>th</sup>*

*Hardage*

legally authorizes

*Am. Stone* of *Spencer Ga*

to receive and receipt for the pension allowed and request that the same be

*paid*

Witness my hand and seal this *7<sup>th</sup>* day of *July* 1897.

Executed in presence of

*Wm Fleming*

*W. N. Hardage*

*OK* *Hardage, W. N.*  
*Cobb County*  
*No. 2122*

INDIGENT PENSION  
1897.

Name *W. N. Hardage*  
County *Cobb*

Approved *7/1* 1897.

WARRANT HANDED TO

*Am Stone*

Geo. W. BARRETT, STATE PRINTER, ATLANTA.

*1/16/97*

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.

I, W. N. Hardage hereby authorize  
J. M. Stone of Monetta Ga  
to receive and receipt for the pension allowed and request that he remit same to me

at \_\_\_\_\_ by him

Witness my hand and seal this 7<sup>th</sup> day of July 1897.

Executed in presence of  
J. M. Fleming } W. N. Hardage

W. N. Hardage, 1117  
Cobb County  
No. 2122

**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 after being duly sworn true answers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? (Give State, County and post office)  
W. N. Hardage, Monetta, 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?  
at Monetta, Ga Nov 29 - 1829
4. When and where and in what company and regiment did you enlist or serve?  
May 15 - 1862 at Monetta, Ga Phillips Legion Co 46
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?  
discharged from prison at Cairo, La Oct 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 \$2500
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 "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?  
Three years. I have Rheumatism in hand above & hips
13. What property, effects or income do you possess and its gross value?  
One mule worth \$1500
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 one mule - was 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 - 25% of it
18. What was your employment during 1895 and 1896? What pay did you receive in each year?  
Farming - about \$2500
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 has reached her majority
20. Are you receiving any pension, if so what amount and for what disability?  
None

Every Question MUST be Answered.

Sworn to and subscribed before me this the 7<sup>th</sup> day of July 1897. } W. N. Hardage  
J. M. Stone Ordinary. } Applicant.  
of Cobb County.

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 the 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 you means of knowledge.) He is a very poor man. Has been a neighbor to me 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? Farmer. His physical condition is very feeble & 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 & 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 & my son. My son informed this to his (Green)
13. What portion of his support for these two years was derived from his own labor or income? I don't know
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 feeble health & from these causes is unable to earn support & possess property or 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 June 1897. }  
J. C. Green Witness  
M. L. Green Ordinary

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 inferable 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 June 1897. }  
J. D. Malone Ordinary. E. J. Sledge M.D.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA.

Cobb County, }  
 I, J. C. Green, 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., J. D. Malone 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 June 1897.  
J. C. Green 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 *15* day of *July* 1898.

*W. N. Hardage* [L. S.]

Executed in presence of

*J. M. Fleming*

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 *me* at *him*

by *him* Witness my hand and seal this *16* day of *July* 1898.

Executed in presence of *W. N. Hardage* (L. S.)

*Hardage, W. N.*

NO. *2163*

INDIGENT

SOLDIER'S PENSION,  
1898.

Name *W. N. Hardage*  
County *Cobb*

WARRANT ISSUED

*1/21*

RICHARD JOHNSON,

Commissioner of Pensions.  
WARRANT HANDLED TO  
*JMS*

Geo. W. Harrison, State Printer, Atlanta.

*Johnston*

*Hardage, W. N.*

*Cobb Co.*

(For Those Already Enrolled.)

No. *1141*

INDIGENT

SOLDIER'S PENSION,  
1898.

Name *W. N. Hardage*  
County *Cobb*

WARRANT ISSUED

*1/14*

RICHARD JOHNSON,

Commissioner of Pensions.  
WARRANT HANDLED TO  
*Johnston*

Geo. W. Harrison, State Printer, Atlanta.

*Johnston*

# 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 29 day of Novr. 1874; 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

Ga. Vols.; that his physical condition is as follows: On account of age 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 1897

Sworn to and subscribed before me, this, the 11 day of July 1898, by 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 12 day of July 1898.

W. N. Hardage Ordinary Cobb County.



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 29 day of Novr. 1874; 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

Ga. Vols.; 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 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 6 day of July 1899, by 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 6 day of July 1899.

W. N. Hardage Ordinary Cobb County.



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

POWER OF ATTORNEY.

STATE OF GEORGIA.

*Cobb* County.

I, *W. M. 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 *me*

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

*W. M. Hardage* [L. S.]

Executed in presence of

*J. J. Haubty*

*Hardage, W. M.  
Cobb Co.*

CODE SEC. 1384.  
(For Those Already Enrolled.)

NO. *502*

INDIGENT

SOLDIER'S PENSION,  
1900.

Name *W. M. Hardage*  
County *Cobb*

WARRANT ISSUED  
*January 16* 1900.

JOHN W. LINDSEY,  
Commissioner of Pensions.

WARRANT HANDED TO  
*J. M. Stone*

*me*

*Hardage, W. M.  
Cobb Co.*

CODE SECTION 1384.  
(For Those Already Enrolled.)

No. *220*

INDIGENT

SOLDIER'S PENSION.  
1901.

Name *W. M. Hardage*  
County *Cobb*

WARRANT ISSUED  
*Jan 15* 1901.

JOHN W. LINDSEY,  
Commissioner of Pensions.

WARRANT HANDED TO

*Polley*

JOHN W. HARRISON, S. S. PRINTER, ATLANTA.

*me*

POWER OF ATTORNEY.

STATE OF GEORGIA.

*Cobb* County.

I, *W. M. Hardage* hereby authorize *John Anthony*

of *Marion Ga.*

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 *3* day of *Jan'y* 1901.

*W. M. Hardage* [L. S.]

Executed in presence of

*Jas M Gurne*

# 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 29<sup>th</sup> 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 of Ga. Vol.; that his physical condition is as follows: On account of age, infirmity and poverty he is unable to support himself

that his property consists of the following items Nothing

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

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1900. I have heretofore as a resident of Cobb county been allowed a pension for the year 1897.

Sworn to and subscribed before me, this, the 11<sup>th</sup> day of January 1900, by W. N. Hardage Ordinary.

State of Georgia, Cobb County.

I, W. N. Stone 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 15<sup>th</sup> day of January 1900, by W. N. 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 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 29<sup>th</sup> 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 D, of Phillips Legion of 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 the 5<sup>th</sup> day of January 1901, by W. N. Hardage Ordinary.

STATE OF GEORGIA, Cobb County.

I, John Cutney 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 5<sup>th</sup> day of January 1901, by John Cutney 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,

*Cobb* County.

I, *W. S. Hardage* hereby authorize  
*John Hartung* of \_\_\_\_\_  
 to receive and receipt for the pension allowed and request that he remit same to  
 me at *his office*  
 by *hand*

Witness my hand and seal, this *6* day of *Jan* 1902.  
*W. S. Hardage* [L. S.]

Executed in presence of

**POWER OF ATTORNEY.**

STATE OF GEORGIA,

*Cobb* County.

I, *W. S. Hardage* hereby authorize  
*John Hartung* of \_\_\_\_\_  
 to receive and receipt for the pension allowed and request that he remit same to  
 me by *hand* at \_\_\_\_\_  
 by \_\_\_\_\_

Witness my hand and seal, this *1* day of *Jan* 1903.  
*W. S. Hardage* [L. S.]

Executed in presence of

*W. S. Hardage*

*Hardage W. S.  
Cobb County*

( FOR THOSE ALREADY ENROLLED. )

No. *2118*

**INDIGENT  
 SOLDIER'S PENSION  
 1902.**

Name *W. S. Hardage*  
 County *Cobb*  
 Co. *Phillips Legion* Regiment  
 WARRANT ISSUED

*1116* 1902.

JOHN W. LINDSEY,  
 Commissioner of Pensions.

WARRANT HANDED TO  
*Arday*

Geo. W. Harrison, State Printer, Atlanta.

*no data*

*Hardage W. S.  
Cobb County*

( FOR THOSE ALREADY ENROLLED. )

No. *472*

**INDIGENT  
 SOLDIER'S PENSION  
 1903.**

Name *W. S. Hardage*  
 County *Cobb*  
 Co. *Phillips Legion* Regiment  
 WARRANT ISSUED

*23* 1903.

JOHN W. LINDSEY,  
 Commissioner of Pensions.

WARRANT HANDED TO  
*Arday*

Geo. W. Harrison, State Printer, Atlanta.

*no data*

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Walt County.)

Personally appears W. A. Hardage of Walt

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 1829; that he is 72 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 Walt county been allowed a pension for the year 1901

Sworn to and subscribed before me, this the 11 day of Jan 1902. W. A. Hardage Ordinary.

STATE OF GEORGIA,

Walt 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 Ordinary Walt 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,

Walt County.)

Personally appears W. A. Hardage of Walt

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 1829; 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 Walt county been allowed a pension for the year 1902

Sworn to and subscribed before me, this the 11 day of Jan 1903. W. A. Hardage Ordinary.

STATE OF GEORGIA,

Walt 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 Ordinary Walt County.



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

POWER OF ATTORNEY.

STATE OF GEORGIA.

Cobb COUNTY. }

I, W. N. Hardage 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 6th day of January 1904.  
W. N. Hardage [L. S.]

Executed in presence of \_\_\_\_\_

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb COUNTY. }

I, W. N. Hardage 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 2nd day of January 1905.  
W. N. Hardage [L. S.]

Executed in the presence of \_\_\_\_\_  
John Lindsey

Hardage, W. N.  
Cobb Co.

CODE SECTION 1584.  
(FOR THOSE ALREADY ENROLLED.)

No. 476

INDIGENT

**SOLDIER'S PENSION  
1904.**

Name W. N. Hardage  
County Cobb  
Co. S. Phillips

WARRANT ISSUED  
Jan 4 1904.

JOHN W. LINDSEY,  
Commissioner of Pensions.

WARRANT HANDED TO  
John Lindsey

Geo. W. Harrison, State Printer, Atlanta.

no date

Hardage, W. N.  
Cobb Co.

CODE SECTION 1584.  
(FOR THOSE ALREADY ENROLLED.)

No. 719

INDIGENT

**SOLDIER'S PENSION  
1905.**

Name W. N. Hardage  
County Cobb  
Co. S. Phillips

WARRANT ISSUED  
JAN 20 1905.

JOHN W. LINDSEY,  
Commissioner of Pensions.

WARRANT HANDED TO  
John Lindsey

Geo. W. Harrison, Manager, for State Printer, Atlanta.

no date

# 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 \_\_\_\_\_ day of \_\_\_\_\_ 1822; that he is \_\_\_\_\_ years old and by occupation a \_\_\_\_\_, that he enlisted in the military service of the Confederate States (or of the State of \_\_\_\_\_) during the war between the States, and served for the term of \_\_\_\_\_ in Company \_\_\_\_\_ of \_\_\_\_\_ Regiment of \_\_\_\_\_; that his physical condition is as follows \_\_\_\_\_; that his property consists of the following items: \_\_\_\_\_

that his property consists of the following items: \_\_\_\_\_

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

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

Sworn to and subscribed before me, this \_\_\_\_\_ day of \_\_\_\_\_ 1904.

Ordinary.

STATE OF GEORGIA,

County,

I, \_\_\_\_\_ Ordinary of said County,

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

Given under my official signature and seal, this \_\_\_\_\_ day of \_\_\_\_\_ 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 \_\_\_\_\_ day of \_\_\_\_\_ 1829; 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 \_\_\_\_\_ of \_\_\_\_\_; that his physical condition is as follows \_\_\_\_\_; that his property consists of the following items: \_\_\_\_\_

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 1905. I have heretofore as a resident of \_\_\_\_\_ County been allowed a pension for the year 1904.

Sworn to and subscribed before me, this \_\_\_\_\_ day of \_\_\_\_\_ 1905.

Ordinary.

STATE OF GEORGIA,

County,

I, \_\_\_\_\_ Ordinary of said County,

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

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

Ordinary.

County.

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



POWER OF ATTORNEY.

STATE OF GEORGIA.

Cobb COUNTY. }  
 I, W. N. Hardage hereby authorize  
John Hurley 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

McGowan

POWER OF ATTORNEY.

STATE OF GEORGIA.

Cobb COUNTY. }  
 I, W. N. Hardage hereby authorize  
John Hurley 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

McGowan

Nov 19 1906

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  
112 1906.  
 JOHN W. LINDSEY,  
 Commissioner of Pensions.  
 WARRANT HANDED TO  
John Hurley  
THE PENNSYLVANIA LIFE AND FIRE INS. CO. OF HARRISBURG, PA.

no data

Hardage, W. N.,  
Cobb Co.,

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  
112 1907.  
 JOHN W. LINDSEY,  
 Commissioner of Pensions.  
 WARRANT HANDED TO  
GEN. W. H. HENRY, STATE PRINTER, ATLANTA.

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 A, of Phillips Legion of San Jose; that his physical condition is as follows:

Infirmitiy & poverty

that his property consists of the following items:

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

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

Sworn to and subscribed before me, this the \_\_\_ day of Jan 1906. } W. N. Hardage  
John A. Swiney Ordinary

State of Georgia,

Cobb County.

I, John A. Swiney 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 Jan 1906.

John A. Swiney  
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. 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 A, of Phillips Legion of San Jose; that his physical condition is as follows: Infirmitiy & poverty

that his property consists of the following items:

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

Deponent desires to participate in the benefits of the Act approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 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 Jan 1907. }

John A. Swiney Ordinary. } W. N. Hardage

State of Georgia,

Cobb County.

I, John A. Swiney 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 Jan 1907.

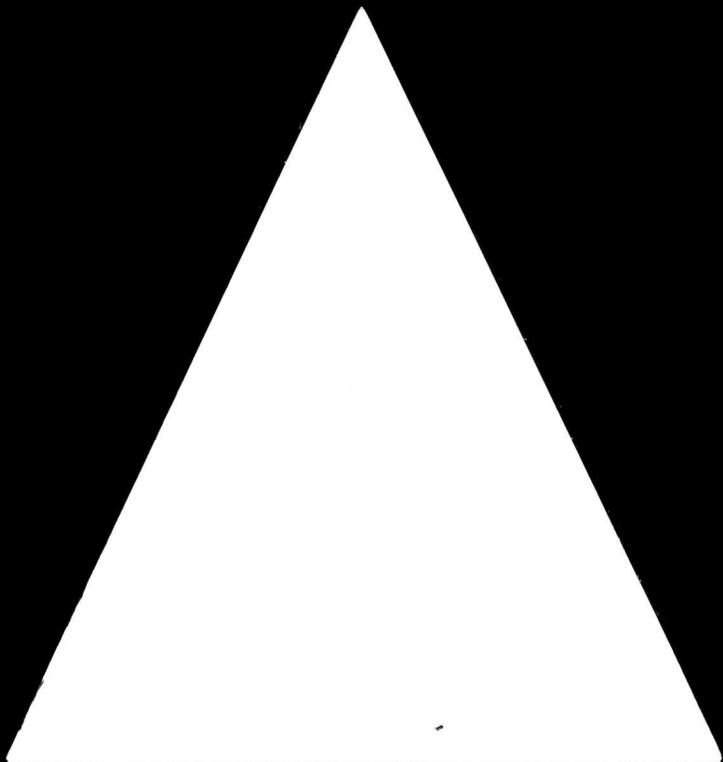
John A. Swiney  
Ordinary Cobb County.



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

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

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



Hardin, J. M.  
Cobb Co

COMMISSION SECTION 1901.  
(For Those Already Enrolled.)

Grant No. 1477  
1900

**DISABLED  
SOLDIER'S PENSION.  
1901.**

Name J. M. Hardin  
County Cobb  
Disability Loss of use of Arm  
Amount, \$ 7.50<sup>00</sup>

Jan. 15 1901.  
**JOHN W. LINDSEY,**  
Commissioner of Pensions.

WARRANT HANDED TO  
Gentry

no data

**POWER OF ATTORNEY.**

STATE OF GEORGIA,  
Cobb County }

I J. M. Hardin hereby authorize J. M. Gentry  
of Meritt

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

at Meritt

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 14

day of Jan 1901.

STATE OF GEORGIA, J. M. Hardin [L. S.]

Executed in presence of  
J. M. Gentry

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.

I J M Hardin hereby authorize John Lindsey 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 14 day of January 1901. J M Hardin [L. S.]

Executed in presence of

Jos M. Gann

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.

I J M Hardin hereby authorize John Lindsey of \_\_\_\_\_

to receive and receipt for the pension paid hereon and request that he remit same to \_\_\_\_\_ by \_\_\_\_\_ at Marilla

IN WITNESS WHEREOF, I have hereunto set my hand and seal this \_\_\_\_\_ day of January 1902. J M Hardin [L. S.]

Executed in presence of

James M Gann

Hardin, J. M.

Cobb Co

YOUR SIGNATURE (For Those Already Enrolled.)

Frank J. Gann 1901

DISABLED

SOLDIER'S PENSION.

1901.

Name J M Hardin  
County Cobb  
Disability Leg amputated  
Amount, \$ 7.60

Jan. 15 1901.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Gantry

ONE W. BERTHOUD, BANK PRINTER, ATLANTA.

no date

Hardin, J. M.  
Cobb County

YOUR SIGNATURE (FOR THOSE ALREADY ENROLLED.)

No. 319

DISABLED

SOLDIER'S PENSION

1902.

Name J M Hardin  
County Cobb  
Co. \_\_\_\_\_  
Regiment 1st Ga. B. Cavalry  
Disability \_\_\_\_\_  
Amount, \$ 7.00

1/16 1902.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Ordy

ONE W. BERTHOUD, BANK PRINTER, ATLANTA.

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 1874; that he enlisted in the military service of the Confederate States (or of the State of \_\_\_\_\_) during the war between the

States and served as a Sergeant in Company of 100th Regiment of Volunteers, Johnson's Brigade, that whilst engaged in such military service in the State of North Carolina on the 12<sup>th</sup> 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 7.00 Dollars, for the year 1900.

Sworn to and subscribed before me, this J M Hardin day of my 1901. Postoffice The City

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<sup>th</sup> day of January 1901.  
John Astrey  
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 1874; that he enlisted in the military service of the Confederate States (or of the State of \_\_\_\_\_) during the war between the

States and served as a Sergeant in Company of 100th Regiment of Volunteers, Johnson's Brigade, that whilst engaged in such military service in the State of North Carolina on the 12<sup>th</sup> day of April 1865, he was wounded, injured or diseased as follows:

In the right wrist and shoulder which caused total loss of right 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 7.00 Dollars, for the year 1901.

Sworn to and subscribed before me, this J M Hardin day of January 1902. Post-office Monetta  
John Astrey

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 Astrey 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<sup>th</sup> day of January 1902.  
John Astrey  
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, *J. M. Hardin* hereby authorize \_\_\_\_\_  
*J. M. Hardin* of \_\_\_\_\_  
 to receive and receipt for the pension paid hereon and request that he remit same to  
*my fund* by \_\_\_\_\_  
 at \_\_\_\_\_

IN WITNESS WHEREOF, I have hereunto set my hand and seal this \_\_\_\_\_  
 day of *January* 1903.

*J. M. Hardin*

[L. S.]

Executed in presence of

*M. G. ...*

**POWER OF ATTORNEY.**

STATE OF GEORGIA,

*Cobb* County. }

I, *J. M. Hardin* hereby authorize \_\_\_\_\_  
*John W. Lindsey* of *Moreland*  
 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 *January* 1904.

*J. M. Hardin*

[L. S.]

Executed in presence of

*J. M. Gann*

*J. M. Gann*

CODE SECTION 1204.  
 (FOR THOSE ALREADY ENROLLED.)

No. *367*

DISABLED

**SOLDIER'S PENSION**

**1903.**

Name *J. M. Hardin*  
 County *Cobb*  
 Co. *N.C.*  
 Disability \_\_\_\_\_  
 Amount, \$ *87.00* *183* 1903.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

*D. G. ...*  
 Gen. W. Harrison, State Printer, ALABAMA.

*11-10-04*

*Harding & M. Cobb*

CODE SECTION 1204.  
 (FOR THOSE ALREADY ENROLLED.)

No. *341*

DISABLED

**SOLDIER'S PENSION**

**1904.**

Name *J. M. Hardin*  
 County *Cobb*  
 Disability *100%*  
 Amount, \$ *50.00*  
 JAN 25 1 1904.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

*D. G. ...*  
 Gen. W. Harrison, 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 April 1862; 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 Marshall's Regiment

of Volunteers, Johnson's 4th Regiment, Artillery

in such military service in the State of North Carolina, on the 12 day

of April 1862, he was wounded, injured or diseased as follows:

and shoulder gun shot in the right arm  
and shoulder the lateral line 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

3.00 Dollars, for the year 1902.

Sworn to and subscribed before me, this the

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.

J. G. Harwin

I, J. G. Harwin 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. st

Given under my official signature and seal, this

day of January 1903

J. G. Harwin

Ordinary Cobb County.

Affix your seal here

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 \_\_\_\_\_ 1862; 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 Regiment

of Volunteers, Johnson's 4th Regiment, Artillery

in such military service in the State of North Carolina, on the 12 day

of April 1862, he was wounded, injured or diseased as follows:

was 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

3.00 Dollars, for the year 1903.

Sworn to and subscribed before me, this the

10 day of January 1904. } J. G. Harwin

J. G. Harwin 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. G. Harwin 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

day of January 1904

J. G. Harwin Ordinary Cobb County.

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

Affix your seal here

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. G. ...*

*Hardin, J. M.*  
*Cobb Co.*

Count. *338*  
FOR THOSE ALREADY ENROLLED,  
*Cobb Co. 1906*

No.

DISABLED  
SOLDIER'S PENSION  
1905.

Name *J. M. Hardin*  
County *Cobb*

Co. *...*  
Regiment *1st*  
Disability *...*

Amount, \$ *50*  
*1/23, 1905.*

JOHN W. LINDSEY,  
Commissioner of Pensions.

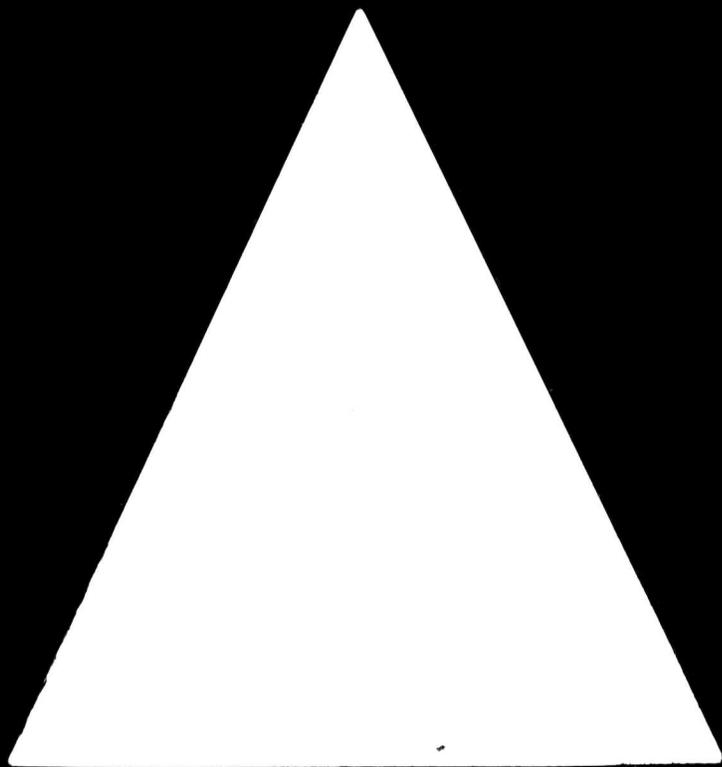
WARRANT HANDED TO

*[Signature]*

John W. Lindsey, Secretary of State, Albany, Ga.

*no date*





Ordinary's Certificate

STATE OF GEORGIA,

*Cobb* COUNTY

I, *W. L. Gentry*

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 *28 Nov*

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) *W. L. Gentry* Ordinary, County

NOTES: 1. Before any questions are answered the Ordinary shall read applicant and the witness in the following words: "You are solemnly sworn that you will now answer made to each of the questions asked you and the evidence you give is true to the best of your knowledge and belief."  
 2. Additional affidavits may be attached if such spouses are justified.  
 3. All affidavits must be sworn to and certified by the Ordinary of the residence of the person to be sworn and certified by such Ordinary.  
 4. All affidavits must be sworn to and certified by the Ordinary of the residence of the person to be sworn and certified by such Ordinary.  
 5. Separate copies of marriage license if obtainable. If not, prove marriage by some person, or by general reputation.

*Hargrove & Co. 1919*  
*Cobb Co*  
 No. *See Hall*

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. Inf. only*

Approved \_\_\_\_\_

J. W. LINDSEY,  
 Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

*Charles H. Hargrove*  
*Commissioner of Pensions*  
*10-30-1919*

10-30-1919

Ordinary's Certificate

STATE OF GEORGIA,

COBB COUNTY.

I, J. M. Gann 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 J. 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 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 30 day of Oct 1919

(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. 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 1919

County: Cobb

Name: Mrs. E. V. Hargrove

Widow of: J. A. Reed

Company: H

Regiment: 7th Ga. Infantry

Approved: \_\_\_\_\_

J. W. LINDSEY,  
Commissioner of Pensions,  
First Printing Co. State Printer, Atlanta.

10-30-1919

*Handwritten notes on left margin:*  
Hargrove, E. V. Mrs.  
Cobb Co. Ga.  
No. 64  
1895  
1896  
1897  
1898  
1899  
1900  
1901  
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1916  
1917  
1918  
1919  
1920

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. E. V. Hargrove 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 making to the following questions to-wit:

1. What is your name, and where do you reside? Mrs. E. V. Hargrove
2. How long and since when have you been a continuing resident of the State of Georgia? all my life
3. When, where and to whom were you married? Dec. 28, 1871, J. A. Reed of Jackson Co. Ga.
- 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.) April 1861 - in Co. H, 7th Ga. in Cobb Co. Ga. Infantry
5. When and where did the commands of your husband surrender or discharge from the army? April 9, 1865. Appomattox Va.
6. Was your husband personally present at the time of the surrender or discharge of this command? Yes he was wounded Fort Sumter on Sept. 29, 1864, and was later
7. If he was not present state clearly where he was? Wounded in Ann's hand & captured by
8. Where was his command when he left? VA
- a. For what cause did he leave his command? Wounded in Ann's hand & captured by
- 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? Wounded in one arm in hand & other arm
- f. What effort did he make to return to his command? \_\_\_\_\_
- g. In what way was he prevented from going back to Command? There were no more from wounds
- h. Was he captured by the enemy at any time? Yes
- 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? Cobb Co. Sept 9, 1917
- k. Were you residing together when he died? Yes
- l. If not, how long had you resided apart? Yes
- m. Are you now a widow? Yes
9. Have you or your husband heretofore been paid a pension by the State? Yes

If so, when and for what cause were you or your husband placed on the roll? my husband during his life, draw pension on act of wounds

Sworn to and subscribed before me this the 15 day of Oct 1919 } Mrs. E. V. Hargrove  
J. M. Gann Ordinary }  
Cobb County. }

(SEAL)

*Handwritten note on right margin:*  
Hargrove, E. V. Mrs.  
Cobb Co. Ga.  
No. 64  
1895  
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1914  
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1916  
1917  
1918  
1919  
1920

Florida Account Book by W. B. ...  
1919 to 1920 ...  
Questions for Applicant

Questions for Witnesses as to Service of Husband and Marriage

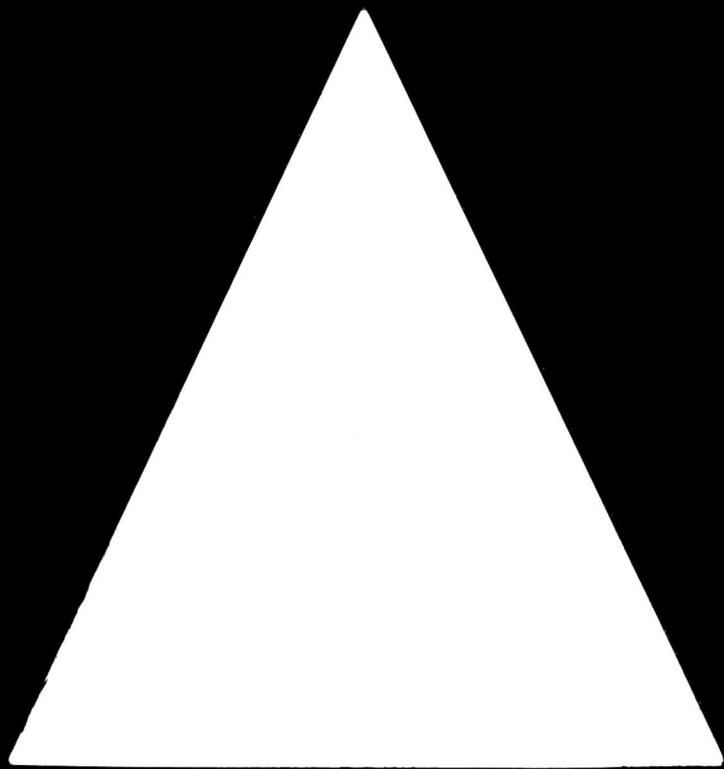
STATE OF GEORGIA  
Ochlocknee COUNTY

Personally before me on this 1st day of Feb 1919 who, after being duly sworn, has answered to the following questions, answers as follows:

1. What is your name and where do you reside? J. A. Reed, Marietta Ga
2. How long and since when have you known the applicant? Since 1879 years
3. How long and since when has she continuously resided in this State? (Give date.) Ever since I married her
4. When and to whom was she married? Feb 20 1879 How do you know? I know
5. How long and since when did you know her husband? 40 years or more
6. When and where did the husband of applicant, die? Feb 19 1897
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? No
9. When, where and in what Company and Regiment did he perform actual military service with his Company and Regiment? Aug 1861 Co. B. 7th Ga 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? Apr 9 1865 Appomattox
13. Were you personally present when it was surrendered? Yes If not, where were you? Prison and how came you there? Captured
14. Was the husband of applicant personally present at surrender? About 1000 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?

Was he ever with B. Flour

Sworn to and subscribed before me this 1st day of Feb 1919  
J. M. Gasser Ordinary  
Ochlocknee County  
(SEAL) J. A. Reed



*Harold Hargrove, Jr.*  
*Su claim 10/16*  
*on 10/16*

No. 3530

# SOLDIER'S PENSION 1895.

Name *F. A. Hargrove*  
County *Cobb*  
Disability *Captain*  
Amount, \$ *300*  
*16 Aug*

1895.  
RICHARD JOHNSON,  
Secretary Executive Department.

WARRANT HANDED TO  
*R. J. Affolant*

## POWER OF ATTORNEY. STATE OF GEORGIA.

Know all Men by These Presents, That I, *F. A. Hargrove*

County in said State, do hereby appoint *Richard Johnson*

of *Marion* my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia 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 *16th* day of *August*, 1895. *F. A. Hargrove*

*F. A. Hargrove*  
*Richard Johnson*

### DIRECTIONS:

If aforesaid, send amount by *Cheques Money Order* and advise *Richard Johnson* at *Marion Ga*

POWER OF ATTORNEY.  
STATE OF GEORGIA.

Form 5.

*Robb* COUNTY }  
Know all Men by These Presents, That I,

*F. A. Hargrave*  
of *Robb*

County and State, do hereby appoint

*Marilla, Esq.*

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 moneys received at abroad 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

*F. A. Hargrave* [16-]

Witness my hand and seal

*M. Stone*  
Ordinary

DIRECTIONS

It is my commandment to *Express Money Order* - to me

at *Marilla, Ga.* and oblige

*Edw. Fry, Atty. in fact.*

For Use of Applicants Who Have Not Heretofore Drawn.

Form 1.

STATE OF GEORGIA,

*Robb* County.

PERSONALLY appears *F. A. Hargrave* of *Robb*

County, State of Georgia, who being duly sworn says on oath that he was born on the *22<sup>nd</sup>*

day of *December* 1848, that he is a *bona fide* citizen and resident of Georgia, and

has been continuously since the *22<sup>nd</sup>* day of *December* 1863,

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 "*76*" of *7<sup>th</sup>* 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 *6<sup>th</sup>* 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 & retreating from the enemy. While so doing I was severely injured by them & I was so exhausted from carrying my comrade & falling under great strain of the work, quite a large mass of dirt became attached with my hand 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 in consequence to perform the ordinary vocations of life. This disability causes sleeplessness, and is galled from nothing sleep. Otherwise I am as healthy & hearty as any man would ordinarily be. I go most of my time with my hand at my left side assisting the team as to 20 its work. No third, nor other thing of the kind, by itself will do me any good. I had 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.*

The Instructions, as set out in the Notes, MUST be Observed.

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 thereafter, ending October 26th, 1895.

Sworn to and subscribed before me, this the

*6<sup>th</sup>* day of *August* 1895,

*M. Stone*  
Ordinary.

*F. A. Hargrave*

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 origin.  
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.

*Hargrave, F. A.*  
*See claim Robb*  
*Co. Ga.*

**SOLDIER'S PENSION**  
**1895.**

Name *F. A. Hargrave*  
County *Robb*  
Disability *Cryptorchid*  
Amount, \$ *30*  
16 Aug 1895.  
RICHARD JOHNSON,  
Secretary Executive Department.  
WARRANT HANDLED TO  
*M. Stone* Affiant  
Geo. W. Hartman, State Printer, Atlanta.

AFFIDAVIT FOR WITNESSES.

Form 2.

STATE OF GEORGIA,

Cobb County.

Personally appears before me, the undersigned, Ordinary in and for said County, *W.N. Gault*

and *Blw. Osburn* and *J. M. Brand* each of whom, being duly sworn according to law,

severally say, under oath, that they are personally well acquainted with *F. A. Hargraves*

whose application is herewith presented for a pension, that he served in Company "H" of the 7th Ga. vols. of *Auderson's*

Brigade, and from our personal knowledge he was injured by the service as follows: (give full statement,

and tell in your own language when and how the injury happened, and how finally applicant is disabled from

work. If he does not believe, or can do, state what.) On the 6th day of May 1864 - he was on duty in the strategic battle at the battle of the Wildcat, in the soil of Virginia where General Lee's command was retreating and our troops were following. He was in the rear of the army when they were forced to retreat, he took him up & carried him out of the way. He was wounded & died while he was carrying him & being a very large man, caused Hargraves great deal of worry & exhaustion. He was there while carrying him, & was attacked with rickets in his left hand - caused by carrying such a man. He is now unable to do the ordinary manual operations of life. He is now in all times, the disability is caused, which is not the result of any other of his wounds. We see him frequently, often of about with his left hand in his pocket or about that part of himself but with rickets & we never hear him complain of anything else. He has no other thing of the kind, nor has he any other work. He is a farmer & cannot do more than one fourth of a man's work. He is under great fatigue and pain. He is a man with a belief - good, honest & upright, foregoing in his only occupation & dependence for support of himself & family - none other of his connections or his relatives and relations, the is not hereditary in this case.

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

since. He was honorably discharged or retired from the service on *9th* day of *April* 1864. *and paid him a bounty of \$1000.00 which he has not in his hands & one with which he is satisfied.*

Applicant is permanently disabled as stated and has been so to our certain knowledge ever since 1864. We have no interest in the recovery of a pension by him.

Sworn to and subscribed before me, this

*6th* day of *August* 1895.

*J. M. Stone* *S. J. O. Osburn* *J. M. Brand*

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

PHYSICIANS' AFFIDAVIT.

Form 3.

STATE OF GEORGIA,

Cobb County.

Personally comes before me *J. M. Stone* Ordinary of said County,

*G. L. Eggard* and *B. A. Bell* both known to me as reputable physicians of said county, who being severally sworn, say on oath, that they have care-

fully examined *F. A. Hargraves* and after such personal examination,

say that the present condition of applicant is as follows: *Mr. F. A. Hargraves has been*

*physically unable to do very little, if any, labor for several years - His trouble is caused from rickets in left side which will, no doubt, disable him for life, he cannot possibly do any heavy stirring work without severe pain and not about deal of any kind. - This disability arises solely from the rickets which he has - We see him quite often and he always has his hand on it about the foot, & complains of great pain that said condition is permanent.*

We further say that said condition arises from the following facts: *He certainly has taken some very heavy strain at some time in his life & certainly not his distomy as there is no other member of his family connected whom we know of who was ruptured & this case must have been caused from some heavy strain, probable under exhaustion & fatigue - Being heavy straining & being accompanied with extension of fatigue may possibly rupture & permanently disable one.*  
We have treated applicant professionally for *twelve* years, and his condition, as above

stated, does *not* arise from any hereditary or congenital cause, nor from any vicious or

intemperate habits. *It is a man worthy of relief, respects himself & his family & is industrious.*

Sworn to and subscribed before me, this

*6th* day of *August* 1895.

*J. M. Stone* *G. L. Eggard M.D.* *B. A. Bell M.D.*

ORDINARY

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

STATE OF GEORGIA,

Cobb County.

I, *J. M. Stone* Ordinary of said County,

do hereby that I am well acquainted with *F. A. Hargraves* the

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

said affidavit are true, and he is disabled, as he claims, and I know he is the individual he represents

himself to be, and that he resides in this County. I also certify that the foregoing witnesses, to-wit:

*W.N. Gault* *Blw. Osburn* and *J. M. Brand* are persons of respectability, and that their statements are worthy of full credit and belief.

Given under my official signature and seal this *6th* day of *August* 1895.

*J. M. Stone* *Cobb* County.

ORDINARY.

Form 4.

POWER OF ATTORNEY.

STATE OF GEORGIA,

*De Kalb* County

I, *F. A. Hargrove* hereby authorize *John Stone*

of *Wheeler, 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 *9*

day of *March* 1896.

*F. A. Hargrove* [L. S.]

Executed in presence of us

*(M) Manning*

*Hargrove, F. A.*  
*De Kalb Co.*  
AUTOMATIC  
(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 HANDED TO

*Atty*  
Gen. W. HARRISON, SECRETARY OF STATE.

*No data*

*Hargrove, F. A.*

*De Kalb County*  
AUTOMATIC  
(For Those Already Enrolled.)

No. *1780*

INVALID

SOLDIER'S PENSION.

1897.

Name *F. A. Hargrove*

County *De Kalb*

Disability *Complete*

Amount, \$ *50.*

*7/23* 1897.

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDED TO

*Atty*  
Gen. W. HARRISON, 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.

Executed in presence of \_\_\_\_\_

[L. S.]

# 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 42* 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 *1st*, of *7th* Regiment of *GA* Volunteers, *Anderson's* Brigade; that whilst engaged in such military service in the State of *VA*, on the *6* day of *May* 1864 he was wounded, injured or diseased as follows:

*That while carrying a wounded comrade off the battle field, he served 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 *3rd* 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 *3rd* day of *May* 1896.



*Wm Stone*  
Ordinary *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 42* 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 *1st*, of *7th* Regiment of *GA* Volunteers, *Anderson's* Brigade; that whilst engaged in such military service in the State of *VA*, on the *6* day of *May* 1864, he was wounded, injured or diseased as follows:

*Wm Stone captured by carrying a dead comrade from the battle field - wholly depriv'd 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 *3rd* day of *July* 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 *3rd* day of *July* 1897.



*Wm 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 \_\_\_\_\_, 1898.

[L. S.]

Executed in presence of \_\_\_\_\_

*Hargrove, F.A.*

NOT OF USE, IN  
(For These Already Enrolled.)

No. 3100

INVALID  
SOLDIER'S PENSION.  
1898.

Name *F. A. Hargrove*  
County *Cobb*  
Disability *Rupture*  
Amount, \$ *50.*  
*2/28* 1898.

RICHARD JOHNSON,  
Commissioner of Pensions.

WARRANT HANDLED TO

*Effect*

SEE IN ORIGINAL STATE PRINTING, ATLANTA

*Waata*

*Hargrove, F. A.,  
Cobb County, Ga.*

(For These Already Enrolled.)

No. 2766

INVALID  
SOLDIER'S PENSION.  
1898.

Name *F. A. Hargrove*  
County *Cobb*  
Disability *Rupture*  
Amount, \$ *50*  
*2/24* 1898.

RICHARD JOHNSON,  
Commissioner of Pensions.

WARRANT HANDLED TO

*[Signature]*

SEE IN ORIGINAL STATE PRINTING, ATLANTA

*No data*

POWER OF ATTORNEY.

STATE OF GEORGIA,  
Cobb County. }

I, *F. A. Hargrove* hereby authorize *J. M. Stone*  
of *Marietta*

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *17th*  
day of *Feb'y.* 1898.

*F. A. Hargrove* [L. S.]

Executed in presence of \_\_\_\_\_

# 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 *22<sup>nd</sup>* 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 *7<sup>th</sup>* Regiment of *Volunteers*, *Anderson's* Brigade; that whilst engaged in such military service in the State of *Georgia*, on the *6<sup>th</sup>* day of *May*, 18*64*, he was wounded, injured or diseased as follows:

*That while engaged in the battle of the Wildcat in the State of Georgia on May 6<sup>th</sup> he earned a dead comrade off the battlefield by which he was badly ruptured, on account of which Applicant is declared 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 29th, 1808. I have heretofore under said law as a resident of *Cobb* county been allowed an invalid pension of

*\$50* Dollars, for the year 180*7*.

Sworn to and subscribed before me, this, *23<sup>rd</sup>* day of *July*, 1808. } *J. A. Hargroves* } POST-OFFICE *Anyonema*.

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, *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 *23<sup>rd</sup>* day of *July*, 1808.



*Mr. Stone* Ordinary *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 *22<sup>nd</sup>* 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 *7<sup>th</sup>* Regiment of *Volunteers*, *Anderson's* Brigade; that whilst engaged in such military service in the State of *Georgia*, on the *6<sup>th</sup>* day of *May*, 18*64*, he was wounded, injured or diseased as follows:

*That while engaged at the battle of the Wildcat, he inflicted a mortal wound on a dead comrade from the battle field, thereby rupturing himself so that he is declared incompetent to perform*

Deponent makes application for the pension to which he is entitled for the year ending October 29th, 1808. I have heretofore under said law as a resident of *Cobb* County been allowed an invalid pension of

*\$50* Dollars, for the year 180*8*.

Sworn to and subscribed before me, this, *15<sup>th</sup>* day of *July*, 1808. } *J. A. Hargroves* } POST-OFFICE *Anyonema*.

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. Du. 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 *15<sup>th</sup>* day of *July*, 1808.



*J. Du. Stone* Ordinary *Cobb* County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.

I, F. A. Hargrove hereby authorize J. W. Stone  
of Marietta, Ga.

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

me by him  
at Marietta

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 5<sup>th</sup>  
day of March 1900.

F. A. Hargrove [L. S.]

Executed in presence of

D. J. Nauby

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.

I, F. A. Hargrove hereby authorize John Anthony  
of Monetta

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

by him  
at Marietta

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 9<sup>th</sup>  
day of January 1901.

F. A. Hargrove [L. S.]

Executed in presence of

Gas M. Gunn

Hargrove, F. A.  
Cobb G.

CODE SECTION 126  
(For Those Already Enrolled.)

No. 3431

INVALID

SOLDIER'S PENSION.

1900.

Name F. A. Hargrove

County Cobb

Disability sthenia

Amount, \$ 50.

Warrant issued March 21 1900.

JOHN W. LINDSEY,  
Commissioner of Pensions.

WARRANT HANDED TO

Stone

Gen. W. HARTSON, State Printer, Atlanta.

No data

Hargrove, F. A.  
Cobb G.

CODE SECTION 126  
(For Those Already Enrolled.)

No. 148

DISABLED

SOLDIER'S PENSION.

1901.

Name F. A. Hargrove

County Cobb

Disability Paralysis

Amount, \$ 40.

Warrant issued Jan. 15<sup>th</sup> 1901.

JOHN W. LINDSEY,  
Commissioner of Pensions.

WARRANT HANDED TO

Anthony

Gen. W. HARTSON, State Printer, Atlanta.

No data

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears F. 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 22<sup>nd</sup> 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 H, of 7th Regiment of Georgia Volunteers, Anderson's Brigade; that whilst engaged in such military service in the State of Va., on the 6<sup>th</sup> 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 1889.

Sworn to and subscribed before me, this, 3<sup>rd</sup> day of March 1900. F. A. Hargroves

J. W. 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. W. Stone Ordinary of said County, do certify that I am well acquainted with F. 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 5<sup>th</sup>

day of March 1900. J. W. Stone  
Ordinary Cobb County.



# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears F. 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 22<sup>nd</sup> day of December 1843; that he enlisted in the military service of the Confederate States (or of the State of Private Va) during the war between the States, and served as a private in Company H, of 7<sup>th</sup> Regiment of Georgia Volunteers, Anderson's Brigade; that whilst engaged in such military service in the State of Va, on the 6<sup>th</sup> 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, 3<sup>rd</sup> day of January 1901. F. A. Hargroves

John Antrony

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 Antrony Ordinary of said County, do certify that I am well acquainted with F. 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 9<sup>th</sup>

day of January 1901. John Antrony  
Ordinary Cobb County.



POWER OF ATTORNEY.

STATE OF GEORGIA,

*W. H. Hargrove*  
County.

I, *J. W. Hargrove* hereby authorize  
*John Martin* 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 *January* 1902.

*J. W. Hargrove* [L. S.]

Executed in presence of

*J. W. Hargrove*

POWER OF ATTORNEY.

STATE OF GEORGIA,

*Cobb*  
County.

I, *J. W. Hargrove* hereby authorize \_\_\_\_\_  
*John Martin* 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* 1903.

*J. W. Hargrove* [L. S.]

Executed in presence of

*Hargrove, J. W.*  
*Cobb County*

( FOR THOSE ALREADY ENROLLED. )

No. *330*

DISABLED

SOLDIER'S PENSION  
1902.

Name *J. W. Hargrove*  
County *Cobb*  
Co. *H* Regiment *7th*  
Disability *80*  
Amount, \$ *1/16* 1902.

JOHN W. LINDSEY,  
Commissioner of Pensions.

WARRANT HANDED TO  
*Ordy*

Geo. W. Harrison, State Printer, Atlanta.

*no data*

( FOR THOSE ALREADY ENROLLED. )

No. *361*

DISABLED

SOLDIER'S PENSION  
1903.

Name *J. W. Hargrove*  
County *Cobb*  
Co. *H* Regiment *7th*  
Disability *80*  
Amount, \$ *57.00*  
*1/23* 1903.

JOHN W. LINDSEY,  
Commissioner of Pensions.

WARRANT HANDED TO  
*Ordy*

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 dead comrades from the battle field, thereby sustaining 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, I have heretofore, under said law, as a resident of *Cobb* County, been allowed an invalid pension of \_\_\_\_\_ Dollars, for the year 1901.

Sworn to and subscribed before me, this *1st* day of *Jan* 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 Astley* 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 *Jan* 1902.

*John Astley*  
Ordinary *Cobb* County.

Affix your seal here

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 \_\_\_\_\_ 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 *No. 7*, of *7th* Regiment of *GA* 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 out a dead comrade from the battle field thereby sustaining 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 \_\_\_\_\_ Dollars, for the year 1902.

Sworn to and subscribed before me, this *1st* day of \_\_\_\_\_ 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 Astley* 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 \_\_\_\_\_ 1903.

Affix your seal here

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.

*Colt* COUNTY. }  
I, *F. A. Hargrove* hereby authorize  
*John Purley* of *Charlotta*  
to receive and receipt for the pension paid hereon, and request that he remit same to  
by *hand*  
at *Charlotta*

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *1st*  
day of *January* 1904.  
*F. A. Hargrove* [L. S.]

Executed in presence of

POWER OF ATTORNEY.

STATE OF GEORGIA.

*Colt* COUNTY. }  
I, *F. A. Hargrove* hereby authorize  
*John A* 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.  
*F. A. Hargrove* [L. S.]

Executed in the presence of

*J. McLean*

*Hargrove, F. A.*  
*Colt Co*

CODE SECTION 1234.  
(FOR THOSE ALREADY ENROLLED.)

No. *388*

DISABLED  
SOLDIER'S PENSION  
1904.

Name *F. A. Hargrove*  
County *Colt*  
Co. *36* Regiment *7*  
Disability *Right Arm*  
Amount, \$ *50*  
JAN 25 1904.

JOHN W. LINDSEY,  
Commissioner of Pensions.

WARRANT HANDED TO

*W. C. W. C.*

Gen. W. Harrison, State Prison, Atlanta.

*no date*

*Hargrove, F. A.*  
*Colt Co.*

(FOR THOSE ALREADY ENROLLED.)

No. *322*

DISABLED  
SOLDIER'S PENSION  
1905.

Name *F. A. Hargrove*  
County *Colt*  
Co. *37* Regiment *7 64*  
Disability \_\_\_\_\_  
Amount, \$ *50*  
JAN 23 1905.

JOHN W. LINDSEY,  
Commissioner of Pensions.

WARRANT HANDED TO

*W. C. W. C.*

Gen. W. Harrison, State Prison, Atlanta.

*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 by a cannon ball through the chest, 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, 1904.

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 1 day of Jan, 1904.

John Aubrey  
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 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: While engaged at the battle of the Wilderness he was shot by a cannon ball through the chest, 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 17 day of January, 1905.

John Aubrey  
Ordinary Cobb County.



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

POWER OF ATTORNEY.

STATE OF GEORGIA.

Cobb County. }  
 I, F. A. Hargrove hereby authorize  
John Andrew 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 January 1906.

Executed in the presence of

F. A. Hargrove [L. S.]

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County. }  
 I, F. A. Hargrove hereby authorize  
John Andrew 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 January 1907.

Executed in presence of

F. A. Hargrove [L. S.]

*Hargrove, F. A.  
 1000 1000*

Class Section 1260

FOR THOSE ALREADY ENROLLED.

No. 258

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

1st Printing Press and Publishing Co., 24 W. Washington St.,

*no date*

*Hargrove, F. A.  
 Cobb Co.*

Class Section 1260

FOR THOSE ALREADY ENROLLED.

No. 218

DISABLED  
 SOLDIER'S PENSION  
 1907.

Name F. A. Hargrove  
 County Cobb  
 Co. A. 7th Regiment 5th Co.  
 Disability Infantry  
 Amount, \$ 50 - JAN 21 1907.

JOHN W. LINDSEY,  
 Commissioner of Pensions.

WARRANT HANDED TO

ONE W. B. LINDSEY, 1515 PUPPET ATLAS.

*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 Georgia) during the war between the States, and served as a Private in Company 26 of 7th Regiment of Volunteers's Brigade; that whilst engaged in such military service in the State of Georgia, on the 12 day of August, 1864, he was wounded, injured or diseased as follows:

Rifles

Deponent makes application for the pension to which he is entitled for the year ending October 28th, 1906. I have heretofore, under said law, as a resident of Cobb County, been allowed an invalid pension of 50 Dollars, for the year 1905.

Sworn to and subscribed before me, this the

12 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 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, 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 Georgia) during the war between the States, and served as a Private in Company 26 of 7th Regiment of Volunteers's Brigade; that whilst engaged in such military service in the State of Georgia, on the 12 day of August, 1864, he was wounded, injured or diseased as follows:

Rifles

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

Sworn to and subscribed before me, this the 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 9

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 26, of 7th 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 \_\_\_\_\_

12 day of January, 1906.

John A. Harty

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. Harty 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.

John A. Harty

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 26, of 7th 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 \_\_\_\_\_ 1907.

John A. Harty, Secy

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. Harty 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.

John A. Harty

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 some  
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 <sup>on the 31<sup>st</sup> day of May 1864</sup> he <sup>Hopson</sup> was ruptured  
and while carrying a wounded  
comrade from the field and  
retreating from the enemy which  
was closely pursuing them  
in their retreat -

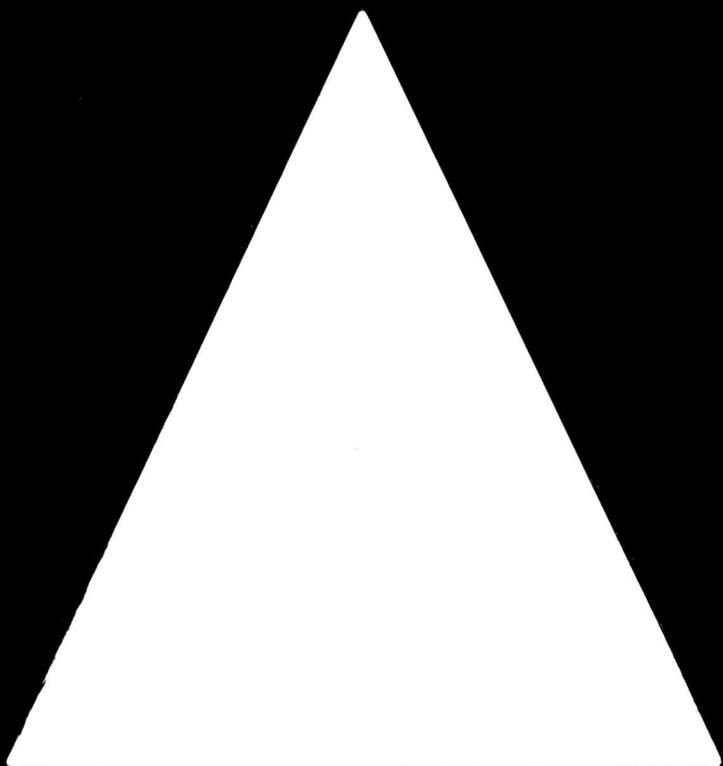
Sworn to and sub-  
scribed before me this } F. M. Dickerson  
the 9<sup>th</sup> day of March, 1896 } E. A. Spinks  
J. M. Stone  
Ordg.

R. B. Hicks Capt <sup>Regt</sup> Co. 3117 2<sup>nd</sup>

Yuma  
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 true & trustworthy & entitled to  
believe This 20<sup>th</sup> March 1896

J. M. Stone  
Ordg. Cobb Co. Ga

Orange Book Co. *Z*



Parsons of  
11/22 - 1910

That I am  
Walter Parsons  
Cook for the  
Army his  
Company  
Country  
to the  
year  
his  
Reserve  
did not  
at  
of  
of

Walter Parsons  
Cook  
11/22 - 1910

Confederate

Soldier's Application

UNDER ACT 1910

County Chick  
Name Walter Parsons  
Company #  
Regiment 1st Regt. Troops  
Approved \_\_\_\_\_

J. W. LINDSEY  
Commissioner of Pensions

DEPT. OF THE INTERIOR, BUREAU OF PENSIONS, ALBUQUERQUE

11/22/10





QUESTIONS FOR WITNESSES TO SERVICE

STATE OF GEORGIA

Barrow County of said State and County is hereby presented as a witness in support of the application of R. Harper 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? A. M. Pucallita, Bartowville, Bartow County, Ga.
2. How long and since when have you known R. Harper the applicant? For sixty 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? Bartowville, Ga. he has been living in Ga. sixty years.
4. When, where and in what Company and Regiment did he serve during war from 1861 to 1865? (Give date and place) 1861-1865, 1st Regt. U.S. Cavalry, Bartowville, Ga.
5. How did you obtain your information of his service? He told me, May 15, 1868. I was in same Co. & Regt.
6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (give date) From enlistment to his Regt. 1865.
7. When and where was his Command surrendered or discharged (give date and place) It was captured at Columbus, Ga. April 1865.
8. Were you personally present at the Surrender? I was.
9. If not, where were you and how came you there?
10. Was the applicant personally present with his Command to surrender? No.
11. If not where was he and how came him there? At Home in Bartowville.

12. When did he leave his Command? April 18/1865. Where was his Command when he left it? Bartowville, Ga. By whose authority did he leave? By the Regt. and how long was he granted leave? I think thirty days. How do you know all that you have stated to be true? If of your own knowledge (tell clearly and specifically) I was present commanding the Company at the time.

13. In what way was he prevented from returning to his Command? How do you know? He was captured before his term expired and Johnson had both demanded before he was sent out.

15. Was applicant captured as a prisoner? Yes. If so, when and where? He was captured at Columbus, Ga. He was sent to the prison at Columbus, Ga. He was there for some time. Sworn to and subscribed before me, this 15th day of May 1912. J. A. McDonald, Ordinary.

AFFIDAVIT OF TWO FRESHOLDERS

STATE OF GEORGIA, Barrow County.

Personally before me, J. A. McDonald, Ordinary of said County, who on oath says that they are fresholders residing in said County and are known to the applicant as the applicant for pension and are knowing property that is now in the sole possession and control of himself and wife and of its cash value as follows: (Make list by items and value) 1. Home, 1000. 2. Land, 1000. 3. Cash, 1000.

- 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) 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 this 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 15th day of May 1912. J. A. McDonald, Ordinary. J. M. Jones, Cash, Barrow County.

ORDINARY'S CERTIFICATE

STATE OF GEORGIA, Barrow County.

I, J. A. McDonald, Ordinary of said County, certify that I know the applicant, R. Harper, for Pension as the person he represents himself to be and resides in said County. That I also know the witness swearing to the service and J. A. McDonald, who are fresholders, that they are all residents of said County and were duly sworn by me before signing the foregoing affidavits and that they are all truthful and trustworthy and their statements are entitled to full faith and credit. That the Tax Returns of R. Harper shows that he was liable for tax for 1900 \$1000, for 1910 \$1000. Sworn to and subscribed before me, this 15th day of May 1912. J. A. McDonald, Ordinary, Cash, Barrow County.

NOTES: This form is to be filled out by the Ordinary of each county and returned to the following office: State of Georgia, Department of Pensions, Atlanta, Georgia. It is to be filled out by the Ordinary of each county and returned to the following office: State of Georgia, Department of Pensions, Atlanta, Georgia.

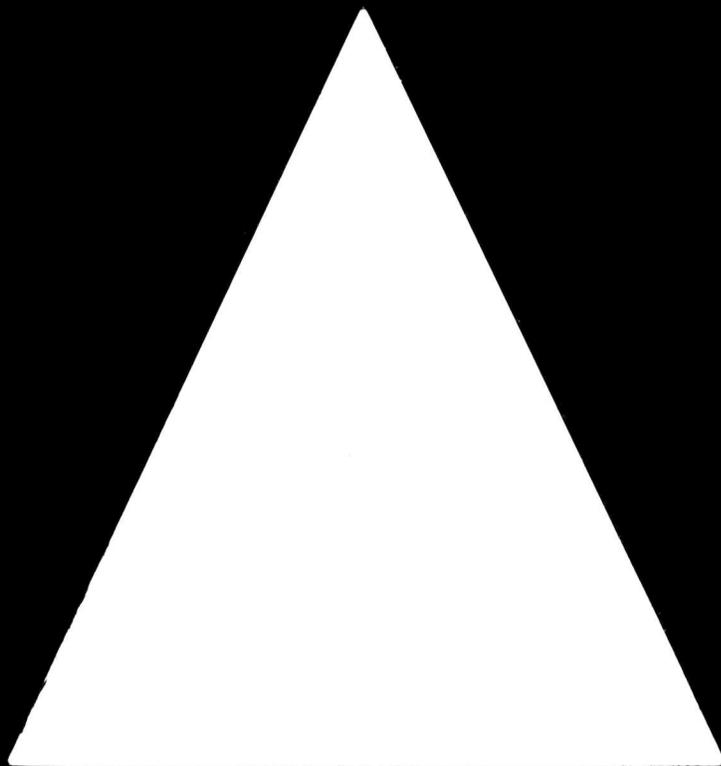
OFFICE OF  
COURT OF ORDINARY  
BARTOW COUNTY  
G. W. HENDRICKS, ORDINARY



CARTERSVILLE, GA. Sep 28<sup>th</sup>, 1910.

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. Deasitt the witness swearing  
to the service of R. Harper in the Army of the  
Confederacy in Co. F, 1st Ga. St. Regt.  
that he is a resident of Bartow County and was  
duly sworn by me before signing the foregoing affi-  
davit 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 28<sup>th</sup> day of Sep - 1910

G. W. Hendricks Ordinary  
Bartow County Ga



POWER OF ATTORNEY.

STATE OF GEORGIA.

COURT.

herely authorize

*John Lindsey* of \_\_\_\_\_ hereby authorize  
to receive and receipt for the pension paid hereon and request that he remit same to

by \_\_\_\_\_

In WITNESS WHEREOF, I have hereunto set my hand and seal, this \_\_\_\_\_

day of *January* 1906.

*J. W. Lindsey* [L. S.]

Received in the presence of

*J. W. Lindsey*

FORM 1906.

(FOR THOSE ALREADY ENROLLED.)

*W. J. Lindsey 1905*  
**DISABLED  
SOLDIER'S PENSION  
1906.**

Name *J. W. Lindsey*

County *Cobb*

Co. *A* Regiment *23*

Disability \_\_\_\_\_

Amount, *\$50*

1906.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO \_\_\_\_\_

THE PRINCIPAL PRINTERS AND PUBLISHERS CO., 225 N. HARRISON, ST. LOUIS, MO.

*No data*

*David Lindsey*  
*Cobb County*

**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. Gunn

**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 8  
day of July 1907.

J. T. Harris [L. S.]

Executed in presence of  
J. M. Gunn

Paired  
Harris, J. T.  
July 1906

Class Section 1260.  
**FOR THOSE ALREADY ENROLLED.**  
7-1-1906  
**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 \_\_\_\_\_  
The Pensioners' and Dependents' Clk., 211 N. Main Street, S.W.

7-1-1906  
Harris, J. T.,  
Cobb Co.,

Class Section 1260.  
**FOR THOSE ALREADY ENROLLED.**  
7-1-1907  
**DISABLED**  
**SOLDIER'S PENSION**  
**1907.**  
Name J. T. Harris  
County Cobb  
Co. A Regiment 23  
Disability broken  
Amount, \$ 20.00 1907.  
JAN 21  
JOHN W. LINDSEY,  
Commissioner of Pensions.  
WARRANT HANDED TO \_\_\_\_\_  
The W. B. Harris, 101 1/2 Federal, Atlanta.

no date

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,

Cobb County.

Personally appears 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 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    in Company A, of 23rd Regiment of    Volunteers   's Brigade; that whilst engaged in such military service in the State of   , on the    day of    18  , 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 50 Dollars, for the year 1906.

Sworn to and subscribed before me, this the 1 day of July 1906. J. Harris Post-Office   

Notarially 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 Arvey Ordinary of said County, do certify that I am well acquainted with 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 1 day of July 1906. John Arvey 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. 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   ) during the war between the States, and served as a    in Company 20th Regiment of    Volunteers   's Brigade; that whilst engaged in such military service in the State of   , on the    day of    18  , 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 24th, 1907. I have heretofore, under said law, as a resident of    County, been allowed an invalid pension of    Dollars, for the year 1906.

Sworn to and subscribed before me, this the    day of July 1907. 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 Arvey Ordinary of said County, do certify that I am well acquainted with 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 July 1907. John Arvey Ordinary Cobb County.



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



QUESTIONS FOR WITNESSES

STATE OF GEORGIA

Cobb COUNTY.

J. R. Pasterford of said State and County, hereby sworn as a witness in support of the application of J. R. Pasterford under section 1204, Code, and after being duly sworn has answered to the following questions the answers as follows:

1. What is your name and where do you reside? J. R. Pasterford
  2. Are you acquainted with J. P. Williams the applicant? If so, how long have you known him? Yes Over fifty years
  3. Where does he reside, and how long and since what has he been engaged in that business? Thomasville Ga. since 1861
  4. When, where and in what company and regiment did he enlist, and how long has he been in the service? August 30, 1861, Iowa in Iowa 2nd Regt
  5. Were you a member of the same company and regiment?
  6. How long did he perform regular military duty? about 4 months 1861
  7. When and where was his command surrendered? April 1862, Cumberland Gap
  8. Were you present when it surrendered? Yes
  9. Was applicant present? Yes
  10. If he was not present, where was he? He was forward
- When did he leave his command? At Cumberland or what cause? Army Surrender  
 By what authority he left? Don't know How do you know all of this?  
I was present

11. What property, effects or income has the applicant? (Give your means of knowledge.) None I believe more than he had with him
12. What property, effects or income did the applicant possess in 1901, 1902, 1903, 1904, 1905, 1906 and 1907? He has not had any for past 4 or 5 years 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? No he has had some property
14. What is the applicant's occupation and physical condition? He is a farmer and is suffering from rheumatism, being unable to support his family now, and is unable to do any work
15. Is the applicant unable to support himself by labor of any sort? If so, why? Yes on account of eye and rheumatism
16. How was he supported during the years 1901, 1902, 1903, 1904, 1905, 1906 and 1907? He has been doing some farming
17. What portion of his support for these four years was derived from his own labor or income? I am unable to tell that he has any
18. Give a full and complete statement of the applicant's personal condition that applies to a person under Section 1204, Code. He is old and lame
19. Who compose family? What property have they? (Children's names and their parents' names) Wife, 2 children, 1 boy, 1 girl
20. What interest have you in the treasury of a person of the applicant's name? None

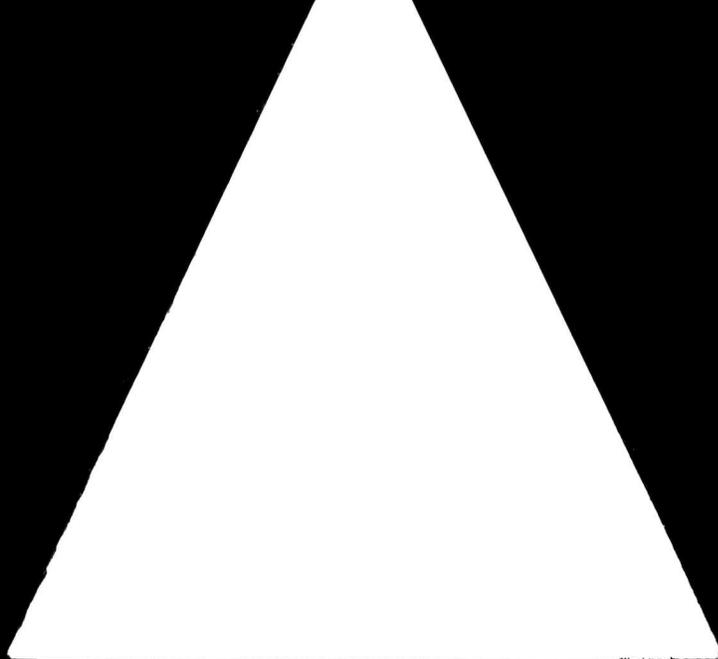
*[Faint, illegible handwritten text, possibly a signature or notes.]*

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 1908.

Notary Public for said County, hereby certify that the foregoing is a true and correct copy of the original as the same appears in my records.

*[Faint, illegible handwritten text, possibly a signature.]*





BAD COPY\*\*\*OR\*\*LIGHT PRINT

BAD COPY - - - - - LIGHT PRINT

*Harris, Mary*  
*Colo. County*

*Approved* 1901  
No. \_\_\_\_\_

*256*

**WIDOW'S  
Indigent Pension.  
1901.**

Name *Mary Harris*  
County *Colo.*  
Widow of *John Harris*  
*Co. 66 Ga*  
Approved \_\_\_\_\_ 1901.

JOHN W. LINDSEY,  
Commissioner of Pensions.

WARRANT HANDED TO

*E. J. G. Co.* \_\_\_\_\_ 1901.

Geo. W. Harrison, State Printer, Atlanta, Ga. 2

*10/24/04.*

*Pension Office*  
*425 1/2 St. W.*

*Approved receipt*  
*to me from a bona fide*  
*widow of a soldier*  
*1862 to audience*  
*the grant to me of the*  
*Ga Pension because*  
*it is the law of the State*  
*1901. and not the*  
*law of the County*  
*Pension 6000000*

*J. W. Lindsey*  
*Commissioner of Pensions*

**POWER OF ATTORNEY.**

STATE OF GEORGIA,

County, }

I, \_\_\_\_\_ hereby authorize \_\_\_\_\_ of \_\_\_\_\_ County, to receive and receipt for the pension allowed and that he

execute the same to me at \_\_\_\_\_ by his check or registered mail.

Witness my hand this \_\_\_\_\_ day of \_\_\_\_\_ 1901

Executed in presence of \_\_\_\_\_

Ordinary,  
County \_\_\_\_\_

SEAL

L. S.

**POWER OF ATTORNEY.**

STATE OF GEORGIA,

County.

I, \_\_\_\_\_ hereby authorize \_\_\_\_\_

of \_\_\_\_\_ 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 \_\_\_\_\_ 1901

Executed in presence of

Ordinary, \_\_\_\_\_ L. S.

County

SEAL

**Questions for Applicant.**

STATE OF GEORGIA,

County.

*look* 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:

1. What is your name and where do you reside? (*Give State, County and Post Office.*)  
*Georgia look County Ga Howell*
2. How long and since when have you been a resident of this State?  
*since the first of March 1900 one year*
3. When and where were you born?  
*1837 in Fulton County Ga*
4. When and where was your husband born—state his full name, and when were you and he married?  
*1837 in Cherokee County Ga John Harris was married in October 1859 in Fulton County Ga*
5. When and where, and in what Company and Regiment did your husband enlist or serve during the war between the States?  
*June 1862 at Atlanta Ga Company 56 Ga Infantry*
6. How long did your husband serve in said Company and Regiment?  
*two years*
7. When and where did your husband's Company and Regiment surrender and was discharged?  
*Greensborough N.C. in the Spring of 1865*
8. Was your husband present at the time and place when his Company and Regiment surrendered?  
*he was not*
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 killed near Atlanta Ga in July 1864*
10. When and where did your husband die?  
*July 1864 near Atlanta Ga*

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?  
*Infirmary 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?  
*Rheumatic and as I grow older I can not do any work*
13. What has been your occupation since your husband's death?  
*had no occupation was supported by my son*
14. How much can you earn gross, by your own exertion or labor?  
*nothing*
15. What property, real or personal, or income do you have or possess, and its gross value?  
*have no property or income*
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?  
*nothing*
17. In what counties did you reside in 1899 and 1900, and what property did you return for taxation?  
*look County Alabama*
18. How have you been supported since death of husband, and especially for 1899 and 1900?  
*by my son*
19. How much did you support cost for each of those years, and how much did you contribute by your own labor or income?  
*don not know*
20. What was your employment during 1899 and 1900—how much did you receive for each year?  
*I help my son with his house work along the way was all the first of 1900 I came to my Brother at Howell Ga*
21. Have you a family? If so, who composes such family? Give their means of support? Have they any lands or other property?  
*have no family*
22. Have you ever made an application for pension before?  
*no*
23. How many applications have you made for a Pension, and under what class?  
*none I lived in Alabama from 1887 till March 1900*

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 1901  
*John Hartley* Ordinary,  
of *look* County.

*Handwritten notes and signatures in the left margin, including names like Mary Harris and John Harris, and dates like 1886 and 1901.*

*Handwritten signatures and dates: Mary Harris, John Harris, 1901, 1906.*

**WIDOW'S Indigent Pension. 1901.**

Name *Mary Harris*  
County *look*  
Widow of *John Harris*  
*es. 186 Ga*

Approved: \_\_\_\_\_  
JOHN W. LINDSEY,  
Commissioner of Pensions.

WARRANT HANDED TO  
*6/6/01*  
GEO. W. BARTON, CLERK PENSION, ATLANTA, GA.  
*19-6-01*

# Questions for Witnesses.

STATE OF GEORGIA,

\_\_\_\_\_ County.

I J. B. Sullivan & E. 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? J. B. Sullivan  
Be well Cobb County Georgia
2. Are you acquainted with the applicant, Mrs. Mary Harris?
3. How long have you known her? Since we know her 60 years
4. Where does she reside, and how long and since when has she been a resident of this State?  
Be well Cobb County Ga resided in this state 1 year
5. When and where was she born? in the year 1839 in Sullivan County Ga
6. Were you ever acquainted with her husband?
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?
10. How long have you known him? about 41 years
11. When and where did John Harris enlist in the war between the States, and in what Company and Regiment did he enlist and how do you know this? June 1862 at Atlanta Ga Company F 56 Ga Artillery
12. Were you a member of the same Company and Regiment? Yes
13. How long did he perform regular military duty? 2 years
14. When and where was his Company and Regiment surrendered and discharged from service?  
Armed and ordered to Surrender at Atlanta July 1864
15. Were you with the command when it surrendered? Was not was in prison
16. Was John Harris the husband of applicant present? he was not he was killed at Atlanta July 1864
17. If not present, where was he? his dead
18. When and where did he leave his Command? his field was Atlanta
19. For what cause? was killed by the Enemy
20. By whose authority he left? have already stated
21. How do you know all this? (State fully and clearly.) I was with them shot picked him up when he fell (Padon)
22. When and where did Mary Atlanta Geo die? April 1864
23. 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)
24. Do you of your own knowledge know that applicant is the lawful widow of John Harris? Yes
25. Has she remained unmarried since her soldier husband's death, and is now his widow?  
don't know (Yes)
26. 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
27. What property, effects or income did applicant possess in 1899 and 1900 and what disposition did she make of it? and none
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 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 live 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 very 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 1904.
- Ordinary, } J. B. Sullivan  
County. } E. P. Padon Witness.

## Affidavits of Physicians.

STATE OF GEORGIA,  
Cobb County.

Personally before me on the 7th day of June 1904, at Atlanta Ga, I, Chas. J. Ramsey, a Notary Public in and for said County, who, being severally sworn, say on oath that Mary Harris applicant for a Pension under Act of 1900, and after such personal examination say that her physical condition is this. old 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 1904.

Ordinary, } G. J. Lyon M.D.  
County. } Chas. J. Ramsey M.D.

## ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,  
Cobb County.

I, John Austel, 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 1863, and that the witnesses, Mr. J. 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 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 7th day of June 1904.

{ SEAL } Ordinary, } John Austel  
County. } Padon

- Notes—1. Before any questions are answered, the Ordinary shall swear applicant and the witnesses to 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 20th 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 unable 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, 1865, not entitled.  
5. .... Witnesses and two Physicians are necessary to make out claims.

July, 19, 1862,  
Killed, Sharpsburg, Md.  
Sept 17, 1862,

*Harris, Mary E*  
*Widow*  
*Cobb*  
No. *La Grange Station*

### Widow's Pension

Under Act 1910—as Amended by Act of 1918.

County *Cobb*  
Name *Mary E. Harris*  
Widow of *William Dampford*  
Company *A*  
Regiment *18th Ga 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, *J. S. Stewart*  
*Mary E. Harris*

Ordinary of said County, do certify  
the applicant for pension. She

is the person who represents herself to be and she is a legal wife of the late resident citizen of said County  
and was on the 4th November 1868; that I also know *J. S. Stewart*

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, frank  
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*  
(SEAL) *J. S. Stewart* 19 *19*  
*Cobb* Ordinary  
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. The same shall be said to each of the questions asked you and the evidence  
3. Outbursts of violence may be allowed if that person are untruthful.  
4. All affidavits must be made before the Ordinary of the residence of the person to be sworn and certified by  
5. Attach certified copies of marriage license if obtainable. If not, prove marriage by some person, or by general  
reputation.

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 29th 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.

Harris, Mary E  
Cobb Co  
No. 1 in 1861. Admin

Widow's Pension

Under Act 1910—as Amended by Act of 1913.

Cobb County  
Name Mary E. Harris  
Widow of William Dampp  
Company A  
Regiment 18 Co Infantry  
Approved

J. W. LINDSEY, Commissioner of Pensions.

10-30-1919

July, 19, 1862.  
Killed, Shropshire, Ind.  
Sept 17, 1862.

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? All my life
- 3. When, where and to whom were you married? 1st time 1861, Cobb Co Ga to William Dampp, 2nd Mary E. Harris to J. S. Goodwin 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 Cobb Co. Ga. Co. A of 18 Co Regiment Infantry
- 6. When and where did the commands of your husband surrender or discharge from the army? April 1862: Appomattox
- 7. Was your husband personally present at the time of the surrender or discharge of this command? No

- 8. Where was his command when he left? He was killed at Battle of Shropshire Va
- 9. For what cause did he leave his command? Killed
- 10. By whose authority did he leave his command? Killed
- 11. For how long was he granted leave of absence? None
- 12. What was his physical condition when he left his command? None
- 13. What effort did he make to return to his command? None
- 14. In what way was he prevented from going back to Command? None
- 15. Was he captured by the enemy at any time? No
- 16. If so, when and where captured and where held as a prisoner, and when and for what cause released? None
- 17. When and where did your first husband die? Sept 17, 1862, Shropshire, Va
- 18. Were you residing together when he died? Yes
- 19. If not, how long had you resided apart? None
- 20. Are you now a widow? Yes
- 21. 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 27th day of Sept 1919 by J. M. Lamm Ordinary, Cobb County.

(SEAL)

Mary E. Harris  
No Record from 1860 -  
J. M. Lamm Ordinary  
Cobb Co.

2nd husband  
August 30 1918  
W. D. Sept 17-1863

Questions for Witnesses as to Service of Husband and Marriage

STATE OF GEORGIA

County of Cobb

Personally before me on this 29th day of Sept 1919, 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 G. Harris applicant?  
60 years or more, I know her before she was

3. How long and since when has she continuously resided in this State? (Give date.)  
Ever since I know her

4. When and to whom was she married? Sept 17 1862 How do you know?  
William Davenport

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

9. When, where and in what Company and Regiment did William Davenport enlist?  
March 1862, 1st North Cobb Co. Regt. of 18th Inf. 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, when he was killed in battle

12. When and where did his Command surrender, and was discharged?  
April 1865

13. Were you personally present when it was surrendered?  
no If not, where were you?  
in prison and how came you there?  
captured by the enemy

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 By whose authority did he leave his Command?  
no And how long was he granted leave?  
no How do you know all this?  
I was a member of same Co. and Regt. and was discharged from

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

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 29th day of Sept 1919 } J. St. Goodwin

J. M. James Ordinary

of Cobb County.

(SEAL)

J. G. Harris, wife of Mary G. Harris

W. D.

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

(To pay expenses of last illness and funeral)

*J.M. Gann* Ordinary  
for *Mrs M. E. Harris*

Date of Death *December 22 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 sufficient authority to draw on the Pension Department with your receipted bill to 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, Hearse 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.		
<i>J.F. Collins' Sons</i> <i>John W. Collins</i>		
Sworn to and subscribed before me, This April 19, 1929.		
<i>J.M. Gann</i> 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, Coahuila 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 Coahuila

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  
Coahuila County

(Seal of Ordinary)

Mrs. Karlene Fowler

## CERTIFICATE OF ORDINARY

GEORGIA, Coahuila 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 Coahuila 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  
Coahuila 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.

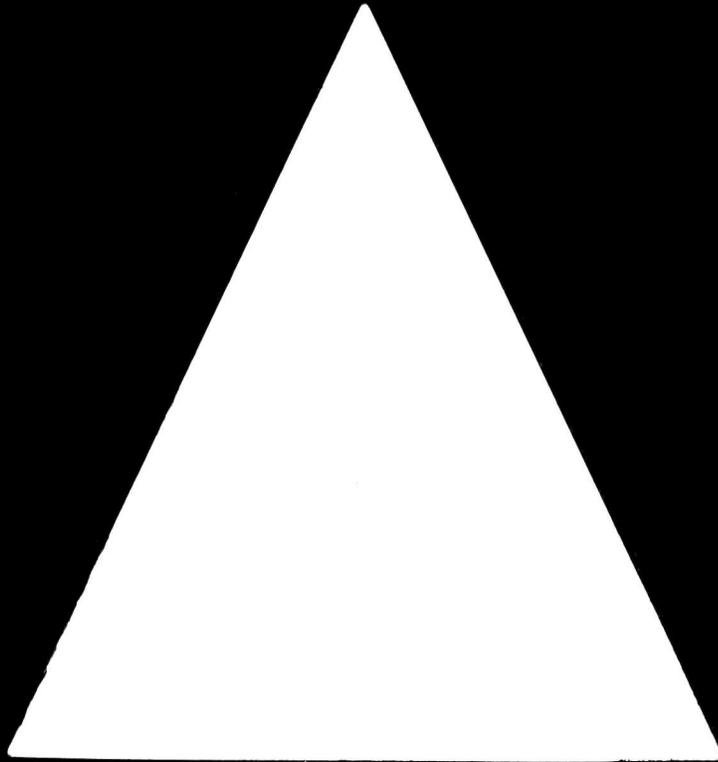
5th. Return this application, and attached bills, with your final settlement, to the Pension Department.

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 2.

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*

*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 24 day of March, 1892, *W. H. Harrison* [L. S.]

Executed in the presence of us:

*W. H. Harrison* WITNESSES:

If allowed, send amount by \_\_\_\_\_, and oblige \_\_\_\_\_ to me at \_\_\_\_\_

*Cobb Co.*

No. *2946*  
*Harrison, W. H.*

Soldier's Pension  
1892.

Name *W. H. Harrison*  
County *Cobb*  
Disability *Shall record*  
Amount, \$ *50*  
*W. H. Harrison* 1892

W. H. HARRISON,  
Secretary of Executive Department.

WARRANT HANDLED TO:  
*M. L. Green*

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

POWER OF ATTORNEY.

Form 6.

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 27th day of March 1892.

H. A. Harrison [L. S.]

Executed in the presence of us:

J. M. Stone

DIRECTION.

If allowed, send amount by:

me at \_\_\_\_\_, and oblige, \_\_\_\_\_ to \_\_\_\_\_

Form 1.

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 1833; 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 Legion

of Georgia Volunteers, Wofford's Brigade; that whilst engaged

in such military service, at the battle of Kennesaw in the State

of Georgia, on the 29 day of November 1863, he was

disabled as follows: By being struck on the left

side of his head by a grape shot

fracturing the skull, causing a

bone half dozen pieces of the skull

bone 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 17th day of March 1892.

H. A. Harrison J. 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. 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 with fields for Name (H. A. Harrison), County (Cobb), Disability (skull wound), Amount (\$50), and Signature (M. G. Green). Includes 'Soldier's Pension' and '1892'.

Affidavit for Witnesses.

STATE OF GEORGIA,  
County of Cobb

PERSONALLY appears before me, the undersigned Ordinary in and for said County,  
J. G. 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. G. of Hill's Legion opposing  
Rebels in Georgia; & that he was shot in the  
head with grape shot at the Battle of Knoxville  
Tenn. on 29<sup>th</sup> 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 18. We have no interest in the recovery of a pension by him.

Sworn to and subscribed before me, this  
17<sup>th</sup> day of March 1892.  
J. M. Stone Ordinary.  
J. G. Green  
A. G. 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.

POWER OF ATTORNEY  
PHYSICIAN'S AFFIDAVIT.

STATE OF GEORGIA,  
Cobb County.

PERSONALLY comes before me J. M. Stone Ordinary of said County,  
W. A. H. Robin and E. J. Sizer, 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 near 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 our opinion  
caused from the wound on applicant's head.

We have treated applicant professionally for thirty six years.

Sworn to and subscribed before me, this  
17<sup>th</sup> day of March 1892.  
J. M. Stone Ordinary.  
E. J. Sizer

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.

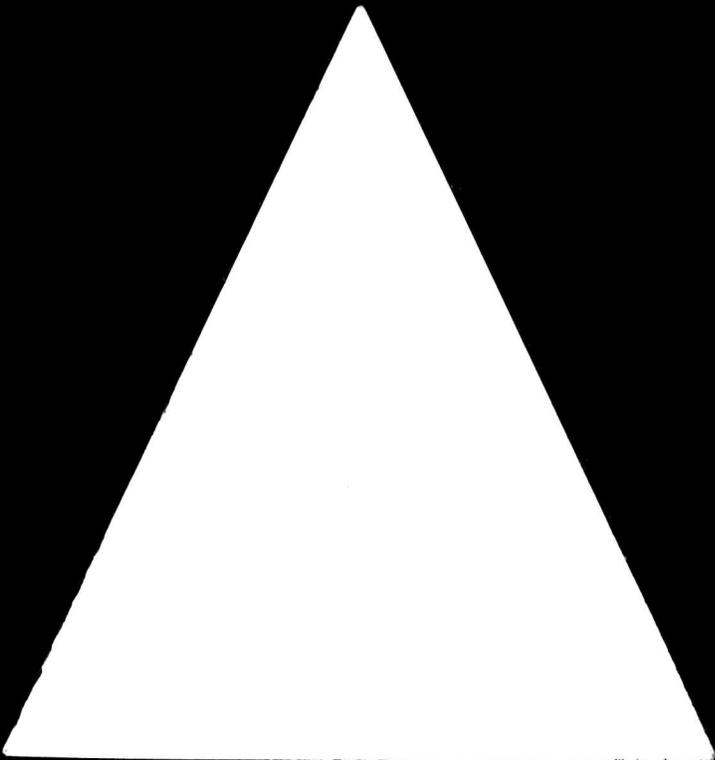
I, J. M. Stone Ordinary of said County,  
do certify that I am well acquainted with H. A. Harrison the  
applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his  
said affidavit are true, and he is disabled, as he claims, and I know he is the individual he represents  
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 17<sup>th</sup> 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.

John Smith  
Ordinary Smith County.



*Wartfield (Mrs) L. A.*  
*Wartfield County*  
*Mulunda Joseph*

No.            *OK*

**WIDOW'S  
Indigent Pension.  
1901.**

Name *L A Wartfield*  
County *Wart*

Widow of *Thomas Wartfield*  
*Co. 56 2a Regt*

Approved \_\_\_\_\_ 1901.

JOHN W LINDSEY,  
Commissioner of Pensions.

WARRANT HANDED TO

\_\_\_\_\_ 1901.

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

*3/19/01 1/16-02*

*Pension office*  
*of 12-1-01*  
*applicant is*  
*owner of real estate*  
*of record to whom*  
*the S. 2007. Designated*  
*shall be made qualified*  
*to receive Pension*  
*W. Lindsey*  
*Com of Pension*

*Get Martin to*  
*Make affidavit to*  
*administration of*  
*estate*

**POWER OF ATTORNEY.**

STATE OF GEORGIA.

County, }  
}

I, *L A Wartfield* hereby authorize *John Lindsey*  
*Wart* County, to receive and receipt for the pension allowed and that he

remitt the same to me at \_\_\_\_\_ by his check or registered mail.  
Witness my hand this *5th* day of *March* 190*1*.

Executed in presence of \_\_\_\_\_  
Oath: \_\_\_\_\_  
County: \_\_\_\_\_

*L A Wartfield*  
*Wart*

POWER OF ATTORNEY.

STATE OF GEORGIA.

Cobb County.

I, L. A. Nartsfield hereby authorize John Anthony

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  
Wife

REAL

Received of the  
Applicant to the  
amount of \$29.10  
of return value  
of \$2.00 subject  
to the Pension  
of the Pension  
of the Pension

Let Martin to  
Main affidavit to  
administration of  
estate

Nartsfield (Mrs) L. A.  
Cobb County  
Administrative

WIDOW'S  
Indigent Pension.

1901.

Name L. A. Nartsfield  
County Cobb

Widow of Thomas Nartsfield  
Law of 56 for paper

Approved \_\_\_\_\_ 1901.

JOHN W. LINDSEY,  
Commissioner of Pensions.

WARRANT HANDED TO

1901.

3/10/01 116-02

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, passed 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 - Nartsfield on Cobb County, Ga.
2. How long and since when have you been a resident of this State?  
Have lived in this State 21 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 Cherokee Co. Ga. 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 command, for what cause, and by what authority?

10. When and where did your husband die?  
In Cobb County, Dec. 7th 1895.

11. Which of the following grounds do you base your application for Pension, viz: First—Age and Poverty; Second—Infamy and Puerity, 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 & quite feeble. Have not been able to work in several years. I have nothing of long standing. I have been totally blind in right eye for 16 years. I have never been able to see my husband's death. I have had no occupation. Not able to do any work at all.

13. What has been your occupation since 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 1/2 acre land, money 5 cents, total value \$100.

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?  
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. \$200.00 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. I am blind.

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  
Wife

John Anthony  
Cobb Ordinary,

# Questions for Witnesses.

STATE OF GEORGIA,

Stulton 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, deposes and answers as follows:

1. What is your name and where do you reside? Minton Davis
  2. Are you acquainted with the applicant, Mrs. S A Hartfield yes
- If so, how long have you known her? Since 1860 in 1900
3. Where does she reside, and how long and since when has she been a resident of this State? in Cobb County Ga she has resided in that county since 1860
  4. When and where was she born? do not know
  5. Were you ever acquainted with her husband? yes
  6. Where did he reside in 1861? Cobb County Ga
  7. When and to whom was he married? Jan 11<sup>th</sup> 1855 to the F A Hines
  8. When and where was he born? Epistolet Co Ga dont know the date of his
  9. How long have you known him? Since 1860
  10. When and where did W. C. Hammers enlist in the war between the States, and in what Company and Regiment did he enlist and how do you know this? Co F 56 he was enlisted in Atlanta Ga I was in same Co & Reg
  11. Were you a member of the same Company and Regiment? yes
  12. How long did he perform regular military duty? about 8 months
  13. When and where was his Company and Regiment surrendered and discharged from service? at Appomattox Va in 1865
  14. Were you with the command when it surrendered? no
  15. Was Thomas Hartfield the husband of applicant present? no
  16. If not present, where was he? in the Hospital
  17. When and where did he leave his Command? Doctor Ga
- For what cause? being unable to do any service  
 By whose authority he left? by the Order 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 after his surrender and did not get out until the morning of the 11<sup>th</sup> of Dec 1865
18. When and where did Thomas Hartfield die? Cobb County Ga 7<sup>th</sup> of December 1878
  19. Where did he reside at his death and how long had he been a resident of Georgia at his death? at Cobb Co all his life
  20. Do you of your own knowledge know that applicant is the lawful widow of Thomas Hartfield? 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? she owns a one fifth interest in a small estate worth from \$400 to \$500. It brings her income at all.
  23. 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.
  24. Has applicant conveyed any property in last two years or given any away, if so what was it and to whom? she had not.
  25. 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 by means of any kind.

26. Is applicant able to earn a support at labor of any sort, if not why? no on account of blindness, old age and blindness

27. How was she supported for 1899 and 1900? By her son, who is now dead

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? she is nearly blind in one eye, nearly blind in the other, is over twenty years old, and quite feeble

30. 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.

Stulton County.

I certify to good character of Minton Davis.

## 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 that she is totally blind in right eye and nearly so in left, the iris of both eyes long standing - some thin opaque 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 19<sup>th</sup>

day of July, 1901

John C. White Ordinary.

Cobb County.

## 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 1<sup>st</sup> day of Jan

1860, and that the witnesses, Mr. Henry J. Martin and J. H. Mabry

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 19<sup>th</sup> day of July, 1901.

John C. White Ordinary,

Cobb County.

SEAL

Notes-1. Before any questions are answered, the Ordinary shall swear applicant and the witnesses in the following words: "You do solemnly swear that you will true answers make to each of the questions asked of you, and the evidence you shall give will be the whole truth; so help you God."

2. Additional affidavits may be attached, if blank spaces are insufficient.

3. All affidavits must be made before Ordinary.

4. Only widows who were the wives of the dead husbands while they were soldiers need apply—and are now widows. Those married since 24th April, 1865, not entitled.

5. Witnesses and two Physicians are necessary to make out claims.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County, I, L. S. Hartfield hereby authorize John Lindsey of his office 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.

Miss L. S. Hartfield (L. S.)  
Mark

Executed in the presence of

W. L. Ham

Hartfield, L. S. (Mrs)

To Those Heretofore Paid.

1903.

No. 163

INDIGENT WIDOW'S PENSION,

For year ending Dec. 31, 1903.

Miss L. S. Hartfield

Widow of L. S. Hartfield of Cobb County, 7th Regiment

JOHN W. LINDSEY,  
Commissioner of Pensions.

WARRANT ISSUED 1/23 1903

AND HANDSD TO John

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County, I, L. S. Hartfield hereby authorize John Lindsey of his office 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.

Miss L. S. Hartfield (L. S.)  
Mark

Executed in presence of

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 L. S. Hartfield of Cobb County, 7th Regiment

JOHN W. LINDSEY,  
Commissioner of Pensions.

WARRANT ISSUED 1/25 1904

AND HANDSD TO John

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

## FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

County of Colt

PERSONALLY COMES MRS.

} L. A. HartfieldI, Colt, being sworn, says on oath, that she is a bona fide resident of said County ofColt State of Georgia, and that she has RESIDED in said Statecontinuously ever since 1831 That she is the Widow ofJ. J. Hartfield who was a soldier in Companyof the 56th Regiment of Ka. Vols

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

1802, and served in the Army up to April 1805. That he diedon 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 Colt 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 July 1903, John Dwyer Ordinary Post Office W. F. D., No. 8.State of Georgia, Colt County, Ordinary of said County, certify that I am wellacquainted 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 representsherself to be, and that she has continuously resided in this State since the 18th day of July 1900.Given under my official signature and seal, this 1st day of July 1903.

Official Seal.

Ordinary of Colt 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 Colt

PERSONALLY COMES MRS.

} L. A. HartfieldI, Colt, being sworn, says on oath that she is a bona fide resident of said County ofColt State of Georgia, and that she has RESIDED in said Statecontinuously ever since All her life, nearly That she is the Widow ofJ. J. Hartfield who was a soldier in Company7th of the 56th Regiment of GA.

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

1805, and served in the Army up to 9th 1805. That he diedon the 9th day of December 1898.On acct. of age, in limit of money 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 Colt 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 July 1904, John Dwyer Ordinary Post Office W. F. D., No. 8.State of Georgia, Colt County, Ordinary of said County, certify that I am wellacquainted 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 representsherself to be, and that she has continuously resided in this State since the Many years day of July 1898.Given under my official signature and seal, this 7th day of July 1904.

Official Seal.

Ordinary of Colt County.NOTE.—All blanks must be filled.  
Vouchers and Affidavits must bear date after January 1st, 1904.

POWER OF ATTORNEY.

STATE OF GEORGIA,

3<sup>rd</sup> COUNTY,

I, L. A. Hartshorn, hereby authorize  
John Hartney 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. Hartshorn [L. S.]

Executed in presence of

J. M. Gann

Widow of L. A. Hartshorn  
the same

To Those Herebefore Paid.

1905.

No. 240

INDIGENT

WIDOW'S PENSION,

For year ending Dec. 31, 1905.

PAID TO  
Mrs. L. A. Hartshorn

OF  
3<sup>rd</sup>

County,

Widow of

Regiment.

Co.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

1905.

JAN 23  
AND HANDLED TO

Not Public Property and Not to be Sold or Destroyed  
U. S. W. Pensions, Bureau No. 104 81 100 100

Georgia - 3<sup>rd</sup> County.  
Personally appeared before me John Hartney  
Ordinary do and for said County, H. T. Martin  
and J. H. Mabry, citizens of said County,  
who being duly sworn depose and say; that  
the applicant, Mrs L. A. Hartshorn, is a near  
neighbor of this, 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 5<sup>th</sup>, 1905.

John Hartney  
Ordinary 3<sup>rd</sup> County,

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA, } PERSONALLY BY MRS. MISS  
 County of *Wbh* } *L A Heartsfield*

*Wbh* 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

*L A Heartsfield* who was a soldier in Company  
 of the *57th* Regiment of *Ca*

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 14

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,  
 this *3* day of *Jan* 1905  
*John Awtrey* Ordinary. Post Office *L A Heartsfield*

State of Georgia, } *John Awtrey*  
 County of *Wbh* } Ordinary of said County, certify that I am well  
 acquainted with Mrs. *L A Heartsfield*, 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.  
*John Awtrey*  
 Ordinary of *Wbh* County.

Official Seal

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

OFFICE OF  
 JOHN AWTRY,  
 ORDINARY, COBB COUNTY

*Mandala, Ga., July 19th 1901.*

*I certify that the Applicant, Mrs. L. A. Heartsfield, is very old and infirm and in such condition mentally that she cannot answer the questions as to the discharge of her husband. Her memory is quite defective, while she is otherwise clear in mind. I should certify, Ordinary.*

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb COUNTY.

I, L. A. Hartfield hereby authorize  
John Dwyer of Marilla, 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 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 Dwyer of \_\_\_\_\_, 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 5  
day of July 1907.

Executed in presence of  
L. A. Hartfield [L. S.]  
Mark

Hartfield, L. A. (Mr.)

Cobb Co.

To Those Heretofore Paid

**1906.**

No. 312

**INDIGENT  
WIDOW'S PENSION,**

For year ending Dec. 31, 1906.

Mr. L. A. Hartfield  
of Cobb County,

Widow of John Hartfield  
Co. C. 64<sup>th</sup> Regiment.

JOHN W. LINDSEY,  
Commissioner of Pensions.

WARRANT ISSUED  
122 1906,  
AND HANDED TO  
any

THE FOLLOWING PENSION AND RESERVE PAY WARRANTS, &c.

Hartfield, L. A. (Mr.)

Cobb Co.

To Those Heretofore Paid

**1907.**

No. 311

**INDIGENT  
WIDOW'S PENSION,**

For year ending Dec. 31, 1907.

Mr. L. A. Hartfield  
of Cobb County,

Widow of John Hartfield  
Co. \_\_\_\_\_ Regiment.

JOHN W. LINDSEY,  
Commissioner of Pensions.

WARRANT ISSUED  
121 1907,  
AND HANDED TO

THE FOLLOWING PENSION AND RESERVE PAY WARRANTS, &c.

WIDOWS HERETOFORE WIDOWED PENSIONS

WIDOWS HERETOFORE WIDOWED PENSIONS

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA, } PERSONALLY COMES MRS.
County of Cobb } L. A. Hartzfeld
who, being sworn says on oath, that she is a bona fide resident of said County of Cobb State of Georgia, and that she has resided in said State continuously ever since all her life That she is the Widow of Thos. Hartzfeld who was a soldier in Company E. of the 64th Regiment of Ga. Volunteers, that he enlisted in said regiment on or about the month of 3, and served in the Army up to April 1865 That he died on the day of 1865

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, 1906.

Sworn to and subscribed before me this 20 day of July 1906 John Hartzfeld Ordinary. Post Office Marietta

State of Georgia, Cobb County, Ordinary of said County, certify that I am well acquainted with Mrs. L. A. Hartzfeld, 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 July 1894

Given under my official signature and seal, this the 20 day of July 1906. John Hartzfeld Ordinary of Cobb County.



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

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA, } PERSONALLY COMES MRS.
County of Cobb } L. A. Hartzfeld
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 Jan'y 1894 That she is the Widow of Thos Hartzfeld who was a soldier in Company H of the 56th Regiment of Ga. Volunteers, that he enlisted in said regiment on or about the month of 2, and served in the Army up to 1865 That he died on the day of 1899

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 before the war

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

Sworn to and subscribed before me this 5 day of July 1907. John Hartzfeld Ordinary. Post Office Marietta

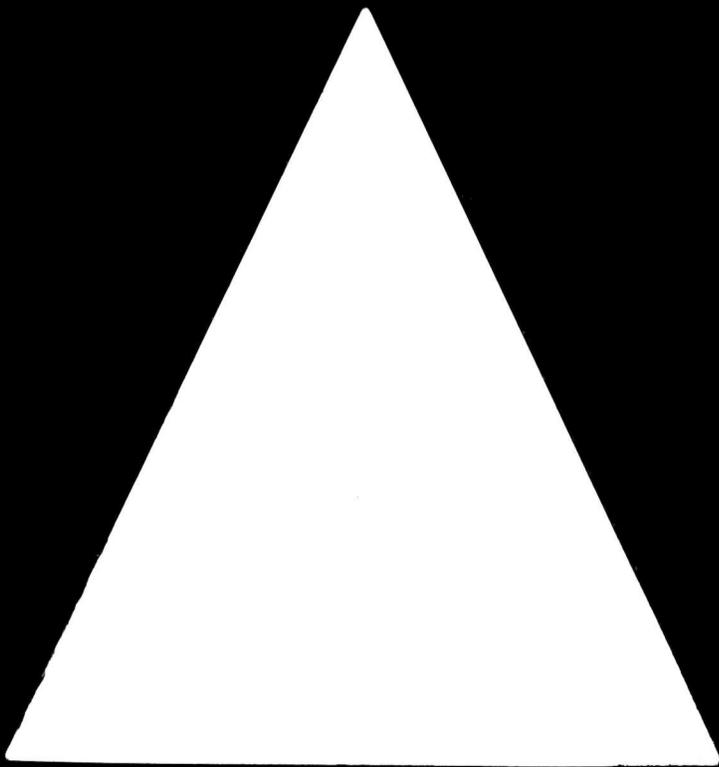
State of Georgia, Cobb County, Ordinary of said County, certify that I am well acquainted with Mrs. L. A. Hartzfeld, who made the above affidavit, and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided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

Given under my official signature and seal, this the 16 day of July 1907. John Hartzfeld 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. Hoats, late of Cobb County  
Ga. that the said Thos. J. Hoats was the  
Husband of Mrs L. W. Hoats, that I have  
Administered and sold all property belong-  
ing to said estate, and that I have paid  
to Mrs L. W. Hoats, \$35.<sup>00</sup> and have seven  
Dollars more to pay her making total  
amount received by her \$42.<sup>00</sup> 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  
from to and  
Subscribed before H. S. Martin  
me this Jan. 11<sup>th</sup> 1902  
John Chisley  
Clerk



*Hartfield, Thomas J.*  
*Coll Co*

*756 648*  
No.

Application for Allowance

FOR

*Genl Dir, Bureau*

Applicant *Thos J Hartfield*

County *Coalt*

Amount *\$ 20<sup>00</sup>*

Date of Warrant *Jan 12/88*

Entered on Record.

*Jan 28 1888*  
*M H H*

Secretary Executive Department.

*E. H. H.*



STATE OF GEORGIA,

County )

PERSONALLY came,

citizens of

county, in said State,

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

me 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. S. Goble and E. J. Selge

well known to

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

Thos. Hartfield

and after such examination say that the

applicant has been injured as follows: He has suffered from Rheumatism, his legs cannot draw under, and has ~~been~~ been rendered practically and essentially unable by reason of the Rheumatism that seems to have been contracted many years ago. His right leg is also affected and stiff and has been for many years. He thinks it reasonable to believe he contracted the Rheumatism from exposure in the military service.

Sworn to and subscribed before me, this

24<sup>th</sup> day of January 1888

W. H. Hammett

ORDINARY

NOTE: The physicians will state fully the extent of the wound and the disease, not being necessary

STATE OF GEORGIA,

Cobb County,

I, H. M. Hammett

Ordinary of said county,

do certify that I am well acquainted with Thos. 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 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 Law 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 17<sup>th</sup> 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. Hartfield

of Cobb Co  
D. S. Goble  
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. Hartfield

[L. S.]

Executed in the presence of us

W. H. Hammett  
Ordinary

Hartfield, J. J.  
Cobb Co.  
J. 56

10/7/89

APPLICATION FOR ALLOWANCE  
FOR YEAR ENDING OCTOBER 31, 1889

Sut. Gen. J. J. Hartfield  
Applicant, J. J. Hartfield  
County, Cobb  
Amount, 50  
Date of Payment, March 24  
Entered on record, July 27, 1889  
PROPRIETARY EXERCISE DEPARTMENT  
Col. J. J. Hartfield  
M. A. Johnson  
A. J. Hartfield

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 3<sup>rd</sup> 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 in the State

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<sup>th</sup> July 1863 - the leg and hip was finished away, the leg is almost double and application constantly wears a cast - He cannot see the leg as he was made before he contracted Rheumatism - He has been suffering with this 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 J. J. Hartfield

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. Stone Ordinary of said county, D. E. Sebe and J. J. M. Goo 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 leg and hip - the leg is finished 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. Stone D. E. Sebe M.D. J. J. M. Goo 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,

*Cobb* County, I, *Wm M Stone* 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* 188*9*

Ordinary County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

*Cobb* County, I, *J. H. Hartfield* Known 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 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* 188*9*

Executed in the presence of us:

DIRECTION:

Send money to me as follows, by to P. O. County, Georgia.

NOTES.

1. If an applicant has been wounded, the description of the wound should be carefully and fully set forth by applicant and physician, and followed by a plain statement of facts showing the extent of the disability. If applicant claims disability from disease contracted in the service, a full and carefully stated history of the disease should be given, tracing the disability by positive proofs to the service.
2. The law makes no allowance for an arm or leg, unless the arm or leg has been rendered substantially and essentially useless.
3. It will not answer to say that an arm is "substantially 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,

*Coobb* County.

I, *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 \_\_\_\_\_ of said county, and the said affidavits and signatures thereto are genuine.

Given under my official signature and seal, this *10<sup>th</sup>* day of *July* 189*0*

*W. H. H. H.*  
Ordinary

County

STATE OF GEORGIA,

*Coobb* County.

I, *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 \_\_\_\_\_ of said County, and the said affidavits and signatures thereto are genuine.

Given under my official signature and seal, this *10<sup>th</sup>* day of *July* 189*0*.

*W. H. H. H.*  
Ordinary

County.

*W. H. H. H.*  
*1890.*

No. *1116*

APPLICATION FOR ALLOWANCE.

FOR THE YEAR ENDING OCTOBER 31, 1890.

Applicant, *Des. by please*  
County, *Coobb*  
Amount, *50*  
Date of warrant, *July 13*  
Entered on record, *July 13 1890*  
*W. H. H. H.*  
WARRANT RENDERED TO  
*A. S. Clayton*

*W. H. H. H.*  
*1891*

1891

*W. H. H. H.*  
*Coobb*

No. *890*

Application for Allowance

FOR THE YEAR ENDING OCTOBER 31, 1891.

Applicant, *Des. by please*  
County, *Coobb*  
Amount, *50*  
Date of Warrant, *July 11*  
Entered on record, *July 11 1891*  
WARRANT RENDERED TO  
*A. S. Clayton*

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

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

*Cobb* County, PERSONALLY appears *J. J. Northfield* 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 *3<sup>rd</sup>* day of *Nov<sup>r</sup>* 1831 that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Private* in Company *H.* of *56<sup>th</sup>* Regiment of *Ja.* Volunteers *Cummins*'s Brigade; that whilst engaged in such military service, at the battle of *Mobile* in the State of *Alabama*, on the *26<sup>th</sup>* day of *July* 1863 he was

wounded as follows: *Attacked with dysentery, in left hip and leg. He had no food, and was essentially & substantially useless. Opponent has not walked on his legs left leg in 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, 1891. I have heretofore been allowed a pension of *50* dollars.

Sworn to and subscribed before me, this *10<sup>th</sup>* day of *July* 1891 *J. J. Northfield*  
*W. H. Stone*

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

*Cobb* County, KNOW ALL MEN BY THESE PRESENTS, That I, *J. J. Northfield* of *Cobb* County, State of Georgia, do hereby appoint *W. H. Stone* 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 *10<sup>th</sup>* day of *July* 1891 *J. J. Northfield* [L. S.]

Executed in the presence of us: *W. H. Stone* [L. S.]

DIRECTION.

Send money to me as follows, by \_\_\_\_\_ to \_\_\_\_\_ County, Georgia.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

*Cobb* County, PERSONALLY appears *J. J. Northfield* 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 *3<sup>rd</sup>* day of *November* 1831 that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Private* in Company *H.* of *56<sup>th</sup>* Regiment of *Ja.* Volunteers *Cummins*'s Brigade; that whilst engaged in such military service at the battle of *Mobile* in the State of *Alabama*, on the *26<sup>th</sup>* day of *July* 1863, he was

wounded as follows: *Attacked with dysentery in left hip, leg & foot. He was unable to walk, and was essentially & substantially useless. Opponent has not walked on his legs left leg in 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, 1891. I have heretofore been allowed a pension of *50* dollars, for *total disability*

Sworn to and subscribed before me, this *10<sup>th</sup>* day of *July* 1891 *J. J. Northfield*  
*W. H. Stone*

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *10<sup>th</sup>* day of *July* 1891 *J. J. Northfield* [L. S.]

Executed in the presence of us: *W. H. Stone* [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 27 day of March 1892

Ordinary County.

SOLDIER'S PENSION.  
1892.

FOR THE YEAR ENDING OCTOBER 31, 1892

Name \_\_\_\_\_  
County \_\_\_\_\_  
Disability Disease  
Amount, \$ 50  
Entered on record Mar 9 1892.  
W. H. HARRISON,  
Ordinary of Richmond Department.  
W. H. Harrison  
Wm. W. Harrison, State Printer, Albany, Ga.

Hastings, H.P.  
Grub Co.

POWER OF ATTORNEY.  
STATE OF GEORGIA.

Know all Men by these Presents, That I, J. H. Harrison of Richmond County, State of Georgia, do hereby appoint of Richmond County, State of Georgia, my true and lawful attorney in fact for me and in my name to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit, hereby authorizing my said attorney to receive and receipt for the same, and to sign any and all receipts 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 27 day of March 1892

Executed in the presence of us:  
W. H. Harrison  
DIRECTOR.

Send money to me as follows by \_\_\_\_\_ to \_\_\_\_\_ P. O. \_\_\_\_\_ County, Georgia.

1892.  
No. 570  
Application for Advances  
FOR  
W. H. Harrison  
Applicant W. H. Harrison  
County Richmond  
Amount, 50  
Date of Warrant, 3/9  
Entered on record, 3/9  
W. H. Harrison  
WARRANT HANDED TO  
W. H. Harrison  
Wm. W. Harrison, State Printer, Albany, Ga.

STATE OF GEORGIA.  
FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

County, } *W. Hartfield*

PERSONALLY appears

of *W. Hartfield* 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 *11th* day of *Nov* 18*62* 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 *20* of *1st* th Regiment of *Georgia* Volunteers Brigade that whilst engaged in such military service at the battle of *W. Hartfield* in the State of *Georgia* on the *20th* day of *Nov* 186*2*, he was wounded as follows:

*He was hit in the left breast with a bullet which entered the chest and passed through the lungs, and he was unable to perform any duty since that time. He has since been treated by the best medical skill available, but the wound has not healed, and he is still unable to perform any duty. The wound is essentially and substantially permanent.*

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

Dollars for *one year*

Sworn to and subscribed before me this *25th* day of *Nov* 1892

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, } *W. Hartfield*

Know all Men by these Presents, That I

of *W. Hartfield* County, in said State, do hereby appoint *J. J. Hartfield* of *W. Hartfield* 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 *25th* day of *Nov* 1892

Executed in the presence of us

DIRECTION.

Send money to me as follows, by

to

County, Georgia.

P. O.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

PERSONALLY appears

of *W. Hartfield* 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*62*; 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 *20* of *1st* th Regiment of *Georgia* Volunteers Brigade; that whilst engaged in such military service at the battle of *W. Hartfield* in the State of *Georgia* on the *20th* day of *Nov* 186*2*, he was wounded as follows:

*Disability - loss of left hand and left leg - said left leg and left hand are essentially 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 allowance to which he is entitled for the year ending October 26, 1892. I have heretofore been allowed a pension of

*250* dollars, for *Disability*

Sworn to and subscribed before me, this, the *18th* day of *Nov* 1892

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,

I, *J. J. Hartfield* Ordinary of said County,

do certify that I am well acquainted with *J. 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 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 *J. J. Hartfield* before whom the foregoing affidavits were made and power of attorney was signed, is a *bona fide* citizen and resident of said County, and the said affidavits and signatures thereto are genuine.

Given under my official signature and seal, this *18th* day of *Nov* 1892

Ordinary *W. Hartfield* County.

STATE OF GEORGIA,

БОМЕРЪ ОАЛООВИЕА

POWER OF ATTORNEY.

STATE OF GEORGIA,

*Cobb* COUNTY.

Know all Men by these Presents, That I,

*J. A. Hartshill*  
of *Cobb*  
County, 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 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 *12* day of *July* 1894. *J. A. Hartshill* [I.S.]

Executed in the presence of us  
*J. M. Stone*  
*Wm. 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,

*J. A. Hartshill*  
of *A. S. Clay*  
County, Georgia, do hereby appoint  
*Wm. Gray*  
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 *29* day of *July* 1895. *J. A. Hartshill* [I.S.]

Executed in presence of  
*J. M. Stone*  
*Wm. Gray*

DIRECTIONS

Send money to me as follows, by \_\_\_\_\_ to \_\_\_\_\_ County, Georgia. P. O.

(For Those Already Enrolled.)

Soldier's Pension.  
1894.

Name *J. A. Hartshill*  
County *Cobb*  
Disability *100%*  
Amount, \$ *35.00*

1894.  
W. H. HARRISON,  
Secretary Executive Department.

WARRANT HANDED TO  
*A. S. Clay*  
Geo. W. Harrison, State Printer, Atlanta.

(For Those Already Enrolled.)

SOLDIER'S PENSION.  
1895.

Name *J. A. Hartshill*  
County *Cobb*  
Disability *100%*  
Amount, \$ *37.40*

1895.  
RICHARD JOHNSON,  
Secretary Executive Department.

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

## For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

*Cobb* County, }  
 PERSONALLY appears *J. A. Hartsfield* 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, *Cummins*'s Brigade; that whilst engaged in such military service at ~~the battle of~~ in the State of *Georgia* on the *76* day of *July* 1863, he was ~~injured~~ *attacked with Rheumatism in the left hip and leg, which disease has continued up to the present - On boat, which deserves deponent is judged incompetent to perform the ordinary Marine services of life* as follows: *That while in the Confederate Army in July 1863 he was attacked with Rheumatism, which has become chronic, and on account of which he is physically incompetent to perform the ordinary 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 *3.00* dollars, for the year 189*3*.

Sworn to and subscribed before me, this *17* day of *March* 1894, } *J. A. Hartsfield*  
*All Stone*

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

STATE OF GEORGIA,

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

Given under my official signature and seal, this *17* day of *March* 1894

*All Stone*  
 Ordinary *Cobb* County.



## For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

*Cobb* County, }  
 PERSONALLY appears *J. A. Hartsfield* 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*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 *A*, of *56th* Regiment of *Vol.* Volunteers, *Cummins*'s Brigade; that whilst engaged in such military service at the battle of ~~the~~ in the State of *Georgia* on the ~~day of~~ 186*3*, he was ~~injured~~ *attacked with Rheumatism in the left hip and leg, which disease has continued up to the present - On boat, which deserves deponent is judged incompetent to perform the ordinary Marine services of life* as follows: *That while in the Confederate Army in July 1863 he was attacked with Rheumatism, which has become chronic, and on account of which he is physically incompetent to perform the ordinary 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 *3.00* dollars, for the year 189*4*.

Sworn to and subscribed before me, this *27* day of *July* 1895, } *J. A. Hartsfield*  
*All Stone*

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

STATE OF GEORGIA,

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

Given under my official signature and seal, this *27* day of *July* 1895

*All Stone*  
 Ordinary *Cobb* County.



POWER OF ATTORNEY.

STATE OF GEORGIA,

*Cobb* County.

I, *J. W. Horsfield* hereby authorize *A. S. Celay*  
of *Merietta 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. W. Horsfield* [i. s.]

Executed in presence of us  
*J. M. Stone*  
*Oring*

*Horsfield & Co.*  
*756*  
ATTORNEY AT LAW  
(For Those Already Enrolled.)

No. *2907*

SOLDIER'S PENSION.  
1896.

Name *J. W. Horsfield*  
County *Cobb*  
Disability *Left leg*  
Amount, \$ *50.*

1886  
RICHARD JOHNSON,  
Secretary Executive Department.

WARRANT HANDED TO  
*E. C. Wooty*

Geo. W. Harrison, State Printer, Atlanta.

*No data*

POWER OF ATTORNEY.

STATE OF GEORGIA,

*Cobb* County.

I, *J. W. Horsfield* hereby authorize *A. S. Celay*  
of *Merietta 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 *July* 1897. *J. W. Horsfield* [i. s.]

Executed in presence of  
*J. M. Stone*  
*Oring*

*J. M. Stone*

*No data*  
*Horsfield, C.*  
*Cobb County*

ACT OF MARCH 1887.  
(For Those Already Enrolled.)  
No. *2443*

INVALID  
SOLDIER'S PENSION.  
1897.

Name *J. W. Horsfield*  
County *Cobb*  
Disability *leg*  
Amount, \$ *50.*

1887.  
RICHARD JOHNSON,  
Commissioner of Pensions.

WARRANT HANDED TO  
*See p*

Geo. W. Harrison, State Printer, Atlanta.

*No data*

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

*Cobb* County,

Personally appears *J. Hartshield 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 *3<sup>rd</sup>*  
day of *Nov* 18 *31*; 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 *A*, of *5<sup>th</sup>* Regiment  
of *Ga.* Volunteers, *Cummins*'s Brigade; that whilst engaged  
in such military service in the State of *Miss.*, on the \_\_\_\_\_ day  
of *July* 186 *3*, he was wounded, injured or diseased as follows:

*That while in the Confederate Army the*  
*Contracted Rheumatism in the*  
*State of Miss. 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, 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 *\$30.*  
dollars, for the year 189 *5*.

Sworn to and subscribed before me, this, the *15<sup>th</sup>* day of *May* 1890, }  
*J. S. Hartshield*

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 *J. Hartshield* the  
applicant in the foregoing affidavit, and am well satisfied that the statements made by him  
in his said affidavit are true, and I know 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<sup>rd</sup>* day of *May* 1890.



*J. M. Stone*  
Ordinary *Cobb* County.

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

*Cobb* County,

Personally appears *J. Hartshield 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 *3<sup>rd</sup>*  
day of *Nov* 18 *31*; 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 *A*, of *5<sup>th</sup>* Regiment  
of *Ga.* Volunteers, *Cummins*'s Brigade; that whilst engaged  
in such military service in the State of *Mississippi*, on the \_\_\_\_\_ day  
of *July* 186 *3*, he was wounded, injured or diseased as follows:

*by an attack of Rheumatism*  
*which resulted in a contracted*  
*atroc which caused the*  
*entire loss of the left leg*  
*and hip.*

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 189 *6*.

Sworn to and subscribed before me, this, the *15<sup>th</sup>* day of *May* 1897, }  
*J. S. Hartshield*  
*J. M. Stone* POST OFFICE *Cummins* 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 *J. Hartshield* the  
applicant in the foregoing affidavit, and am well satisfied that the statements made by him  
in his said affidavit are true, and I know he is the individual he represents himself to be  
and that he resides in this County.

Given under my official signature and seal, this *15<sup>th</sup>* day of *May* 1897.



*J. M. Stone*  
Ordinary *Cobb* County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

*Cobb* County.

I, *J. J. Hartsfield* hereby authorize *R. C. Smin* 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 *27th* day of *July* 1898.

[L. S.]

Executed in presence of

*J. M. Lane*  
*Orby*

*Hartsfield, J. J.*  
*Cobb Co.*

ACT OF MARCH 1891.  
(For Those Already Enrolled.)

No. *2946*

INVALID  
SOLDIER'S PENSION.  
1898.

Name *J. J. Hartsfield*  
County *Cobb*  
Disability *Disen*  
Amount, \$ *30.*

*2/26* 1898.

RICHARD JOHNSON,  
Commissioner of Pensions.

WARRANT HANDLED TO  
*R. C. Smin*

*Monetta*

*Hartsfield, L. A. (Mrs)*  
*Cobb Co. The 9*

1899

APPLICATION FOR PENSION  
DUE DECEASED SOLDIER

UNDER ACT 1891.

No *3167*

BY

Mrs *L. A. Hartsfield*  
Widow of *J. J. Hartsfield*  
County *Cobb*

Approved and Paid

*2/24* 1899  
*Richard Johnson,*  
Sec. Executive Department.

*Handed to*  
*R. C. Smin*

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

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

*Cobb* County,  
 Personally appears *J. Hartsfield 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 Con-  
 federate States (or of the State of *Georgia*) during the war between the  
 States, and served as a *Private* in Company *D*, of *10th* Regiment  
 of *Ya.* Volunteers, *Emmings*'s Brigade; that whilst engaged  
 in such military service in the State of *Miss*, on the *\_\_\_\_\_* day  
 of *July* 1898, he was wounded, injured or diseased as follows:

*That while in the said*  
*Service he was attacked with*  
*Pneumonia from which he*  
*has never recovered, causing*  
*the left hip and leg to be com-*  
*pletely 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 189*7*.

Sworn to and subscribed before me, this *J. H. Hartsfield*  
*W. H. Stone* day of *July*, 1898. POST-OFFICE *Lebanon O.C.*

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

Given under my official signature and seal, this *27<sup>th</sup>*  
 day of *July*, 1898.  
*W. H. 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. Hartsfield*  
 of said County of *Cobb* State of Georgia, who, being duly  
 sworn, says on oath that she is the widow of *J. H. Hartsfield*  
 who was a disabled Confederate soldier, and whose name had been duly enrolled as entitled to a pension  
 of *Fifty* (\$*50*) Dollars annually from  
 the State of Georgia. That said *J. H. Hartsfield*  
 died on the *1<sup>st</sup>* day of *Decr*, 1898, in  
*Cobb* County and that at his death, his right to said pension for  
 the year ending October 26, 189*8* 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 *Mrs. L. A. Hartsfield*  
*W. H. Stone* day of *July*, 1898.

If allowed, I authorize *W. H. Stone*  
 to receive and receipt for the amount.

Attest:

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,

*Cobb* COUNTY,  
 I, *W. H. Stone* Ordinary of said County, do certify  
 that I am personally acquainted with Mrs. *L. A. Hartsfield*  
 that I know personally or from *sworn* testimony of witnesses before me, that she is the widow of  
*J. H. Hartsfield*, 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 *21<sup>st</sup>*  
 day of *July*, 1898.  
*W. H. Stone*  
 Ordinary.



*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.*

*1891*  
1891.

Maimed Soldiers.

Voucher No. 895  
Amount \$ 50.

Paid to J. J. Hartfield  
for Military Service

July 1891 1891.

Included in warrant No.  
issued to Treasurer.

1891.

WARRANT CLERK

Geo. W. Harrison, State Printer, Atlanta.

*W. L. Harrison*

STATE OF GEORGIA,  
EXECUTIVE DEPARTMENT

No. 784.  
Atlanta, Ga. Feb'y 21 1889

Mr. J. J. Hartshfield 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 ~~27~~ 500 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  
W. B. Gordon  
GOVERNOR

By the Governor  
C. W. Harrison  
CLERK EXECUTIVE DEPARTMENT

RECEIVED OF STATE TREASURER R. U. HARDEMAN,  
500 Dollars  
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. Hartshfield 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 000 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  
W. B. Gordon  
GOVERNOR

By the Governor,  
C. W. Harrison  
CLERK EXECUTIVE DEPARTMENT.

5000  
RECEIVED OF STATE TREASURER, R. U. HARDEMAN,  
Fifty 000 Dollars,  
per above voucher, this 13 of Feb'y 1890

J. J. Hartshfield per  
A. S. Clay his atty in fact

1891.

No. 895

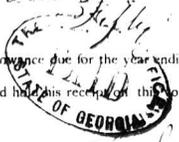
STATE OF GEORGIA,  
EXECUTIVE DEPARTMENT.

Atlanta, Ga. Dec. 14 1891.

Mr. *J. Hartsfield* of the County  
of *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

*his disability*  
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.



*W. B. Washburn*  
GOVERNOR

By the Governor

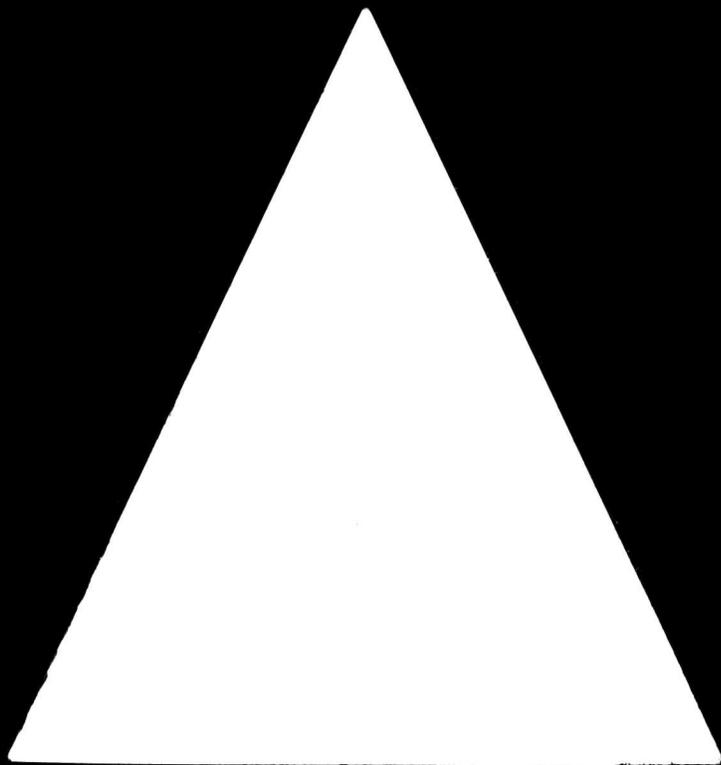
*W. B. Washburn*  
SECY EXECUTIVE DEPARTMENT

\$ 50

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

*50* Dollars,  
per above voucher, this *11* of *21* 1891.

*J. Hartsfield per  
W. B. Colay his  
attly in fact*



ORDINARY'S CERTIFICATE

STATE OF GEORGIA,

COBBLER COUNTY

I, *J. M. Swain*

know *Mrs. Margaret A. Handberg* the applicant for this pension, and that she is the

person the representing herself to be, and that she is a bona fide continuing resident of said County and was

on the *19th* day of *Sept* 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 *19th* day of *Sept* 1920

(SEAL) *J. M. Swain* Ordinary, Cobler County

- NOTES: 1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following order: first the applicant, then the witness, and then the Ordinary. 2. Additional affidavits may be attached if such sworn are insufficient. 3. Only widows who have not before the Ordinary of the county of residence. 4. Only widows who have not before the Ordinary of the county of residence. 5. All such certified copies of marriage license if obtainable. If not, prove marriage by some person, or by general service because he made no proof of service and was not returned to do so.

*Mrs. Margaret A. Handberg*  
Cobbler County  
For 1920 of 21  
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 *Cobb*  
Name *Margaret A. Handberg*  
Widow of *William A. Handberg*  
Company \_\_\_\_\_  
Regiment *43. Co. 1st Inf.*  
Approved \_\_\_\_\_

J. W. LINDSEY,  
Commissioner of Penalties.

Byrd Printing Co., State Printers, Atlanta.

10/20-1920

**ORDINARY'S CERTIFICATE**

STATE OF GEORGIA,

..... }  
*Cobb* COUNTY }

I *J. M. Gunn* 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 ..... day of *June* 19*27*.

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* 19*20*

(SEAL.) *J. M. 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 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.

*Margaret Hawkins*  
*Cobb County*  
 No. *10/20-1920*

**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 *Margaret Hawkins*  
 Widow of *William H. Hawkins*  
 Company .....  
 Regiment *H.S. Co. 10th Inf.*  
 Approval .....

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

*10/20-1920*

## WIDOW'S AFFIDAVIT

STATE OF GEORGIA,

Cobb COUNTY }

Personally before me comes Miss 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<sup>rd</sup> Ia 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 Jan'y 1920

Sworn to and subscribed before me, this the

16 day of Oct 1920  
J. M. Gunn Ordinary  
of Cobb County

Margaret J. Hawkins  
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)

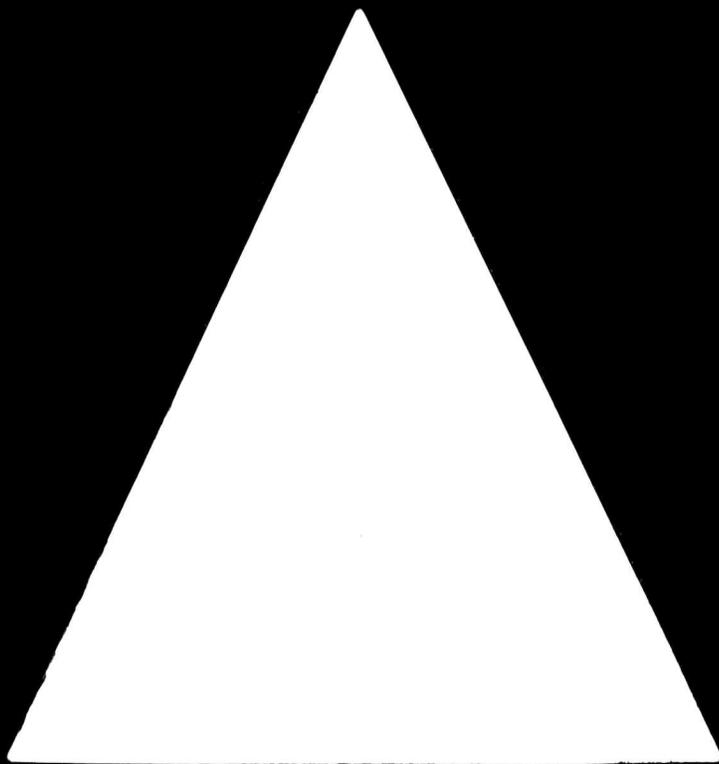
Georgia Forsyth County  
 In the marriage of  
 Mr. H. Hawkins  
 and  
 Miss M. J. Barker

Before me Personally came J. G. Johnson who after being duly sworn on oath says that Mr. H. Hawkins and Miss Margaret J. Barker was married on the 31<sup>st</sup> Day of March 1880 and I Personally see 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 27<sup>th</sup> day of Sept 1888 and that I see that Mrs Margaret J. Hawkins is now his lawful widow.

Sworn to and subscribed  
 Before me Oct 17<sup>th</sup> 1880  
 J. G. Tidwell  
 Ordinary  
 Forsyth County  
 Ga

J. G. Johnson  
 made

I am J. G. Tidwell ordinary of Forsyth County Ga and certify that J. G. Johnson the witness of marriage of Mr. H. Hawkins and Miss Margaret J. Barker to be true and correct as per book and entry of 1880



~~Hayes, Almond~~  
~~Capt. Co.~~  
~~5770011~~  
White P. Reed

**Confederate  
Soldier's Application.**

✓ UNDER ACT 1910.

County Cobb  
Name Almond Hayes  
Company I  
Regiment 2<sup>d</sup> Cavalry  
Approved \_\_\_\_\_

J. W. LINDSEY  
Commissioner of Prisons

CHAR. P. DEIRD, State Printer, Atlanta.

*[Handwritten signature]*

11  
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:

1. What is your name and where do you reside? (Give County and Post-office)  
Almon Taylor, Pineda Springs, Cobb Co., Ga.

2. How long and since when have you been a continuous resident citizen of this State?  
All my life, was born

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

4. With what, where, and in what Company and Regiment did you enlist? (Give the arm and class of Service)  
Stein's 1st Ga. Reg. of Artillery, 2nd Army

5. How long did you remain in the actual Military Service with said Company and Regiment? (Give date of discharge)  
Sept 11, 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?  
No

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?  
Confiscation

d. By whose authority did you leave?

e. For how long was your leave granted? In what way?  
No leave granted

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

1. If so, when, and where? In what prison were you held and when were you released?  
on Sept 16 1863, at Chickamauga Camp, Georgia, 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 Total \$525.00  
1 Cow and calf 25.00

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 & 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 \$2.00 per year - my own labor \$12.00

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  
Almon Taylor Ordinary,  
of Cobb County.

Confederate  
Soldier's Application.

UNDER ACT 1910.

County Cobb  
Name Almon Taylor  
Company 1st  
Regiment 2nd Army  
Approved

J. W. LINDSEY,  
Clerk of Superior Court

Taylor

Almon Taylor  
Sept 11 1863  
White Plains

**QUESTIONS FOR WITNESS AS TO SERVICE.**

STATE OF GEORGIA,

Cobb County.

M. A. Jones & M. Dorsey of said State and County is hereby presented as a witness in support of the application of William Hayes for his pension, provided by the Act of 1910, in said State, and after being sworn he answers to make to the questions propounded, answers as follows:

1. What is your name and where do you reside? M. A. Jones & M. Dorsey  
 2. How long and since when have you known the applicant? about 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? at his home in Cobb County, Ga. he has been a member of the State ever since he was born.

4. When, where and in what Company and Regiment did William Hayes enlist during war from 1861 to 1865? (Give date and place) April 21st at Camp M. Hayes Cobb Co. Ga.  
 5. How did you obtain your information of this Service? as a member of the 5th Co. 1st Regiment

6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (give date) until the 1st of Sept 1865 at the Battle of Peachtree Creek

7. When and where was his Command surrendered or disbanded (give date and place) at Camp M. Hayes at Cobb Co. Ga. on Sept 1st 1865  
 8. Were you personally present at the Surrender? Yes  
 9. If not, where were you and how came you there? had just returned home from being captured on July 18th when he was released from prison

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) we were both Captains at the battle of Peachtree Creek on December 16th 1864 and were present at the surrender to the Union Army at Camp M. Hayes on July 18th 1865. Hayes was captured and taken to a prison at Dalton, Ga. and was released from prison on the 1st of Sept 1865.

13. In what way was he prevented from coming to his Command? He was captured and taken to a prison at Dalton, Ga. and was released from prison on the 1st of Sept 1865.  
 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 11th day of August 1912. J. M. Dorsey Ordinary of Cobb County.

**AFFIDAVIT OF TWO FREEHOLDERS.**

STATE OF GEORGIA,

Cobb County.

Personally before me comes M. A. Jones & M. Dorsey who on oath says that they are free holders residing in said County and we know William Hayes 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 of items and value.)

41 Acres of Land Value \$10000  
1 Cow & calf 2000 Total \$12000

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

1. When and to whom was it sold or given away?  
 2. What was the price paid or value to be paid?  
 3. What reason is the party to applicant?  
 4. What disposition was made of the proceeds of the sale?  
 5. 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 11th day of August 1912. J. M. Dorsey Ordinary of Cobb County.

**ORDINARY'S CERTIFICATE.**

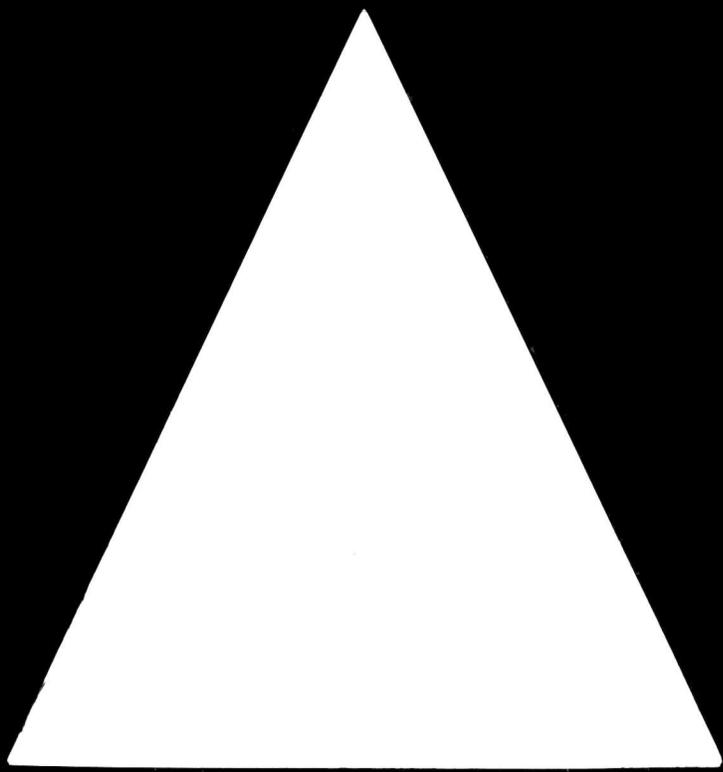
STATE OF GEORGIA,

Cobb County.

I, J. M. Dorsey Ordinary of said County, certify that I know the applicant William Hayes for Pension in the name he presents himself to be and resides in said County. That I am J. M. Dorsey the witness swearing to the service and residence of said County and have duly sworn by me before signing the foregoing affidavit and they are all truthful and correct, and their statements are entitled to full faith and credit. That the Tax Returns of William Hayes shows that William Hayes and the value for tax in 1908 \$400 for 1909 \$400 for 1910 \$400. Sworn to and subscribed before me, this 11th day of August 1912. J. M. Dorsey Ordinary of Cobb County.

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

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,

COURTY. }

*John W. Lindsey*  
of *Cobb* County, }  
*John W. Lindsey*  
of *Cobb* County, }

of *Marble* Ga

herby authorize

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

at *Marble*

by *me*

Witness my hand and seal, this *10th*

day of *January*

188*8*

Executed in the presence of

*J. W. Lindsey* [L. S.]

*Harper & W. Cobb Co.*

No. *OK paid 905*

INDIGENT PENSION

1903.

*905*

Name *J. W. Harper*

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. }

I, John W. Lindsey hereby authorize

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

at Atlanta by Hand

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

Executed in the presence of \_\_\_\_\_ [I. S.]

James G. W. Coffey Co.  
No. 1903

**INDIGENT PENSION.**  
**1903.**

Name Mr. Steys  
County Cobb  
and Phillipsburg 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 Printing, Atlanta.

1/21/04

**QUESTIONS FOR APPLICANT.**

STATE OF GEORGIA,

\_\_\_\_\_ COUNTY. }

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

1. What is your name and where do you reside? (give State, County and post-office)  
John Wesley Steys, Cobb Co. Ga., P.O. Roswell
2. How long and since when have you been a resident of this State?  
Since 1877 Continuously
3. When and where were you born?  
at Roswell in Phillipsburg Regt. S.C. Sept. 1844
4. When and where and in what company and regiment did you enlist or serve?  
at Roswell Ga. in Phillipsburg Regt. 1861-1862
5. How long did you remain in such company and regiment?  
until the service was over
6. When and where was your company and regiment surrendered and discharged?  
at Roswell April 9, 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?  
Left company at Roswell Ga. in 1864
9. How much can you earn (gross) per annum by your own exertions at labor?  
about \$1000
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?  
lost sight of right eye in 1864
13. What property, real and personal, or income, do you possess, and its gross value?  
nothing but land
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?  
nothing but land
15. In what County did you reside during those years, and what property did you then return for taxation?  
Cobb
16. How were you supported during the years 1899, 1900, 1901 and 1902?  
by wife
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?  
nothing
18. What was your employment during 1898, 1899, 1901 and 1902?  
farmer
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?  
wife and 2 children
20. Are you receiving any pension? If so, what amount and for what disability?  
nothing
21. Have you ever made an application for pension before?  
yes
22. How many applications have you ever made and under what class?  
one - Indigent

Every Question MUST be Answered.

Sworn to and subscribed before me this the 21st day of January, 1904  
John Wesley Steys Applicant.  
of Cobb Ordinary, \_\_\_\_\_ County.

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,

*Cobb* COUNTY.  
*H. N. White*

as a witness in support of the application of *J. W. Hays* of said State and County, having been presented 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? *H. N. White Marietta Ga*
2. Are you acquainted with *J. W. Hays*, the applicant; if so, how long have you known him? *Before the war of 1860*
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 in the 1st Regt. of the 1st Div. of the 1st Army Corps, U.S.A. at Marietta, Ga. in 1862.*
5. Were you a member of the same company and regiment? *I was a member of the same company.*
6. How long did he perform regular military duty? *He was a member of the 1st Regt. of the 1st Div. of the 1st Army Corps, U.S.A. from April 1862 to April 1865.*
7. When and where was his command surrendered? *At Appomattox, Va. on April 9th 1865.*
8. Were you present when it surrendered? *I was not present at Appomattox.*
9. Was applicant present? *He was present at Appomattox.*
10. If he was not present, where was he? *At Camp Hill.*
- When did he leave his command? *1867* For what cause? *for Special Service.*
- By what authority he left? *Command of James W. Hays* How do you know all of this? *By means of the fact that he was a member of the 1st Regt. of the 1st Div. of the 1st Army Corps, U.S.A. when a detail was sent to the Regt. at Camp Hill.*
11. What property, effects or income has the applicant? (Give your means of knowledge.) *None - but what little he can make.*
12. What property, effects or income did the applicant possess in 1898, 1897, 1898, 1899, 1900, 1901 and 1902, and what disposition, if any, did he make of same? *He has no property except a little household furniture - a room in his house.*
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 room to 6 years.*
14. What is the applicant's occupation and physical condition? *Part of his life a painter - for a few years 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 these ~~years~~ 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 7 last for several years.*
19. Who composes family? What property have they? Children's age and their earning capacity? *His has a wife - none - 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, at *Marietta* *H. N. White* Witness.  
*John D. Hays* Ordinary.

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,

*Cobb* COUNTY.  
 Personally came before me *W. 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. W. Hays*, applicant for pension under Section 1254, Code, and after such personal examination say that his precise physical condition is as follows:

*The final affliction - suffering from Central Paralysis of the lower extremities. He also has Chronic Diabetes with chronic Diabetic. 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, at *Marietta* *John D. Hays* Ordinary. *Chas. H. Fuld*

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

*Cobb* COUNTY.  
 I, *John D. Hays* Ordinary, in and for said County, hereby certify that the applicant *J. W. 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 witnesses, 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 were 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 *1903* *25* Dollars of property.

In my opinion the foregoing claim is *not* made in good faith. Witness my hand and seal of office, this *15th* day of *January* 1904, at *Marietta* *John D. Hays* 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,

John W. Hayes hereby authorize  
Mr. Arthur M. Hays of Marion, Ga.  
to receive and receipt for the pension allowed, and request that he remit same to

at \_\_\_\_\_  
by \_\_\_\_\_  
WITNESS my hand and seal, this 9th day of January 1905.

Executed in the presence of  
W. C. ...

[L. S.]

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County,

John W. Hayes hereby authorize  
St. M. Humber of Marion, Ga.  
to receive and receipt for the pension allowed, and request that he remit same to

at \_\_\_\_\_  
by \_\_\_\_\_  
WITNESS my hand and seal, this 14 day of January 1905.

Executed in the presence of  
L. C. Humber

[L. S.]

Hayes, J. W.  
Cobb, Ga.  
No. 4200

INDIGENT  
SOLDIER'S PENSION  
1905.

Name Hayes  
County Cobb  
Co. 2d Legion

WARRANT ISSUED  
JAN 23 1905.

JOHN W. LINDSEY,  
Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. HARRISON, MANAGER, JOB LITHO-PRESS, ATLANTA.

NO DATA

Hayes, J. W.  
Cobb, Ga.

Cons. Section 124.  
(FOR THOSE ALREADY ENROLLED.)

No. 622

INDIGENT  
SOLDIER'S PENSION  
1906.

Name J. W. Hayes  
County Cobb  
Co. 2d Legion

WARRANT ISSUED  
11 1906.

JOHN W. LINDSEY,  
Commissioner of Pensions.

WARRANT HANDED TO

Humber

Geo. W. HARRISON, MANAGER, JOB LITHO-PRESS, ATLANTA.

no data

State of Georgia

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

*Cobb*

County.

Personally appears

*J. W. 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 *Georgia*) during the war between the States, and served for the term of *4 yrs* in Company *L*, of *Phillips Legion, La. Tols*; that his physical condition is as follows: *in acct of age in limit of poverty he is unable to make & 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 *17th* day of *Sept*, 1905. *J. W. Hayes* *Mark*

Ordinary.

STATE OF GEORGIA,

*Cobb*

County.

I, *John Anthony* Ordinary of said County,

do certify that I am well acquainted with *J. W. 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 *9* day of *July*, 1905.

*John Anthony*  
Ordinary *Cobb* County.

ALL your seal here

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

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,

*Cobb*

County.

Personally appears

*J. W. 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 *September*, 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 *Georgia*) 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 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 *17th* day of *Sept*, 1905. *J. W. Hayes* *Mark*

Ordinary.

State of Georgia,

*Cobb*

County.

I, *John Anthony* Ordinary of said County,

do certify that I am well acquainted with *J. W. 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 *7* day of *July*, 1906.

*John Anthony*  
Ordinary *Cobb* County.

ALL your seal here

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb COUNTY

I, J. W. Hay hereby authorize  
Orville Demore 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. Hay [L. S.]  
mark

Executed in presence of  
H. C. Sturman

Hayes, J. W.,  
Cobb Co.,  
1905 Service 184

(FOR THOSE ALREADY ENROLLED)

No. 717

INDIGENT  
SOLDIER'S PENSION  
1907.

Name J. W. Hayes  
County Cobb  
Co. 7 Regiment Legion

WARRANT ISSUED

JAN 21 1907.

JOHN W. LINDSEY,  
Commissioner of Pensions.

WARRANT HANDED TO

Demore

Off. W. B. HANCOCK, STATE PRINTING OFFICE, ATLANTA.

for data

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,

Ash County.

Personally appears J. W. Hayes of Ash

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 2 of Phillips' Regiment of Sea Soldiers; that his physical condition is as follows: \_\_\_\_\_

that his property consists of the following items: \_\_\_\_\_

of the value of \_\_\_\_\_ Dollars. I am now earning by my labor, \_\_\_\_\_ Dollars per month. That by reason of his physical condition and ~~poverty~~ illness 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 Ash County, been allowed a pension for the year 1906.

Sworn to and subscribed before me, this \_\_\_\_\_ day of July 1907.

John Redman Ordinary.

J. W. Hayes  
+  
mark

State of Georgia,

Ash County.

I, John Redman Ordinary of said County,

do certify that I am well acquainted with J. W. 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 \_\_\_\_\_

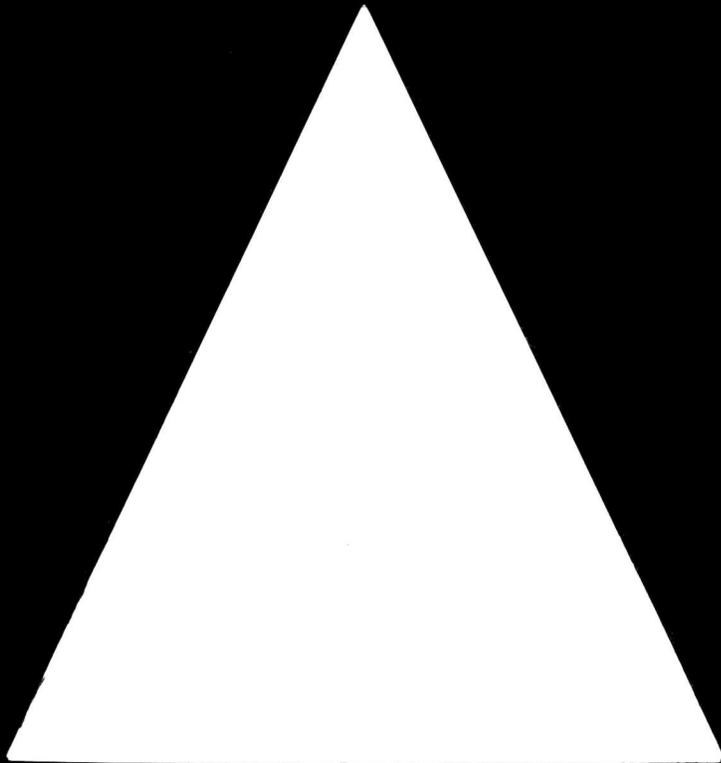
day of July 1907.

John Redman Ordinary.



Notes.—This blank space must be filled.  
Nov.—Affidavit should not be attested before January 1st, 1907.

Notes.—This Affidavit should be filed  
Norm.—Affidavit should not be attested before January 1st, 1907.



ORDINARY'S CERTIFICATE

STATE OF GEORGIA

COUNTY }  
Cobb

I, John L. Gann

Ordinary of said County, do certify that I know Mrs. Susan 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 13 day of July 1919.

That I also know W. H. Hayes 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 13 day of July 1919

(SEAL)

John L. Gann Ordinary,  
Cobb County.

NOTES: 1. Before any questions are answered the Ordinary shall swear Applicant and the witnesses in the following words:

1. You do solemnly swear that you will true answers make to each of the questions asked you and the witness.
2. Your oath first will be true truth. No help you need answering are untruthful.
3. All affidavits must be made before the Ordinary of the county of residence.
4. Affidavits must be made before the Ordinary of the county of residence.
5. Affidavits must be made before the Ordinary of the county of residence.
6. Affidavits must be made before the Ordinary of the county of residence.
7. Affidavits must be made before the Ordinary of the county of residence.
8. Affidavits must be made before the Ordinary of the county of residence.
9. Affidavits must be made before the Ordinary of the county of residence.
10. Affidavits must be made before the Ordinary of the county of residence.

*Hayes Hayes*  
*10-30-1919*  
*W. H. Hayes*  
*W. H. Hayes*  
*W. H. Hayes*

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 1918.

County Cobb  
Name Mrs. Susan Hayes  
Widow of W. H. Hayes  
Company L  
Regiment Phillips Regt  
Approved \_\_\_\_\_

620  
1936  
J. W. LINDSEY,  
Commissioner of Pensions.  
Byrd Printing Co., State Printers, Atlanta.  
-10-30-1919  
No Warnings Received  
beginning 7-18-1905  
W. H. Hayes

**ORDINARY'S CERTIFICATE**

STATE OF GEORGIA

*Cobb* COUNTY }

I, *J. M. Gannon* Ordinary of said County, do certify that I know Mrs. *Lulu 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 \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_

That I also know *J. W. Hayes* 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 *20* day of *Oct.* 19*19*

(SEAL) *J. M. Gannon* 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, 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.

*Hayes Hayes 1920*  
*10-30-1919*  
*Cobb*  
*Hayes*  
*No. 10-30-1919*

**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 *Lulu Hayes*  
Widow of *J. W. Hayes*  
Company *A*  
Regiment *Phillips Regt*  
Approved \_\_\_\_\_

*PR*  
*1936*  
J. W. LINDSEY  
Commissioner of Pensions.  
Brev. Pension Co. State System, Atlanta.  
*No. 10-30-1919*  
*Hayes*  
*10-30-1919*  
*Hayes*

# WIDOW'S AFFIDAVIT

STATE OF GEORGIA,

Cobb COUNTY }

Personally before me comes W. H. Hines Hayes of said County, who, after being duly sworn, says that she is the widow of J. M. Hayes to whom, in the County of \_\_\_\_\_ State of \_\_\_\_\_ 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 \_\_\_\_\_ 19\_\_\_\_

Sworn to and subscribed before me, this the

15 day of Oct, 1919

J. D. Cornett  
of Cobb County

Mrs. Thilda Hayes

(SEAL)

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

STATE OF GEORGIA,

Cook COUNTY }

Personally before me comes J. M. 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. M. Hayes who died in Cook County in said State of Ga on 27 day of August, 1919, and that she has not since remarried. That she became the wife of J. M. 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 Ga from Cobb County \_\_\_\_\_ when he died.

Sworn to and subscribed before me, this the

28 day of Oct, 1919

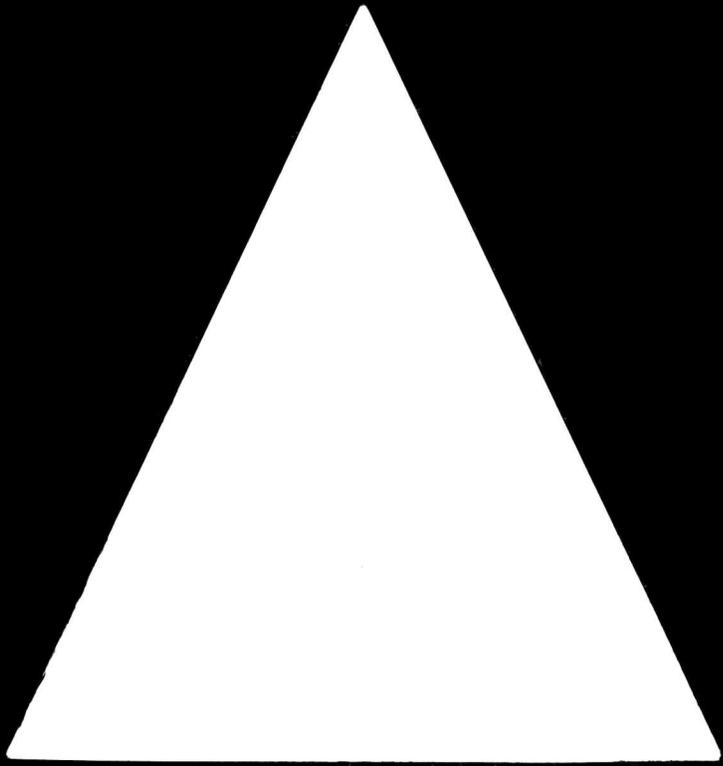
J. M. Lane  
of Cobb County

J. M. Hayes

(SEAL)

of ..... County |

(SEAL)



## POWER OF ATTORNEY,

STATE OF GEORGIA.

Cobb  
County.

Know all Men by these Presents, That I,

L. A. Hayes  
of Cobb County  
Ga. my true and lawful attorney in fact, for

County in said State, do, hereby appoint

of Donald Cobb County

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

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

7<sup>th</sup>

day of

April, A. D. 1891

[L. S.]

Executed in the presence of us:

J. D. Jones  
J. M. Stone  
DIRECTIONS.

If allowed, send amount by

me at

and oblige,

to

Hayes, L. A.  
Cobb County  
\$41 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,

*L. A. Hayes*  
*Roswell Cobb County*  
*G. A. Dunwoody*

County, in said State, do, hereby appoint  
of *Roswell 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*90*

Executed in the presence of us,

*J. D. Power*  
*W. H. Stone*

DIRECTIONS.

If allowed, send amount by \_\_\_\_\_ to \_\_\_\_\_ and oblige,  
me at \_\_\_\_\_



Widow's Pension

*L. A. Hayes*  
*Cobb County*

\$100.00.

Warrant Issued

1891

AND HANDED TO

*Hayes J. A.*  
*Cobb County*  
 1891.

*20. 99 24*

# 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 \_\_\_\_\_

the service of the Confederate States, and served as a member of Company *B*

*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*48*, 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 *W. H. Richardson*

and *J. V. 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 *41<sup>st</sup>* Regiment of *Georgia* Volunteers.

That said soldier enlisted in the service of the Confederate States (or the Georgia State Troops) on or  
about the *4<sup>th</sup>* day of *March* 1862. That 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 31<sup>st</sup> day of August  
1862, at the hospital at Columbus  
Mississippi.*

*Dr. Donerk Parks Hegardman swears that  
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

*16<sup>th</sup>* day of *April* 1891.

*J. M. Stone*  
Ordinary.

*W. H. Richardson*  
*Parks Hegardman*  
*J. V. Steele*  
mark

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

Form No. 3.

STATE OF GEORGIA,

County of *Cobb*

I, *J. M. Stone* Ordinary

in and for said County of *Cobb*

State of Georgia, hereby certify that I am acquainted with Mrs. *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  
*16<sup>th</sup>* 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.

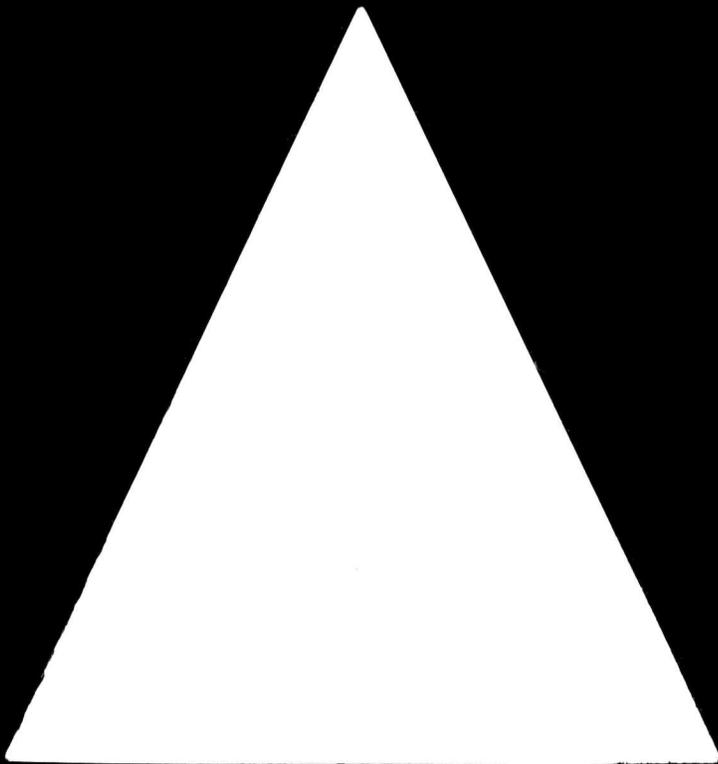
Fill out the "directions" below Power of Attorney, so that your Agent will know where and how  
to send the money.

By order of the Governor.

W. H. HARRISON,  
Sec. Ex. Department.

J. V. Spiller  
mark

U.S. Department.



*Hayer (Mrs) S. J. 3*  
*Colt County*  
*AM*

ACT DEC 18, 1901

No.

**WIDOW'S PENSION,**

1902

Mrs. *S. J. Hayer*

County of *Colt*

Widow of *S. J. Hayer*  
*Co. I. Phillips Legion*

Warrant issued . . . . . 1901

and handed to . . . . .

J. W. LINDSEY,  
Commissioner of Pensions.

*7/25 1902*  
Geo. W. Harroun, State Printer

STATE OF GEORGIA,  
POWER OF ATTORNEY.

I, *John Phillip Hayer*  
*John Phillip Hayer*  
at *Colt* County Georgia  
to receive and receipt for the pension allowed and request that he remit same to *Ant Selig*  
by *Ant Selig* hereby authorize

Witness my hand and seal this . . . . . day of . . . . . 1901  
Executed in presence of . . . . .

(151)

POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY,

I, Mrs S. J. Hays hereby authorize  
John Anthony of Cobb Co Ga  
to receive and accept for the pension allowed and request that he remit same to My Self  
at \_\_\_\_\_ day of \_\_\_\_\_ by \_\_\_\_\_

Witness my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_ 190\_\_\_\_  
Executed in presence of \_\_\_\_\_

Hays Mrs. S. J.  
John Anthony  
ACT DEC 16 1901

No. \_\_\_\_\_  
**WIDOW'S PENSION,**  
1902  
Mrs. S. J. Hays  
County of Cobb  
Widow of S. J. Hays  
Co. S. J. Hays  
Warrant issued \_\_\_\_\_ 190\_\_\_\_  
and handed to \_\_\_\_\_  
J. W. LINDSEY,  
Commissioner of Pensions,  
J. W. Harrison State Printer  
725-1902

WIDOW'S AFFIDAVIT.

STATE OF GEORGIA, Personally came Mrs. S. J. Hays  
COUNTY OF Cobb who says on oath she is the  
widow of S. J. Hays to whom, in the County of  
Cobb State of Georgia, she was married on the

17 day of Aug 1858, 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 Tilton 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 65 per annum on account of being a soldier in Company "G" Phillips  
Regiment, Volunteers of State

What affliction have you and how does it effect you? Rheumatism nearly  
broken in lower limbs

What have you been doing to earn a support since 1st of 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 Cobb County and has  
continuously resided in the State of Georgia since the 17 day of Aug 1858

She applies for the pension provided by Act of the General Assembly, approved December 18, 1901.  
Sworn to and subscribed before me this 21 day of August 1902

John Anthony  
Ordinary of Cobb County.

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

### AFFIDAVIT FOR THREE WITNESSES.

STATE OF GEORGIA, } Personally came S. S. Long  
COUNTY OF Cobb } and  
J. E. Allgood known to me to be reputable and truthful persons who say  
on oath that from his own personal knowledge Mrs. S. J. 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 1887, 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? Rheumatism

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 her husband the same means

I have no personal interest in the pension asked for } S. J. Hays  
} J. E. Allgood  
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 Wm. L. Kemp M.D., both of whom are known to me to be reputable  
physicians, who say on oath that they personally know Wm. S. 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

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 15th day of January 1894, and has not lived out of the  
State since that date. I also certify that the witnesses, S. J. Hays  
and J. E. Allgood, 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 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.

my 9 g. Hayes [L. S.]

Executed in the presence of

McKann

**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.

my 9 g. Hayes [L. S.]

Executed in presence of

McKann

Hayes, S. J. (over)  
Cobb  
TO THOSE HERETOFORE PAID.

**1903.**

No. 162

**INDIGENT  
WIDOW'S PENSION,**

For year ending Dec. 31, 1903.

PAID TO

Mrs. S. J. Hayes

Cobb County,

Widow of S. J. Hayes

Co. Phillip's Regiment

JOHN W. LINDSEY,  
Commissioner of Pensions.

**WARRANT ISSUED**

123 1903

AND HANDED TO

Coody

Geo. W. Harrison, Inspector, Albany, Ga.

Hayes, S. J. (over)  
Cobb  
TO THOSE HERETOFORE PAID.

**1904.**

No. 200

**INDIGENT  
WIDOW'S PENSION**

FOR YEAR ENDING DECEMBER 31, 1904.

PAID TO

Mrs. S. J. Hayes

Cobb County,

Widow of S. J. Hayes

Co. F. Phillip's Regiment

JOHN W. LINDSEY,  
Commissioner of Pensions.

**WARRANT ISSUED**

JAN 25 1904

AND HANDED TO

Coody

Geo. W. Harrison, Inspector, Albany, Atlanta.

## FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA.

County of Cobb } J. H. Hayes  
PERSONALLY COMES MRS.

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 all my life That she is the Widow of J. H. Hayes who was a soldier in Company H of the Phillip Legion Regiment of Volunteers, that he enlisted in said regiment on or about the month of April 186 / and served in the Army up to April 1865. That he died on the 25 day of Oct 1901.

Coming to 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 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.

1107 79 Hayes  
Post-Office

State of Georgia,

Cobb County, } J. 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.



J. H. Hayes  
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 } J. H. Hayes  
PERSONALLY COMES MRS.

who, being sworn, says on oath that she is a bona fide resident of said County of \_\_\_\_\_ State of Georgia, and that she has RESIDED in said State continuously ever since \_\_\_\_\_ That she is the Widow of J. H. Hayes who was a soldier in Company H of the Phillip Legion Regiment of \_\_\_\_\_ 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 28 day of Dec 1901.

Coming to age Infirmitly 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.

1107 79 Hayes  
Post-Office

State of Georgia,

Cobb County, } J. 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.



J. H. Hayes  
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,

COB COUNTY,

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 *July* 1905.

*my J. G. Hayes* [L. S.]

Executed in presence of

*J. G. Hayes*

*Hayes, J. G. Mrs.  
Cox*

To Those Herebefore Paid.

1905.

No. *241*

INDIGENT

WIDOW'S PENSION,

For year ending Dec. 31, 1905.

*Mrs. J. G. Hayes*

OF

*Cob* County,

Widow of *J. G. Hayes*

Co. \_\_\_\_\_ Regiment

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

*July 23* 1905.

AND HANDED TO

*C*

This Pension is Subject to the Provisions of the Act of the General Assembly, Approved March 21, 1904, and Public Law No. 104, 1905.

# FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA, } PERSONALTY 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 N Hayes who was a soldier in Company  
of the Phillip 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 14 day of Age Infirmary & poverty 18

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  
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 12 day of Jan 1905. } Mrs S F Hayes  
J N Hayes Ordinary. } Post Office

State of Georgia, }  
Cobb County. } I, J N Hayes  
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 Jan 1905.

Official Seal }  
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. Hays, 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.

S. J. Hays [L. S.]

Executed in presence of

J. Williams

**POWER OF ATTORNEY.**

STATE OF GEORGIA,

Cobb COUNTY.

I, S. J. Hays, 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.

S. J. Hays [L. S.]

Executed in presence of

J. Williams

Hays, S. J. (M)  
1000

To Those Heretofore Paid.

**1906.**

No. 311

**INDIGENT  
WIDOW'S PENSION,**

For year ending Dec. 31, 1906.

PAID TO  
Mrs. S. Hays  
OF  
Cobb County,  
Widow of S. J. Hays  
Co. H. Philadelphia Regiment.

JOHN W. LINDSEY,  
Commissioner of Pensions.

WARRANT ISSUED  
1/27 1906,  
AND HANDED TO  
ant

THE PRINCIPAL PRINTING AND PUBLISHING CO., ATLANTA, GA.

Hays, S. J. (M)  
Cobb County  
to Those Heretofore Paid

**1907.**

No. 310

**INDIGENT  
WIDOW'S PENSION,**

For year ending Dec. 31, 1907.

PAID TO  
Mrs. S. Hays  
OF  
Cobb County,  
Widow of S. J. Hays  
Co. \_\_\_\_\_ Regiment.

JOHN W. LINDSEY,  
Commissioner of Pensions.

WARRANT ISSUED  
1/21 1907,  
AND HANDED TO

THE PRINCIPAL PRINTING AND PUBLISHING CO., ATLANTA, GA.

## 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

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  
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\_\_\_

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 9th day of January 1906.John A. White

Ordinary.

Post Office

Mrs. J. H. Hayes

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

Ordinary of \_\_\_\_\_ 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.

J. H. Hayes

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  
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\_\_\_

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 9th day of January 1907.John A. White

Ordinary.

Post Office

Mrs. J. H. Hayes

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.

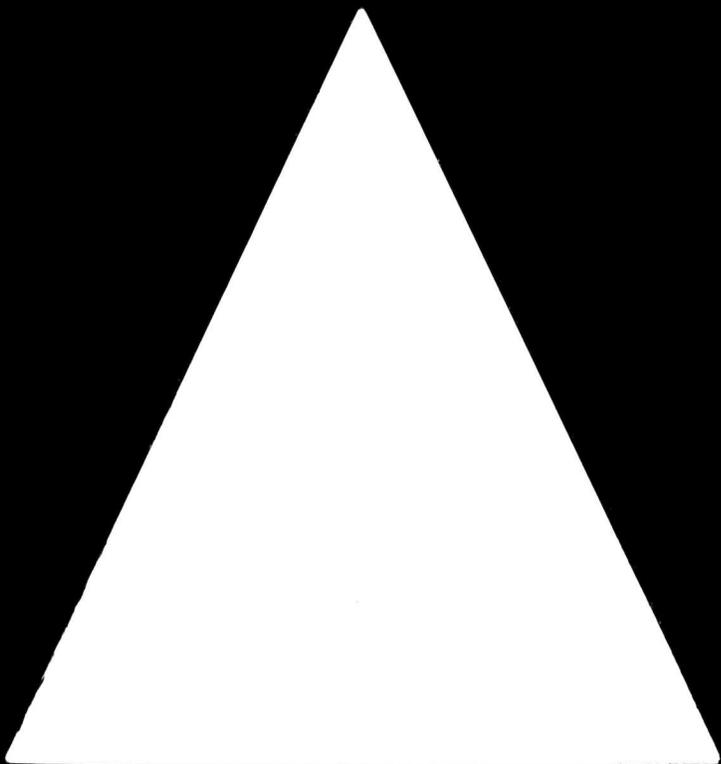
Official Seal

Ordinary of \_\_\_\_\_ County.

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.



Naves, W. H.  
Cobb Co  
Naves, W. H.  
1890.

No. 927  
**APPLICATION FOR ALLOWANCE.**

*James O. Chapman*  
*Advised by the undersigned*  
Applicant, W. H. Naves  
County, Cobb  
Amount, 50  
Date of warrant, July 11

Entered on record  
July 11 1890

*W. H. Naves*  
RECEIVED BY THE CLERK  
*no additional duties*

WARRANT HANDED TO  
Applicant

STATE OF GEORGIA

I, W. H. Naves County, Cobb Ordinary of said county,

do certify that I am well acquainted with James O. Chapman 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 James O. Chapman 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 11 day of July, 1890  
*W. H. Naves*  
County, Cobb

STATE OF GEORGIA,

*Cobb* County,

I, *J. W. Stone* Ordinary of said county, do certify that I am well acquainted with *W. H. Hoopes* 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 *11<sup>th</sup>* day of *July*, 189*0*

*J. W. Stone* Ordinary *Cobb* County.

STATE OF GEORGIA,

*Cobb* County,

I, *J. W. Stone* Ordinary of said County, do certify that I am well acquainted with *W. H. Hoopes* 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 *12<sup>th</sup>* day of *July*, 189*1*.

*J. W. Stone* Ordinary *Cobb* County.

*Hoopes, W. H.*  
*Cobb Co.*  
*Hoopes, W. H.*  
**1890.**

No. *727*  
APPLICATION FOR ALLOWANCE  
FOR THE YEAR ENDING DECEMBER 31, 189*0*  
*James W. Hoopes*  
*Applicant, W. H. Hoopes*  
County, *Cobb*  
Amount, *50.00*  
Date of warrant, *July 11*  
Entered on record, *July 11*, 189*0*  
*W. H. Hoopes*  
WARRANT HANDED TO  
*applicant*

*Hoopes, W. H.*  
*Cobb*

**1891**  
*Hoopes, W. H.*  
*Cobb Co.*

No. *720*  
APPLICATION FOR ALLOWANCE  
FOR THE YEAR ENDING DECEMBER 31, 189*1*  
*W. H. Hoopes*  
*Applicant, W. H. Hoopes*  
County, *Cobb*  
Amount, *55.00*  
Date of Warrant, *July 17*  
Entered on record, *July 17*, 189*1*  
*W. H. Hoopes*  
WARRANT HANDED TO  
*applicant*

STATE OF GEORGIA  
FOR APPLICANTS HOLDING THE YEAR ENDING DECEMBER 31, 189*1*

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

PERSONALLY appears *W. H. Hoynes* 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*13* 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

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

*Ma* on the *28* day of *June* 1862 he was wounded as follows:

*My right ball entering in the breast and passing through the lungs & ribs, thereby bringing the lungs & air passages, also by bullet striking in the center of the third finger on the right hand. Dependent is rendered practically incompetent to perform the Ordinance Manual Avocations 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

*10* dollars.

Sworn to and subscribed before me, this the *11* day of *Feb*, 1890

*W. H. Hoynes*  
*W. H. Hoynes*  
*W. H. Hoynes*

POWER OF ATTORNEY.

STATE OF GEORGIA

KNOW ALL MEN BY THESE PRESENTS, That I,

county, in said State, do hereby appoint

of my true and lawful attorney in fact, for me and in my name, to receive and receipt for 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 1890

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. Hoynes* of *Cobb* county,

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*13*; that he enlisted 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

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

*Ma* on the *28* day of *June* 1862 he was wounded as follows:

*My right breast passing through the lungs and ribs, bringing the lungs & air passages, also by bullet striking in the center of the third finger on the right hand. Dependent is rendered practically incompetent to perform the Ordinance Manual Avocations 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

*15* dollars.

Sworn to and subscribed before me, this the *15* day of *Feb*, 1891

*W. H. Hoynes*  
*W. H. Hoynes*  
*W. H. Hoynes*

POWER OF ATTORNEY.

STATE OF GEORGIA,

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 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.

*Also this young man in right hand was shot off on the 18th day of June 1862, at Atlanta Ga.*

STATE OF GEORGIA,

*DeKalb* County

I, *Wm. Stone* Ordinary of said county,

do certify that I am well acquainted with *W. H. Hays* 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.

*Wm. Stone* Ordinary. *DeKalb* County.

*DeKalb Co., Ga.*  
*Hays, W. H.*  
*Sto.*

SOLDIER'S PENSION.

1892.

FOR THE YEAR ENDING OCTOBER 31, 1892.

Name *W. H. Hays*  
 County *DeKalb*  
 Disability *Widow of deceased*  
 Amount, \$ *50*  
 Entered on record *March* 1892.  
 W. H. HARRISON,  
 Secretary of Registrar Department.  
*No. 100*  
 AGENT.  
*applicant*  
 Wm. W. Harrison, State Printer, Albany, Ga.

POWER OF ATTORNEY.

STATE OF GEORGIA,

*DeKalb* County

Know all Men by these Presents, that I, *Wm. Stone* Ordinary of *DeKalb* County, State of Georgia, do hereby appoint

*Wm. Stone* my true and lawful attorney in fact, for 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, to have and to receive my said attorney to accept 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 *March* 1892.

Executed in the presence of us:

*Wm. Stone* Ordinary.

Send money to me as follows by \_\_\_\_\_

STATE OF GEORGIA \_\_\_\_\_ to \_\_\_\_\_ P. O. \_\_\_\_\_ County, Georgia.

*Colt's*

1893  
 Application for Pension  
 Name *Wm. Stone*  
 County *DeKalb*  
 Disability *Widow of deceased*  
 Amount, \$ *50*  
 Entered on record *March* 1892.  
 W. H. HARRISON,  
 Secretary of Registrar Department.  
*No. 100*  
 AGENT.  
*applicant*  
 Wm. W. Harrison, State Printer, Albany, Ga.

STATE OF GEORGIA  
FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

County.

PERSONALLY appears of County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of Georgia, and has been such continuously since 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 the 27th Regiment of Volunteers; that whilst engaged in such military service at the battle of ... in the State of ... on the ... day of ... 1864, he was wounded as follows:

... he was wounded as follows: ... from the front and ... of the body ...

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 ... Dollars for ...

Sworn to and subscribed before me this ... day of ... 1892.

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 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 ... 1892.

Executed in the presence of us: ... [L. S.]

DIRECTION.

Send money to me as follows, by ... to ... P. O. ... County, Georgia.

Handwritten note: ... at Petersburg Va. on June 18 1864.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

County.

PERSONALLY appears of County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has resided therein continuously ever since the day of ... 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 ... in Company ... of the ... th Regiment of Volunteers; that whilst engaged in such military service at the battle of ... in the State of ... on the ... day of ... 1862, he was wounded as follows:

... he was wounded as follows: ... with ...

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 ... Dollars for ...

Sworn to and subscribed before me, this ... day of ... 1892.

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

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

Know all Men of these Presents, that ... County.

STATE OF GEORGIA, POWER OF ATTORNEY.

# 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.

*Hoyes, H. H.*  
*Cable Co*  
(For Those Already Enrolled.)  
*H. H.*

**Soldier's Pension.**

**1894.**

Name *H. H. Hoyes*  
County *Colo*  
Disability *Right shoulder & leg*  
Amount, \$ *25.00*  
*Mich 14*

1894.

W. H. HARRISON,

Secretary Executive Department.

WARRANT HANDED 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.

[L. S.]

Executed in presence of us

## DIRECTIONS.

Send money to me as follows, by

to

P. O.

County, Georgia.

*Hoyes, H. H.*  
*Cable Co*

(For Those Already Enrolled.)

No. *206*

**SOLDIER'S PENSION.**

**1895.**

Name *H. H. Hoyes*  
County *Colo*  
Disability *Right shoulder & leg*  
Amount, \$ *25.00*  
*S. H.*

1895.

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDED TO

*H. H.*

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 *5<sup>th</sup>*  
day of *June* 18*63*, 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 *A*, of *37<sup>th</sup>* Regiment  
of *Pa.* Volunteers, *Colquitt*'s Brigade, that whilst engaged in  
such military service at the battle of *Red Bank* in the State  
of *Va.* on the *18<sup>th</sup>* day of *June* 186*3*, he was

wounded as follows: *By gunshot striking  
the right breast, passing  
through the lung and exiting  
through the back of the neck  
on 18<sup>th</sup> day of June 1864 the third finger on  
the right hand was shot off at the hand.  
The point is now 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 26, 1894. I have heretofore been allowed a pension of

*\$55.* dollars, for the year 189*3*

Sworn to and subscribed before me, this, *17<sup>th</sup>* day of *March* 1894. } *W. H. Hayes*  
*J. L. Stone* Clerk

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

STATE OF GEORGIA, }  
Cobb County.

I, *J. L. Stone* Ordinary of said County,  
do certify that I am well acquainted with *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 *15<sup>th</sup>*  
day of *March* 1894.



*J. L. 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 *5<sup>th</sup>*  
day of *June* 18*63*, 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 *A*, of *37<sup>th</sup>* Regiment  
of *Pa.* Volunteers, *Colquitt*'s Brigade; that whilst engaged in  
such military service at the battle of *Red Bank* in the State  
of *Va.* on the *18<sup>th</sup>* day of *June* 186*3*, he was

wounded as follows: *By gunshot striking  
under the right breast, passing  
in and coming back through  
the back of the neck - whereby deponent is  
rendered practically incompetent to perform  
the ordinary manual operations of life.  
Also the third finger on right hand  
shot off.*

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, *17<sup>th</sup>* day of *March* 1895. } *W. H. Hayes*  
*J. L. Stone* Clerk

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

STATE OF GEORGIA, }  
Cobb County.

I, *J. L. Stone* Ordinary of said County,  
do certify that I am well acquainted with *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 *5<sup>th</sup>*  
day of *March* 1895.



*J. L. 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 \_\_\_\_\_

*Hays, M. F.*  
ACT OF M. OCT. 1867  
(For These Already Enrolled.)

No. 670

**SOLDIER'S PENSION.  
1896.**

Name *M. G. Hays*  
County *Cocho*  
Disability *breast & finger*  
Amount, \$ *75.00*

1896

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDED TO

*apok*

W. W. HARRISON, STATE PRINTER, ALBANY.

*No data*

*Hays, M. F.*

*Cocho County*

ACT OF M. OCT. 1867  
(For These Already Enrolled.)

No. 1998

**INVALID  
SOLDIER'S PENSION.  
1897.**

Name *M. G. Hays*  
County *Cocho*  
Disability *breast & finger*  
Amount, \$ *55.00*

1897.

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDED TO

*apok*

W. W. HARRISON, STATE PRINTER, ALBANY.

*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 \_\_\_\_\_) during the war between the States, and served as a Private in Company A, of 27th Regiment of Volunteers, Colquhoun's Brigade; that whilst engaged in such military service in the State of Virginia, on the 25th day of June, 1863 he was wounded, injured or diseased as follows:

With gun shot striking the right breast passing through the right lung &c whereby dependent is made practice have resorted to perform the ordinary manual vocations of life. Also lost the 3rd finger on the right hand on 18 day of Aug 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 \$50. dollars, for the year 1890.

Sworn to and subscribed before me, this, the 25th day of July, 1896. } W. H. Hayes Notary Public

J. H. Stone Only

STATE OF GEORGIA,

Cobb County.

I, J. H. 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 25th day of July, 1896.



J. H. 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 day of 1863 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 A, of 27th Regiment of Volunteers, Colquhoun's Brigade; that whilst engaged in such military service in the State of Virginia, on the 25th day of June, 1863 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 \$50. Dollars, for the year 1890.

Sworn to and subscribed before me, this, the 25th day of July, 1897. } W. H. Hayes Notary Public

J. H. Stone Only

STATE OF GEORGIA,

Cobb County.

I, J. H. 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 22nd day of July, 1897.



J. H. 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 \_\_\_\_\_ 1898.

[L. S.]

Executed in presence of \_\_\_\_\_ )

*Hayes, W. H.*

ACT OF MARCH 1868  
(For Those Already Enrolled.)

No. 2722

INVALID

SOLDIER'S PENSION.

1898.

Name *W. H. Hayes*  
County *Colbert*  
Disability *lost breadth of fingers*  
Amount, \$ *5.50*

*7/21* 1898.

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDED TO

*affick*

W. H. HARRISON, STATE PRINTER, ATLANTA.

*data*

*Hayes, W. H.,  
Naylor, Cobb Co.,*

CODE SECTION 126  
(For Those Already Enrolled.)

No. 3168

INVALID

SOLDIER'S PENSION.

1899.

Name *W. H. Hayes*  
County *Colbert*  
Disability *thrust & fingers*  
Amount, \$ *5.50*

*7/27* 1899.

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDED TO

*JMS*

W. H. HARRISON, STATE PRINTER, ATLANTA.

*data*

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, *W. H. Hayes* hereby authorize *J. M. Stone* of *Wenetta Ga.* to receive and receipt for the pension paid hereon and request that he remit same to *me* by *Burn* at \_\_\_\_\_ IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *15* day of *July* 1899.

*W. H. Hayes* [L. S.]

Executed in presence of \_\_\_\_\_

# 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 *5* day of *June* 18*63*; 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 *Volunteers*, *Belzgett's* Brigade; that whilst engaged in such military service in the State of *Va.*, on the *28* 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. Finger shot at Petersburg on 37th June 1864, and rendering applicant practically incompetent to perform usual 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, 1898. I have heretofore under said law as a resident of *Cobb* County been allowed an invalid pension of

*8.55* Dollars, for the year 189*7*

Sworn to and subscribed before me, this, the *21st* day of *July* 1898. *W. H. Hayes* POST OFFICE *Lawrenceville*

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 *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* 1898.



*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 *5* day of *June* 18*63*; 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 *Volunteers*, *Belzgett's* Brigade; that whilst engaged in such military service in the State of *Va.*, on the *28* 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. Finger shot at Petersburg on 37th June 1864, and 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 20th, 1899. I have heretofore under said law as a resident of *Cobb* County been allowed an invalid pension of

*8.55* Dollars, for the year 189*8*

Sworn to and subscribed before me, this, the *15th* day of *July* 1899. *W. H. Hayes* POST OFFICE *Lawrenceville*

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 *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* 1899.



*W. H. Hayes*  
Ordinary *Cobb* County.

**POWER OF ATTORNEY.**

STATE OF GEORGIA.

Cobb County.

I, W. H. Hayes hereby authorize J. M. Stone  
of Marietta, Ga.

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

me by him

at \_\_\_\_\_

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

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 Anthony  
of Marietta

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

me by hand

at Marietta

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

day of 4<sup>th</sup> Jan 1901.

W. H. Hayes [L. S.]  
mark

Executed in presence of

James M. Gann

Hayes, W. H.  
Cobb Co.  
COMMISSIONER 1890  
(For Those Already Enrolled.)  
No. 1284

**INVALID  
SOLDIER'S PENSION.  
1900.**

Name W. H. Hayes  
County Cobb  
Disability Breast  
Amount, \$ 5.50  
Warrant issued 27<sup>th</sup> Jan 7 1900.  
JOHN W. LINDSEY,  
Commissioner of Pensions.  
WARRANT HANDED TO  
Stone  
Gen. W. Harrison, Rear Printer, Atlanta.  
mark

Hayes, W. H.  
Cobb Co.  
COMMISSIONER 1890  
(For Those Already Enrolled.)  
No. 149

**DISABLED  
SOLDIER'S PENSION.  
1901.**

Name W. H. Hayes  
County Cobb  
Disability Gen. West - Leg of Injury  
Amount, \$ 25.00  
Jan 15 1901.  
JOHN W. LINDSEY,  
Commissioner of Pensions.  
WARRANT HANDED TO  
Anthony  
Gen. W. Harrison, Rear 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 County, and has resided therein continuously ever since the *5<sup>th</sup>* day of *June* 18*73*; 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<sup>th</sup>* Regiment of *Georgia* Volunteers, *Colquett*'s Brigade; that whilst engaged in such military service in the State of *Va.*, on the *28<sup>th</sup>* day of *June* 186*2*, he was wounded, injured or diseased as follows:

*By gunshot striking right breast causing inward protrusion 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 189*9*.

Sworn to and subscribed before me, this the *27<sup>th</sup>* day of *July* 1900, POST OFFICE *W. H. Hayes* *Russell 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 *27<sup>th</sup>* 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 *5<sup>th</sup>* day of *June* 18*73*; 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<sup>th</sup>* Regiment of *Georgia* Volunteers, *Colquett*'s Brigade; that whilst engaged in such military service in the State of *Va*, on the *28<sup>th</sup>* day of *June* 186*2*, he was wounded, injured or diseased as follows:

*By gunshot striking right breast causing inward protrusion the applicant practically incompetent to perform the ordinary manual avocations of life also the tip of one finger on the right hand by gunshot*

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 the *11<sup>th</sup>* day of *January* 1901, Postoffice *W. H. Hayes* *Mark*

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 *11<sup>th</sup>* day of *January* 1901, *John Aubrey* Ordinary *Cobb* County.



POWER OF ATTORNEY.

STATE OF GEORGIA,

County, }  
*Cobb*

*W. W. Hayes* hereby authorize  
*Maritta* of *Maritta*

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* [L. S.]

Executed in presence of

POWER OF ATTORNEY.

STATE OF GEORGIA,

County, }  
*Cobb*

*W. W. Hayes* hereby authorize  
*John Shuff* of \_\_\_\_\_

to receive and receipt for the pension paid hereon and request that he remit same to  
at \_\_\_\_\_ by \_\_\_\_\_

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

day of *July* 1903. *W. W. Hayes* [L. S.]

Executed in presence of

*Hayes, W. W.,  
Cobb County*

( FOR THOSE ALREADY ENROLLED. )

*D-27* No. *318*

DISABLED

SOLDIER'S PENSION  
1902.

Name *W. W. Hayes*

County *Cobb*

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.,  
Cobb County*

( FOR THOSE ALREADY ENROLLED. )

No. *364*

DISABLED

SOLDIER'S PENSION  
1903.

Name *W. W. Hayes*

County *Cobb*

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.

*1/16, 1903*

FOR APPLICANTS HERETOFORE ATTORNEYS PENSIONS

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

*Cobb*  County,

Personally appears  *H W Hays*  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  *5<sup>th</sup>*  day of  *June*  18 *63* ; 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  *Spicraft*  in Company  *D* , of  *27<sup>th</sup>*  Regiment of  *Georgia*  Volunteers,  *Colquhoun's*  Brigade; that whilst engaged in such military service in the State of  *Va* , on the  *28<sup>th</sup>*  day of  *June*  18 *62* , he was wounded, injured or diseased as follows:

*right breast By gun shot striking*

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 \_\_\_\_\_ Dollars, for the year 1901.

Sworn to and subscribed before me, this  *10<sup>th</sup>*  day of  *May*  1902. Post-office  *Hays*

*John Swintney, Attorney*   
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, \_\_\_\_\_ Ordinary of said County,

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

Given under my official signature and seal, this \_\_\_\_\_ day of \_\_\_\_\_ 1902.



Ordinary \_\_\_\_\_ 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  *W H Hays*  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 \_\_\_\_\_ Volunteers, \_\_\_\_\_'s Brigade; that whilst engaged in such military service in the State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_ 1866, 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 \_\_\_\_\_ County, been allowed an invalid pension of \_\_\_\_\_ Dollars, for the year 1902.

Sworn to and subscribed before me, this  *10<sup>th</sup>*  day of  *May*  1903. Post-office  *Hays*

*John Swintney, Attorney*   
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 Swintney*  Ordinary of said County,

do certify that I am well acquainted with  *W H Hays*  the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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<sup>th</sup>*  day of  *May*  1903.



Ordinary  *W H Hays*  County.

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

*Hayer, W. A.,*  
*Co. 11*

1891.

Maimed Soldiers.

Voucher No. *421*

Amount \$ *55*

Paid to *W. A. Hayer*  
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.

1891.

COMPTROLLER GENERAL.

*Goble*

Maimed Soldiers.

Voucher No. *927*

Amount \$ *55*

Paid to *W. A. Hayer*  
For *Body wound*  
*wound above finger*  
*July 11* 1891.

Included in warrant No.  
issued to Treasurer.

18

WARRANT CLERK.

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

*Applicant*

Audited

18

COMPTROLLER GENERAL.

1891.  
No. 721  
STATE OF GEORGIA, }  
EXECUTIVE DEPARTMENT. } 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  
*Loss by loss of must & finger*  
He is entitled to receive the sum of *Fifty Dollars* 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

\$ 55

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

*Fifty Dollars* Dollars,  
per above voucher, this *12* of *July* 1891.

*with W. J. Green*

*W. H. Hayes*

No. 927  
STATE OF GEORGIA, }  
EXECUTIVE DEPARTMENT. } 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. and*  
He is entitled to receive the sum of *Fifty Dollars* 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,

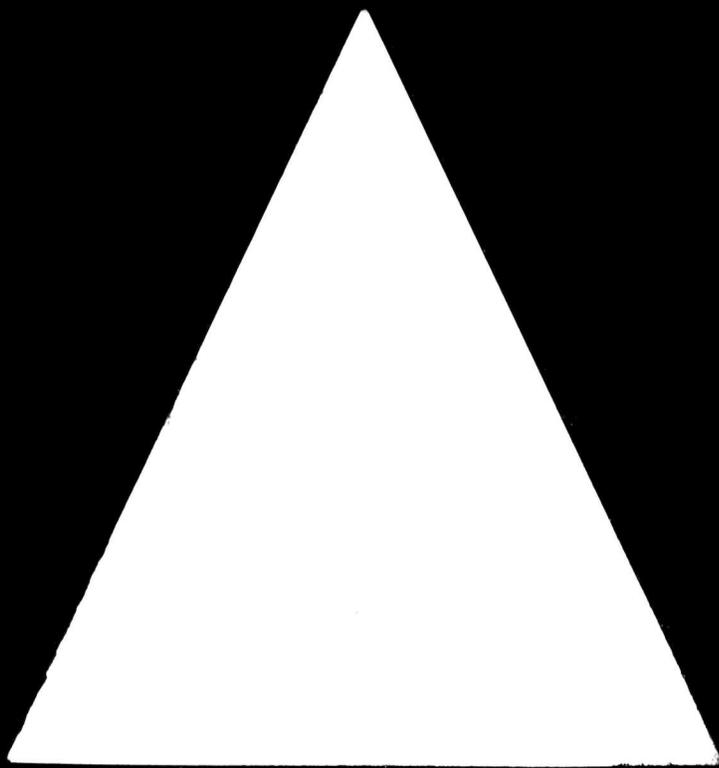
*W. H. Harrison*

CLERK EXECUTIVE DEPARTMENT.

\$ 55  
RECEIVED OF STATE TREASURER, R. U. HARDEMAN.

*Fifty Dollars* Dollars,  
per above voucher, this *11* of *July* 1890.

*W. H. Harrison*  
CLERK EXECUTIVE DEPARTMENT.



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 in the rules adopted by the Governor touching the payment provided, the following suggestions are made:

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 leg has been rendered *substantially and essentially useless*.

3. It will not avail to say that the arm or leg is in many respects of life, or 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 in the law, and the term is a very unimaged condition to enable one to the allowance mentioned in the Act. The Legislature has provided for *all* who were badly injured, but the present law does not reach many worthy, needy cases. It was inaugurated as an experiment; if *frugal*, 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 amended affidavits must be *sworn to* 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 their disappointment and mortification.

8. The application should be made to the County Clerk of the county of the residence of the applicant. 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.  
Colla Co

No. 1782

## Application for Allowance

FOR

Left leg disabled

Applicant L. D. Haygood,

County Col. Co.

Amount \$0.

Date of Warrant March 6/88

Entered on Record,

March 6

1888

D. H. H.

Secretary Executive Dep't. ment.



STATE OF GEORGIA,  
Cobb County.

PERSONALLY COME *W. M. Montgomery and A. L. Loyell*  
*+ G. M. Cook*  
citizens of *Cobb* county in said State,  
who, being duly sworn, say that they are acquainted with *Levi S. Hauggood*  
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*, 188*8*  
*W. M. Montgomery*  
*A. L. Loyell*  
*G. M. Cook*  
Cobb County, Georgia

NOTE.—Also affidavit may be made by three citizens of the county of applicant's residence.

STATE OF GEORGIA,  
Cobb County.

PERSONALLY COMES before me *Levi S. Hauggood* Ordinary of said county  
*Levi S. Hauggood* and *Levi S. Hauggood*, both known to  
me as reputable physicians of said county, who, being severally sworn, say on oath that they have  
carefully examined *Levi S. Hauggood* and after such examination say that the  
applicant has been injured as follows: *He was wounded in the back by a bullet passing through  
the upper part of the spine, the bone breaking in two places, which  
has caused a permanent and severe paralysis of the lower limbs, rendering  
him unable to perform his military duties, and he is now suffering from  
debility and general weakness.*

Sworn to and subscribed before me, this  
*29th* day of *February*, 188*8*  
*W. M. Hammett*  
ORDINARY

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

STATE OF GEORGIA,  
Cobb County.

I, *W. M. Hammett* Ordinary of said county,  
do certify that I am well acquainted with *Levi S. Hauggood*, the  
applicant in the foregoing affidavit, and am well satisfied that the statements made by him in 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. M. Sequin* 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 *Feb* 188*8*  
*W. M. Hammett*  
Ordinary *Cobb* County.

POWER OF ATTORNEY.

STATE OF GEORGIA,  
Cobb County.

Know all men by these presents, That I *Levi S. Hauggood*  
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  
day of *February*, 188*8*  
*Levi S. Hauggood* [L. S.]

Executed in the presence of us:  
*W. M. Hammett*  
*W. M. Hammett*  
Ordinary

Ex Dept Atlanta Ga  
July 21. 1889

The follow statement  
requires  
Was applicant discharged  
from army on account  
of wound. If not  
why not?

Does he use a crutch  
thas he uses one con-  
stantly since his  
wound was received  
Does the wound  
superficial  
The physicians will  
answer fully &  
under oath  
W.H. Harrison  
Clk

Hagood, L. H.  
O.K.  
Cobb Co

2022.

APPLICATION FOR ALLOWANCE  
FOR YEAR ENDING OCTOBER 31, 1889.

Applicant, Left leg Amputated  
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. Hagood was shot through the  
leg and the bone was broken about the  
knee joint, large pieces of the bone were  
out, the leg was intended to be amputated  
has pinched away, is shorter than the other  
leg, the muscles and tendons on my hand,  
applicant was a currier or slicer, the leg  
swells, he was unable for service in the  
army after this wound was received  
the leg is inflamed more, without limber  
and is very painful, this was a very  
severe wound and same as  
this leg is essentially and substantially  
useless. In fact the applicant suffers  
almost constantly with the leg. George West  
knows and subscribed  
before me April 16, 1889  
W.H. Harrison  
Clk

Ex. M. L. Adams Co  
Oct. 21, 1889

A full statement  
requires

that applicant discharge  
from every account  
of record & if not  
made out.

See he was a credit  
that he used one Car  
stately since his  
in mind was received  
Does the record  
duplicate now?  
The physician will  
answer fully &  
make out  
W. H. H. H. H.  
W. H. H. H. H.

Hayward, S. H.  
Cost. Co

APPLICATION FOR ALLIANCE

FOR THE YEAR ENDING OCTOBER 31, 1889

1889.  
Applicant  
County  
Amount  
Date of Birth  
Engaged on record  
All 20  
M. H. H.  
NORTHWESTERN FERTILIZER DEPARTMENT  
1889

M. H. H. H. H. H.  
A. D. H. H. H.

Municipal April 16, 1889  
Mr. L. C. Hayward was shot through the  
leg and the bone was broken about the  
knee joint, large pieces of the bone worked  
out, the leg was evidently left in the joint  
has pushed 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 out times,  
and is very painful. This was a very  
serious wound and ~~some~~  
this leg is essentially and substantially  
useless - in fact the applicant suffers  
almost constantly with the leg. E. J. H. H. H.  
known and subscribed  
before me April 16, 1889  
J. H. H. H. H.  
E. J. H. H. H.



Ex Dept. Atlanta Ga  
 Oct. 21. 1889  
 A full statement  
 requires  
 Was applicant discharged  
 from army, on account  
 of wounds? If not  
 why not?  
 Does he use a crutch  
 Has he used one ever  
 Straight since his  
 wounds were received  
 Does the wound  
 separate now?  
 The physician will  
 answer fully &  
 under oath  
 W.H. Harrison  
 Clerk

**APPLICATION FOR ALLOWANCE**  
 FOR YEAR ENDING OCTOBER 31, 1889

1889.  
 Applicant: *Ed. J. Hagood*  
 County: *Cobb*  
 Amount: *50*  
 Date of Warrant: *April 30*  
 Expired on record: *April 30 1889*  
 Secretary Executive Department: *W.H.H.*  
 Additional data: *A. S. Clay*

Hagood, I. I.  
 Cobb Co.

*Mr. S. & H. Hagood near their property at  
 Leg Creek in some plantation near the  
 road front, kept papers of the time wound  
 out, the leg was amputated in the year  
 1862, the one also was taken care of and  
 kept, the one also was a crutch in the  
 applicant was a crutch in the leg  
 made, he was unable for some in the  
 many after the wound was received  
 the leg containing iron, present in  
 made in many points, the same will  
 from records and some  
 then leg is evidently and was evidently  
 broken in fact the steel and iron  
 almost constantly with the leg, being  
 down I was put over  
 from me April 16, 1855  
 full title  
 Ed. J. Hagood*

STATE OF GEORGIA,

*Cobb* County,  
 PERSONALLY appears *E. J. 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 Con-  
 federate States (or of the State of \_\_\_\_\_) during the war between the  
 States, and served as a *Private* in Company \_\_\_\_\_ of the \_\_\_\_\_  
 of *Volunteers* *Jordan's* Brigade; that whilst engaged  
 in such military service, at the battle of *Manassas* in the State  
 of \_\_\_\_\_ on the \_\_\_\_\_ 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  
 fell a number of pieces of osseous bones  
 broken out, the muscles of said leg were  
 useless, resulting at times severe and  
 chronic, the leg is thereby rendered  
 wholly and essentially useless.*  
 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 \_\_\_\_\_ day of *July*, 1889, at \_\_\_\_\_  
*J. J. Hagood*

STATE OF GEORGIA,

*Cobb* County,  
 PERSONALLY comes before me *J. J. Hagood* Ordinary of said county,  
*A. J. Gibson* and *E. J. Hagood*, both known to  
 me as reputable physicians of said county, who, being severally sworn, say on oath that  
 they have carefully examined *E. J. 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, breaking the bone, causing pieces of bone  
 to work out through the skin, the muscles and  
 leg have been broken away, and said leg  
 at times severe and chronic, the  
 remaining leg is thereby rendered  
 essentially useless.*

Sworn to and subscribed before me, this \_\_\_\_\_ day of *July*, 1889, at \_\_\_\_\_  
*J. J. Hagood* ORDINARY.  
*A. J. Gibson M. D.*  
*E. J. Hagood M. D.*

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

STATE OF GEORGIA,

County

I,

Mr. Stony J. Haygood 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, 1889  
J. M. Stone Ordinary Cobb County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County

Know all Men by these Presents, That I,

of Cobb County, do hereby appoint L. G. Haygood 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, 1889  
L. G. Haygood (L. S.)

Executed in the presence of us

J. M. Stone Ordinary

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,

*Colbert* County.

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

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

Given under my official signature and seal, this *13<sup>th</sup>* day of *July*, 189*0*

*Wm. Henry*  
Ordinary *Colbert* County.

*Wm. Henry*  
*Colbert*  
**1890.**

No. *1113*  
APPLICATION FOR ALLOWANCE  
FOR TRAIL DEPOSIT UNDER S. 1142.

*Leg. for*  
Applicant *F. S. Kaulfoot*  
County *Colbert*  
Amount, *50*  
Date of warrant, *July 13,*  
Entered on record *July 13* 189*0*  
*W. H. H.*  
WARRANT HANDED TO  
*A. S. Colley*

*Wm. Henry*  
*Colbert*

STATE OF GEORGIA,

*Colbert* County.

I, *Wm. Henry* Ordinary of said County, do certify that I am well acquainted with *F. S. Kaulfoot* 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 *17<sup>th</sup>* day of *July*, 189*1*

*Wm. Henry*  
Ordinary *Colbert* County.

*Wm. Henry*  
*Colbert*  
**1891**

No. *1200*  
APPLICATION FOR ALLOWANCE  
FOR TRAIL DEPOSIT UNDER S. 1142.

*Leg. for*  
Applicant *F. S. Kaulfoot*  
County *Colbert*  
Amount *75.00*  
Date of Warrant, *7/19*  
Entered on record \_\_\_\_\_ 189\_\_\_\_  
*M. H. H.*  
WARRANT HANDED TO  
*A. S. Colley*  
GEO. W. BARTON, STATE PRINTER, ATLANTA, GA.

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 December 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 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 a musket ball in left leg just below the knee joint rendering same joint stiff at time and also forcing upon contract of movement of left foot whereby said applicant has been rendered practically incompetent to perform his ordinary manual labors of life.

Dependent desires to participate in the benefits of the Act, approved October 24, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1890. I have heretofore been allowed a pension of 30 dollars.

Sworn to and subscribed before me, this 13 day of July 1890, W. H. Stone Ordmy.

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 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: T. D. Power 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 1860 day of December 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 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 bullet passing through left leg just below knee joint, striking the musket, flesh and exposing bone, thus making the bone said leg is rendered all the time and is rendered practically useless.

Dependent desires to participate in the benefits of the Act, approved October 24, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1891. I have heretofore been allowed a pension of 30 dollars, for hard disability.

Sworn to and subscribed before me, this, 17 day of July 1891, W. H. Stone Ordmy.

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 17 day of July 1891, L. S. Hagood [L. S.]

Executed in the presence of us: T. D. Power 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

*Cobb*

*L. G. Haggard*

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 *Sta* Volunteers *Co*'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 bones, losing the muscles & flesh, rendering it almost impracticable to perform the ordinary manual avocations 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 *aid disability*

Sworn to and subscribed before me this

*L. G. Haggard*

*30* day of *Nov* 1892.

Ordinary.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

*Cobb* County.

Know all Men by these Presents. That I,

*L. G. Haggard*

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal this *20* day of *Nov*, 1892.

*L. G. Haggard* [L. S.]

Executed in the presence of us:

*W. S. Selby*

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

*Cobb*

*L. G. Haggard* 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 *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 *Ma* Volunteers *Brigade*'s Brigade; that whilst engaged in such military service at the battle of *the Battle Monocassin* in the State of *Va* on the *30* day of *August*, 1862, he was wounded as follows:

*leg below the knee fracturing the bones, losing the muscles & flesh, rendering it almost impracticable 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 allowance to which he is entitled for the year ending October 26, 1893. I have heretofore been allowed a pension of

*\$50.*

dollars, for *aid disability*

Sworn to and subscribed before me, this

*L. G. Haggard*

*25* day of *Apr*, 1893.

Ordinary.

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

STATE OF GEORGIA,

*Cobb* County.

I, *W. S. Selby* Ordinary of said County,

do certify that I am well acquainted with *L. G. Haggard* 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 Justice of the Peace of the County of *Cobb*, of said County, and the said affidavits and signatures thereto are genuine.

Given under my official signature and seal, this *25* day of *April*, 1893.

*W. S. Selby*

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,

*L. G. Hagood*  
*A. S. Clay*

County, State of Georgia, do hereby appoint  
of *Manetta 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 *6<sup>th</sup>* day of *March* 1894. *L. G. Hagood* [L. S.]

Executed in the presence of us  
*M. Stone*  
*W. H. Harrison*

## DIRECTIONS.

Send money to me as follows, to \_\_\_\_\_ P. O. County, Georgia.

*Hagood, L. G.*

(For Those Already Enrolled.)  
*581*

Soldier's Pension.

1894.

Name *L. G. Hagood*  
County *Cobb*  
Disability *D. S. Lea*

Amount, \$ *20*  
*3/23*

1894.  
W. H. HARRISON,  
Secretary Executive Department.

WARRANT HANDED TO  
*A. S. Clay*  
Chas. W. Harrison, State Printer, Atlanta.

# POWER OF ATTORNEY.

STATE OF GEORGIA,

*Cobb* County.

KNOW ALL MEN BY THESE PRESENTS, That I,

*L. G. Hagood*  
*A. S. Clay*

County, State of Georgia, do hereby appoint

of *Manetta 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 *6<sup>th</sup>* day of *March* 1895. *L. G. Hagood* [L. S.]

Executed in presence of us  
*M. Stone*  
*W. H. Harrison*

## DIRECTIONS.

Send money to me as follows, by \_\_\_\_\_ P. O. County, Georgia.

*Hagood, L. G.*  
*Cobb Co.*

(For Those Already Enrolled.)  
No. *315*

SOLDIER'S PENSION.

1895.

Name *L. G. Hagood*  
County *Cobb*  
Disability *L. G.*

Amount, \$ *500*  
*3/4*

1895.  
RICHARD JOHNSON,  
Secretary Executive Department.

WARRANT HANDED TO  
*all*

Chas. W. Harrison, State Printer, Atlanta.  
*No date*

## For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }  
Cobb County, }

PERSONALLY appeared *L. S. Nagard* 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 both leg to pieces and cutting hand thru the muscles and flesh. Deponent is unable practically 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 \$50.00 dollars, for the year 1893.*

Sworn to and subscribed before me, this, the *6th* day of *March* 1894, } *L. S. Nagard*

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. S. Nagard* the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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.

APR 1894  
Not here

*J. M. Stone*  
Ordinary *Cobb* County.

## For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }  
Cobb County, }

PERSONALLY appeared *L. S. Nagard* 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 *Wed* 1839 that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *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, fracturing and breaking up the bones and flesh — wholly deponent is rendered practically incapable to perform the ordinary manual operations 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, the *6th* day of *March* 1895, } *L. S. Nagard*

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. S. Nagard* the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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.

APR 1895  
Not here

*J. M. Stone*  
Ordinary *Cobb* County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }  
*Polk*

I, *L. S. Hagood* hereby authorize *AS 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 *6<sup>th</sup>*

day of *March* 1896.  
*L. S. 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.

Executed in presence of \_\_\_\_\_

[L. S.]

*Hagood, L. S.*

*L. S. Hagood*  
ACT OF MARCH 1897  
(For Those Already Enrolled.)

No. *3257*

**SOLDIER'S PENSION.**  
**1896.**

Name *L. S. Hagood*  
County *Polk*  
Disability *Left leg*  
Amount, \$ *50.*  
*327* 1896

RICHARD JOHNSON,  
Secretary, Executive Department.

WARRANT HANDED TO  
*Asy AS Clay*

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

*No data*

*Hagood, L. S.*  
*Polk County*

ACT OF MARCH 1897  
(For Those Already Enrolled.)  
No. *2857*

**INVALID**  
**SOLDIER'S PENSION.**  
**1897.**

Name *L. S. Hagood*  
County *Polk*  
Disability *Left leg*  
Amount, \$ *50.*  
*34* 1897

RICHARD JOHNSON,  
Commissioner of Pensions.

WARRANT HANDED TO  
*Asy AS*

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

*No 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 \_\_\_\_\_) during the war between the

States, and served as a *Private* in Company *B*, of *38*th Regiment of

of *Volunteers*, *Evans*'s Brigade; that whilst engaged in such military service in the State of \_\_\_\_\_, on the *30* day

of *August* 186*2*, 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. 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 20th, 1896. I have heretofore as a resident of *Cobb* county been allowed a pension of *\$50.*

dollars, for the year 189*6*

Sworn to and subscribed before me, this, *23* day of *July* 1896. *L. E. Muzzell*

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

STATE OF GEORGIA,

*Cobb* County,

I, *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* 1896.



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 \_\_\_\_\_) during the war between the

States, and served as a *Private* in Company *B*, of *38*th Regiment of

of *Volunteers*, *Evans*'s Brigade; that whilst engaged in such military service in the State of \_\_\_\_\_, on the *30* day

of *August* 186*2*, he was wounded, injured or diseased as follows:

*left by gunshot through joint leg & foot the same 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 20th, 1897. I have heretofore under said law as a resident of *Cobb* county been allowed an invalid pension of *\$50.*

dollars, for the year 189*6*

Sworn to and subscribed before me, this, *23* day of *July* 1897. *L. E. Muzzell*

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

STATE OF GEORGIA,

*Cobb* County,

I, *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 \_\_\_\_\_

*Hagood, L. G.*

*No. 2920*

ATTORNEY AT LAW  
(For Those Already Enrolled.)

No. 2920

**INVALID  
SOLDIER'S PENSION.  
1898.**

Name *L. G. Hagood*  
County *W. Cobb*  
Disability *Blind*  
Amount, \$ *30*  
*725* 1898.

RICHARD JOHNSON,  
Commissioner of Pensions.

WARRANT HANDLED TO

*Alph*

SEE W. HARRISON, STATE PRINTER, ATLANTA

*76 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 \_\_\_\_\_, 1899.

[ L. S. ]

Executed in presence of \_\_\_\_\_

*Hagood, L. G.,  
W. Cobb Co.*

ATTORNEY AT LAW  
(For Those Already Enrolled.)

No. 2998

**INVALID  
SOLDIER'S PENSION.  
1899.**

Name *L. G. Hagood*  
County *W. Cobb*  
Disability *leg*  
Amount, \$ *50*  
*223* 1899.

RICHARD JOHNSON,  
Commissioner of Pensions.

WARRANT HANDLED TO

*Alph*

SEE W. HARRISON, STATE PRINTER, ATLANTA

*76 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 June 1837; that he enlisted in the military service of the Confederate States (or of the State of \_\_\_\_\_) during the war between the States, and served as a Private in Company B, of 88th Regiment of Geo. Volunteers, Georgia's Brigade; that whilst engaged in such military service in the State of Fla., 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 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 31st, 1898. I have heretofore under said law as a resident of Cobb county been allowed an invalid pension of \$50. Dollars, for the year 1897.

Sworn to and subscribed before me, this, the 23rd day of July 1898, at POST OFFICE - COLUMBIA.  
J. W. Stone

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 July, 1898.



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 April 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 38th Regiment of Geo. Volunteers, Georgia's Brigade; that whilst engaged in such military service in the State of Fla., 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 the year ending October 31st, 1898. I have heretofore under said law as a resident of Cobb County been allowed an invalid pension of \$50. Dollars, for the year 1898.

Sworn to and subscribed before me, this, the 15th day of July 1898, at POST OFFICE - CRAFT P. O.  
J. W. Stone

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 July, 1898.



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 \_\_\_\_\_

*Haggard, S. G.*  
*W. J. Cobb*  
CODE SECTION 136  
(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  
*JWL*  
Geo. W. Harrison, State Printer, Atlanta.  
*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 \_\_\_\_\_ 1901.

\_\_\_\_\_ [L. S.]

Executed in presence of \_\_\_\_\_

*Haggard, S. G.*  
*W. J. Cobb*

CODE SECTION 136  
(For Those Already Enrolled.)  
No. *78*

**DISABLED  
SOLDIER'S PENSION.  
1901.**

Name *L. S. Haggard*  
County *Cobb*  
Disability *Am. Foot*  
Amount, \$ *50*  
*Jan 15* 1901.

JOHN W. LINDSEY,  
Commissioner of Pensions.  
WARRANT HANDED TO  
*JWL*  
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, *Evans*'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 \_\_\_\_\_ County been allowed an invalid pension of *\$50* Dollars, for the year 1869.

Sworn to and subscribed before me, this *7th* day of *March* 1900. } *L. S. Hagood*  
 \_\_\_\_\_ } 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. 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 said affidavit are true, and I know 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* 1900. *J. M. Stone*  
 \_\_\_\_\_  
 Ordinary *Cobb* 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, *Evans*'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 20th, 1901. I have heretofore under said law as a resident of \_\_\_\_\_ 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*  
 \_\_\_\_\_ } 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. Wrey* 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. Wrey*  
 \_\_\_\_\_  
 Ordinary *Cobb* County.



POWER OF ATTORNEY.

STATE OF GEORGIA,

*Cobb* County.

I, *L. G. Hazood* hereby authorize  
*John Aubrey* 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. Hazood* [L. S.]

Executed in presence of

*J. M. Mann*

POWER OF ATTORNEY.

STATE OF GEORGIA,

*Cobb* County.

I, *L. G. Hazood* 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. Hazood* [L. S.]

Executed in presence of

*J. M. Mann*

*Hazood, L. G.  
Cobb County, Ga.*

COPIES RETURN TO THE  
( FOR THOSE ALREADY ENROLLED )  
No. *376*

DISABLED  
SOLDIER'S PENSION  
1902.

Name *L. G. Hazood*  
County *Cobb*  
Co. *B* Regiment *38*  
Disability *W*  
Amount, \$ *11/16* 1902.

JOHN W. LINDSEY,  
Commissioner of Pensions.

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

*no data*

*Hazood, L. G.  
Cobb County*

COPIES RETURN TO THE  
( FOR THOSE ALREADY ENROLLED )  
No. *370*

DISABLED  
SOLDIER'S PENSION  
1903.

Name *L. G. Hazood*  
County *Cobb*  
Co. *B* Regiment *38*  
Disability *W*  
Amount, \$ *107 50* 1903.

JOHN W. LINDSEY,  
Commissioner of Pensions.

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

*no data*

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

*Cobb* County,

Personally appears *L. S. Haggood* 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, *Evans*'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 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, 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 *April*, 1902. *L. S. Haggood* Post-office *Craft P.O.*

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. 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 *9* day of *Jan* 1902.

Ordinary *John Anthony* 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 *L. S. Haggood* 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, *Evans*'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 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, 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 *January*, 1903. *L. S. Haggood* Post-office *Craft*

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. 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 *9* day of *Jan* 1903.

Ordinary *John Anthony* 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.

*L. G. Haggood* hereby authorize  
*John Astbury* 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 *19*  
 day of *Jan* 1904

*L. G. Haggood* [L. S.]

Executed in presence of

*McGann*

**POWER OF ATTORNEY.**

STATE OF GEORGIA.

*Cobb* COUNTY.

*L. G. Haggood* hereby authorize  
*John Astbury* 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 *4*  
 day of *Jan* 1905

*L. G. Haggood* [L. S.]

Executed in the presence of

*McGann*

*Haggood, L. G.*  
*Cobb Co.*

(FOR THOSE ALREADY ENROLLED.)

**DISABLED  
 SOLDIER'S PENSION  
 1904.**

Name *L. G. Haggood*  
 County *Cobb*  
 Co. *B* Regiment *36*  
 Disability *0*  
 Amount. \$ *00 00*

JAN 25 1904.

JOHN W. LINDSEY,  
 Commissioner of Pensions

WARRANT HANDED TO  
*McGann*

Gen. W. Harrison State Printer Atlanta

*no data*

*Haggood, L. G.*  
*Cobb Co.*

(FOR THOSE ALREADY ENROLLED.)

**DISABLED  
 SOLDIER'S PENSION  
 1905.**

Name *L. G. Haggood*  
 County *Cobb*  
 Co. *B* Regiment *38*  
 Disability *0*  
 Amount. \$ *00 00*

JAN 25 1905.

JOHN W. LINDSEY,  
 Commissioner of Pensions

WARRANT HANDED TO  
*McGann*

Gen. 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 \_\_\_\_\_) 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 *30*th day of *August* *1862*, he was wounded, injured or diseased as follows:

*By one shot through left leg and once during application to be promoted in combat 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 *19* 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 *19* 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 *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 \_\_\_\_\_) 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 \_\_\_\_\_ *1862*, he was wounded, injured or diseased as follows:

*By one shot through left leg & knee & loss of the pre-axial toes 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 *11* 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 *14* 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, L. G. Hagood 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.

L. G. Hagood [L. S.]

Executed in the presence of

W. L. ...

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb COUNTY. }  
I, L. G. Hagood 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.

L. G. Hagood [L. S.]

Executed in presence of

W. L. ...

(OUR SECTION 126)  
FOR THOSE ALREADY ENROLLED.)

No. 267

DISABLED  
SOLDIER'S PENSION  
1906.

Name L. G. Hagood  
County Cobb  
Co. B 38 7th Regiment  
Disability \_\_\_\_\_  
Amount, \$50.00

1906.

JOHN W. LINDSEY,  
Commissioner of Pensions.

WARRANT HANDED TO

THE PUBLIC PRINTING AND BOOKBINDING CO., 215 N. BROADWAY, N.W.

*no date*

(OUR SECTION 126)  
FOR THOSE ALREADY ENROLLED.)

No. 217

DISABLED  
SOLDIER'S PENSION  
1907.

Name L. G. Hagood  
County Cobb  
Co. B 38 7th Regiment  
Disability Discharge  
Amount, \$50.00

~~1906~~ 1907.

JOHN W. LINDSEY,  
Commissioner of Pensions.

WARRANT HANDED TO

THE PUBLIC PRINTING AND BOOKBINDING CO., 215 N. BROADWAY, N.W.

*no date*

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,

Cobb County.

Personally appears L. S. Hagerood of Cobb

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

day of \_\_\_\_\_ 18\_\_\_\_; that he enlisted in the military service of the Confederate States, (or of the State of \_\_\_\_\_) during the war between the

States, and served as a \_\_\_\_\_ in Company B, of 38th 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:  
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

Cobb 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, \_\_\_\_\_ Ordinary of said County,

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

Given under my official signature and seal, this \_\_\_\_\_

day of \_\_\_\_\_ 1906.

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 L. S. Hagerood of Cobb

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

day of \_\_\_\_\_ 18\_\_\_\_; that he enlisted in the military service of the Confederate States (or of the State of \_\_\_\_\_) during the war between the

States, and served as a \_\_\_\_\_ in Company B, of 38th Regiment

of 38th 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:  
Disability Leg

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

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,

Cobb County.

I, John H. Hagerood Ordinary of said County,

do certify that I am well acquainted with L. S. Hagerood the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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.





No. 2025

STATE OF GEORGIA,  
EXECUTIVE DEPARTMENT

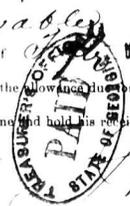
Atlanta, Ga. April 20, 1889.

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

*Eighty leg disability*  
He is entitled to receive the sum of \_\_\_\_\_ Dollars  
for such disability, the same being the allowance due for the year ending October 24, 1889.

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



*R. D. Gordon*  
GOVERNOR.

By the Governor,

*W. H. Harrison*

CLERK EXECUTIVE DEPARTMENT.

50  
RECEIVED OF STATE TREASURER, R. U. HARDEMAN.

*Eighty & 00/100*  
per above voucher, this *22* of *Apr* 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

*Eighty leg disability*  
He is entitled to receive the sum of \_\_\_\_\_ Dollars  
for such disability, the same being the allowance due for the year ending October 24, 1889.

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



*R. D. Gordon*  
GOVERNOR.

By the Governor,

*W. H. Harrison*

CLERK EXECUTIVE DEPARTMENT.

50  
RECEIVED OF STATE TREASURER, R. U. HARDEMAN.

*Eighty & 00/100*  
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 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

He is entitled to receive the sum of \$150 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.



H. J. ... GOVERNOR

By the Governor

H. H. ... SECY EXECUTIVE DEPARTMENT

\$ 150

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

per above voucher, this \$150 of Decy 19 1891

L. G. Haygood per A. S. Clay Treasr of State

Hays, Henry  
C & Co

No 785

APPLICATION FOR ALLOWANCE

FOR YEAR ENDING OCTOBER 26, 1889

FOR

Gen. Disbursements Fund

Applicant

County

Amount 50

Date of Warrant Feb 21,

Entered on record

Feb 21 1889

W. H. H.  
SECRETARY EXECUTIVE DEPARTMENT.

W. S. Clay



STATE OF GEORGIA,

*Coch* County

I, *Geo M Stone* Ordinary of said county, do certify that I am well acquainted with *W. M. Stone* 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 *W. M. Stone* before whom the foregoing affidavits were made and power of attorney was signed, is a *W. M. Stone* of said county, and the said affidavits and signatures thereto are genuine.

Given under my official signature and seal, this *18* day of *July* 188*9*

*W. M. Stone* Ordinary County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

*Coch* County

*Know all Men by these Presents*, That I, *Remy Hayes*

of *Coch* County, in said State, do hereby appoint

*Remy Hayes* of *Coch* 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 *15*

day of *July* 188*9*

*Remy Hayes* (L. S.)

Executed in the presence of us

*W. M. Stone*

DIRECTION:

Send money to me as follows, by

to *W. M. Stone* 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 Surgical Med  
whilst body wound  
July 21

1889

Included in Warrant No  
issued to Treasury

1889

WARRANT CLERK

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

A. S. Lelay

No. 785.

STATE OF GEORGIA,  
EXECUTIVE DEPARTMENT.

Atlanta Ga July 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 worn*

He is entitled to receive the sum of *Fifty & 00/100* Dollars  
for such disability the same being the ~~allowance~~ *allowance* for the year ending October 24, 1889.

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



*W. Gordon*  
GOVERNOR

By the Governor  
*W. M. Harrison*

CLERK EXECUTIVE DEPARTMENT.

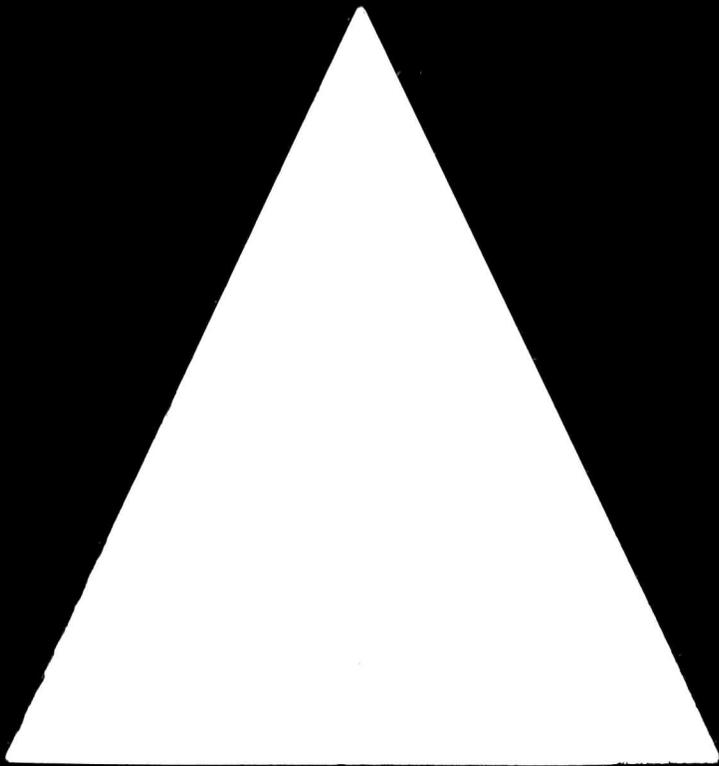
\$  
50.

RECEIVED OF STATE TREASURER R. U. HARDEMAN,

*Fifty & 00/100* Dollars

per above voucher, this *21* of *July* 1889

*W. M. Colby*



*Hayes, James M.*  
*3rd 5 page*  
*Cook County*  
*No. 3062*

**INDIGENT PENSION  
1897.**

Name *J. M. Hayes*  
County *Cook*

Approved *8/2* 1897.

WARRANT HANDED TO

*R C Irwin*

RED. W. HARRIS, STATE PRINTER, ATLANTA.

*1/16/97*  
*7/19/97*

*Pension Office 8/8/1897*  
*Applicant advised that*  
*he can earn enough*  
*to support himself*  
*Rich. Irwin*  
*Com. of Pension*  
*See memo to no*  
*9 + 30/17*

POWER OF ATTORNEY.

STATE OF GEORGIA.

*Cobb* County, Ga.

I, *J. M. Hayes* hereby authorize  
*Jim Stone* of *Monetta Ga*  
to receive and receipt for the pension allowed and request that he remit same to  
*Jim*

Witness my hand and seal this *7<sup>th</sup>* day of *July* 1897.

Executed in presence of  
*J. M. Irwin* }  
*C. M. Hays*

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.

I, J. N. Hayes hereby authorize

John Stone of Minetta Ga

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

at him

Witness my hand and seal this 7 day of Jan 1897.

Executed in presence of

J. M. Fleming } J. N. Hayes

Pension Office 1/16/97  
Apple cert. & answer -  
he can sign enough  
to support own self  
knowing  
M. C. King of Penna.  
Dec. 28/97  
9 & 10/17

Hayes, Isaac N.  
of 303 S. W.  
Cobb Co. Ga.  
No. 30621

INDIGENT PENSION

1897.

Name J. N. Hayes  
County Cobb

Approved 8/2 1897.

WARRANT HANDED TO

R. C. Smith

NO. 10, WASHINGTON, STATE PRINTING OFFICE.

1/16/97  
7/14/97

Questions for Applicant.

STATE OF GEORGIA,

Cobb County.

Isaac N. Hayes 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. Hayesville Cobb County State of Ga Post Office Minetta Ga
2. Where did you reside on January 1st, 1894, and how long have you been a resident of this State? On the 1st of January 1894 I resided in Minetta Ga 5 years
3. When and where were you born? Cobb County Ga Oct 1st 1839
4. When and where and in what company and regiment did you enlist or serve? 862 Mass Shanty Company 4th Regt Cavalry 1862 in Va
5. How long did you remain in such company and regiment? Until the close of the war
6. For how long a period did you discharge regular military duty? During the war
7. When, where and under what circumstances were you discharged from service? Paroled after the surrender
8. What is your present occupation? Farmer by trade
9. How much can you earn (gross) per annum by your own exertions or labor? Nothing but a small amount
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"? On the 2<sup>nd</sup> ground
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? It is not febrile, it is in 1870, I lost my sight. I was discharged in 1865, I have never recovered. I have been blind by treatment of my eyes for a year. I feel that I cannot do again my trade.
13. What property, effects or income do you possess and its gross value? None
14. What property, effects or income did you possess in 1894, 1895 and 1896 and what disposition, if any, did you make of same? None
15. In what County did you reside during those years and what property did you then return for taxation? In Minetta Cobb Co. I have no property to tax.
16. How were you supported during the years 1895 and 1896? By the help of old friends of the late period and of
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? None
18. What was your employment during 1895 and 1896? What pay did you receive in each year? Pension of \$12.00 only what people saw fit to give me
19. Have you a family? If so, who composes such family? Give their means of support? Have they a homestead? Wife & 2 children, support themselves by working in the shoe factory
20. Are you receiving any pension, if so what amount and for what disability? None

Every Question MUST be Answered.

Sworn to and subscribed before me this the 7 day of Jan 1897.

John Stone Ordinary. J. N. Hayes Applicant.  
J. N. Hayes as to  
Cobb County. Amendment

Amount not more than three who apply for it  
condition setting in fact

QUESTIONS FOR WITNESS.

STATE OF GEORGIA.

Cobb County.

Samuel Young, 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? Samuel B. Young  
Samuel B. Young, Cobb Co. Ga.
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? Cobb County  
since he was born
4. Do you know of his having served in the Confederate army or the Georgia militia? How do you know this? in the Confederate army  
in the Georgia militia
5. When, where and in what company and regiment did he enlist? in the 1st  
regiment of Georgia
6. Were you a member of the same company and regiment? No
7. How long did he perform regular military duty, and what do you know of his service as a Confederate soldier, and the time and circumstances of his discharge from the service? in the  
Confederate army

8. What property, effects or income has the applicant? (Give your means of knowledge.) one that I know of  
he lives near to
9. What property, effects or income did the applicant possess in 1895 and 1896, and what disposition, if any did he make of same? nothing

10. What is the applicant's occupation and physical condition? Physician  
and lives on a farm

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

12. How was he supported during the years 1895 and 1896? By his family

13. What portion of his support for these two years was derived from his own labor or income? nothing

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 a  
physician and lives on a farm

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

Sworn to and subscribed before me, this 7<sup>th</sup> 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 Ed. 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 7<sup>th</sup> day of Jan 1897, by J. B. Young Ordinary.  
John H. Simpson  
Ed. Setzer

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 & Ed. 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 7<sup>th</sup> 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

*J. M. Storn*  
*Marietta Ga.*

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

*me* by *him*

at

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

day of

*May*

1898.

Executed in presence of

*J. N. Hayes* [L. S.]  
*Pay to R. C. Brim*  
*J. M. Storn*

POWER OF ATTORNEY.

STATE OF GEORGIA.

*Cobb* County.

I

*J. N. Hayes* hereby authorize  
*J. M. Storn* of *Marietta*

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

by

*me*  
*him*

Witness my hand and seal this

*14* day of *May*

1898.

Executed in presence of

*J. N. Hayes* [L. S.]

*Hayes, J. N.*

NO. 1498  
(For Those Already Enrolled.)

INDIGENT

SOLDIER'S PENSION,

1898.

Name *J. N. Hayes*  
County *Cobb*

WARRANT ISSUED

*1/20* 1898.  
RICHARD JOHNSON,  
Commissioner of Pensions.

WARRANT HANDED TO

*R. C. Brim*  
GEO. W. HARRISON, STATE PRINTER, ATLANTA.

*Mc Don*

*Hayes, J. N.*  
*Cobb Co.*

NO. 1498.  
(For Those Already Enrolled.)

No. *1498*

INDIGENT

SOLDIER'S PENSION,

1899.

Name *J. N. Hayes*  
County *Cobb*

WARRANT ISSUED

*1/14* 1899.  
RICHARD JOHNSON,  
Commissioner of Pensions.

WARRANT HANDED TO

*J. M. Storn*  
GEO. W. HARRISON, STATE PRINTER, ATLANTA.

*Mc Don*

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

*Cobb* County,

Personally appears *W. 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 *12* day of *April* 18*99*; that he is *58* years old and by occupation a *Printer*; that he enlisted in the military service of the Confederate States (or of the State of \_\_\_\_\_) during the war between the States, and served for the term of *4* Yrs. in Company *D*, of *Phillips* Regiment, *10th* *Pa* *Vol.*;

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*7*

Sworn to and subscribed before me, this, the *14* day of *July* 1898. *W. Hayes* Ordinary. *W. Stone*

State of Georgia, *Cobb* County,

I, *W. Stone* Ordinary of said County, do certify that I am well acquainted with *W. 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 *14* day of *July* 1898. *W. Stone* Ordinary *Cobb* County.



NOTE - The blank space must be filled.

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

*Cobb* County,

Personally appears *W. 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 *20* day of *April* 18*99*; that he is \_\_\_\_\_ years old and by occupation a *Printer*; 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* Regiment, *10th* *Pa* *Vol.*;

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 *July* 1899. *W. Hayes* Ordinary. *W. Stone*

State of Georgia, *Cobb* County,

I, *W. Stone* Ordinary of said County, do certify that I am well acquainted with *W. 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 *14* day of *July* 1899. *W. Stone* Ordinary *Cobb* County.



NOTE - The blank space must be filled. NOTE - A fillet 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 \_\_\_\_\_

*Hays*  
017-4  
CODE SEC. 1984  
(For Those Already Enrolled.)

NO. 200

INDIGENT

**SOLDIER'S PENSION,  
1900.**

Name *J. A. Hays*  
County *Cobb*

WARRANT ISSUED

*Jan 15 1900*

JOHN W. LINDSEY,  
Commissioner of Pensions.

WARRANT HANDED TO

*R. C. Brown, Camp Supts Office*  
Geo. W. Harrison, State Printer, Atlanta  
*W. C. Cobb*

*Hays, J. A.*  
*Cobb Co*

(For Those Already Enrolled.)

No. 281

INDIGENT

**SOLDIER'S PENSION,  
1901.**

Name *J. A. Hays*  
County *Cobb*

WARRANT ISSUED

*Jan 15 1901*

JOHN W. LINDSEY,  
Commissioner of Pensions.

WARRANT HANDED TO

*J. A. Hays*  
Geo. W. Harrison, State Printer, Atlanta  
*W. C. Cobb*

*W. C. Cobb*

**POWER OF ATTORNEY.**

STATE OF GEORGIA,

County. }

I, *J. A. Hays* hereby authorize

*John Bentley* of *Marquette*

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

*me* at *his office*

by \_\_\_\_\_

Witness my hand and seal, this *2* day of *Jan* 1901.

[L. S.]

Executed in presence of

*W. C. Cobb*

*W. C. Cobb*

**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

*Hays of N.  
Cobb Co.*

CODE SEC. 1284.  
(For Those Already Enrolled.)

NO. *450*

INDIGENT

**SOLDIER'S PENSION,  
1900.**

Name *J. M. Hays*  
County *Cobb*

WARRANT ISSUED  
*January 16* 1900.

JOHN W. LINDSEY,  
Commissioner of Pensions.

WARRANT HANDED TO  
*P. Robinson, Camp Under Officer*  
Chas. W. Harrison, State Printer, Atlanta.  
*no date*

**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 *2* day of *Jan'y* 1901.

[L. S.]

Executed in presence of

*J. M. Hays*

*J. M. Hays*

*Hays, S. H.  
Cobb Co.*

CODE SECTION 1284  
(For Those Already Enrolled.)

No. *281*

INDIGENT

**SOLDIER'S PENSION,  
1901.**

Name *J. M. Hays*  
County *Cobb*

WARRANT ISSUED  
*Jan 15* 1901.

JOHN W. LINDSEY,  
Commissioner of Pensions.

WARRANT HANDED TO  
*J. M. Hays*  
Chas. W. Harrison, State Printer, Atlanta.  
*no date*

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears S. 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 20<sup>th</sup> day of April 1837; 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, 15<sup>th</sup> day of January 1900. S. N. Hayes Ordinary.

State of Georgia, Cobb County.

I, J. W. Stone Ordinary of said County, do certify that I am well acquainted with S. 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 15<sup>th</sup> 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. Hays 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 20<sup>th</sup> day of April 1837; 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 the 20<sup>nd</sup> day of January 1901. J. N. Hays Ordinary.

STATE OF GEORGIA, Cobb County.

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

Given under my official signature and seal, this 20<sup>nd</sup> day of January 1901. John A. Utley 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 Chuk Anderson  
before me this July 31  
1897. J. N. Hoys  
Ordinary*

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 16th, 1894., I do 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. Hoys*

Attest.

*W. N. Grant*  
*W. N. 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. Linn Ordinary of said County, do certify

that I know Mrs. Nancy 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 1918, that I also know J. A. Howard

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 statements and that they both are truthful, frank,

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. Linn 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 give is true and correct." 2. Additional affidavits may be attached if such spouses are unmarried. 3. Only widows who married prior to January 1st, 1881, are entitled. 4. All affidavits must be made before the Ordinary of the person to be sworn, and certified by said Ordinary. 5. Attach certified copies of marriage license if obtainable. If not, prove marriage by some person, or by general reputation.

Or. Comm. 1928  
Hearsh. N. H. H. H.  
No. 2

Widow's Pension

Under Act 1910—as Amended by Act of 1919.

County Cobb  
Name Nancy Heard  
Widow of J. Y. Heard  
Company H  
Regiment 2nd Co. 1st Regt. Inf.  
Approved J. A. Howard

36

J. W. LINDSEY,  
Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

11-1-1919

Ordinary's Certificate

STATE OF GEORGIA,

*Cato*  
COUNTY }

I, *J. M. Green* Ordinary of said County, do certify that I know *Mrs. Nancy 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 *A. 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* 19*19*  
*J. M. Green* 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.

*On April 19, 1919  
Hearley Marriage  
No. *1000*  
C. H. C.*

Widow's Pension

Under Act 1910 - as Amended by Act of 1919.

County *Cobb*  
Name *Nancy Beard*  
Widow of *J. G. Beard*  
Company *H*  
Regiment *2nd Co. 1st Regt. Inf.*  
Approved *Benny Myrman*

*A. H. Bennett*

*C. H. C.*

J. W. LINDSEY  
Commissioner of War

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

*See above*

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 G 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) 1861  
Reg, Cherokee Co Ga Co F 2nd Ga Confederate Corp
5. When and where did the commands of your husband surrender or discharge from the army? April 9, 65 Appomattox
6. Was your husband personally present at the time of the surrender or discharge of this command? No  
he had obtained a furlough on Feb 18, 65 and before I was and joined a Co under Gen Hays at Kingston Ga
7. If he was not present state clearly where he was? He was present and surrendered
8. Where was his command when he left?
  - a. For what cause did he leave his command?
  - b. By whose authority did he leave his command?
  - c. For how long was he granted leave of absence?
  - e. What was his physical condition when he left his command?
  - f. What effort did he make to return to his command?
  - g. In what way was he prevented from going back to Command?
  - h. Was he captured by the enemy at any time?
  - 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, 1919 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

30 day of October 1919

J. M. Gamm Ordinary  
of Cobb County }

(SEAL)

Nancy Heard

JIMMERMILL

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 Brigades, 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.

*S.K. Bennett*

Subscribed and sworn to before me, this the 7th day of Nov. 1915.

*J.M. Bennett*  
Notary Public  
Cobb County, Ga.



Hefner & Hefner P.  
Cobb County  
Edw. F. De

**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 1865  
Date of Marriage 2/28/1  
Company West Co.  
Regiment Fourth Regiment  
Approved \_\_\_\_\_

Capt. Hefner not identified  
Hefner not found on  
William draft roll of  
West 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  
1930 I know Miss 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 resi-  
dent citizen of said State since January 1st, 1920; that I also know  
the widow who swears to the service of husband; that she of them are now residents of said  
County and were duly sworn by me before signing the foregoing affidavits, and that they are truth-  
ful and trustworthy and their statements are entitled to full faith and credit.

Given under my hand and official seal of office this 29 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, 1881, 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 Miss 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) Miss 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 87 years
- 3. When, where and to whom were you married? July 28 1865, 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, as Captain, White Co. Co. Amulung 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? Leave present
- 9. When did he leave the Command? Spring 2 1865
- 10. For what cause did he leave? Went to prison
- 11. By whose authority did he leave? by order of those in command
- 12. For how long was his leave of absence granted? \_\_\_\_\_ 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? July 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
- 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 29 day of June 1930.  
J. M. Gamm, Ordinary.  
of Cobb County.

Elizabeth Hefner  
Applicant.

and send article on next

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 Hafner, 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 Hafner, applicant Seventy years or longer—since about 1880
  3. Where does she now reside, and since when has she been, continuously, a bona fide, resident citizen of this State? Cobb County, Georgia Marietta, Ga.
  4. When and to whom was she married? Feb. 22nd, 1880 How do you know? I know because he is in the settlement and knowing him to have deserted.
  5. How long and since when did you know—since 1880—about 35 years—her husband? Known William H. Hafner since 1880
  6. When and where did William H. Hafner, the husband of applicant, die? I am informed that he died about fifteen years ago. 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. Hafner enlist? (Give date and place.) Saw him in service 1862 Capt. Meake, Co. Findley's Regt. I know of it because I saw your information of this service? By seeing him in service
  11. How long within your personal knowledge did he perform actual military service with this Company and Regiment? (Give dates.) In 1862 about two years
  12. When and where was his Command surrendered or discharged? (Give date and place.) About May 1865 at Athens, Ga.
  18. 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 home and how came you there? Been discharged.
  14. Was the husband of applicant personally present with his Command at its surrender? If not where was he? Yes 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. Hafner and seeing in the service and seeing him at home after surrender
  15. For what cause, if you know of your own knowledge, was he prevented from returning to his Command? Surrender
  16. What effort did he make to return to his Command and how do you know this? Not surrender
  17. Was he 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 20th day of June 1880, 1922
- J. John M. Robinson*  
(Witness)
- A. L. Parsey*  
Ordinary  
of White County.  
(SEAL OF ORDINARY)

Witness on Roll 1904  
Patterson Co. Findley's Regt.  
Surv. King's



December 19, 1909.

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 Gray Infantry's 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.

The undersigned, of the County and of the Superior Court,

do hereby certify that

William H. Refner and Elizabeth P. Refner, in the Holy State of matrimony, were lawfully and lawfully joined according to the Constitution and laws of this State, and heretofore, this day, the 26th day of June, 1866.

Witness my hand and the seal of said County, this 19th day of December, 1909.

A. H. Leonard, Ordinary.

Georgia White County.

I do hereby certify that the above named parties were lawfully joined in marriage on the 26th day of June, 1866.

Andrew Dorsy, J. J. C. (Judge Inferior Court.)

RECORDED - ORDINARY -

Georgia White County.

I, A. H. Leonard, Ordinary of said County, do hereby certify that the above is a correct copy of the marriage license and Certificate of marriage of William H. Refner and Elizabeth P. Refner, as a copy of record in the Office in Book "A", page 47, Record Marriage License, White County, Georgia, filed under said Book and No. 1, this the 26th 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. I know of no other parties in this matter.*

There is no Capt. H. Refner in the 2nd Cavalry Regiment of the 1st Division of the Georgia Militia. The name of William 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 \_\_\_\_\_ by \_\_\_\_\_

Whose my hand and seal, this \_\_\_\_\_ day of \_\_\_\_\_ 190\_

Executed in presence of \_\_\_\_\_

[L. S.]

*Pension office  
10/23-1904  
220 Co. 2nd  
by Lt & Regiment  
by approval by  
Lt & Regiment  
J. W. Lindsey  
Comd of Co.*

*Hefner, W. J.  
Dearborn  
Cass No. 10/23-1904  
County*

INDIGENT PENSION.  
190\_

Name *W. J. Hefner*  
County *Cass*  
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.

*10/106*

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

*Prison for  
1865  
by Co. & Capt. of  
by Capt. & Surgeon  
1865-1866  
Capt. & Surgeon  
Co. of Cavalry*

*Hepner, N.Y.  
Capt. No. 10743-1864  
Co. Cavalry*

INDIGENT PENSION.

190

Name *W. H. Hepner*

County *Cobb*

Regt. \_\_\_\_\_

Approved \_\_\_\_\_ 1906

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Ordinary will make return of Applicant's Company and Regiment to make all indicated above.

Health, Printing and Publishing Co., 214 W. Harrison, N.Y.

10/1/06

QUESTIONS FOR APPLICANT.

STATE OF GEORGIA,

*Cobb*

\_\_\_\_\_ COUNTY.

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

1. What is your name and where do you reside? *(Give State, County and Postoffice.)*  
*W. H. Hepner*
2. How long and since when have you been a resident of this State? *All my life*
3. When and where were you born? *1824, in Brunswick Co. N.C. near the Georgia line*
4. When and where and in what company and regiment did you enlist or serve? *Charleston 1861*  
*Army*
5. How long did you remain in such company and regiment? *From the date of enlistment to the surrender. I am old & my memory is bad & I can hardly recall dates*
6. When and where was your company and regiment surrendered and discharged? *Charleston White Army, Va. 1865. About April as well as I can remember*
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*
9. How much can you earn (gross) per annum by your own exertions or labor? *Nothing*
10. What has been your occupation since 1865? *Blacksmith until five years ago*
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"? *When I was young I must follow my trade*
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? *Age & poverty & infirmity. I was a heart trouble*
13. What property, real and personal, or income, do you possess, and its gross value? *Nothing except a little household goods. Value not more than \$15.00*
14. 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? *Nothing*  
*Cobb County White Artillery, Brunswick the year previous*
15. In what County did you reside during those years, and what property did you then return for taxation? *Cobb County the last three years & I don't know the year previous*
16. How were you supported during the years 1901, 1902, 1903, 1904 and 1905? *My wife has supported me by washing & working for neighbors*
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? *Long or fifty dollars. I will give my own labor*
18. What was your employment during 1901, 1902, 1903, 1904 and 1905? What pay did you receive in each year? *Nothing. Nothing*
19. Have you a family? If so, who composes such family? Give their means of support. Have they a home-stead, or other property? Their ages and how employed? *Myself & wife. They were George & Martha for awhile, we have three boys. They were for the past year, we got to Johnsons Creek but support themselves*
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*

Every Question MUST BE Answered.

Subscribed before me this the \_\_\_\_\_ day of \_\_\_\_\_ 1906  
*W. H. Hepner* Applicant.  
of *Cobb* County.



QUESTIONS FOR WITNESS.

STATE OF GEORGIA,

East COUNTY, 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. McCluskey, Blackwells, Co. Co., 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? Blackwells, Co. Co., Ga. 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?

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

11. What property, effects or income has the applicant? (Give your means of knowledge.) 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 -  
 Sworn to and subscribed before me, this the \_\_\_\_\_ day of \_\_\_\_\_ 1906.  
J. H. Murray, Ordinary. D. H. McCluskey, Witness.

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  
Signed to and subscribed before me, this the 19th day of Sept, 1904.  
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 Shambus 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 19<sup>th</sup> day of Sept. 1904.  
S. L. Brown Ordinary -

Washington record included.

Deposited with  
Cobb Co. Clerk  
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. I. N. Higgins  
 Widow of Newton Higgins  
 Date of Marriage Dec. 16, 1890  
 Date of Husband's Death Feb. 22, 1922  
 Company U.S.A.  
 Regiment 1st Regt.  
 Approved DEC 27 1937 193  
J. H. ... Director

AUG 13 1937

### Ordinary's Certificate

STATE OF GEORGIA.

I, Jas. J. Daniell Cobb COUNTY, Ordinary of said County, do certify

that I know Mrs. I. N. Higgins 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 witnesses who swear 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. H. Daniell Ordinary,  
of Cobb County.

- INSTRUCTIONS
1. Before any questions are answered the Ordinary shall read new applicant and the witness in the following order: "You do solemnly swear that you will give answers make to each of the questions asked you and the evidence you shall give will be true to the best of your knowledge and belief."
  2. Additional affidavit 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 certified by such Ordinary.
  4. All affidavits must be sworn to before the Ordinary of the County in which the applicant or witness resides and must be certified by such Ordinary.
  5. Fill out the back copy of the application form.
  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.

Washington  
rec'd - enclosed  
1938

Deputy Secy to M. (Mrs.)  
Cobb Co. Ga.  
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. N. Haggie  
 Widow of Nurton Haggie  
 Date of Marriage Dec. 16, 1890  
 Date of Husband's Death Feb. 22, 1923  
 Company 4th  
 Regiment 1st Ga.  
 Approved J. S. Daniel 1937  
 Director

AUG 13 1937

### Ordinary's Certificate

STATE OF GEORGIA,

Cobb COUNTY.

I, Jas. J. Daniell, Ordinary of said County, do certify that I know Mrs. J. N. 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)  
J. S. Daniell, 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, 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 by such Ordinary.
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 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.
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,

Cobb COUNTY.

Personally appears before me, Mrs. Nurton 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.

1. What is your name, and where do you reside? (Give Post Office and County) Mrs. Nurton Haggie 500 Church St. Marietta, Cobb Co. Georgia
2. 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. 19<sup>th</sup> 1850 Age 86
3. (1) When, (2) where and (3) to whom were you married? Dec. 16<sup>th</sup> 1890  
Marilla, Ga. (3) Nurton Haggie
  - a. Have you married since the death of first and soldier husband? No
  - b. When and where did your first husband die? Feb. 22<sup>nd</sup> 1920 - Piedmont Ga. Atlanta, Ga.
  - 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? No
  - g. 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:

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.  
May 31<sup>st</sup> 1861 - Company H - 7<sup>th</sup> Georgia Regiment Georgia Infantry. Captain P. K. Tolbriday. Colonel W. T. Walker
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? At the close of the war.
6. For what cause did he leave? At the close of the war.
7. By whose authority did he leave?
8. For how long was his leave of absence granted? Sur'd
9. In what way was he prevented from going back to his Command?
10. Was he captured by the enemy at any time? No
11. 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.  
J. S. Daniell, Ordinary.  
 of Cobb County.  
 (SEAL OF ORDINARY)

Mrs. J. N. 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. Danville* Ordinary,  
*Cobb* County.

*See attached letter from War Dept. at Washing-  
ton, D.C., dated Aug. 7, 1937, to Jas. J.  
Danville, Ordinary, showing service.*

### Questions for Witness as to Marriage and Service of Husband.

STATE OF GEORGIA,

*Cobb* 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 the witness's husband.*
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. (Give date and place)

9. When, where and in what Company and regiment did \_\_\_\_\_ enlist?
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. Danville* Ordinary  
of *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. Biller*  
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 20 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. Coakley*  
Major General  
The Adjutant General  
By *E. J. Coakley*

COURT OF ORDINARY, COBB COUNTY  
JAS. J. DANIELL, ORDINARY  
MARIETTA, GA.

Georgia, Cobb County.

This is to certify that I. N. Haggie and Idelle 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.

*James J. Daniell*  
Ordinary

Ordinary's Certificate

STATE OF GEORGIA

*Wm. Lindsey* Ordinary

I, *Wm. Lindsey* Ordinary of said County, certify that I know the applicant *Wm. Lindsey* for pension is the person he represents himself to be and resides in said county. That I also know *Wm. 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. Lindsey* Ordinary  
of *Cobb* County

(SRAL)

NOTES: 1. Before any questions are answered the Ordinary shall read applicant and witnesses to the following words: "You give shall be the whole truth. So help you God." 2. All statements made and the witness to the questions asked, you and the witness must be certified by me, Ordinary of the county in which the applicant or witness resides and must be certified by me, Ordinary.

*Wm. Lindsey*  
*1912* *Cobb Co.*  
No. *10-31-22*  
*Oct. 10 1922*

Confederate  
Soldier's Application

Under Act 1910—As Amended by Act of 1919.

County *Cobb*  
Name *Wm. Lindsey*  
Company *8*  
Regiment *7th Ga Cavalry*  
Approved *John W. Colard*  
*Commissioner of Pensions*  
*11-27-22*

J. W. LINDSEY,  
Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

Ordinary's Certificate

STATE OF GEORGIA,

Colt Co. COUNTY }  
 I, Wm. J. Samu Ordinary of said County, certify that I know  
 the applicant Wm. J. Samu for pension is the person he represents himself to be and  
 resides in said county. That I also know W. H. 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 10 day of October 1922

W. J. Samu Ordinary  
 of Colt County

(SEAL)

NOTES: 1. Before any questions are answered the Ordinary shall swear applicant and witnesses in the following words:  
 "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence  
 you give shall be the whole truth. So help you God."  
 2. Additional affidavits may be attached if blank spaces are insufficient.  
 3. All affidavits must be made before the Ordinary of the county in which the applicant or witness resides and  
 must be certified by such Ordinary.

Application for Soldier's Pension Under Act 1910

Amended by Act 1919

Questions For Applicants to Answer

STATE OF GEORGIA,

Colt COUNTY }  
W. Haggie of said State and County, hereby applica  
 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. Haggie, Delandville Ga
2. How long and since when have you been a continuous resident citizen of this State? All my life about 134 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) Mt. 800, Columbus Ga Co. 27th 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. Co. was surrendered in April 9th. Savannah
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 2nd Co. 27th Ga Cavalry
- 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? Assigned to Hospital for several days
- d. By whose authority did you leave? By Order of Col. Glendon, Commanding 27th Ga Cavalry
- e. For how long was your leave granted? In what way? Had no leave of absence unless leave. 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

10 day of Nov 1922  
W. J. Samu Ordinary  
 of Colt County.

(SEAL)

Confederate  
 Soldier's Application

Under Act 1910—As Amended by Act of 1919

County Colt  
 Name W. Haggie  
 Company 27th Ga Cavalry  
 Regiment 27th Ga Cavalry  
 Approved John W. Eckard  
Commissioner of Pensions  
11-27-22

J. W. LINDSEY,  
 Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

Haggie, W.  
Colt Co.  
No. 10-31-22  
with April 23

for sent duty & pension duty  
 W. Haggie

W. Haggie

Questions for Witness as to Service

STATE OF GEORGIA.

*Cobb* COUNTY }  
*J. B. Server*

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? *Marietta, ever since before Civil 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 Myrtle, Ga. 1863*
5. How did you obtain your information of this Service? *I was orderly Sergeant of Co. 7th Ga. Cav*
6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (Give date) *Up until 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 Lee but much of it was out on 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 care for the arms of the army till when he was I do know that he was a good faithful soldier*
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. *Orders 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 leave his part* 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 *17* day of *January* 19*22*  
*J. M. Cannon* Ordina.y  
of *Cobb* County }

*J. B. Server*  
*Resident of Ga. Cav*

(SEAL)

*Obtain from the P. M. & J. Cannon for filing*

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. Weston Hoggie the applicant, and that she is the lawful widow of Weston Hoggie and was on the Seven 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. P. 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.

HEIR  
COBB COUNTY  
1923

Application for Pension Due Deceased Soldier  
(UNDER ACT 1891)

(To be paid his Widow or Dependent Children)

BY Mrs. Weston Hoggie  
Widow of Weston Hoggie  
of Cobb County

Old or New \_\_\_\_\_  
Date of Death July 22 1923

Approved and ordered paid 100.00  
June 19 1928

J. W. HARRISON  
Commissioner of Pensions

Ordinary: Fill out above in full and send this blank to Pension Office for approval before they will pay arrears or call 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 19\_\_\_\_ 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 100 Dollars from April County for 1933, and that the said Newton Haggie died in April County on 20 the 22 day of July, 1923, and at the time of his death a Pension of 100 was due him from Cobb County and unpaid for 1923. Applicant further swears that she married the said Newton Haggie on the 14<sup>th</sup> 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.) Ha

## AFFIDAVIT OF WITNESS

STATE OF GEORGIA, Cobb County

Personally before me comes Joe 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 (H.W.) and Mrs. Newton Haggie 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. Joe 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 females. Such a certificate is multiply too bulky for use in any sort of pension paper.
- 3rd. Avoid the use of the enormously large form of marriage certificate in common vogue throughout this State, suitable only for widows of disabled soldiers who died after October 31st, and for widows and dependent children of service soldiers who died after November 30th.
- 4th. 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 30th.
- 5th. The Ordinary should examine the blank carefully and see that it is fully and correctly completed, and the seals affixed, and that the blank was folded, in dual copies.
- 6th. 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.
- 7th. Return this application with your final settlement to the Pension Office.
- 8th. The widow signs pay-roll for the pension of her husband's name for same opposite his name thereon.
- 9th. 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 "two" pensions who had two marriages, she must make two separate applications—one for each year. Attach a separate marriage license to each pay-roll 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 "war" pensioner, who was due 100 and 1000 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. Haggis, 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



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

*I M. Hoggie* 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.  
 But 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 the *15* day of  
*Dec* 18*90* *Stone* I. S. Ordinary.

STATE OF GEORGIA **CERTIFICATE** COUNTY OF COBB

I Certify that *I. M. Hoggie* and *Idelle Marlow*  
 were joined in Matrimony by me this *15* day of *December* *Eighteen* Hundred  
 and *Ninety*  
 Recorded *19*  
*Ordinary*

*V. E. Marget U. S.*

LICENSE OBTAINED UNDER OATH BY

PARTY PERFORMING CEREMONY RETURN TO ORDINARY TO BE RECORDED.



Ordinary's Certificate

STATE OF GEORGIA,

Cobb COUNTY.

I, J. M. Garrison Ordinary of said County, certify that I know the applicant J. J. Heltzer for pension is the person he represents himself to be and resides in said county. That I also know Argyran Bauer 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. Garrison 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.

Heltzer, J. J.  
Cobb Co.  
No. 9111, Jan 1920

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

County Cobb  
Name J. J. Heltzer  
Company "A"  
Regiment 18th Co. Inftry  
Approved \_\_\_\_\_

J. W. LINDBREY,  
Commissioner of Pensions,  
1917 Printing Co., State Printer, Atlanta.

10-30-1919

April 9<sup>th</sup> 1863.  
Cayland, near Jarrville  
Va, April 6. 1865.  
Richmond, Whigpost News.  
Va, June 14. 1865.

Application for Soldier's Pension Under Act 1910

Amended by Act 1919

Questions For Applicants to Answer

STATE OF GEORGIA,  
Cobb COUNTY.

J. J. Heltzer 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. Heltzer; 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, Co. A with the Co. A. S. Ia. 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 front line
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 Chickasaw Bay to Chickasaw
- a. Where was your command when you left it?  
between Chickasaw Bay & Chickasaw
- b. When did you leave the command?  
staid above
- c. For what cause did you leave?  
Captain
- 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 Chickasaw Bay, released long, in prison
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

of New Port News  
with return

Sworn to and subscribed before me, this the  
25 day of August 1919  
J. M. Garrison Ordinary  
of Cobb County.

(SEAL)

Questions for Witness as to Service

STATE OF GEORGIA,

Cobb COUNTY.

Grogan Homer 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? Grogan Homer  
Manetta Ga

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 Cobb Co, Ga

4. When, where and in what Company and Regiment did J. Hillen enlist during war from 1861 to 1865? (Give date and place.) He joined 60th Reg. in May 1864 as a private

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? New Richmond For what cause did he leave? Captivity

By whose authority did he leave? By the authority of the commanding officer and how long was he granted leave? None 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. 7 Regt. was captured and was kept 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? None

15. Was applicant captured as a prisoner? Yes If so, when and where? April 6, 1865  
New Richmond Va In what prison was he held? New South News and when released last of June 1865

Sworn to and subscribed before me, this the 1st day of June 1919 } Grogan's House  
man

..... Ordinary }  
of ..... County. }

(SEAL)

This being the 18th day of June 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

*Read on the within approval for 3 months 4 quarters pension of 1927 for \$50 each quarter from 2/23/29 Mrs T J Shelton*

HEITON, T. J.

County Cobb

**1927**

**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 11th 1927

John W. Island 1927  
 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 return with the money your pay-rolls for permanent 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, 1861)

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 (\$100<sup>00</sup>.) Dollars from said County Oct 19 27, and that the said Pensioner died in Cobb County on the 11<sup>th</sup> day of June, 1927, and at the time of his death a Pension of 100<sup>00</sup> was due him from Cobb County and unpaid for 1928. Applicant further swears that she married the said T. J. Hellen on the 9<sup>th</sup> 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 19<sup>th</sup> 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 9<sup>th</sup> day of October, 1900, and that they were residing together as husband and wife at the time of his death on the 11<sup>th</sup> day of June, 1927, and that she is his dependent widow.

Sworn to and subscribed before me this 25<sup>th</sup> 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 January 1st, leaving dependent children but no widow, their guardian may use this form in their behalf. Proof of marriage must be made.
- 2nd. Do not use the unnecessary large form of marriage certificate in common usage throughout the State, available 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 should examine the blank after it is filled in, and see that everything is fully and correctly completed, and the seals affixed, and that back 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 holding her proper power-of-attorney receipts for this pension by signing name, as widow, opposite the name of husband on the soldier pay roll.
- 7th. Only the one pension is covered by this application. Take another application, on the white blank, to admit widow to rolls in her own right, November 1st in the next filing date in the next year's rolls.

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?

WOUND?

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. Gunn*  
Ordinary, Cobb County, Georgia.

MARRIAGE LICENSE

OR

Mr. T. J. Helton

AND

Eliza Ann Dickson

Issued September 30<sup>th</sup> 1899 '1927

and Recorded on Page 14 Book

"B" of Marriage Licenses

J. M. Gunn

Ordinary

**MARRIAGE LICENSE**

OF

Mr. T. J. Holton

AND

Eliza Ann Dickey

Issued September 201 1899, 192

and Recorded on Page 14 Book

of Marriage Licenses

J. M. Stone

Ordinary

RANK:

COMPANY AND REGIMENT? Company A, 18th Georgia Infantry.

NAME OF CAPTAIN AND COLONEL?

WOUND?

CAPTURED, HOW 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 ~~19th~~ 20th day of September, 1899 J. H. Stone

Ordinary (U.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 ~~11:00~~ <sup>8:15</sup> ~~eleven~~ <sup>eighteen</sup> Hundred and ninety nine*

Recorded *19* A. H. Hayes, J.P.  
J. H. Stone Ordinary

~~Henry, 887~~  
Henry, Fowler  
No. 64 Col. 1 Co.

APPLICATION FOR

Arif. W. C.

FOR CONFEDERATE SOLDIER

Fowler, Henry  
County, Col. 1 Co.

Line, Arif. W. C.

Amount, 60

Date of Warrant, Oct 15, 40

Page

Co. H, 13th Regt  
S. C. Artillery

E. 1/152

STATE OF GEORGIA.

(Cable County)

Personally appeared before me Fowler Heintze of the county of Cable State of Georgia, who, being duly sworn, deposes and says that he was on the 29th 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 D 13<sup>th</sup> Regiment of South Carolina Volunteers that while engaged in such military service, to wit: at the battle or engagement of 2<sup>d</sup> 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 29th, 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 11<sup>th</sup> day of October 1879 at Franklin Georgia  
Wm. H. H. H. H.

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, deposes 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 contains the following affidavit of three responsible citizens must be furnished.

*Heintze, Fowler*  
*Heintze, Fowler*  
*11th Oct 1879*  
 APPLICATION FOR  
 Civil Service

FOR CONFIDENTIAL SERVICE  
Fowler Heintze  
 COUNTY Cable  
 RANK Private  
 AMOUNT \$600  
 Date of Warrant See 11th Oct

Page .....  
Cable  
Heintze

*Heintze*

AN ACT

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

SECTION 1. Be it enacted by the General Assembly of the State of Georgia, That any person now a 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. 2. 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. 3. 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. 4. 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. G. BACON,  
Speaker House Representatives.  
RUFUS E. LESTER,  
President Senate.  
ALFRED H. COLQUHUN, Governor.

STATE OF GEORGIA,

Cobb County,

Personally came Geo. C. Roberts, M. W. Guthrie  
and J. S. Roberts  
who, being duly sworn, depose and say they are acquainted with Fowler Huntree

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. Hammond } George C. Roberts  
 } John B. Roberts  
 } W. C. Guthrie  
 }  
 } Grey

STATE OF GEORGIA,

Cobb County,

I W. M. Hammond Ordinary of Cobb county, do certify that I am well acquainted with Geo. C. Roberts 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, Junr. 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. Hammond  
Grey

Hembree, Funder  
Cobb Co

No. 332

APPLICATION FOR ALLOWANCE  
FOR YEAR ENDING OCTOBER 31, 1889.

FOR  
Loss of Right Arm  
Applicant *George Hembree*  
County *Cobb*  
Amount *100*  
Date of Warrant *Dec 11 1889*  
Entered on record *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 *bona fide* citizen and  
resident of said State, and has been such continually since the *24<sup>th</sup>* 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 *Brigade*'s Brigade; that whilst engaged  
in such military service, at the battle of *Seven Days* in the State  
of *Virginia*, on the *29* day of *August* 1862 he was

wounded as follows: *by a bullet through the right elbow, completely separating the joint & thereby causing complete loss of 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 *11<sup>th</sup>* day of *July* 188*9* } *George Hembree*  
*John Stone* *notary*

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, *J. H. Stow* Ordinary of said county,  
do certify that I am well acquainted with *Jordan Hembree* 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*

*J. H. Stow*  
Ordinary *Cobb* County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County \_\_\_\_\_

*Know all Men by these Presents*, That I, \_\_\_\_\_

of \_\_\_\_\_ county, in said State, do hereby appoint  
of \_\_\_\_\_ my true and lawful attorney in fact, for  
me and in my name, to receive and receipt for 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*9*

(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,

*Carroll* County. }  
 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. Power* 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 *July* 189*0*.

*J. M. Stone*  
 Ordinary *Carroll* County.

STATE OF GEORGIA,

*Carroll* County. }  
 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 \_\_\_\_\_  
 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 *9* day of *July* 189*1*.

*J. M. Stone*  
 Ordinary *Carroll* County.

*Humber, James  
 Col. Co  
 Member, Stone*

**1890.**

No. *294*.  
 APPLICATION FOR ALLOWANCE.  
 FOR THE TALK ORDER OFFICE IN 1890.  
*James Humber*  
 Applicant, *Carroll*  
 County, *Carroll*  
 Amount, *\$100*  
 Date of warrant, *July 5 1890*  
 Entered on record  
*July 5* 1890  
*J. M. Stone*  
 Notary Public  
 WARRANT HELD TO  
*J. M. Stone* Applicant

*Humber, James  
 Col. Co*

**1891**  
*Humber, James  
 Col. Co*  
 PAID 1891

No. *408*  
 Application for Allowance  
 FOR THE TALK ORDER OFFICE IN 1891.  
*James Humber*  
 Applicant, *Carroll*  
 County, *Carroll*  
 Amount, *\$100*  
 Date of Warrant, *July 20*  
 Entered on record  
*July 20* 1891  
*J. M. Stone*  
 Notary Public  
 WARRANT HELD TO  
*J. M. Stone* Applicant

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

## For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

*Cobb* County, PERSONALLY appears *John Humber* 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 *J*, 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 the 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, *John Humber* mark

*Wm. H. Griggs*  
Notar. 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 *5* day of *July* 1890

[i. s.]

Executed in the presence of us:

*Wm. H. Griggs*  
DIRECTION.

Send money to me as follows, by \_\_\_\_\_ to \_\_\_\_\_ County, Georgia.

## For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

*Cobb* County, PERSONALLY appears *John Humber* 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 \_\_\_\_\_) 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 at the battle of \_\_\_\_\_ in the State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_ 1862, he was wounded as follows:

*By Minnie East, hitting the elbow joint of the right arm, it 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 \_\_\_\_\_ dollars, for \_\_\_\_\_ disability.

Sworn to and subscribed before me, this the *4* day of *July*, 1891, *John Humber* mark

*Wm. H. Griggs*  
Notar. 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.

[i. s.]

Executed in the presence of us: \_\_\_\_\_

DIRECTION.  
Send money to me as follows, by \_\_\_\_\_ to \_\_\_\_\_ P. O. \_\_\_\_\_ County, Georgia.

STATE OF GEORGIA.

Colt Co. County.

I, Wm Stone Ordinary of said county,

do certify that I am well acquainted with Samuel Fowler 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 27 day of March 1892.

Wm Stone Ordinary Colt County.

POWER OF ATTORNEY.

STATE OF GEORGIA.

County.

Know all Men by these Presents, That I

of Colt County, State of Georgia, do hereby appoint

Samuel Fowler my true and lawful attorney in fact, for me and my heirs 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, by receiving 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 27 day of March 1892.

Executed in the presence of us:

DIRECTION.

Send money to me as follows) by

STATE OF GEORGIA to P. O.

Colt County, Georgia.

Colt Co.  
Fowler, Samuel  
He

SOLDIER'S PENSION.

1892.

FOR THE YEAR ENDING OCTOBER 31, 1892.

Sam  
Name Samuel Fowler  
County Colt  
Disability loss of arm  
Amount, \$ 100  
Entered on record Met 7 1892.  
W. H. HARRISON,  
Secretary of Revenue Department.

AGENT.  
Applicant  
Wm Stone

Colt Co.

1892.

Samuel Fowler  
Application for Allowance  
No. 591  
Loss of arm  
Applicant Samuel Fowler  
County Colt  
Amount, 100  
Date of Warrant, 3/18  
Entered on record, 3/18  
CLARK  
WARRANT NUMBER Applicant  
Wm Stone

STATE OF GEORGIA

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Colbert County.

PERSONALLY appears

Henry Fowler

of Colbert 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 25<sup>th</sup> day of December 1874; 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 1 of 3<sup>rd</sup> Regiment of S. Carolina Volunteers 1862's Brigade; that whilst engaged in such military service at the battle of Malvern in the State of Virginia, on the 29<sup>th</sup> day of August 1862, he was wounded as follows:

By being struck in his right arm near the shoulder and arm being taken off near the 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, 1892. I have heretofore been allowed a pension of

One hundred Dollars for 1891

Sworn to and subscribed before me this 24<sup>th</sup> day of March 1892 } Henry Fowler  
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,

Colbert County.

Know all Men by these Presents, That I

County, in said State, do hereby appoint

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_ 1892

Executed in the presence of us \_\_\_\_\_

### DIRECTION.

Send money to me as follows, by \_\_\_\_\_

to \_\_\_\_\_

County, Georgia.

P. O.

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Colbert County.

PERSONALLY appears

Frank Hembree

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 \_\_\_\_\_) during the war between the States and served as a Private in Company 1 of 13<sup>th</sup> Regiment of S.C. Volunteers 1862's Brigade; that whilst engaged in such military service at the battle of Seven Masses in the State of Virginia, on the \_\_\_\_\_ day of \_\_\_\_\_ 1862, he was wounded as follows:

By gunshot strike in right arm near the shoulder, causing him to be amputated up near the 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, 1892. I have heretofore been allowed a pension of

800 dollars, for 1891

Sworn to and subscribed before me, this, the 16<sup>th</sup> day of March 1892 } Frank Hembree  
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,

Colbert County.

I, \_\_\_\_\_ Ordinary of said County,

do certify that I am well acquainted with Frank Hembree 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 \_\_\_\_\_ County, and the said affidavits and signatures thereto are genuine, and I hereby certify that the signatures thereto are genuine, and I hereby certify that the signatures thereto are genuine, and I hereby certify that the signatures thereto are genuine.

Given under my official signature and seal, this 18<sup>th</sup> day of March 1892.  
Frank Hembree  
Ordinary

STATE OF GEORGIA,

## POWER OF ATTORNEY

# 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, Georgia*

*W. H. Harrison Co*

(For Those Already Enrolled.)

No. *587*

**Soldier's Pension.**

**1894.**

Name *Johns Kambert*  
County *Cobb*  
Disability *Loss of arm*  
Amount *\$100.*  
*W. H.*

1894.

W. H. HARRISON,

Secretary Executive Department.

WARRANT HANDLED TO

*applicant*

Gen. W. Harrison, State Printer, Atlanta.

*11/18/94*

# 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, Georgia*

(For Those Already Enrolled.)

No. *374*

**SOLDIER'S PENSION.**

**1895.**

Name *Johns Kambert*  
County *Cobb*  
Disability *Right arm*  
Amount, \$ *100*  
*3/4*

1895.

EUGENIUS JOHNSON,

Secretary Executive Department.

WARRANT HANDLED TO

*App.*

Gen. W. Harrison, State Printer, Atlanta.

*No data*

## For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

*Cobb* County,

PERSONALLY appears *Jordan Hembree* 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 *Virginia*) 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:

*By gunshot wound 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, the

*13* day of *March* 1894.

*J. M. Stone*

*Jordan Hembree*  
Ordinary

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

STATE OF GEORGIA,

*Cobb* County,

I, *J. M. Stone* Ordinary of said County, do certify that I am well acquainted with *Jordan 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

day of *March* 1894.



*J. M. Stone*  
Ordinary

*Cobb* County.

## For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

*Cobb* County,

Personally appears *Jordan Hembree* 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 *Virginia*) 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:

*By gunshot wound in the right arm from which wound the said arm was amputated between the 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 26th, 1895. I have heretofore been allowed a pension of

*100*

dollars, for the year 1894.

Sworn to and subscribed before me, this, the

*17* day of *March* 1895.

*J. M. Stone*

*Jordan Hembree*  
Ordinary

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

STATE OF GEORGIA,

*Cobb* County,

I, *J. M. Stone* Ordinary of said County, do certify that I am well acquainted with *Jordan 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

day of *March* 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 \_\_\_\_\_ 1898.

[L. S.]

Executed in presence of us

*Humberg Family*  
*to off by*

ACT OF MARCH 1887.  
(For Those Already Enrolled.)

No. 3085

**SOLDIER'S PENSION.**

**1890.**

*(In Postoffice to 1877)*

Name *Andy Humberg*

County *Cobb*

Disability *loss right arm*

Amount, \$ *100*

*3/9* 1898

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDED TO

*APR*

Geo. W. Harrison, State Printer, Atlanta.

*No data*

*Georgia* *J. Fowler Humberg*  
*(Cobb County)* *hereby authorize and*  
*empower R. H. Northcutt*  
*Esq to receive a receipt for in*  
*my name the amount coming*  
*from an Execution Warrant*  
*for Artificial Arm.*  
*Witness with hand & seal*  
*this September 17 - 1898.*  
*J. Fowler Humberg*  
*mark*  
*Wm. R. Power*  
*Notary Public*  
*(Cobb Co. Ga.)*

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,  
Cobb County.

Personally appear James Membré 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 \_\_\_\_\_) during the war between the States, and served as a Private in Company X, of 13th Regiment of S.C. Volunteers, Bryson's Brigade; that whilst engaged in such military service in the State of Ala., on the 27 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 said 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, 9<sup>th</sup> day of March 1896.  
James Membré  
notary

NOTE.—State 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 Membré the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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<sup>th</sup> day of March 1896.



Full Stone  
Cobb Ordinary Cobb County.

Audited Feb. 11 1889.  
Wm. B. Wright  
COMPTROLLER GENERAL

Cobb

Maimed Soldiers.

Voucher No. 332

Amount \$ 100

Paid to James Membré

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

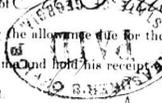
STATE OF GEORGIA,  
EXECUTIVE DEPARTMENT.

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,

Decr 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 sum and hold this receipt of this voucher, and return same to  
Executive Department for warrant.



By the Governor  
*C. N. Harrison*  
CLERK EXECUTIVE DEPARTMENT.

*400*  
RECEIVED OF STATE TREASURER, R. U. HARDEMAN,  
*One Hundred & 00/100* Dollars,  
per above voucher, this *11<sup>th</sup>* of *Feb'y*, 1889.

*Test* *Fowler & Newbree*  
*W. Guthrie* *Mark*

*Newbree, Fowler*  
*Co. 66*

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 & Engraver)

*(Applicant)*

*Fowler*

Maimed Soldiers.

*Amount \$ 294*

*Amount \$ 100*

*Mr. Fowler Newbree*

*Loss of right*  
*arm*

*Feb'y 10* 1891

*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 by 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

*5* of *Feb'y* 1890  
*Fowler Heurbree*  
X

*W. H. Harrison*

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,

PAID  
STATE OF GEORGIA

*W. H. Harrison*  
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.* 1891.

*Fowler Heurbree*

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 give what is the whole truth and nothing but the truth, and your answer makes to each of the questions asked you and the evidence is true to the best of your knowledge and belief. 2. Additional affidavits may be attached if blank spaces are insufficient. 3. Affidavits must be certified by each Ordinary in which the applicant or witness resides and must be certified by each Ordinary.

Ent. May 31, 1864.
Account with mt. lease
since Dec. 24, 64
pr.

OK Apr 1920
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 1st Ga. Cavalry
Approved

ENTERED HOSTLER OFFICE

J. W. LINDSEY, Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

11-1-1919

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.

Recd for 1920  
 Hendricks Co  
 No. Cobb Co  
 Sub. May 31, 1921  
 Absent without leave  
 since Dec. 24, '64  
 M.R.

Confederate  
Soldier's Application  
Under Act 1910 - As Amended by Act of 1919

County Cobb  
 Name P. Hendricks  
 Company Long St. Cavalry  
 Regiment  
 Approved

ENTERED ROSTER OFFICE

J. W. LINDSEY,  
 Commissioner of Pensions,  
 Boyd 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, Capt P Hendricks 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 Precinct).  
P. Hendricks Powder Camp Cobb 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)  
Sept 15th 1861 30th Co 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? —
- 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? 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? —

Sworn to and subscribed before me, this the

31 day of Oct 1919  
J. M. Gann Ordinary  
 of Cobb County.

P. Hendricks

(SEAL)

APPLICATION FOR SOLDIER'S PENSION UNDER ACT 1910.

Questions for Applicants to Answer.

STATE OF GEORGIA,

Cobb County.

P. Henderson 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). P. Henderson 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) At Marietta, Ga. 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? Roughley 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? Roughley 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? Id 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.) None
10. What property of any kind have you disposed of and for what purpose since 4 Nov. 1908. To whom and for what price? None
11. What property of any description of any kind, and of any value now owned and in the use, possession and control of yourself and its cash value. (Make itemized list.) None
12. What annual or monthly income or earnings of yourself and the source derived have you? None
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 P. Henderson  
J. M. Gamm Ordinary  
of Cobb County.

signed this Co. at  
 Powder Springs Ga. last subject to go to  
 County at Johnson Ga.

Hendrick, B  
Cobb Co

Confederate

Soldier's Application.

UNDER ACT 1910.

County Cobb  
 Name P. Henderson  
 Company B  
 Regiment 2nd Ga. Cavalry  
 Approved \_\_\_\_\_

J. W. LINDSEY,  
 Commissioner of Pensions.

QUESTIONS FOR WITNESS AS TO SERVICE.

STATE OF GEORGIA,

Cobb County.

D. 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 the questions propounded answers as follows:

1. What is your name and where do you reside? *D. B. Ragsdale, Riverside Springs, Cobb Co. Ga.*
2. How long and since when have you known *O. Hendrick* the applicant? *Since 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? *Riverside Springs, Ga. ever since I know him. Being acquainted with him 40 years 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) *June 1861, Columbus, Ga. Co. B. 2nd La. Cavalry*
5. How did you obtain your information of this Service? *I was in same Regiment when he served.*
6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (give date) *until we were captured 1865.*
7. When and where was his Command surrendered or discharged (give date and place) *Coulter's H. Co. 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 was present*
12. When did he leave his Command? *April 1865, Raleigh, N.C.* Where was his Command when he left it? *Coulter's H. Co.* for what cause did he leave? *Army Surrendered*  
By whose authority did he leave? \_\_\_\_\_ and how long was he granted leave? *100 days* 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 I applied*
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 *19th* day of *April*, 191*8*.  
*J. M. Lane* Ordinary,  
of *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 \_\_\_\_\_ day of \_\_\_\_\_, 191*8*.  
\_\_\_\_\_  
Ordinary,  
of \_\_\_\_\_ County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Cobb County.

I, *J. M. Lane* 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 *D. 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 \_\_\_\_\_ 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 *14th* day of *Nov*, 191*8*.  
*J. M. Lane* 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.

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:

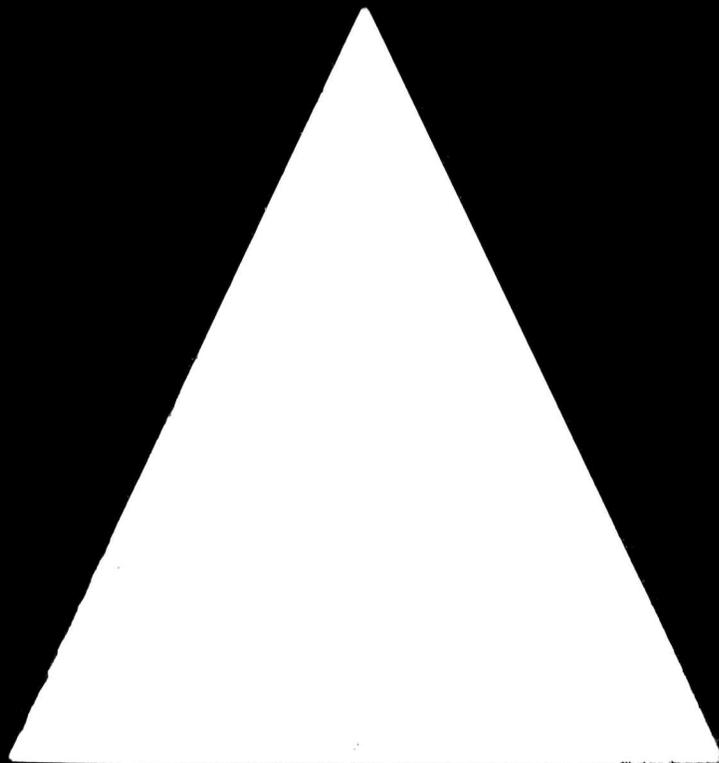
WHEN AND WHERE SURRENDERED? Raleigh, North Carolina,  
April, 1865.

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED:

WITNESSES: S. B. Ragsdale - same Regiment - - - -No data.  
SB.



*J. Hendrix, J. J.*  
Cobb Co.  
No. \_\_\_\_\_

**INDIGENT PENSION**  
**1898.**

Name *J. J. Hendrix*  
County *Cobb*

Approved \_\_\_\_\_ 1898.

**RICHARD JOHNSON,**  
*Commissioner of Pensions.*

WARRANT HANDED TO \_\_\_\_\_

REG. BY HARRISON, STATE PRINTER, ATLANTA

*Pension Office 8/1/98  
That applicant is unable  
to earn a support at home  
by labor or calling does  
not satisfactorily appear.  
Richard Johnson  
Comm of Pension*

**POWER OF ATTORNEY.**

STATE OF GEORGIA,  
*Cobb* COUNTY,

I, *J. J. Hendrix*

*J. J. Hendrix*

herely authorize  
*M. W. ...*

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

at \_\_\_\_\_ day of *Aug* 1898

Witness my hand and seal this \_\_\_\_\_

Remitted in presence of

*M. W. ...*

*Richard Johnson*  
[S.]

**POWER OF ATTORNEY.**

STATE OF GEORGIA, )

*Cobb* COUNTY, )

I, *J. T. Hendrix* hereby authorize

*W. J. Gray* of *Morehead Ga*

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

at \_\_\_\_\_ by \_\_\_\_\_

Witness my hand and seal this *18* day of *July* 189*9*

Executed in presence of *J. T. Hendrix* [I.B.]  
*W. J. Gray*

*Pension Office 8/1/89  
That applicant is unable  
to earn a support at home  
by labor or calling done  
but satisfactory effort  
Risk of business  
Comp. of Pension*

*Hendrix J. T.  
Cobb Co.  
No.*

**INDIGENT PENSION**

**1898.**

Name *J. T. Hendrix*  
County *Cobb*

Approved \_\_\_\_\_ 1898.

**RICHARD JOHNSON,**  
Commissioner of Pensions.

WARRANT HANDED TO

REC'D BY AUDITOR, STATE TREASURY, ATLANTA

*21695-11999*

**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 Morehead Cobb County Ga.*
2. How long and since when have you been a resident of this State? *Since 1840*
3. When and where were you born? *At Morehead Ga August the 21<sup>st</sup> 1840*
4. When and where and in what company and regiment did you enlist or serve? *at Morehead Ga in April 1861 the 1<sup>st</sup> South Georgia reg't Co F*
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? *working for myself also do 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? *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"? *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 get the lens and member to do any work & 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 own some that belonged to my business they was in my name and when 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 return taxes 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 what my support cost*
18. What was your employment during 1896 and 1897? What pay did you receive in each year?  
*in 1896 did not work and in the field 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 wife and 2 minor children have means of their own except what they can earn have no homestead*
20. Are you receiving any pension, if so, what amount and for what disability? *have never receive any*

Every Question MUST be Answered

Sworn to and subscribed before me this *27* day of *July* 1898.  
*J. T. Hendrix* Applicant.  
*W. J. Gray* Ordinary.  
of *Cobb* County.

**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. J. Hendrix for pension under the Act approved December 16th, 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  
Arwood Fulton County Ga
2. Are you acquainted with J. J. 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. was a resident of the State several years.
4. When, where and in what company and regiment did he enlist, and how do you know? at Athens Ga in 1841 in Co K 1st South Carolina reg't.
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 1845.
7. What property, effects or income has the applicant? (Give your means of knowledge.)  
he had none at the time.
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.
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? 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 latter of these years.
13. What portion of his support for these two years was derived from his own labor or income?  
I don't think that he had any labor 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 16th, 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.

Sworn to and subscribed before me, this 7 day of July 1898.  
G. I. Proctor Witness.  
M. M. ... Ordinary.

*making out the return is possible  
of his credit M. M. ...  
July 7th 1898*

**AFFIDAVIT OF PHYSICIANS.**

STATE OF GEORGIA.

Cobb County.

Personally and before me John N. Simpson M.D. and 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. J. Hendrix, applicant for pension under the Act of 1894, and after such personal examination say that his precise physical condition is as follows:

Fifty Seven  
years of 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.  
M. M. ... Ordinary.  
John N. Simpson M.D.  
E. J. Setze M.D.

**ORDINARYS' CERTIFICATE.**

STATE OF GEORGIA.

Cobb County.

I, M. M. ... Ordinary in and for said County, hereby certify that the applicant J. J. Hendrix resides in said County, and has been a bona fide resident of this State since the ... day of ... 1840 and that the witnesses, viz.: John N. Simpson M.D. E. J. Setze M.D. and A. E. Newton are of true worthy character and that their statements are entitled to full faith and credit.

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

I further certify that the tax digests of Cobb County show that applicant returned for taxation in his name in 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.  
M. M. ... Ordinary

John N. Simpson County.  
E. J. Setze County.  
A. E. Newton County.

1. Before any questions are answered, the Ordinary shall swear applicant and the witnesses to 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,

Debb COUNTY. }  
R. E. Newton

of said State and County, having been presented as a witness in support of the application of Ed 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? Edw H R E Newton  
McClellan Cobb County Ga
2. Are you acquainted with Ed Hendrix, 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? Cobb County Ga he resides he gets his mail from the R. E. Newton
4. When, where and in what company and regiment did he enlist, and how do you know?
5. Were you a member of the same company and regiment?
6. How long did he perform regular military duty, and what do you know of his service as a Confederate soldier, and the time and circumstances of his discharge from the service?
7. What property, effects or income has the applicant? (Give your means of knowledge.)
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 has for a long time been unable to support himself by his own labor and last year it was impossible to for him to do so
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 1896  
R. E. Newton Witness.  
John Ordinary.

**POWER OF ATTORNEY.**

STATE OF GEORGIA,

Cobb County.

I, J. 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  
me  
by mine

Witness my hand and seal, this 17<sup>th</sup> day of January, 1900.  
J. J. Hendrix [L. S.]  
mark

Executed in presence of

J. M. Gann

**POWER OF ATTORNEY.**

STATE OF GEORGIA,

Cobb County.

I, J. J. Hendrix hereby authorize  
John Arthey of Marietta  
to receive and receipt for the pension allowed and request that he remit same to  
me at his office  
by hand

Witness my hand and seal, this 5<sup>th</sup> day of January, 1901.  
J. J. Hendrix [L. S.]  
mark

Executed in presence of

James M. Gann

Hendrix, J. J.  
Cobb Co

COBB REC. 1284.  
(For Those Already Enrolled.)

No. 785

INDIGENT

**SOLDIER'S PENSION,  
1900.**

Name J. 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

Hendrix, J. J.  
Cobb Co

COBB REC. 1284.  
(For Those Already Enrolled.)

No. 222

INDIGENT

**SOLDIER'S PENSION.  
1901.**

Name J. 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 26<sup>th</sup> 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 Gate Regiment of 1<sup>st</sup> 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 17<sup>th</sup> day of January 1900. J. T. Hendrix mark

M. Stone 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 17<sup>th</sup> day of January 1900.



M. 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. 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 26<sup>th</sup> 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 H, of Gate Regiment of 1<sup>st</sup> 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 5<sup>th</sup> day of January 1901. J. T. Hendrix mark

John Awtrey Ordinary.

STATE OF GEORGIA,

Cobb County.

I, John Awtrey 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 5<sup>th</sup> day of January 1901.



John Awtrey 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.

Executed in presence of \_\_\_\_\_

[L. S.]

Questions for Applicant.

STATE OF GEORGIA,

Colts County.

*Phos. J. Hendrix* 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)  
*Phos. J. Hendrix - Powers, Colts 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?  
*I enlisted on Aug 1st 1861, in the 1st S. C. Infantry, on latter part of 1861, 1st Cotton Georgia*
5. How long did you remain in such company and regiment?  
*During the entire war until Johnston's Surrender at Greedensboro, N. C.*
6. When and where was your company and regiment surrendered and discharged?  
*At Greedensboro 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?  
*I 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 & 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 for 8 years - this illness 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 Colts County - Thomas nothing for taxes*
16. How many you supported during the years 1899, 1900 and 1901?  
*My wife and 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 contribute nothing but my pension*
18. What was your employment during 1898, 1899 and 1901? What did you receive in each year?  
*I owned 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 had recently been discharged*
21. Have you ever made any application for pension before?  
*Yes*
22. How many applications have you ever made and under what class?  
*Indigent like above*

Every Question MUST be Answered.

Sworn to and subscribed before me this the \_\_\_\_\_ day of \_\_\_\_\_ 1902.  
*Phos. J. Hendrix.*  
John Hendrix Ordinary,  
of \_\_\_\_\_ County.

*Substitution of Proof*  
*Met objections of board*

INDIGENT PENSION,  
1902.

Name *Phos. J. Hendrix.*  
County *Colts*

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.

Geo. W. Harrison, State Printer, Atlanta.

127-9-1902

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,

Fulton COUNTY.

Charles Potter of said State and County, having been presented as a witness in support of the application of J. 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 J. 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? in Cobb County
  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 Arme 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 judicial 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? and  
By what authority he left? order How do you know all of this? I was with Company

11. What property, effects or income has the applicant? (Give your means of knowledge?) None. I have known him since he was a boy
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, no assistance in the chest and shoulders, 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. Charles Potter Witness.  
John R. McWhorter Ordinary.

Sworn to before me this 17th/02 by J. Hendrix as to H. Adams  
John Adams Ordry Cobb County

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,

Cobb 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 J. 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 also cerebral insufficiency which affliction 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 Adams Ordinary.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Cobb COUNTY.

I, John Adams Ordinary in and for said County, hereby certify that the applicant J. T. Hendrix resides in said County, and has been a bona fide resident of this State since the 14th day of Nov 1896 and that the witnesses, viz: H. Adams

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 1899 nothing Dollars of property, and in 1900 nothing Dollars of property.

In my opinion the foregoing claim is nothing made in good faith. Witness my hand and seal of office, this 26 day of December 1902. John Adams 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, *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* [L. S.]  
*Mary*

Executed in presence of  
*John G. ...*

POWER OF ATTORNEY.

STATE OF GEORGIA,

*Cobb* 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* [L. S.]  
*Mary*

Executed in presence of \_\_\_\_\_

FOR THOSE ALREADY ENROLLED.

No. *207*

INDIGENT  
SOLDIER'S PENSION  
1902.

Name *J. J. Hendrix*  
County *Cobb*  
Co. *K* Regiment *1st*  
*E. L. ...*  
WARRANT ISSUED

1902.

JOHN W. LINDSEY,  
Commissioner of Pensions.

WARRANT HANDED TO

*John Hendrix*

JOHN W. LINDSEY, COMMISSIONER OF PENSIONS.

*no data*

*John Hendrix*  
*Cobb County*  
WARRANT HANDED TO  
(FOR THOSE ALREADY ENROLLED.)

No. *6067*

INDIGENT  
SOLDIER'S PENSION  
1902.

Name *J. J. Hendrix*  
County *Cobb*  
Co. *K* Regiment *1st*

WARRANT ISSUED

*79* 1902.

JOHN W. LINDSEY,  
Commissioner of Pensions.

WARRANT HANDED TO

*John Hendrix*  
JOHN W. LINDSEY, COMMISSIONER OF PENSIONS.

*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 20th day of August 1868; that he is 64 years old and by occupation a farmer that he enlisted in the military service of the Confederate States (or of the State of \_\_\_\_\_) during the war between the States, and served for the term of 3 1/2 yrs in Company K, of 4th Regiment of 1st North Carolina Regulars; that his physical condition is as follows: On account of age, injuries, 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 Jan 1902 } J. J. Hendrix  
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 3rd day of Jan 1902.  
John Hartley  
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 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 \_\_\_\_\_ 1874; 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 3 years in Company K, of 18th Regiment of S. C. Regulars; 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 Jan 1902 } J. J. Hendrix  
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 3 day of Jan 1902.  
John Hartley  
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.

*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 *June* 1904.

*J J Hendrix* [L. S.]

Executed in presence of

*W. G. 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 *June* 1905.

*J J Hendrix* [L. S.]

Executed in the presence of

*W. G. Gunn*

*Hendrix, J. J.*  
*Cobb Co.*

COOK SECTION 1284.  
(FOR THOSE ALREADY ENROLLED.)

No. *677*

INDIGENT  
SOLDIER'S PENSION  
1904.

Name *J J Hendrix*  
County *Cobb*  
Co. *La* Regiment *6th*

WARRANT ISSUED  
*1/25* 1904.

JOHN W. LINDSEY,  
Commissioner of Prisons.

WARRANT HANDED TO  
*677*  
Geo. W. HARRISON, MANAGER, FOR STATE PRISON, ATLANTA.

*no date*

*Hendrix, J. J.*  
*Cobb Co.*

COOK SECTION 1284.  
(FOR THOSE ALREADY ENROLLED.)

No. *667*

INDIGENT  
SOLDIER'S PENSION  
1905.

Name *J J Hendrix*  
County *Cobb*  
Co. *La* Regiment *8. C*

WARRANT ISSUED  
*1/23* 1905.

JOHN W. LINDSEY,  
Commissioner of Prisons.

WARRANT HANDED TO  
*677*  
Geo. W. HARRISON, MANAGER, FOR STATE PRISON, ATLANTA.

*no date*

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

County.

Personally appears John C. Coker of Cobb County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the 15th day of August 1857; that he is 30 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 \_\_\_\_\_ of the Regular \_\_\_\_\_ Regiment of \_\_\_\_\_; that his physical condition is as follows: Infirmary and poverty

that his property consists of the following items: \_\_\_\_\_

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

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1904. I have heretofore as a resident of \_\_\_\_\_ 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 C. Coker 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 1 day of January 1904. \_\_\_\_\_ Ordinary. Cobb County.



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

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cobb County.

Personally appears J. 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 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 \_\_\_\_\_) during the war between the States, and served for the term of 3 1/2 years in Company \_\_\_\_\_ of \_\_\_\_\_ Regiment of 1st South Carolina, Regular; that his physical condition is as follows: Infirmary and poverty

that his property consists of the following items: Nothing

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

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

Sworn to and subscribed before me, this 7 day of January 1905. \_\_\_\_\_ Ordinary.

STATE OF GEORGIA,

Cobb County.

I, John C. Coker 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 3 day of January 1905. \_\_\_\_\_ Ordinary. Cobb 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.]  
*mint*

Executed in the presence of

McNamee

**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  
McNamee at \_\_\_\_\_  
by \_\_\_\_\_

WITNESS my hand and seal, this \_\_\_\_\_ day of \_\_\_\_\_ 1907.

J. J. Hendrix [L. S.]  
*mint*

Executed in presence of

McNamee

*Hendrix, J. J.  
Cobb County*

Class Section 134.  
(FOR THOSE ALREADY ENROLLED.)

No. 670

**INDIGENT  
SOLDIER'S PENSION  
1906.**

Name J. J. Hendrix  
County Cobb  
Co. A. S. C. Regiment \_\_\_\_\_

WARRANT ISSUED

172 1906.

JOHN W. LINDSEY,  
Commissioner of Pensions.

WARRANT HANDED TO

Grady

The Pension Receipts and Applications Co., St. Louis, Mo.

*no data*

*Hendrix, J. J.,  
Cobb Co.*

Class 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

The Pension Receipts and Applications Co., St. Louis, Mo.

*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 S. L. Regulars; 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 1 day of January 1906. J. J. Hendrix mar John A. Detry Ordinary.

State of Georgia,

Cobb County.

I, John A. Detry 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. Detry Ordinary Cobb County.



NOTE.—The blank spaces must be filled. NOTE.—An 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 S. L. Regulars; that his physical condition is as follows: Agt. poverty

that his property consists of the following items:

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 1 day of January 1907. J. J. Hendrix mar John A. Detry Ordinary.

State of Georgia,

Cobb County.

I, John A. Detry 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. Detry Ordinary Cobb County.



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